

Grunduppgifter

Projekttitel och sammanfattning

Projekttitel (svenska)

Senior alert - ett medel för bättre vård i samverkan

Projekttitel (engelska)

Senior alert – a means for better care in cooperation

Sammanfattning (svenska)

Hälsan är ojämnt fördelad och gapet mellan olika grupper ökar. Den pågående covid-19-pandemin har påvisat tydliga bister i patientsäkerheten inom den kommunala vården, och sköra äldre har visats vara de mest utsatta. Identifierade brister handlar om samordning mellan huvudmän, låg personalkontinuitet och för liten tillgång till personal med rätt kompetens. Att personal med rätt kompetens utför nödvändiga insatser är avgörande för att vården och omsorgen ska vara trygg och säker. Här kan kvalitetsregister utgöra ett viktigt verktyg då data genererar värdefull kunskap till grund för hållbara satsningar dvs satsningar som står sig över tid. Senior alert (SA) är ett nationellt kommunalt kvalitetsregister som med evidensbaserade bedömningsinstrument värderar risker bland äldre inom olika områden. Registret är unikt då det omfattar såväl riskbedömning som bakomliggande orsaker och åtgärder, vilka tillsammans utgör grunden för en effektiv vårdpreventiv process. Idag används registret inte fullt ut. Trots att risker registreras i hög grad, identifieras inte bakomliggande orsaker samma utsträckning, vilket leder till att preventiva vårdåtgärder uteblir eller beslutas på oklar grund. Om inte behov av insatser identifieras uteblir förutsättningarna för en effektiv vårdpreventiv process samt för effektiv samverkan mellan olika aktörer, med den äldre personens behov i centrum. Vi vill studera faktorer som utgör stöd respektive hinder för att SA ska bidra till en effektiv och kraftfull vårdpreventiv process, som främjar effektiv samverkan mellan olika aktörer. Projektet har en tvärvetenskaplig ansats och bygger på en mixed method design med förebyggande och hälsofrämjande perspektiv. Det utgår från praktisknära forskning och syftar till en modell för samverkan. Relevanta målgrupper kommer att vara involverad i planeringen. Samhällsrelevansen är hög då resultat stärker lärande, förståelse och samverkan mellan och inom organisationer samt ökad patientsäkerhet för sköra äldre.

Sammanfattning (engelska)

Health is unevenly distributed across society and the gap between groups is increasing. The ongoing covid-19 pandemic has shown shortcomings in patient safety in the care provided in the municipalities, and frail older people have been shown to be those most at risk. The shortcomings identified are associated with the collaboration between the bodies providing care, low staff continuity, and inadequate access to staff with appropriate skills. Having staff with appropriate skills making the necessary interventions is crucial for nursing care to be safe and secure. Here, quality registers can be an important tool since data generates valuable knowledge that functions as a basis for sustainable investments. Senior alert is a national quality register that uses evidence-based instruments to assess risks among older people in various areas. The register is unique as it includes both risk assessment, underlying causes and interventions, which together form the basis for an effective preventive care process. But, the register is not used to its full potential. Although the risks are registered to a high degree, the underlying causes are not identified to the same extent. If the need for intervention is not identified, the possibilities for an effective preventive care process and effective collaboration between different actors are missed. We want to study the factors that constitute support or obstacles to the preventive care process to contribute to an effective and robust preventive care process that promotes effective collaboration between different actors. The project has an interdisciplinary approach and is based on a mixed-methods design. Including practice-based research, the aim is to design a model for collaboration. This project is highly relevant to society since the results will strengthen learning, understanding and collaboration between and within organisations and, increased patient safety for frail older people.

Tidsplan

Antal år för projektet

Beräknad projekttid

2021-11-01 - 2025-10-31

Ämnesklassificering

Nyckelord 1

Äldre

Nyckelord 2

Samverkan

Nyckelord 3

Vårdprevention

Nyckelord 4

Kvalitetsregister

Nyckelord 5

Tvär- och flervetenskap

Fortes huvud- och delområden

Folkhälsa (FH) > Åldrande

Alternativt delområde

Folkhälsa (FH) > Hälso- och sjukvårdssystemet

Fortes samordningsområden

Äldre

SCB-koder

30599. Övrig annan medicin och hälsovetenskap

Globala hållbarhetsmål

03. Hälsa och välbefinnande

05. Jämställdhet

10. Minskad ojämlikhet

Projektbeskrivning och relevans

Projektbeskrivning

Syfte, frågeställningar, teoriansknytning, bakgrund och projektets originalitet

The overarching aim is to study the collaboration, within and between the bodies responsible for providing healthcare and dental care, regarding the preventive care process for frail older people, figure 1. More specifically, the aim is to:

- 1) identify the factors that represent support or obstacles to the process of preventive care, both within and between the bodies responsible for providing care
- 2) based on the factors identified, develop a model for collaboration in the preventive care process
- 3) test and evaluate the model for collaboration in a pilot study which, in time, can be implemented on a larger scale

Background

The care of frail older people can be strengthened and improved by making better use of existing resources, such as data from quality registers. The need for coordinated efforts to respond to the needs of frail older people was demonstrated as early as 2001 (Gumer, 2001). In addition, it was stated 10 years ago (Rosén, 2010) that the national quality registers do not fulfil their full potential when it comes to contributing data for knowledge development of the care sector. Familiar challenges, and their implications for patient safety among frail older people, have been further confirmed during Covid-19. The importance of preventive measures being undertaken by, and in collaboration between, different actors in order to reduce, for example, hospital readmissions among frail older people, has been made clear (National Board of Health and Welfare, 2021). In addition, the value of high continuity of staff and increased competence has been emphasised with regard to both medical and nursing interventions (SOU 2020: 80; Huupponen, 2020; IVO 2020; National Health Competence Council, 2020). Better utilisation of resources, such as data from existing quality registers, can lead to valuable knowledge development concerning the way healthcare and long-term care should function in order to achieve equality of care.

The regions in Sweden cooperate in a “National System for Knowledge-driven Management” aiming for more equal, knowledge-based and resource-effective care, where the best possible knowledge should be available in all patient contacts. There are 26 National Program Groups (NPO) that lead the knowledge-driven management within respective areas of healthcare. One of these is the NPO Elderly’s Health, which includes preventive, treatment and rehabilitation interventions. The focus of the measures is on areas where there are large differences in the care that is offered. The directive for a new elderly care law (Dir 2020:142) emphasises that *“Like all other citizens, older people receiving care services must be given consistent, equal, and accessible healthcare with a high level of patient safety. The starting point for healthcare must be the person’s individual needs and circumstances, not his or her age”*. Furthermore, with the increased need for health and medical care comes an increased need for rehabilitation, and therefore access to health-promoting and preventive interventions.

Senior Alert is a national quality register which, through the use of evidence-based instruments, assesses common risks among older people in five focus areas: falls, oral health, malnutrition, pressure ulcers and, since 2014, bladder dysfunction (Sveriges kommuner och regioner [SKR], 2021). The number of registrations of bladder dysfunction is currently low and is, therefore, not included in this research proposal. The register has unique opportunities to contribute to good, equal, knowledge-based care. It is used by 288 of Sweden’s 290 municipalities and, despite the increased pressure on staff in 2020 due to Covid-19, approximately 90,000 risk assessments were performed in nursing and care homes.

Risks were found in one of the four (in this proposal) focus areas in 92% of cases in nursing and care homes, but only led to the preventive care process being carried out in 62% of all risk-assessed cases. Specifically, this means that, in the areas where there is greatest risk of adverse events during the care of frail older people, preventive care measures have been lacking or decided based on unclear information, meaning that patient safety is jeopardised, figure 2. It also shows poor collaboration between different actors, so that frail older people end up being caught in the middle between different care providers.

The needs of frail older people are often complex and require multiple interventions carried out in collaboration between the different bodies responsible for healthcare. The weakest link in the continuum of care is, therefore, the identification of the need for adequate care interventions. When risk assessment is not carried out, and no decision is made concerning intervention, the possibility of an effective preventive care process is lost. A concrete example is highlighted in the National Board of Health and Welfare’s report (2019) “Mapping barriers to collaboration between dental care and health care” where the importance of dental care becoming more integrated in healthcare is emphasised (Socialstyrelsen, 2019). In the report, Senior Alert is cited as “a good example” since, through risk assessment, the healthcare service can identify individuals with oral care needs and collaborate with dental care services.

The continued construction of a modern and equal healthcare service, which includes dental care, requires tools that can be applied in practical quality improvement in order to meet the complex care needs of frail older people.

In light of the above, we intend to study the collaboration, within and between the bodies responsible for providing healthcare and dental care, regarding the preventive care process for frail older people, figure 1. More specifically, the aim is to:

- 1) identify factors that represent support or obstacles to the preventive care process, within and between providers
- 2) based on the factors identified, develop a model for collaboration in the preventive care process
- 3) test and evaluate the model for collaboration in a small pilot study which, in time, can be implemented on a larger scale

Theory

In the ongoing transition to good quality, local healthcare, the person-centred approach is fundamental in terms of starting from a person's individual circumstances, abilities and needs (Swedish Association of Local Authorities and Regions, 2020a). A person-centred approach within local healthcare means that all care providers are seen as skilled partners collaborating with the older person (Ekman, 2020, McCormack & McCance, 2017). The person-centred care approach consists of three cornerstones 1: listening to the patient's story, 2: co-creating a health plan using shared decision-making and 3: documenting the health plan (Ekman, et al 2011). A systematic review of articles describing the implementation of person-centred care for older persons in out-of-hospital settings (Ebrahimi, et al., 2020) showed that interprofessional collaboration, with a focus on preventive and health promotion measures, is crucial for optimal care practice both for and in collaboration with older persons and their relatives, in their own unique circumstances.

Learning is fundamental for a change in knowledge and values that are then reflected in actions (Svedenberg, Svensson, & Kindeberg, 2001; Marton & Booth, 2000). The project will apply the theory of organisational learning (Crossan, Lane & White, 1999) in order to understand how experiences, beliefs and attitudes contribute to the routines and practices of organisations. The theory describes the factors that influence and support learning at an individual, group and organisational level, both within and between organisations. At the individual level, learning takes place through new experiences building on previous experience, knowledge and intuition. At group level, each individual's insights are combined with those of others, and groups have the opportunity to develop common contexts and understanding together.

When the integration of learning is shared and occurs on a reciprocal basis and/or coordinated between individuals, learning is considered to have an influence at group level. When learning at group level has been built up and then reappears in more established structures within the organization, this provides an ideal environment for the learning at group level to be transferred to an overall organisational level, through a so-called institutionalisation process. This phase of learning is characterised by measures that are formalised into everyday routines and/or policies. Once these steps have been completed, the learning that has taken place by individuals and groups will become embedded in the organisation's structures, systems and processes (figure 3). Specifically, it involves collaboration between and within teams; sharing professional knowledge with each other and working towards a common goal (Lindh Falk, Hult, Hammar, Hopwood, & Dahlgren, 2017).

Combining the person-centred approach with knowledge about how learning in care is achieved at individual, group and organisational levels can increase the understanding of the complexity that the care of frail older people often involves.

The originality of the project

Expectations regarding the improvement of the care of frail older people are high among both politicians and citizens. These expectations also include the use of quality register data to contribute knowledge for the development and improvement of care, including increased collaboration between the bodies responsible for the provision of care.

The proposed study is based on data from the quality register Senior Alert, which means that the preventive process care for frail older people can be followed independently of the body responsible for the provision of care. The question about which factors represent obstacles to or support of good collaboration between the bodies providing the care in the preventive care process will be studied through a combination of quantitative data from the register and qualitative data collected through interviews with various key persons. Using these sources, a model for collaboration will be developed together with the care service, which will then be evaluated so that it can be implemented on a larger scale.

Diarienummer för eventuella tidigare Forte-projekt

Studiedesign, metoder för datainsamling och analys

The research questions are:

1) Which factors represent obstacles to or support of good collaboration between the bodies responsible for providing care in order to carry out the preventive care process?

The question will be studied through a combination of quantitative data from the register together with qualitative data collected through interviews with various key persons.

2) How can a model for collaboration in the preventive care process be designed so that it works in practice?

The study is based on quantitative and qualitative methods, which will be combined in a convergent mixed-methods study design. The results will form the basis for the design of a model for collaboration based on the theories of organisational learning, leadership, and research on implementation (Schein, 2010; Erichsen Andersson, et al 2018; Wikström, et al 2019; Dellenborg, et al, 2020). For the complete study design please see figure 4.

Quantitative part of the study

1) We intend to analyse existing quantitative data in Senior Alert registered by nursing and care homes between 2019 and 2021. This provides the unique possibility of using data in Senior Alert to answer our first research question. Ten housing units with a high proportion of fully completed registrations (data registered in all stages of the preventive care process) in all risk areas, and 10 units with a low proportion of fully completed registrations, will be selected to reflect the national variation in terms of quality as well as geographical, demographic, economic, political, and management and organisational conditions. These will be analysed concerning both the obstacles and possibilities for effective collaboration within and between organisations. No power calculation is required since the data will be described using descriptive and analytical statistics.

Qualitative part of the study

The qualitative part includes various forms of interviews that will be conducted in a total of 10 housing units; 5 housing units with a high proportion and 5 housing units with a low proportion of fully completed registrations from the sample in point 1 above. Interview guides will be designed based on the results from the quantitative part.

2) The qualitative part will involve 30 semi-structured individual interviews with managers at group and organisational level, such as: medically responsible nurses, unit managers, doctors and nurses in primary care, and local politicians. The interviews will be based on the importance of leadership for effective collaboration across organisational boundaries, with a focus on identifying factors that represent obstacles or opportunities.

Ten focus group interviews, one per housing unit, will be conducted with interprofessional staff groups to identify success factors and obstacles to well-functioning collaboration across organisational boundaries through use of the register's functions.

Ten older people and relatives will be interviewed about their experiences of how the collaboration works and about the quality of the preventive care process.

Convergent mixed-methods analysis and pilot testing of the implementation program

In the development and testing of a model for a preventive care process, we will start from the principles for implementation (Isaacs, 2002; Schein, 2010): 1) facilitation of model development and implementation, 2) strong partnership between the researchers, management and care staff, 3) creating a safe environment for dialogue and learning among the participants to ensure active participation, regardless of age, gender, professional affiliation and ethnicity, and 4) co-creation of a collaboration model where data from Senior Alert constitutes an important basis.

Facilitation

In line with previous research, we will start from the assumption that, during the implementation of an intervention, it is important to distinguish between facilitation as a role and as a process (Harvey, Lof, Loftus-Hills, et al 2002). Facilitation as a role includes task-focused activities, and facilitation as a process focuses on enabling individuals, teams and organisations to learn and change. Consequently, facilitation can be considered a central strategy to support and enable the professional groups to translate evidence into practice and to improve practice (Dogherty, et al, 2010). Facilitation includes, therefore, supporting a process involving individuals and groups and enabling the adaptation of the intervention to the local context. Facilitation can be seen as a multifaceted process and a team effort, where dialogue and relationship building are key components (Dogherty, et al. 2012), and a process of interactive problem-solving and support to facilitate interpersonal relationships during the intervention (Stetler, et al. 2006). Facilitation, therefore, needs to consist of a guided interaction process as has previously been used in healthcare (Berta, Cranley, Dearing, et al, 2015).

Dialogue and co-creation

In our previous research, we have found that dialogue around register data and the co-creation of a new way of working has driven motivation and commitment in the work to promote change. Isaacs (Isaacs 1993; 2002) and Schein (2009) emphasise the importance of creating space for dialogue and collective action in the work to promote change, where both managers and employees are given the opportunity to learn how new ways of working can be used in the local context. Mechanisms that support dialogue exchange and invite participants to reflect on their own establishment have been seen as important. Dialogue can be described as a special form of interpersonal communication, where the aim is learning and understanding as a basis for change. Schein (2009) also emphasises the importance of co-creation and exploration in the collaboration between the participants (collaborative inquiry), which improves the quality of the process. Co-creation means partly learning about one's own context, i.e., the institutionalised norms and relationships that are of importance in the implementation, partly about how new working models can create improvements in daily practice. The very process of co-creating new working methods has proven to be effective, partly in ensuring that working methods and models are relevant and user-friendly and partly in ensuring engagement in the implementation process (Bason, 2010; Brown, 2010). A pilot test of the collaboration model will be carried out in two of the 10 housing units mentioned above: one where the use of Senior Alert is considered to be good (limit value $\geq 75\%$) and one where the use of Senior Alert is considered to be poor (limit value $\leq 24\%$) (23).

The use of Senior Alert will be the primary outcome measure in the evaluation of the pilot test of the collaboration model. The secondary outcome measure consists of a process evaluation of the actual development and co-creation of the collaboration model, and its implementation in the two housing units included in the pilot test. The model's feasibility, effectiveness and cost will be analysed based on *the new Medical Research Council guidance* (Craig, et al, 2008). A structured protocol based on MRC's recommendations will be used for the process evaluation. The results of the evaluation will form the basis for a future large randomised intervention study.

Arbetsplan

The project will be conducted over a four-year period from 2022 to 2025 and is a collaboration between Kristianstad University; the University of Gothenburg; Linköping University; the Academic Center for Geriatric Dentistry, Stockholm; and Qulturum, Region Jönköping County. The funding will be managed by Kristianstad University (figures 4 and 5).

The project group consists of: Elisabet Rothenberg (ER), Associate Professor and Dietitian (15 percent over 4 years financed by Forte); Helle Wijk (HW), Professor in Nursing and Nurse (5-10 percent over 4 years financed by Forte); Annette Erichsen Andersson (AEA), Associate Professor and Nurse (5-10 percent over 4 years financed by Forte); Pia Skott (PS), PhD, Dentist (5 percent over 4 years financed by Forte); Åsa Larsson Ranada (ÅLR), PhD, Occupational therapist (5-10 percent over 4 years financed by Forte); Martina Boström (MB), PhD, Development Manager and Public Health Scientist (40 percent over 4 years financed by Forte).

Josephine Garpsäter (JG), Dietitian and register holder for Senior Alert will provide assistance during the project in her position as registry holder, but will not be paid by the project.

WP1. Project planning and preparation (Lead: ER; Months (M) 1-48)

Task 1: Project administration

Continuous management and communication within the project

Task 2: Apply for ethical approval

Ethical application for the whole project will be completed by the research group under the leadership of ER.

Task 3: Recruitment of two consultation groups

A steering group and a reference group will be recruited. The steering group is intended to have an overarching perspective and contribute to the project's focus and implementation. The reference group, on the other hand, is intended to be a critical partner in dialogue with the project group while the project is being carried out.

Senior Alert's interprofessional steering group is intended to form the steering group for the project. The Senior Alert steering group consists of representatives of the organisations that, in various ways, participate in Senior Alert and its development. Since several of the researchers in the project (ER, HW, PS and ÅLR) are members of the Senior Alert steering group, they will not join the steering group for the project; however, the remaining members will form the project's steering group. One of the members of the steering group is Elsa Ask (EA), retired physician, who will represent the target group of older people.

A further 3-4 older people will be attached to the steering group. Together with Elsa Ask, they will form a Senior Council that will contribute the perspectives of older people.

A reference group consisting of people with interest, knowledge and experience in the areas addressed by the research questions will be appointed in collaboration with the steering group. The purpose of the reference group is to critically examine and contribute to the project's development throughout the whole process.

Task 4: Consultation group

Meetings with the steering group and the reference group will be held at least twice a year, when an update and follow-up of the sub-studies and their results will be reported, and the planning for the coming year is agreed. If necessary, further meetings will be arranged with the steering and reference groups, whose feedback and ideas will be extremely valuable for the project's development.

WP 2 Quantitative part (Lead: MB; M 3-14)

Task 1: Data collection from register

For the processing of quantitative data, an application for the extraction of data from Senior Alert will be made to the Uppsala Clinical Research Centre (UCR). Ten housing units with a high proportion of fully completed registrations in all risk areas and ten housing units with a low proportion of fully completed registrations, will be selected for the extraction of register data.

Task 2: Data management and analysis

Data processing and analysis of risk assessments/interventions will be performed regarding the quantitative data. Descriptive and analytical statistics will be used for the analysis.

WP 3 Qualitative part (Lead; MB; M 12-14)

Task 1: Selection of units

Of the 20 housing units whose data were processed in the quantitative part of the project, 10 will be selected for the collection of qualitative data.

Task 2: Development of interview guides

Based on the findings in the quantitative analysis, interview guides will be developed for:

- * individual interviews with managers at group and organisational level
- * focus group interviews with interprofessional staff groups
- * interviews with older people and relatives regarding experiences of how collaboration works in and the quality of the preventive care process.

Task 3: Data collection

Interviews will be conducted by the co-applicants in various constellations (ER, HW, MB, PS, ÅLR, AEA).

Task 4: Data management and analysis

Data processing and analysis of collected data from the interviews (both individual and focus group interviews) will be carried out using qualitative thematic analysis.

WP 4 Implementation part (Lead: AEA M: 25-47)

Task 1: Development of the model for collaboration

The results from the quantitative and qualitative studies will contribute to the development of a model for collaboration in the preventive care process.

Task 2: Implementation of model

The model for collaboration will be implemented in a pilot project within one of the housing units that participated in the qualitative part of the study.

Task 3: Data collection

Collection of data to evaluate the pilot project will be based on the new Medical Research Council guidance.

Task 4: Data management and analysis

Compilation of the evaluation of the pilot-tested model for collaboration.

WP 5 Dissemination of results (Lead ER; M 10 – 48)

Task 1: Presentation at national and international conferences in the field

The results will be continually presented orally (in English and Swedish) at national and international scientific conferences.

Task 2: Scientific publications

Articles from the different parts of the project (WP2-4) will be produced and published in national and international scientific journals.

Task 3: Popular science publication

In addition to scientific articles, articles are planned for popular science journals and on the Senior Alert's website.

Research team

Elisabet Rothenberg (ER), Associate professor and Dietitian (15 percent over 4 years financed by Forte), will be the project manager and have the main responsibility for the project. ER will be the leader of WP1, which involves leading the entire project, and of WP5, which involves disseminating the knowledge gained in the project.

Martina Boström (MB), PhD, Development Manager and Public Health Scientist and coordinator for the national registers for older people attached to the south-eastern healthcare region (40 percent over 4 years financed by Forte), will be the operational project manager and will lead WP2 and 3. These WPs concern data collection, and quantitative and qualitative data processing.

Anette Erichsen Andersson, (AEA) Associate Professor, Nurse and implementation researcher, (5-10 percent over 4 years financed by Forte) will be the leader for WP 4.

Other co-applicants: Helle Wijk (HW), Professor in Nursing and Nurse; Pia Skott (PS), PhD, Dentist, Research and Development Manager for Swedish Public Dental Care, Stockholm as well as Deputy Director of the Academic Center for Geriatric Dentistry; and Åsa Larsson Ranada (ÅLR), PhD and Occupational Therapist, will participate in the various WPs based on area of expertise and needs: (5-10 percent each over 4 years financed by Forte). Please see budget.

Bilduppladdare

The Care Preventive process

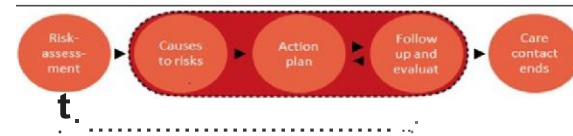


Figure 1. The Care Preventive process

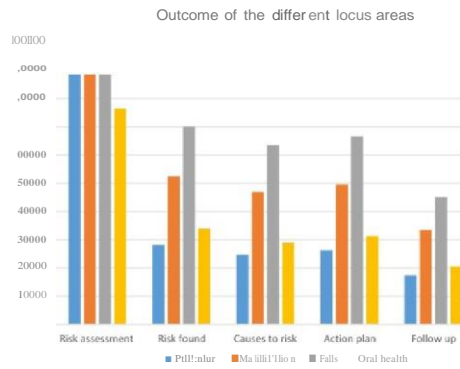


Figure 2. Number of risk assessments made within each area, numbers of risk found within each area, numbers of causes to risk within each area, numbers of action plans within each area, numbers of follow ups within each area. Data from Senior alert Nursing home, 2020.

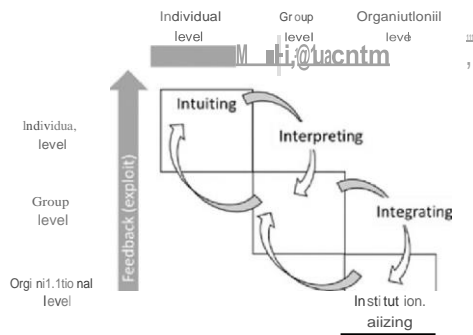
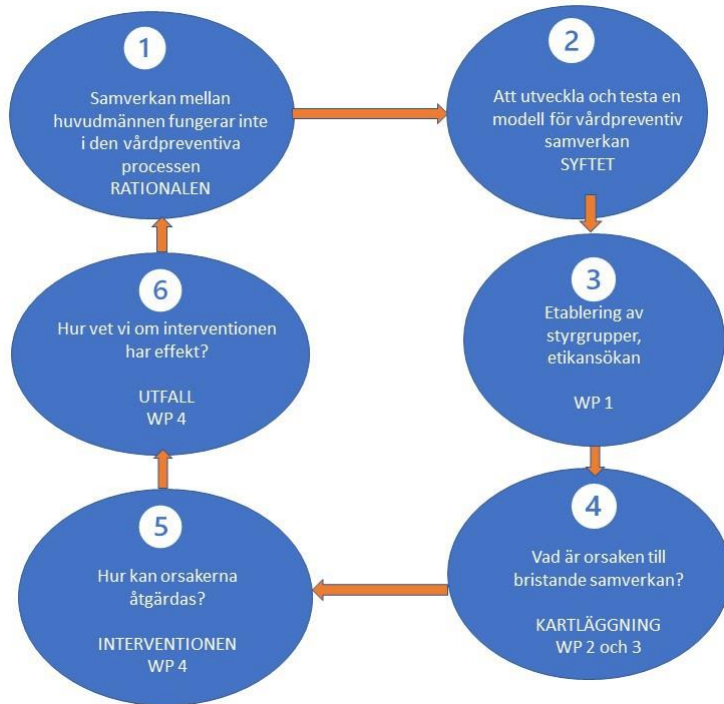


Figure 3.

References
 Crossan, M.M., Lane, H. W., & White, R. E. (1999). An organizational learning framework: From intuition to institutionalization. *Academy of management review*, 24(3), 522-537



Workpackage	Task	Content	nov	de	jan	feb	ma	ap	ma	jun	jul	aug	sep	oc	no	de	jan	feb	ma	ap	ma	jun	jul	aug	sep	oc	no	de	jan	feb	ma	ap	ma	jun	jul	aug	sep	oct
VP1 Project planning and preparati	Project administration	Management and communication																																				
	Ethical approval																																					
	Recruitment of two consultation groups	meetings at least twice a year																																				
VP 2 Quantitative part	Data collection register																																					
	Data management and analysis																																					
VP 3 Qualitative part	Selection of units																																					
	Development of interview guides																																					
	Data collection interviews																																					
VP 4 Implementation part	Data management and analysis																																					
	Development of cooperation model																																					
	Implementation of model																																					
VP 5 Dissemination of results	Data collection																																					
	Data management and analysis																																					
	Participation in national and international conferences																																					
	Scientific publications																																					
	Other publications																																					

Relevans

Relevans i relation till samhällets behov, Fortes ansvarsområden och utlysningens inriktning

Demographic development in Sweden means that the proportion of older people in the population is continuously increasing, with one of the consequences being that the dependency ratio for the working age population is increasing. Furthermore, the ongoing Covid-19 pandemic has highlighted major shortcomings in older care. Politicians and the general public are concerned and expect substantial changes to enable the provision of well-functioning older care of a high medical standard.

All the regions in Sweden are in agreement that collaboration is the key to building sustainable and successful healthcare; success must be counted in lives and equality of health (National system for knowledge-driven management within Swedish healthcare, 2021).

Several changes have been initiated to strengthen this agreement. Three major and ongoing initiatives in Sweden are the National System for Knowledge-based Management within Swedish Healthcare, the National Program Groups (NPO), one of which is Elderly's Health (SKR, 2020), and Good Quality, Local Care. Knowledge of the factors that represent support and obstacles to collaboration within and between the bodies responsible for provision of care is required to achieve the high goal that has been set. Scientific studies are an important tool to broaden and deepen knowledge and understand what needs to be done. The proposed project includes both quantitative data from a quality register (Senior Alert) and qualitative interviews, and thereby contributes to such knowledge. A combination of quantitative and qualitative methods means that the research question concerning collaboration within and between the bodies responsible for provision of care is broadly highlighted through different methods complementing each other.

Samverkan med användare av forskningen

A steering group and a reference group will be recruited to the project. The steering group will have an overarching perspective and contribute to the project's focus and implementation. The reference group, on the other hand, will be a critical partner in dialogue with the project group during the implementation.

Senior Alert's interprofessional steering group is intended to form the steering group for the project. The Senior Alert steering group consists of representatives of organisations that, in a variety of ways, participate in Senior Alert and its development. One of the members of the steering group is Elsa Ask (EA), retired physician, who will represent the target group of older people. A further 3-4 older people will be attached to the steering group who, together with Elsa Ask, will constitute a Senior Council contributing with the perspectives of older people.

A reference group consisting of people with interest, knowledge and experience within the areas that the research questions address will be appointed in collaboration with the steering group. The purpose of the reference group is to critically examine and contribute to the project's development throughout the whole process.

Nyttiggörande och kommunikation av forskningsresultat

The results from the research will be disseminated through new and previously established channels. They will be communicated to the research community in the usual way, i.e., in scientific publications and presentations at national and international conferences, both in the field of care of older people and at conferences targeting specific professions. In addition, the results will be presented in Swedish popular scientific journals. The majority of the research group are affiliated to education of different professions at the participating universities and higher education establishments, where the results of the project can be used directly in teaching.

The research group has a well-established contact with Senior Alert and, together with the register, can work for widespread dissemination. Senior Alert has 13,000 users who are reached via the website, around 1000 subscribers to the monthly newsletter, and holds on average one free webinar per week. Social media, such as Twitter and Facebook, are used extensively where the posts reach between 500 - 1000 people. The register also has a Senior Influencer who sends video messages to other seniors and relatives. Senior Alert coordinates forums for Medically Responsible Nurses and Medically Responsible for Rehabilitation and is going to initiate additional forums for care service development managers in the municipalities. The register has its legal base with the central personal data controller in Region Jönköping and collaborates closely with Registry Centre South-west and the 13 registers it manages. The Uppsala Clinical Research centre (UCR) manages the computer platforms of Senior Alert and those of 25 other national quality registers, and together the registers work for mutual development and sharing of expertise. Senior Alert has, therefore, a working forum that includes over a third of Sweden's national quality registers.

Senior Alert's steering group consists of 10 persons from various healthcare backgrounds, with connections to research, academia and professional associations; they are also frequently engaged in the development of national guidelines. In collaboration with the steering and reference groups, the plan is to organise a one-day dissemination conference, where results from the project will be presented in the form of lectures, presentations and workshops.

The National System for Knowledge-driven Management of healthcare and the National Program Group, Elderly's Health, are central to being able to spread the knowledge that research provides on a wider level. By participating in relevant conferences, poster exhibitions and seminars, the results will be disseminated to those who are currently unfamiliar with quality registers and their strengths.

Övrig projektinformation

Köns- och genusperspektiv i forskningens innehåll

Är ett köns- eller genusperspektiv tillämpligt för ditt projekt?

Ja

Motivera ditt svar

Women are dominant in health and social care, both as carers and care recipients. In order to investigate whether gender affiliation, or other diversity perspectives, affect the care that frail older persons receive, we will map demographic data such as gender, age, place of residence and disability to analyse whether equal of care and interventions are offered to older people regardless of these aspects. The provision of equal and equitable care needs to be ensured so that frail older people receive the care and the interventions they require based on the risk assessments carried out in the register.

Since the project aims for an overall perspective highlighting the collaboration of different organisations, an intersectional perspective (Eriksson, & Gottzén, 2020) will be employed throughout the work in order to understand the life situation of different groups. Health inequalities derive largely from social and economic factors that are linked to people's living conditions and life situations (SFS 2008: 567); these will be highlighted through the use of an intersectional perspective.

Frail older people with multiple and complex disabilities are a vulnerable group in society. Analysis using an intersectional perspective highlights the complexity of belonging to several stigmatised groups and how this affects the individual's possibility of receiving equal and equitable care. The intersectional perspective means that power and inequality are the focus (Söder & Hugemark, 2016). Our ambition is to promote increased understanding of how belonging to several vulnerable groups affects care.

The government report (SOU, 2017:47) provides proposals for equal and health-promoting healthcare which include: improved accessibility to meet different needs, healthcare interactions that are health-promoting and create conditions for equality of interventions and results, a strengthening of the preventive work within healthcare for patients and the general population, and dental care that is seen as part of healthcare. All these proposals are in line with the premiss of the project and of Senior Alert.

Tvär- och flervetenskap

Tvär- och/eller flervetenskaplig ansats

The interdisciplinary and multidisciplinary approach is central to the project since the Senior Alert register includes older people receiving healthcare in Sweden's regions and social care in the municipalities, who all have needs that require interprofessional interventions and collaboration. Senior Alert applies to older people in all these organisations.

Subject areas, such as gerontology, geriatrics, medicine, social science, nutrition, gerodontology and nursing, form the basis of the interdisciplinary and multidisciplinary approach where both medical data and nursing interventions will be analysed and linked to societal structures and resources.

The research group come from various professions (including Occupational Therapist, Dietitians, Nurse, Dentist, Public Health Scientist with a gerontological focus) and all have PhDs within a range of subject areas/disciplines (e.g., medical science, older persons and aging, nursing, geriatric nutrition with an epidemiological focus). This is essential with regard to addressing the study's research questions. This range of professions and subject areas will contribute to highlighting the various problems from multiple perspectives and will thus benefit older people.

The research group's theoretical basis is in both quantitative and qualitative methodology. The group's members have extensive experience in register research using national quality registers. In addition, the members have considerable experience in both quantitative, qualitative, and improvement and implementation studies, as well as clinical practice within health and social care. Further, the research group has long experience of collaboration with various services and organisations in both municipal care and healthcare in the regions. Members of the research group have also collaborated with government ministries and other authorities at government level.

Etik

Etiska överväganden

The ethics application for the project as a whole will be completed in line with the Helsinki Declaration. The research group has experience of writing ethics applications with similar research questions and using the methods to be utilised in the project. The Swedish Research Council's guidelines for good research practice will be followed (Swedish Research Council, 2017). During the completion of the ethics application, a data management plan will be established where data management and data storage will be addressed. GDPR and guidelines from the participating universities and higher education establishments will be followed.

The material for the quantitative part of the project has already been collected in Senior Alert and an application for extraction of register data will be made to the relevant representative of the Uppsala Clinical Research Centre. Results will be reported at group level, so it will not be possible to identify individuals or units.

The participants in the individual or focus group interviews will each receive written and oral information about the project and give written informed consent. Their participation is voluntary and can be withdrawn at any time. Staff will be asked about participation by the research group and not by managers or employees, who could exert pressure to participate in the studies. Representatives of the participating organisations will be informed and asked for permission to carry out the studies, since staff participation will be during working hours, which may affect the working activities in the housing unit. An advantage of participation is that the development of a model for collaboration benefits the organisations.

Frail older people with multiple and complex disabilities are a vulnerable group in society. This vulnerability must be taken into account during the interviews with frail older people and relatives. All material collected will be treated confidentially and will be de-identified.

Referenser

Referenslista för ansökan

- Bason, C. (2010). *Leading public sector innovation: co-creating for a better society*. The Policy Press.
- Berta, W., Cranley, L., Dearing, J.W., et al. (2015). Why (we think) facilitation works: insights from organizational learning theory. *Implementation Sci.* 10, 141. <https://doi.org/10.1186/s13012-015-0323-0>
- Brown, T., & Wyatt, J. (2010). Design thinking for social innovation. *Stanf Soc Innov Rev.* 8(1):30–5.
- Craig, P., Dieppe, P., Macintyre, S. et al. (2008). Developing and evaluating complex interventions: the new Medical Research Council guidance. *BMJ.* 337: a1655.
- Crossan, M. M., Lane, H. W., & White, R. E. (1999). An organizational learning framework: From intuition to institution. *Academy of management review*, 24(3), 522-537.
- Dellenborg, L., Wikström, E., Andersson Erichsen, A. (2019). Factors that may promote the learning of person-centred care: an ethnographic study of an implementation programme for healthcare professionals in a medical emergency ward in Sweden. *Adv Health Sci Educ Theory Pract.* May; 24(2):353-381
- Dir. 2020:142. Kommittédirektiv. En äldreomsorgslag. Regeringen.
- Dixon-Woods, M., Campbell, A., Chang, T., Martin, G., Georgiadis, A., Heney, V., Chew, S., Van Citters, A., Sabadosa, C-A., & Nelson E.C. (2020). A qualitative study of design stakeholders' views of developing and implementing a registry-based learning health system. *Implementation Sci* 15, 16 <https://doi.org/10.1186/s13012-020-0976-1>
- Dogherty. et al. (2010). Facilitation as a role and process in achieving evidence-based practice in nursing: a focused review of concept and meaning. *Worldview Evid Based Nurs* 7(2):76–89.
- Dogherty et al. (2012) Following a natural experiment of guideline adaptation and early implementation: a mixed methods study of facilitation. *Implementation Sci* 7:9.
- Ebrahimi, Z., Patel, H., Wijk, H., Ekman, I., Olaya-Contreras, P. (2021). A systematic review on implementation of person-centered care interventions for older people in out-of-hospital settings. *Geriatric Nursing* 42(1):213-224. doi: 10.1016/j.gerinurse.2020.08.004.
- Ekman, I. (red). (2020). *Personcentrering inom hälso- och sjukvård - Från filosofi till praktik*. Liber.
- Ekman, I., Swedberg, K., Taft, C., Lindseth, A., Norberg, A., & Brink, E., et al. (2011). Person-centered care – Ready for prime time. *Eur J Cardiovasc Nurs.* 10(4): 248-251.
- Erichsen Andersson, A., Frödin, M., Dellenborg, L. et al. (2018). Iterative co-creation for improved hand hygiene and aseptic techniques in the operating room: Experiences from the safe hands study. *BMC health services research*, 18(1).

- Eriksson, M., & Gottzén, L. (2020). *Genus*. Liber.
- Gurner, U. (2001). *Dirigent saknas: 26 fallstudier av multisjuka 75+ -behov och konsumtion av slutenoch öppenvård, kommunal äldreomsorg samt av informella insatser*. Stift. Stockholms läns äldrecentrum.
- Harvey, G., Loftus-Hills, A., Rycroft-Malone, J., Titchen, A., Kitson, A., McCormack, B., & Seers, K. (2002). Getting evidence into practice: the role and function of facilitation. *J Adv Nurs* 37(6) 577-88.
- Huupponen, M. (2020). *Pandemi på äldreboendet – en rapport om den svenska äldreomsorgen innan och under Coronapandemin*. Kommunal. https://www.kommunal.se/pandemi_aldreboendet
- Isaacs, WN. (1993). Taking flight: dialogue, collective thinking, and organizational learning. *Organ Dyn*, 22:24-39.
- Isaacs, WN. (2002). Creating a shared field of meaning: an action theory of dialogue. In: Roberts NC, editor. *The transformative power of dialogue, vol. 12. Research in Public Policy Analysis and Management*. Emerald Group Publishing Limited; p. 203-41.
- IVO, 2020. Vad har IVO sett 2020? Iakttagelser och slutsatser om vårdens och omsorgens brister för verksamhetsåret 2020.
- Lindh Falk, A., Hult, H., Hammar, M., Hopwood, N., & Abrandt Dahlgren, M. (2017). Nursing assistants matters- an ethnographic study of knowledge sharing in interprofessional practice. *Nursing Inquiry*. E12216. <https://doi.org/10.1111/nin.12216>
- Marton, F. & Booth, S. (2000): *Om lärande*. Lund.
- McCormack, B., & McCane, T. (2017). *Person-Centred Practice in Nursing and Health Care: Theory and Practice (2nd edition)*. Wiley Blackwell.
- Nationella vårdkompetensrådet, (2020). Pandemin och kompetensförsörjningen Lärdomar och åtgärdsförslag från Nationella vårdkompetensrådet efter coronavåren 2020. socialstyrelsen.se
- Nationellt Kliniskt Kunskapsstöd (2021). [Nationellt kliniskt kunskapsstöd - Kunskapsstyrning \(kunskapsstyrningvard.se\)](https://www.kunskapsstyrningvard.se)
- Rosén, M. (2010). *Guldgruvan i Hälso-och Sjukvården*. Ljungbergs Tryckeri.
- Schein, E.H. (2009). Reactions, reflections, rejoinders, and a challenge. *J Appl Behav Sci*, 45:141-58.
- Schein, E.H. (2010). *Organizational culture and leadership*. Wiley.
- SFS 2008:567. Diskrimineringslagen. Stockholm. Arbetsmarknadsdepartementet. https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/diskrimineringslag-2008567_sfs-2008-567
- Sveriges kommuner och regioner [SKR], (2020). Nationell kunskapsstyrning <https://kunskapsstyrningvard.se/kunskapsstod/nationelltklinisktkunskapsstod.1260.html>
- Sveriges kommuner och regioner [SKR], (2021). Riskområden inom patientsäkerhet. <https://skr.se/skr/halsasjukvard/patientsakerhet/riskomraden.4493.html>
- Socialstyrelsen, (2019). Kartläggning av hinder för samverkan mellan tandvård och hälso- och sjukvård Slutrapport 2019. Artikelnummer 2019-10-642.
- Socialstyrelsen, (2021). Återinskrivningar av multisjuka och sköra äldre. Artikelnummer 2021-2-7195.
- SOU 2017:47. *Nästa steg på vägen mot en mer jämlik hälsa - slutbetänkande av Kommissionen för jämlik hälsa*. Statens offentliga utredningar (2017). Socialdepartementet. <https://www.regeringen.se/rattsliga-dokument/statens-offentliga-utredningar/2017/06/sou-201747/>
- SOU 2020:19. *God och nära vård - En reform för ett hållbart hälso- och sjukvårdssystem. Slutbetänkande*. Socialdepartementet. <https://www.regeringen.se/rattsliga-dokument/statens-offentliga-utredningar/2020/04/sou-202019/>
- SOU2019:29. Nära vård. Delbetänkande God och nära vård – Vård i samverkan. <https://www.regeringen.se/4ada85/contentassets/3fcc1ab1b26b47bb9580c94c63456b1d/god-och-nara-var-d-sou-2019-29.pdf>
- SOU 2020:80 Äldreomsorgen under pandemin. ([regeringen.se](https://www.regeringen.se))
- Stetler, C.B., et al. (2006). Role of "external facilitation" in implementation of research findings: a qualitative evaluation of facilitation experiences in the Veterans Health Administration. *Implement Sci* 1:23. doi:10.1186/1748-5908-1-23.
- Svedenberg, E., Svensson, L., & Kindeberg, T. (2001). *Ett folkhälso pedagogiskt synsätt i Pedagogik i hälsofrämjande arbete*. Studentlitteratur.

Söder, M., & Hugemark, A. red. (2016). *Bara funktionshindrad? Funktionshinder och sintersektionalitet*. 2 uppl. Gleerups utbildning AB.

Wikström, E., Dellenborg, L., Wallin, L. et al (2019). The Safe Hands study: Implementing Aseptic Techniques in the Operating Room- Facilitating Mechanisms for Contextual Negotiation and Collective Action *Am J Infect Control. Mar;47(3):251-257*.

Övrig projektinformation

Intyg

Stödbrev från samarbetsorganisationer (frivilligt)

Se nästa sida för bilaga.

Stödbrev från samarbetsorganisationer (frivilligt); ##cb 7f716d-56ba-4574-a8f2-1d 7c7dcf683b?parentId=16bb 59bf-77a7-45bd-8beb-ad 32010f5909##

Angående ansökan från Senior alert till utlysningen

Vård och omsorg i samverkan – för ett jämlikt, delaktigt och värdigt åldrande 2021

Det finns en samsyn om vikten av förebyggande arbete. Forskning finns kring effektiva förebyggande arbetsätt men följsamheten till dessa behöver förbättras. Det handlar framför allt om möjligheter att förebygga fallskador, undernäring, trycksår och ohälsa i munnen. Det förebyggande arbetet är alldeles för lätt att prioritera bort. Gemensamma bedömningsinstrument som Senior alert underlättar helhetsbedömning och ett gemensamt synsätt.

Under perioden 2010-2014 arbetade jag som projektchef för den nationella satsningen *Bättre liv för sjuka äldre*. Med stöd av prestationsbaserade statliga stimulansmedel introducerades fyra kvalitetsregister i kommunal hälso- och sjukvård varav Senior alert var ett. Antalet kommuner som använde Senior alert ökade från 17 kommuner 2010 till 288 kommuner 2014.

Senior alert är idag väl etablerat i kommunerna som även bidrar till finansieringen. Det är framför allt i SÄBO som registret används. Fortsatt spridning av detta arbetsätt i hemsjukvård och regional primärvård har potential att förebygga många sjukdomar och skador.

Riksrevisionen följde 2020 upp långtidseffekterna av den nationella äldresatsningen och kunde konstatera att **införandet av kvalitetsregister lett till klara förbättringar av vården och omsorgen för de personer som bor i särskilt boende och registreras i något av registren**. Dessa personer får en bättre vård och omsorg i kommunen och det minskar deras behov av sjukhusvård. De löper också en klart lägre risk för olämplig läkemedelsbehandling och fallskador. Ett problem man lyfter är risken för ojämlik vård om patienter vårdas på enheter som inte använder det effektivare arbetsättet.

Länk till granskningen:

<https://scanmail.trustwave.com/?c=10196&d=94GO3xJF8dViTAAC8pmF8vOH2v4XbysT7J8okwG1sg&u=https%3a%2f%2friksrevisionen%2ese%2fom-riksrevisionen%2fkommunikation-och-media%2fnyhetsarkiv%2f2020-10-20-huvudsyfte-med-miljardsatsning-pa-aldreomsorgen-inte-uppnatt%2ehtml>

Det finns anledning att fortsätta forska kring hur värdet som skapas för äldre genom att personalen arbetar på ett strukturerat och sammanhållet sätt med förebyggande bedömningar och åtgärder kan komma fler äldre till del.

Mycket kritik har riktats mot den kommunala hälso- och sjukvården i och med coronapandemin. Med tanke på de förutsättningar som finns i äldreomsorgen med stora personalgrupper som har kort vårdutbildning och ofta arbetar ensamma i brukarens hem finns ytterligare anledning att prioritera forskning som kan ge dessa grupper stöd att tillämpa bästa tillgängliga kunskap i sitt vardagsarbete.

2021 06 04

Maj Rom

Handläggare vid Sveriges Kommuner och Regioner

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De nationella kvalitetsregistren har en viktig funktion i att stötta verksamheter i deras förbättringsarbete genom att erbjuda mätningar över tid som kan indikera variationer och beskriva skillnader. Kunskap om hur data används för att driva och utveckla hälso- sjukvård och omsorg är nödvändigt, om nationella kvalitetsregister ska kunna uppfylla sitt syfte. Detta är särskilt viktigt inom den kommunala hälso- sjukvården och omsorgen, där det finns skillnader i kunskap om förbättringsarbete. Det kan medföra risk för ojämlik hälsa för Sveriges invånare. Att utforska och undersöka framgångsfaktorer för hur datadriven verksamhetsutveckling kan generera förbättrat utfall med kunskap om vilka insatser som behövs för att nå målet med jämlik vård och omsorg är därför av största vikt. För att åstadkomma målet att den sköra äldre personen får ett jämlikt, delaktigt och värdigt åldrande, krävs att de olika huvudmännen utvecklar och förbättrar samverkan på ett systematiskt sätt. Organisationen ger förutsättningar för att åstadkomma resultat, därför behöver detta studeras.

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REGISTERCENTRUM

SYDOST



Budget

Samtliga belopp anges i svenska kronor.

Kostnadslag och totalt sökt belopp

Aktivitetsgrad i projektet

Roll i projektet	Namn	Procent av heltid
1 Projektledare	Elisabet Rothenberg	15%
2 Medverkande forskare	Åsa Larsson Ranada	9%
3 Medverkande forskare	Annette Erichsen Andersson	9%
4 Medverkande forskare	Helle Wijk	9%
5 Medverkande forskare	Martina Boström	40%
6 Medverkande forskare	Pia Skott	5%

Löner inklusive sociala avgifter

Roll i projektet	Namn	Procent av lönen				
1 Projektledare	Elisabet Rothenberg	15%				
2 Medverkande forskare	Åsa Larsson Ranada	9%				
3 Medverkande forskare	Anette Erichsen Andersson	9%				
4 Medverkande forskare	Helle Wijk	9%				
5 Medverkande forskare	Martina Boström	40%				
6 Medverkande forskare	Pia Skott	5%				
Totalt						
	2021	2022	2023	2024	2025	Totalt
1	29 257	180 058	184 573	189 089	161 572	744 549
2	18 094	111 384	114 206	58 514	100 032	402 230
3	15 115	46 473	95 203	97 649	83 412	337 852
4	21 857	134 338	68 862	141 111	120 572	486 740
5	59 455	365 760	374 791	383 822	328 005	1 511 833
6	13 656	84 008	86 078	88 241	75 338	347 321
Totalt	157 434	922 021	923 713	958 426	868 931	3 830 525

Driftskostnader

Driftskostnader	Beskrivning	2021	2022	2023	2024	2025	Totalt
1	Resor	0	2 000	10 000	10 000	8 000	40 000
2	Etikprövning	0	5 000	0	0	0	5 000
3	Språkgranskning	0	0	0	15 000	15 000	30 000
4	Konsulttjänster	0	5 000	10 000	10 000	25 000	70 000
5	Övriga kostnader	0	10 000	40 000	15 000	25 000	115 000
Totalt		22 000	60 000	35 000	75 000	68 000	260 000

Totalt sökt belopp

Specificerade kostnader	2021	2022	2023	2024	2025
1 Löner inkl. sociala avgifter	157 434	922 021	923 713	958 426	868 931
2 Driftskostnader	22 000	60 000	35 000	75 000	68 000
3 Delsumma	179 434	982 021	958 713	1 033 426	936 931
4 Indirekta kostnader	76 512	448 101	448 924	465 795	422 300
5 Total projektkostnad	255 946	1 430 122	1 407 637	1 499 221	1 359 231
	Totalt, sökt				Total kostnad
1	3 830 525				3 830 525
2	260 000				260 000
3	4 090 525				4 090 525
4	1 861 632				1 861 632
5	5 952 157				5 952 157

Redovisa indirekta kostnader som en egen post med belopp per år i tabellen **Totalt sökt belopp**.

Motivera sökt budget

Most of the funds applied for relate to salaries, including social security contributions for participating researchers (3, 8 million). Indirect costs correspond to SEK 1,9 million, which includes so-called transparencies as well as premises and IT subscriptions, and lastly SEK 260,000 in operating costs.

The operating costs consists of costs for ethics testing, travel for the implementation of project meetings and data collection, cost for data extraction from the quality register, statistical consultation and language services and open access in connection with the publication of results from the project.

E. Rothenberg will serve as project leader and thus has 15% of fulltime during the whole project time. A major part of the practical work will be performed by M. Boström and thus she has the largest portion of time allocated, 40% of fulltime during the whole project.

Remaining co-applicants will have between 5-10% of fulltime each year of the project with a total of approximately 5-9% each. Several will also use research time allocated in their regular employment to the project.

Funds have not been sought from another financier.

Annan finansiering

Annan finansiering för detta projekt

Finansiär	Sökande/projektledare	Typ av bidrag	Status	Dnr eller motsv.	
	2021	2022	2023	2024	2025
Ingen information ifyllt					

CV

CV - Elisabet Rothenberg

Projektledare: Elisabet Rothenberg	Dr-examen: 1997-06-02
Födelsedatum: 19600506	Akademisk titel: Docent
Kön: Kvinna	Arbetsgivare: Högskolan Kristianstad
Land: Sverige	

Doktorsexamen			
Examen	Organisation	Avhandlingens titel (originalspråk)	Handledare
30599. Övrig annan medicin och hälsovetenskap, 1997-06-02	Göteborgs universitet, Medicin, inst för	Nutrition in the elderly Dietary intake and dietary assessment methods	Bertil Steen

Utbildning

Forskarutbildning			
Examen	Organisation	Avhandlingens titel	Namn på handledare
Doktorsexamen, 30599. Övrig annan medicin och hälsovetenskap, 1997-06-02	Göteborgs universitet, Sverige, Medicin, inst för	Nutrition in the elderly Dietary intake and dietary assessment methods	Bertil Steen

Utbildning på grund- och avancerad nivå	
År	Examen
1983	30599. Övrig annan medicin och hälsovetenskap, Dietistexamen, Göteborgs universitet, Sverige

Arbetsliv

Anställningar				
Period	Anställning	Del av forskning i anställningen (%)	Arbetsgivare	Övrig information
mars 2014 - Nuvarande	Professor, Tillsvidareanställning	30	Högskolan Kristianstad, Sverige, Hälsovetenskap	Har flyttat från Mat och måltidsvetenskap till Hälsovetenskap
juni 1997 - mars 2014	Chefdietist och verksamhetsutvecklare, Tillsvidareanställning	0	Västra Götalandsregionen, Sverige, Västra Götalandsregionen	

Period	Anställning	Del av forskning i anställningen (%)	Arbetsgivare	Övrig information
april 1984 - juni 1997	Dietist och delar av tiden doktorand, Tillsvidareanställning	40	Göteborgs stad, Sverige, Vasa sjukhus	

Uppehåll i forskningen	
Period	Beskrivning
1999-01-01 - 2014-01-06	Påbörjade tjänst som chefdietist 1997-06-04 på Sahlgrenska Universitetssjukhuset. Från 1999 fram tills jag påbörjade min tjänst på Högskolan Kristianstad hade jag dessvärre mycket liten möjlighet att bedriva forskning.

Meriter och utmärkelser

Docentur		
År	Ämne	Organisation
2012	305. Annan medicin och hälsovetenskap	Göteborgs universitet, Sverige, Medicin, inst för

Handledda personer		
År	Handledda personer	Roll
2022	Doktorand, Jessica Samuelsson, Göteborgs universitet, Sverige	Bihandledare
2010	Doktorand, Charlotta Copland, Göteborgs universitet, Sverige	Bihandledare
2001	Doktorand, Debashish Kumar Dey, Göteborgs universitet, Sverige	Bihandledare
2018	Licentiat, Julie Johannesson, Göteborgs universitet, Sverige	Bihandledare
2012	Student, Amanda Lindblad, Göteborgs universitet, Sverige	Huvudhandledare
2012	Student, Andrea Jareteg, Göteborgs universitet, Sverige	Huvudhandledare
2012	Student, Ingrid Blankenau, Göteborgs universitet, Sverige	Huvudhandledare
2012	Student, Joanna Andersson, Göteborgs universitet, Sverige	Huvudhandledare
2006	Student, Sofia Björkman, Göteborgs universitet, Sverige	Huvudhandledare
2014	Student, Madelene Johansson, Göteborgs universitet, Sverige	Bihandledare

Bidrag erhållna i konkurrens					
Period	Finansiär	Projektledare	Din roll	Delbelopp (kr)	Totalt belopp (kr)
2020 - 2020	Agneta Prytz-Folkes och Gösta Folkes stiftelse, Sverige - Övriga privata utförare	Elisabet Rothenberg	Projektledare	0	60 000
2019 - 2021	Familjen Kamprads stiftelse, Sverige - Företag (även statliga och kommunala bolag samt statliga affärsdrivande verk)	Karin Wendin	Medverkande	53 100	4 000 000
2009 - 2010	Sverige - Övriga statliga myndigheter,	Elisabet Rothenberg	Projektledare	0	480 000

Period	Finansiär	Projektledare	Din roll	Delbelopp (kr)	Totalt belopp (kr)
2007 - 2008	Sverige - Övriga statliga myndigheter,	Karin Wendin	Medverkande	50 000	600 000
2004 - 2007	Sverige - Övriga statliga myndigheter,	Karin Wendin	Medverkande	0	0

Övriga meriter		
Period	Typ av merit	Beskrivning
1991 - 2021	H index samt övriga bibliometriska och andra publikationer	H index 26 Editor 4 textbooks Publications: 81 conference proceedings 75 text book chapters, audiovisual material, reports and web pages 72 peer reviewed papers 2 scientific reports for The National Board of Health and Welfare in collaboration with other authors 2 scientific reports for National Food Agency
2021 - 2021	Expert assessment on employment as Professor at Karolinska Institutet	Ref nr: 2-671/2019-8 18 applicants
2008 - 2019	Expert appointments	<ul style="list-style-type: none"> • EFAD expert of malnutrition 2010- • Expert group food and health, Swedish National food administration (SLV) 2008 - • National Guidelines for disease prevention, The National Board of Health and Welfare (SOS) 2008-2010 • Expert, Nutrition for good health and social care. (SOS) 2009-2011 • Disease related malnutrition, (SOS) 2009-2011 • "Special nutritional needs of frail older adults". SLV 2010 • SeniorAlert quality register, 2010- • The Swedish Higher Education Authority, evaluation higher education within nutrition 2013 – 2014 • JRC Science for policy report Feasibility study on adults Ispra, 23rd-24th October 2014 • Scientific advisory board the platform for Collaboration for Health, Kristianstad University 2016- • Expert revision of Nutrition for good health and social care. SOS 2016-2017 • Expert "Special nutritional needs of frail older adults". The National Food Agency 2016 • Expert evaluating Project Proposal for the Czech Research Council • Expert Nutrition terminology. SOS 2019

CV - Martina Boström

Medverkande forskare: Martina Boström	Dr-examen: 2014-06-13
Födelsedatum: 19740522	Akademisk titel: Doktor
Kön: Kvinna	Arbetsgivare: Region Jönköpings Län
Land: Sverige	

Utbildning

Forskarutbildning		
Examen	Organisation	Namn på handledare
Doktorsexamen, 30502. Gerontologi, medicinsk/hälsovetenskaplig inriktning (Samhällsvetenskaplig inriktn.under 50999), 2014-06-13	Högskolan i Jönköping, Sverige, School of Health Sciences	Anita Björklund

Utbildning på grund- och avancerad nivå	
År	Examen
2008	50901. Tvärvetenskapliga studier inom samhällsvetenskap, Magisterexamen, Högskolan i Jönköping, Sverige
2000	30302. Folkhälsovetenskap, global hälsa, socialmedicin och epidemiologi, Högskoleexamen, Högskolan Väst, Sverige

Arbetsliv

Anställningar Period	Anställning	Del av forskning i anställningen (%)	Arbetsgivare
september 2018 - Nuvarande	Utvecklingsledare, Tillsvidareanställning	0	Region Jönköpings Län, Sverige, School of Health Sciences
augusti 2017 - september 2018	Funktionschef, Tillsvidareanställning	5	Vetlanda Kommun, Sverige, School of Health Sciences
juni 2014 - augusti 2017	Lektor, Tillsvidareanställning	20	Högskolan i Jönköping, Sverige, School of Health Sciences

Meriter och utmärkelser

Handledda personer		
År	Handledd person	Roll
2017	Doktorand, Ann Johansson	Bihandledare

Bidrag erhållna i konkurrens					
Period	Finansiär	Projektledare	Din roll	Delbelopp (kr)	Totalt belopp (kr)
2021 - 2023	Vinnova, Sverige - Övriga statliga medel	Jesper Ohlsson	Medverkand e	1 400 000	2 800 000
2018 - 2018	Vinnova, Sverige - Övriga statliga medel	Emanuel Vederfors	Medverkand e	19 130 000	19 130 000
2018 - 2020	Vinnova och Celtic Plus, Sverige - Övriga statliga medel	Niklas Sundler	Projektledar e	0	136 005 550

Priser och utmärkelser		
År	Namn på priset/utmärkelsen	Utfärdare
2016	Smart Housing Smålands Innovations och Inspirationspris	Smart Housing Småland https://smarthousing.nu/

Övriga meriter		
Period	Typ av merit	Beskrivning
2016 - 2018	Äldrestrateg Högländet	Deltog i implementering vid införande av genomförandeplan och strukturerat arbetssätt i IBIC (Individens behov i Centrum.

CV - Annette Erichsen Andersson

Medverkande forskare: Annette Erichsen Andersson	Dr-examen: 2013-05-03
Födelsedatum: 19660507	Akademisk titel: Docent
Kön: Kvinna	Arbetsgivare: Sahlgrenska universitetssjukhuset
Land: Sverige	

Utbildning

Forskarutbildning

Examen	Organisation	Namn på handledare
Doktorsexamen, 30399. Annan hälsovetenskap, 2013-05-03	Göteborgs universitet, Sverige, Vårdvetenskap och hälsa, inst för	Kerstin Nilsson

Utbildning på grund- och avancerad nivå	
År	Examen
2001	3. Medicin och hälsovetenskap, Specialistsjuksköterskeexamen, Göteborgs universitet, Sverige
1997	30599. Övrig annan medicin och hälsovetenskap, Sjuksköterskeexamen/motsv, Göteborgs universitet, Sverige

Arbetsliv

Anställningar				
Period	Anställning	Del av forskning i anställningen (%)	Arbetsgivare	Övrig information
december 2015 - Nuvarande	Lektor, Tillsvidareanställning	40	Göteborgs universitet	Docent 2019
januari 2016 - Nuvarande	Översjuksköterska, Tillsvidareanställning	10	Sahlgrenska universitetssjukhuset	

Postdoktorvistelser		
Period	Organisation	Ämne
december 2014 - december 2016	Göteborgs universitet, Sverige, Vårdvetenskap och hälsa, inst för	30305. Omvårdnad

Meriter och utmärkelser

Docentur		
År	Ämne	Organisation
2019	303. Hälsovetenskap	Göteborgs universitet, Sverige, Vårdvetenskap och hälsa, inst för

Handledda personer		
Handledda personer	Roll	Antal
Student	Huvudhandledare	9
Student	Bihandledare	6
Student	Bihandledare	4

Bidrag erhållna i konkurrens				
Period	Finansiär	Projektledare	Din roll	Totalt belopp (kr)
2021 - 2023	Bo Rydins Stiftelse för Vetenskapliga forskning, Sverige - Annan forskningsfinansiär	Annette Erichsen Andersson	Projektledare	1 000 000

Period	Finansiär	Projektledare	Din roll	Totalt belopp (kr)
2015 - 2016	Centrum för Personcentrerad vård, Sverige - Annan forskningsfinansiär	Annette Erichsen Andersson		1 700 000

Priser och utmärkelser	
År	Namn på priset/utmärkelsen
2014	Pris för bästa avhandling

Övriga meriter		
Period	Typ av merit	Beskrivning
2014	Ordförande i PRISS projektgrupp	Ordförande för PRISS (Protes relaterade infektioner skall stoppas) med uppdrag att i en expertgrupp ta fram rekommendationer för optimal operationsmiljö vid implantatkirurgi

CV - Åsa Larsson Ranada

Medverkande forskare: Åsa Larsson Ranada	Dr-examen: 2009-04-29
Födelsedatum: 19650831	Akademisk titel: Doktor
Kön: Kvinna	Arbetsgivare: Linköpingsuniversitet
Land: Sverige	

Utbildning

Forskarutbildning		
Examen	Organisation	Namn på handledare
Doktorsexamen, 30599. Övrig annan medicin och hälsovetenskap, 2009-04-29	Linköpings universitet, Sverige, Institutionen för samhälls- och välfärdsstudier (ISV)	Jan-Erik Hagberg

Utbildning på grund- och avancerad nivå	
År	Examen
1998	30306. Arbetsterapi, Magisterexamen, Uppsala universitet, Sverige
1989	30306. Arbetsterapi, Arbetsterapeutexamen/motsv, Linköpings universitet, Sverige

Arbetsliv

Anställningar			
Period	Anställning	Del av forskning i anställningen (%)	Arbetsgivare
december 2009 - Nuvarande	Lektor, Tillsviareanställning	15	Linköpingsuniversitet, Sverige, Institutionen för Hälsa, Medicin och Vård

Meriter och utmärkelser

Handledda personer

År	Handledda personer	Roll
2027	Doktorand, Anna Zouh, Linköpings universitet, Sverige, Institutionen för samhälls- och välfärdsstudier (ISV)	Bihandledare
2021	Doktorand, Maria Bergström, Linköpings universitet, Sverige	Bihandledare

Bidrag erhållna i konkurrens					
Period	Finansiär	Projektledare	Din roll	Delbelopp (kr)	Totalt belopp (kr)
2010 - 2012	VR - Vetenskapsrådet, Sverige - Annan forskningsfinansiär	Anna Whitaker	Medverkande	0	2 140 000

CV - Pia Skott

Medverkande forskare: Pia Skott	Dr-examen: 2002-05-17
Födelsedatum: 19700809	Akademisk titel: Doktor
Kön: Kvinna	Arbetsgivare: Folk tandvården i Stockholm
Land: Sverige	

Utbildning

Forskarutbildning			
Examen	Organisation	Avhandlingens titel	Namn på handledare
Doktorsexamen, 30109. Mikrobiologi inom det medicinska området, 2002-05-17	Karolinska Institutet, Sverige, KI SöS (Institutionen för klinisk forskning och utbildning, Södersjukhuset)	HIV induced humoral immune response with specific relevance to IgA.	Ewa Björling

Utbildning på grund- och avancerad nivå		
År	Examen	Specialistkompetens utfärdad av Socialstyrelsen
1997	30299. Annan klinisk medicin, Tandläkarexamen/motsv, Karolinska Institutet, Sverige	Specialistkompetens för tandläkare

Arbetsliv

Anställningar			
Period	Anställning	Del av forskning i anställningen (%)	Arbetsgivare
september 2018 - Nuvarande	Forskningschef, Tillsvidareanställning	25	Folk tandvården i Stockholm
september 2017 - september 2018	Tandvårdsstrateg, Tillsvidareanställning	0	Folk tandvården i Stockholm
maj 2010 - september 2017	Klinikchef, Tillsvidareanställning	0	Folk tandvården i Stockholm

Uppehåll i forskningen

Period	Beskrivning
2002-12-31 - 2014-01-01	Under perioden har mitt arbete fokuserat på klinisk tjänstgöring som sjukhustandläkare och klinikchef i Folk tandvården Stockholms län AB. Från 2014-01-01 har jag givits nya möjligheter att bedriva klinisk forskning inom ett nytt område i samband med att jag tillträtt tjänsten som Biträdande Föreståndare på Akademiskt centrum för Äldretandvård (ACT)

Meriter och utmärkelser

Handledda personer		
År	Handledda personer	Roll
2024	Doktorand, Charlotta Elleby, Karolinska Institutet, Sverige, NVS (Institutionen för neurobiologi, vårdvetenskap och samhälle)	Bihandledare
2024	Doktorand, Linn Hedberg, Karolinska Institutet, Sverige, Dentmed (Institutionen för odontologi)	Bihandledare
2022	Licentiat, Elisabeth Morén, Karolinska Institutet, Sverige, Dentmed (Institutionen för odontologi)	Bihandledare
2019	Student, Elisabeth Jogin, Karolinska Institutet, Sverige, Dentmed (Institutionen för odontologi)	Huvudhandledare
2015	Student, Nasita Marsson, Karolinska Institutet, Sverige	Huvudhandledare

Bidrag erhållna i konkurrens					
Period	Finansiär	Projektledare	Din roll	Delbelopp (kr)	Totalt belopp (kr)
2019 - 2021	Styrgruppen KI/SLL Odontologisk forskning (SOF), Sverige - Universitet och högskolor	Inger Wårdh	Medverkande	185 000	1 350 000
2014 - 2016	Styrgruppen KI/SLL Odontologisk frsning (SOF), Sverige - Universitet och högskolor	Inger Wårdh	Medverkande	0	1 275 000

CV - Helle Wijk

Medverkande forskare: Helle Wijk	Dr-examen: 2001-05-12
Födelsedatum: 19580210	Akademisk titel: Professor
Kön: Kvinna	Arbetsgivare: Göteborgs universitet
Land: Sverige	

Utbildning

Forskarutbildning		
Examen	Organisation	Namn på handledare
Doktorsexamen, 30222. Geriatrik, 2001-05-12	Göteborgs universitet, Sverige	Stig Berg

Utbildning på grund- och avancerad nivå	
År	Examen
1996	50301. Pedagogik, Magisterexamen, Göteborgs universitet, Sverige
1982	30305. Omvårdnad, Sjuksköterskeexamen/motsv, Lunds universitet, Sverige

Arbetsliv

Anställningar Period	Anställning	Del av forskning i anställningen (%)	Arbetsgivare	Övrig information
februari 2017 - Nuvarande	Översjuksköterska , Tillsvidareanställning	0	Sahlgrenska universitetssjukhuset	2017 Översjuksköterska vid Sahlgrenska Universitetssjukhuset inom ramen för kombinationsanställningen
februari 2018 - Nuvarande	Professor, Tillsvidareanställning	80	Göteborgs universitet, Sverige, Vårdvetenskap och hälsa, inst för	Sakkunigbedömd som meriterad för professor 2013 inom ramen för Handlingsplan avseende rekrytering och befordran till professor samt rekrytering av gästprofessorer, initierad av Rektor Pam Fredman, Göteborgs Universitet, 2012.
oktober 2019 - oktober 2022	Professor, Tillsvidareanställning	20	Chalmers tekniska Högskola, Sverige, Arkitektur och Samhällsbyggnad	

Postdoktorvistelser Period	Organisation	Ämne
augusti 2003 - september 2003	CHU Amiens-Picardie, Frankrike	30222. Geriatrik

Meriter och utmärkelser

Docentur		
År	Ämne	Organisation
2009	30305. Omvårdnad	Göteborgs universitet, Sverige, Vårdvetenskap och hälsa, inst för

Handledda personer		
År	Handledda personer	Roll
2024	Doktorand, Ingela Wennman	Huvudhandledare
2022	Doktorand, Anastasia Silverglow	Huvudhandledare
2022	Doktorand, Marielle Nyman, Göteborgs universitet, Sverige, Vårdvetenskap och hälsa, inst för	Huvudhandledare
2017	Doktorand, Christina Blomdahl, Göteborgs universitet, Sverige, Vårdvetenskap och hälsa, inst för	Huvudhandledare
2017	Doktorand, Susanna Nordin	Huvudhandledare

Bidrag erhållna i konkurrens

Period	Finansiär	Projektledare	Din roll	Totalt belopp (kr)
2021 - 2023	Formas, Sverige - Annan forskningsfinansiär	Helle Wijk	Projektledare	2 949 839
2021 - 2025	Kampradstiftelsen, Sverige - Annan forskningsfinansiär	Helle Wijk	Projektledare	2 900 000
2017 - 2020	Sverige - Övriga statliga myndigheter,	Helle Wijk	Projektledare	3 000 000

Priser och utmärkelser		
År	Namn på priset/utmärkelsen	Utfärdare
2018	Kurslitteraturpriset	Studentlitteratur
2017	Excellent lärare	Göteborgs Universitet
2010	Kurslitteraturpriset	Studentlitteratur

Övriga meriter		
Period	Typ av merit	Beskrivning
2014 - 2023	Forskargrupsledare	Vid Institutionen för Vårdvetenskap och Hälsa vid Göteborgs Universitet leder jag en tvärvetenskaplig forskargrupp som studerar hur vi kan utveckla stödjande miljöer med effekt på patienters vårdförlopp, rehabilitering och livskvalitet samt personalens arbetsmiljö och vårdens genomförande. Forskningsämnet har genomgått en omfattande utveckling under dessa år och omfattar idag ett stort antal forskare och doktorander från olika discipliner. Vi samarbetar med centrum för Vårdens Arkitektur vid Chalmers tekniska Högskola/Arkitektur, där jag är gästprofessor sedan 2019.

Publikationer

Publikationer - Rothenberg, Elisabet

Projektledare: Elisabet Rothenberg	Dr-examen: 1997-06-02
Födelsedatum: 19600506	Akademisk titel: Docent
Kön: Kvinna	Arbetsgivare: Högskolan Kristianstad
Land: Sverige	

Vetenskaplig publikation - fackgranskade

Originalartikel i vetenskaplig tidskrift

Titel: A Western-style dietary pattern is associated with cerebrospinal fluid biomarker levels for preclinical Alzheimer's disease—A population-based cross-sectional study among 70-year-olds

Författare: Jessica Samuelsson, Silke Kern, Henrik Zetterberg, Kaj Blennow, Elisabet Rothenberg, Ola Wallengren, Ingmar Skoog, Anna Zettergren

Publiceringsdatum: 2021-05-15 **Utfärdandenummer:** 20 April 2021

Namn på tidskrift: Elisabet Rothenberg

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

Abstract Background: Diet may be a modifiable factor for reducing the risk of Alzheimer's disease (AD). Western-style dietary patterns are considered to increase the risk, whereas Mediterranean-style dietary patterns are considered to reduce the risk. An association between diet and AD-related biomarkers have been suggested, but studies are limited. Aim: To investigate potential relations between dietary patterns and cerebrospinal fluid (CSF) biomarkers for AD among dementia-free older adults. Methods: Data were derived from the population-based Gothenburg H70 Birth Cohort Studies, Sweden. A total of 269 dementia-free 70-year-olds with dietary and cerebrospinal fluid (CSF) amyloid beta (A β 42 and A β 40), total tau (t-tau), and phosphorylated tau (p-tau) data were investigated. Dietary intake was determined by the diet history method, and four dietary patterns were derived by principal component analysis. A Western dietary pattern, a Mediterranean/prudent dietary pattern, a highprotein and alcohol pattern, and a high-total and saturated fat pattern. Logistic regression models, with CSF biomarker pathology (yes/no) as dependent variables, and linear regression models with continuous CSF biomarker levels as dependent variables were performed. The analyses were adjusted for sex, energy intake, body mass index (BMI), educational level, and physical activity level.

Titel: Sarcopenic obesity and associations with mortality in older women and men – a prospective observational study

Författare: Åsa von Berens, Sine R Obling, Margaretha Nydahl, Afsaneh Koochek, Lauren Lissner, Ingmar Skoog, Kerstin Frändin, Elisabeth Skoglund, Elisabet Rotenberg, Tommy Cederholm

Publiceringsdatum: 2020-06-09 **Volym:** 20

Namn på tidskrift: BMC Geriatr

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

Abstract Background: The combined effect of sarcopenia and obesity, i.e., sarcopenic obesity, has been associated with disability and worse outcomes in older adults, but results are conflicting. The objectives of this study were to describe the prevalence of sarcopenic obesity (SO) in older adults, and to examine how the risk of mortality is associated with SO and its various components. Methods: Data were obtained from two Swedish population studies, the Gothenburg H70 Birth Cohort Studies of 521 women and men at the age of 75, and the Uppsala Longitudinal Study of Adult Men (ULSAM), which included 288 men aged 87 years. Sarcopenia was defined using the recently updated EWGSOP2 definition. Obesity was defined by any of three established definitions: body mass index ≥ 30 kg/m², fat mass $> 30\%$ / $> 42\%$ or waist circumference ≥ 88 cm / ≥ 102 cm for women and men, respectively. The Kaplan-Meier survival curve and the Cox proportional hazard model were used for 10-year and 4-year survival analyses in the H70 and ULSAM cohorts, respectively. Results: SO was observed in 4% of the women and 11% of the men in the H70 cohort, and in 10% of the ULSAM male cohort. The 75-year-old women with SO had a higher risk (HR 3.25, 95% confidence interval (1.2–8.9)) of dying within 10 years compared to those with a “normal” phenotype. A potential similar association with mortality among the 75-year-old men was not statistically significant. In the older men aged 87 years, obesity was associated with increased survival. Conclusions: SO was observed in 4–11% of community-dwelling older adults. In 75-year-old women SO appeared to associate with an increased risk of dying within 10 years. In 87-year-old men, the results indicated that obesity without sarcopenia was related to a survival benefit over a four-year period. Keywords: Older adults, Sarcopenic obesity, EWGSOP2, Prevalence, Mortality

Titel: Meal frequency and vegetable intake does not predict the development of frailty in older adults

Författare: Julie Johannesson, Elisabet Rothenberg, Susanne Gustafsson, Frode Slinde

Publiceringsdatum: 2018-12-05 **Volym:** 25 **Utfärdandenummer:** 2018/10/12

Namn på tidskrift: Nutrition and Health

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

Background: Frailty is considered highly prevalent among the aging population. Fruit and vegetable intake is associated with positive health outcomes across the life-span; however, the relationship with health benefits among older adults has received little attention. Aim: The aim was to examine if a relationship exists between meal frequency or frequency of vegetable intake and the development of frailty in a population of older adults. Methods: A total of 371 individuals, 80 years or older, from the study 'Elderly Persons in the Risk Zone' were included. Data was collected in the participants' home by face-to-face interviews up to 24 months after the intervention. Baseline data were calculated using Chi2-test; statistical significance was accepted at the 5% level. Binary logistic regression was used for the relationship between meal frequency or vegetable intake and frailty. Results: Mean meal frequency was 4.2 ± 0.9 meals per day; women seem to have a somewhat higher meal frequency than men ($p=0.02$); 57% of the participants had vegetables with at least one meal per day. No significant relationship was found between meal frequency or vegetable intake and frailty at 12 or 24 months follow-ups. Conclusions: Among this group of older adults (80+), meal frequency was slightly higher among women than men, and just over half of the participants had vegetables with at least one meal a day. The risk of developing frailty was not associated with meal frequency or vegetable intake. The questions in this study were meant as indicators for healthy food habits. Keywords Aged 80 and older, meal frequency, vegetable intake, frailty, community dwelling

Titel: A meal concept designed for older adults – Small, enriched meals including dessert

Författare: Evelina Höglund, Susanne Ekman, Gunnel Stuhr-Olsson, Christina Lundgren, Berit Albinsson, Michael Signäs, Christina Karlsson, Elisabet Rothenberg, Karin Wendin

Publiceringsdatum: 2018-10-26 **Volym:** 62 **Utfärdandenummer:** 26 September 2018

Namn på tidskrift: Food & Nutrition Research

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

Background: The population of older adults is growing and many are at risk of disease-related malnutrition. This is a serious condition which increases the risk for other diseases and distress, human suffering and puts a high load on health care costs. Meal concepts tailored to suit the needs of older adults are required to decrease the incidence of disease-related malnutrition. Objective: To evaluate sensory perception regarding a concept of small, protein and energy-enriched multicomponent meals designed according to the nutritional needs of older adults. Design: A meal concept of small main courses with complementary desserts and protein and energy-enriched products was evaluated using triangle tests, hedonic evaluation and focus group discussion. Enriched sauces and meals were compared to corresponding commercial products regarding appearance, taste, consistency and overall acceptance. Results: The concept of a small main course with a complementary dessert was generally perceived as positive by the target group. The acceptance scores for the enriched meals were generally lower than for the commercial meals, mainly owing to the packaging of the enriched meals which required covering the food in sauce. Enriched sauces contained approximately 90% more protein than the commercial sauces. However, protein enrichment affected the sensory properties of the sauces and they were perceived as thicker, creamier and less flavour-intensive.

Conclusions: A concept based on small, protein and energy-enriched meals supplemented with a dessert was considered suitable for increasing the energy and protein intakes of older adults provided that the method of enrichment ensures attractive sensorial properties. Keywords: older adults; energy; protein; meals; malnutrition; meal concept

Titel: The impact of a national quality register in the analysis of risks and adverse events among older adults in nursing homes and hospital wards—a Swedish Senior Alert survey

Författare: Anna Trinks, Catharina Hägglin, Dennis Nordvall, Elisabet Rothenberg, Helle Wijk

Publiceringsdatum: 2018-10-25 **Volym:** 4 **Utfärdandenummer:** 1 October 2018

Namn på tidskrift: Safety in Health

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

Background: The proportion of elderly in the population in Sweden is increasing. Older adults are more vulnerable to disease and disability which in turn increases the prevalence of negative events as pressure ulcers, malnutrition, falls, and oral health problems. Methods: By using Senior Alert (SA), a quality registry for care prevention, analyze data concerning risks and adverse events and show the potential of the register for quality improvement and research in nursing homes and hospitals. Results: There are differences in the prevalence of pressure ulcers and weight loss in nursing homes compared to hospitals, explained by different risk scores in the assessment tools used as well as differences in the populations with regard to age and days to follow-up. Falls are more prevalent in nursing homes. Fall prevalence decreases more with higher pressure ulcer risk due to factors such as degree of mobility; the fall prevalence decreases for even higher pressure ulcer risk. Conclusions: The team around the older person needs a more inter-professional profile including healthcare such as physiotherapists, occupational therapists, dietitians, and dental health professionals. Trial registration: The study is an observational retrospective register-based study, using data from SA during 2015. Keywords: Prevention, Care prevention, Nursing home, Hospital ward, Quality registry, Quality improvement

Titel: Protein enriched foods and healthy ageing Effects of protein fortification on muffin characteristics

Författare: Karin Wendin, Karin Wendin, Malin Andersson, Elisabet Rothenberg

Publiceringsdatum: 2017-11-05 **Volym:** 28 **Utfärdandenummer:** September/October 2017

Namn på tidskrift: Agro FOOD Industry Hi Tech

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

Abstract Sarcopenia is a common problem among elderly. To maintain muscle mass, strength and function adequate dietary protein intake is of importance. The aim is to enable the development of high-quality fortified foods to improve protein status in elderly. Current study aimed to investigate how sensory and physical characteristics of a popular snack in the form of muffins change when increasing protein content. A reference muffin was compared to muffins fortified with soy flour, almond flour or whey protein, respectively. A focus group evaluated the sensory properties. Physical properties included colour measurement, water activity, weight and heights. All fortifiers affected the muffins differently, sensory as well as physical characteristics, showing the complexity of adding different fortifiers to muffins.

Titel: Protein and Energy Enriched Muffins Designed for Nutritional Needs of Older Adults

Författare: Evelina Höglund, Berit Albinsson, Gunnel Stuhr-Olsson, Michael Signäs, Christina Karlsson, Elisabet Rothenberg, Karin Wendin

Publiceringsdatum: 2017-02-08 **Volym:** 2

Namn på tidskrift: Nutrition & Food Science International Journal

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

Disease related malnutrition is a common problem among older adults which results in human suffering and high health care costs. One way to counteract this condition is to offer appetizing and nutritious food products adapted to the needs of older adults. However, macronutrient enrichment of food products is not straight forward as it affects flavour and texture properties. In this study, muffins were fortified with rape seed oil and whey powder to reach increased fat and/or protein content and the nutritional value, sensory properties and physical parameters were investigated. The results showed that ingredients could be added to significantly increase the energy and protein density, but enrichment affected on appearance and other sensory properties. Extra fat made the muffins flat and moist with a smooth and fatty mouth feel, while whey powder addition resulted in high/pointy muffins with shiny appearance, hard texture and altered flavours. For co-addition of fat and protein the effects of added protein dominated. The specific role of muffin/cake batter compounds, and their transformation during the baking process, needs to be further investigated. Hence, more research is needed in order to offer older adult appealing foods with high energy and nutrient density.

Titel: GENDER DIFFERENCES IN PRACTICE, KNOWLEDGE AND ATTITUDES REGARDING FOOD HABITS AND MEAL PATTERNS AMONG COMMUNITY DWELLING OLDER ADULTS

Författare: Julie Johannesson, Elisabet Rothenberg, Synneve Dahlin Ivanoff, Frode Slinder

Publiceringsdatum: 2016-09-29 **Utfärdandenummer:** 2016-01-05

Namn på tidskrift: Journal of Aging Research & Clinical Practice

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: ESPEN Guidelines on Definitions and Terminology of Clinical Nutrition

Författare: Tommy Cederholm, R Barazzoni, Peter Austin, Peter Ballmer, G Biolo, Stefan C Bischoff, C Compher, Isabel Correia, T Higashiguchi, Mette Holst, Gordon L Jensen, A Malone, Maurizio Muscaritoli, I Nyulasi, Matthias Pirlich, Elisabet Rothenberg, Karin Schindler, SM Schneider, MAE de van der Schueren, Cornel Sieber, L Valentin, JC Yu, Andre Van Gossum, Andre Van Gossum

Publiceringsdatum: 2016-09-14

Namn på tidskrift: Clinical Nutrition

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

summary Background: A lack of agreement on definitions and terminology used for nutrition-related concepts and procedures limits the development of clinical nutrition practice and research. Objective: This initiative aimed to reach a consensus for terminology for core nutritional concepts and procedures. Methods: The European Society of Clinical Nutrition and Metabolism (ESPEN) appointed a consensus group of clinical scientists to perform a modified Delphi process that encompassed e-mail communication, face-to-face meetings, in-group ballots and an electronic ESPEN membership Delphi round.

Titel: Body composition and hand grip strength in healthy community-dwelling older adults in Sweden

Författare: Amanda Lindblad, Synneve Dahlin-Ivanoff, Ingvar Bosaeus, Elisabet Rothenberg

Publiceringsdatum: 2014-11-26 **Volym:** 4

Namn på tidskrift: Journal of Ageing Research & Clinical Practice

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

Abstract: Background: Longevity increases worldwide but there are few studies on body composition and hand grip strength in populations over 80 years. Given high prevalence of chronic disease and functional disability in octogenarians, it may be difficult to distinguish effects of ageing from those imposed by disease. The European Consensus definition of sarcopenia recommends using both low muscle mass and function for diagnosis. Objectives: Examine body composition and hand grip strength in a selected group of community-dwelling older adults with high level of functional independence. In addition, longitudinal changes in handgrip strength were examined using previously collected data. Design: Cross-sectional body composition and hand grip strength with a four year retrospective analysis on previously assessed hand grip strength. Setting: Measurements were conducted by home visits. Participants: 102 community-dwelling 83-96 year-olds, 50 % women. Measurements: Hand grip strength was registered by a dynamometer and body composition analysis using bioimpedance spectroscopy. Results: According to European Consensus definition, only 6/102 had normal muscle mass - no men, although 78 % of men and 40 % of women had normal muscle strength. Since previously collected data four years earlier, men had lost strength ($p < 0.001$), while women had not ($p = 0.202$). Conclusions: Subject characteristics and health status support well-preserved body energy, protein stores and muscle strength. Low muscle mass was much more prevalent than low muscle strength. Results may give an indication of what constitutes a healthy body composition in oldest old and could serve as a starting point for reference values on healthy body composition in octogenarians.

Publikationer - Martina Boström

Medverkande forskare: Martina Boström

Födelsedatum: 19740522

Kön: Kvinna

Land: Sverige

Dr-examen: 2014-06-13

Akademisk titel: Doktor

Arbetsgivare: Region Jönköpings Län

Vetenskaplig publikation - fackgranskade

Originalartikel i vetenskaplig tidskrift

Titel: More healthy years of life through learning and involvement in a health promotion programme: a participatory evaluation of the programme

Författare: Martina Boström, Johansson Ann, Ericsson Irene, Björklund Anita, Fristedt Sofi

Publiceringsdatum: 2018-09-10 **Volym:** 5 **Utfärdandenummer:** 1

Namn på tidskrift: Conget Medicine

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Inte alltid trygg med trygghetslarm

Författare: Martina Boström

Publiceringsdatum: 2014 **Utfärdandenummer:** 3

Namn på tidskrift: Äldre i Centrum

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Inflytande och delaktighet vid flytt till äldreboende

Författare: M-E Bravell, Martina Boström

Publiceringsdatum: 2013 **Utfärdandenummer:** 2

Namn på tidskrift: Äldre i centrum

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Older persons have ambivalent feelings about the use of monitoring technologies

Författare: Martina Boström, Sofia Kjellström, Anita Björklund

Publiceringsdatum: 2013 **Volym:** 25 **Utfärdandenummer:** 2

Namn på tidskrift: Information Technology and Disabilities

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

BACKGROUND: As they age, older persons prefer to continue to live in their own homes. Sensors in the environment and/or bodily worn systems that monitor people might contribute to an increased sense of safety and security at home, but also raise concerns about the loss of privacy by surveillance. Little is known about how older persons, living at home independently and stating good health, perceive monitoring technology in terms of personal privacy.OBJECTIVE: to identify and describe how older persons, perceive monitoring technology in terms of personal privacy.METHOD: A qualitative study based on five focus group interviews was used. Concepts of "freedom" and "surveillance" were used as content areas in the data analysis.RESULTS: The results comprised three categories of ambivalence; "independence vs. security", "privacy vs. intrusion", and "in the best interest of me vs. in the best interest of others". These three categories merged into the overarching theme "maintaining a sense of self" which illustrates a desire to maintain control of one's life as long as possible.CONCLUSIONS: Older persons generally have positive feelings and attitudes toward technology and strive to maintaining a sense of self as long as possible, by having control. They stated high value to privacy, but valued being watched over if it ensured security. To feel good and bad about monitoring technologies, rather than good or does not necessarily lead to feelings of conflict.

Titel: Promoting sense of security in old-age care [Elektronisk resurs]

Författare: Martina Boström, Marie Ernsth-Bravell, Dan Lundgren, Anita Björklund

Publiceringsdatum: 2013 **Volym:** 5 **Utfärdandenummer:** 6A2

Namn på tidskrift: Health

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

Purpose: The concept of security is related to the experience of health but has ever so often been argued from a risk perspective rather than from a promotional perspective. The experience of older persons' sense of security in private homes and in nursing homes seems to be missing when it comes to promote aging well throughout the life span. This study aimed to describe and analyze factors related to the sense of security of older persons receiving care in nursing homes in Sweden. Design and Methods: The study was based on a questionnaire from a total of 495 persons aged \geq 65 in private homes (n = 350) or nursing homes (n = 145) in Sweden. Results: Secure relationships, sense of control, and perceived health were significantly related to the subjects' sense of security. No significant relationships were found between sense of security and having a personal emergency response alarm. Implications: Experience of sense of security from the older person perspective differs depending on the context. To promote the sense of security within the care of older persons, methods on how to establish secure relations as well as the sense of control and knowledge need to be further tested, developed and analyzed together with older persons.

Medverkande forskare: Annette Erichsen Andersson
Födelsedatum: 19660507
Kön: Kvinna
Land: Sverige

Dr-examen: 2013-05-03
Akademisk titel: Docent
Arbetsgivare: Sahlgrenska universitetssjukhuset

Vetenskaplig publikation - fackgranskade

Originalartikel i vetenskaplig tidskrift

Titel: The Safe Hands study: Implementing Aseptic Techniques in the Operating Room- Facilitating Mechanisms for Contextual Negotiation and Collective Action

Författare: Ewa Wikström, Lisen Dellenborg, Lars Wallin, Brigid Gillespie, Annette Erichsen Andersson

Publiceringsdatum: 2019-03-19 **Volym:** 3

Namn på tidskrift: American Journal of Infection Control

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Factors that may promote the learning of person-centred care: an ethnographic study of an implementation programme for healthcare professionals in a medical emergency ward in Sweden

Författare: Lisen Dellenborg, Ewa Wikström, Annette Erichsen Andersson

Publiceringsdatum: 2019-01-10

Namn på tidskrift: Advances in Health Science Education.

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Iterative co-creation for improved hand hygiene and aseptic techniques in the operating room: Experiences from the safe hands study

Författare: Annette Erichsen Andersson, Maria Frödin, Lisen Dellenborg, Lars Wallin, Ewa Wikström, Jesper Hök, Brigid Gillespie

Publiceringsdatum: 2018-01-04 **Volym:** 18

Namn på tidskrift: BMC health services research

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Improving care in surgery – a qualitative study of managers’ experiences of implementing evidence-based practice in the operating room

Författare: Annette Erichsen Andersson, Wendy Gifford, Kerstin Nilsson

Publiceringsdatum: 2015 **Volym:** 4 **Utfärdandenummer:** 4

Namn på tidskrift: Journal of Hospital Administration

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Sammanfattning:

Background: More knowledge is needed on the preconditions and circumstances for leading implementation of evidence based practice in the operating room (OR). Effective leadership support is critical to enhance the provision of safer care. The aim of this study was to explore managers’ and clinical leaders’ experiences of implementing evidence-based practice to increase patient safety in the operating room. Methods: The study had a qualitative descriptive design. In all, 25 managers were interviewed, with different surgical specialities (orthopedics, general and pediatric surgery) and operating room suites, from eight hospitals and 15 departments. Results: The organizational structures were defined as key obstacles to implementation. Specifically, lack of a common platform for cooperation between managers from different departments, organizational levels and professional groups impeded the alignment of shared goals and directions. In cases where implementation was successful, well-functioning and supportive relationships between the managers from different professions and levels were crucial along with a strong sense of ownership and control over the implementation process. Whilst managers expressed the conviction that safety was an important issue that was supported by top management, the goal was usually to “get through” as many operations as possible. This created conflicts between either prioritizing implementation of safety measures or production goals, which sometimes led to decisions that were counter to evidence-based practice (EBP). While evidence was considered crucial in all implementation efforts, it might be neglected and mistrusted if hierarchical boundaries between professional subgroups were challenged, or if it concerned preventive innovations as opposed to technical innovations. Conclusions: The preconditions for implementing EBP in the OR are suboptimal; thus addressing leadership, organizational and interprofessional barriers are of vital importance.

Titel: The application of evidence-based measures to reduce surgical site infections during orthopedic surgery - report of a single-center experience in Sweden

Författare: Annette Erichsen Andersson, Ingrid Berg, Bengt Eriksson, Jon Karlsson, Kerstin Nilsson

Publiceringsdatum: 2012-06-21

Namn på tidskrift: Patient Safety in Surgery

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Publikationer - Åsa Larsson Ranada

Medverkande forskare: Åsa Larsson Ranada

Dr-examen: 2009-04-29

Födelsedatum: 19650831

Akademisk titel: Doktor

Kön: Kvinna

Arbetsgivare: Linköpingsuniversitet

Land: Sverige

Vetenskaplig publikation - fackgranskade

Originalartikel i vetenskaplig tidskrift

Titel: Characteristics of research with older people (over 65 years) in occupational therapy journals, 2013–2017

Författare: Johannes H Österholm, Åsa Larsson Ranada

Publiceringsdatum: 2020-05-05 **Volym:** 27 **Utfärdandenummer:** 4

Namn på tidskrift: Scandinavian Journal of Occupational Science

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Significant others' influence on participation in everyday life—the perspectives of persons with early diagnosed rheumatoid arthritis.

Författare: Maria Bergström, Anette Sverker, Åsa Larsson Ranada, Eva Valtersson, Ingrid Thyberg, Gunnel Östlund, Mathilda Björk

Publiceringsdatum: 2020-02-03 **Volym:** 42 **Utfärdandenummer:** 3

Namn på tidskrift: Disability and Rehabilitation

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Struggling with everyday life after mild stroke with cognitive impairments – The experiences of working age women

Författare: Maria Alenljung, Åsa Larsson Ranada, Gunilla Liedberg

Publiceringsdatum: 2019-04-01 **Volym:** 82 **Utfärdandenummer:** 2

Namn på tidskrift: British Journal of Occupational Therapy

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Assessing occupational performance in special housing in Sweden.

Författare: Maria Andreassen, Annika Öhman, Åsa Larsson Ranada

Publiceringsdatum: 2017-08-23 **Volym:** 26 **Utfärdandenummer:** 6

Namn på tidskrift: Scandinavian Journal of Occupational Therapy

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Everyday doings in a nursing home – described by residents and staff.

Författare: Martha Gustavsson, Gunilla Liedberg, Åsa Larsson Ranada

Publiceringsdatum: 2015-11-02 **Volym:** 22 **Utfärdandenummer:** 6

Namn på tidskrift: Scandinavian Journal of Occupational Therapy

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Publikationer - Pia Skott

Medverkande forskare: Pia Skott

Dr-examen: 2002-05-17

Födelsedatum: 19700809

Akademisk titel: Doktor

Kön: Kvinna

Arbetsgivare: Folkandvården i Stockholm

Land: Sverige

Vetenskaplig publikation - fackgranskade

Originalartikel i vetenskaplig tidskrift

Titel: Discontinued dental care attendance among people with dementia. A register-based longitudinal study.

Författare: D Lexomboon, N Gavrilidou, J Hoijer, P Skott, D Religa, M Eriksdotter, G Sandborgh-Englund

Publiceringsdatum: 2021-03-18 **Volym:** 38 **Utfärdandenummer:** 1

Namn på tidskrift: Gerodontology

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Effects of Domiciliary Professional Oral Care for Care-Dependent Elderly in Nursing Homes – Oral Hygiene, Gingival Bleeding, Root Caries and Nursing Staff's Oral Health Knowledge and Attitudes.

Författare: C Girestam Croonquist, J Dalum, P Skott, P Sjögren, I Wårdh, E Morén

Publiceringsdatum: 2020-08-20 **Volym:** 15

Namn på tidskrift: Clin Interv Aging

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Professional Domiciliary Oral Care for Elderly in Nursing Homes—A Randomized Controlled Pilot Trial.

Författare: P Sjögren, C Croonqvist Girestam, P Skott, N Marsson, R Nova, M Zimmerman, I Wårdh

Publiceringsdatum: 2016-11-10 **Volym:** 08 **Utfärdandenummer:** 11

Namn på tidskrift: Health

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Forskningsöversiktsartikel

Titel: Oral health and dental care of older persons-A systematic map of systematic reviews

Författare: A Ástvaldsdóttir, AM Boström, T Davidson

Publiceringsdatum: 2018-12-20 **Volym:** 35 **Utfärdandenummer:** 4

Namn på tidskrift: Gerodontology

Vetenskaplig publikation - fackgranskade: Forskningsöversiktsartikel

Publikationer - Helle Wijk

Medverkande forskare: Helle Wijk

Födelsedatum: 19580210

Kön: Kvinna

Land: Sverige

Dr-examen: 2001-05-12

Akademisk titel: Professor

Arbetsgivare: Göteborgs universitet

Vetenskaplig publikation - fackgranskade

Originalartikel i vetenskaplig tidskrift

Titel: The impact of the physical environment for caregiving in ordinary housing: Experiences of staff in home- and health-care services

Författare: Cecilia Pettersson, Martin Nilsson, Morgan Andersson, Helle Wijk

Publiceringsdatum: 2021-01-04 **Volym:** 92 **Utfärdandenummer:** 103352

Namn på tidskrift: Applied Ergonomics

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Space and Place for Health

Författare: Åsa Roxberg, Kristina Tryselius, Martin Gren, Berit Lindahl, Carina Werkander Harstäde, Anastasia Silverglow, Kajsa Nolbeck, Franz James, Ing-Marie Carlsson, Sepideh Olausson, Susanna Nordin, Helle Eijk

Publiceringsdatum: 2020-10-21

Namn på tidskrift: International Journal of Qualitative Studies in Health & Well-being

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: What constitutes feeling safe at home? A qualitative interview study with frail older people receiving home care.

Författare: Anastasia Silverglow, Liden Eva, Lena Johansson, Helene Berglund, Helle Wijk

Publiceringsdatum: 2020-10-14

Namn på tidskrift: Nursing Open

Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Development of a Toileting and Containment Decision Support Tool
Författare: P van Houten, D Newman, Helle Wijk, B Koehler, A Costa, E Hutt
Publiceringsdatum: 2020-01-15 **Volym:** 47 **Utfärdandenummer:** 1
Namn på tidskrift: J Wound Ostomy Continence Nurs
Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Titel: Enablers and barriers in the physical environment of care for older people in ordinary housing: A scoping review
Författare: Cecilia Pettersson, Inga Malmqvist, Sten Gromark, Helle Wijk
Publiceringsdatum: 2019-12-27
Namn på tidskrift: Journal of Housing for the Elderly
Vetenskaplig publikation - fackgranskade: Originalartikel i vetenskaplig tidskrift

Registrera

Villkor

Registrera ansökan: Ansökan ska förutom av den sökande även signeras av behörig företrädare för medelsförvaltaren. Företrädaren är vanligtvis prefekten vid den institution där forskningen ska bedrivas, men ska i vissa fall utgöras av exempelvis rektor. Detta framgår i sådana fall av den aktuella utlysningstexten för bidraget.

Signeringen *av den sökande* innebär en bekräftelse av att:

- uppgifterna i ansökan är korrekt och följer Forskningsrådet för hälsa, arbetsliv och välfärds instruktioner
- bisysslor och kommersiella bindningar har redovisats för medelsförvaltaren och att det där inte framkommit något som strider mot god forskningssed
- nödvändiga tillstånd och godkännanden finns vid projektstart, exempelvis avseende etikprövning.

Signeringen *av medelsförvaltaren* innebär en bekräftelse av att:

- den beskrivna forskningen, anställningen och utrustningen kan beredas plats inom institutionen under den tid och i den omfattning som anges i ansökan
- institutionen godkänner kostnadsberäkningen i ansökan
- projektet bedrivs i enlighet med svensk lagstiftning.

Ovanstående punkter ska ha diskuterats mellan parterna innan företrädaren för medelsförvaltaren godkänner och signerar ansökan.