Introduction.— The purpose of this study was to investigate the frequency of bedsores and nosocomial infections in rehabilitation centers.

Patients and methods.— A descriptive study with prospective collection. Survey on the prevalence of pressure ulcers and nosocomial infection in two rehabilitation centers: Beit-Chabab & Cortbaoui. All patients hospitalized were included. Study enclosed demographic (age, gender), diagnosis, length of stay (< or > 3 months). Presence or absence of bed sore or nosocomial infection. Statistical Study: Data analysis is performed using the SPSS:10 (Chicago, Illinois). Univariate and descriptive studies. (P < 0.05 is considered significant).

Results.— Patients descriptive study identified 80 patients. Mean age 59 ± 20 with male: 67/80. Beit-Chabab hospital (74.7% of patients) against 25.3% in Cortbaoui hospital. Length of stay more than 3 months (72%). Diagnosis: hemiplegia (30.4%), quadriplegia, Parkinson, MS, IRC, fracture, amputation, paraplegia, cancer and other diagnoses. Frequency of 25.3% bedsore. Location sacral 45%. Bedsores during hospitalization 11.5% against 14.1% before hospitalization. Urine tract infection in arrival 0% . During hospitalization 23%. Cultures were grown in majority E. Coli isolated or associated. Appearance in 20.7% of cases of ESBL strains. Significant relationship in univariate studyamong the predictors and the incidence of pressure ulcers are the presence of bedsore before hospitalization (P = 0.001) and other diagnoses (P = 0.05). Predictors of the occurrence of urinary tract infections during hospitalization: the female with a history of urinary tract infections treated (P = 0.01), the cancer and other diagnosis (P = 0.05) and accident with fractures (P = 0.09).

Conclusion.— Decubitus complications are frequent. Bed sore prevention is better applied than nosocomial infections. It is urgent to establish a multidisciplinary committee for bedsores prevention and involve PMR doctors in CLIN and create clear policies.

http://dx.doi.org/10.1016/j.rehab.2013.07.1091

PI46-e
Rehabilitation teams in University Hospital Centers working extra muros: Current situation

J. Delate 1, F. Dischler, J. Pelissier
CHU Caneurreau, place du Pr-Robert-Debré, 30000 Nîmes, France
*Corresponding author.
E-mail address: jean.delate@chu-nimes.fr

Keywords: Rehabilitation; Extra muros; Organisation

Background.— There is no analysis of the existing interventions extra muros of rehabilitation teams of CHU in literature, while the official texts provide the opportunity for some personal of SSR to move at patient’s home.

Introduction.— The purpose of Physical Medicine and rehabilitation team work well in their respective fields. But the lack of physical medicine doctors presence is an obstacle for multidisciplinary work. In addition each specialty team tends to work in isolation for reasons which will be set if the hospital policy is made according to quality charter.

http://dx.doi.org/10.1016/j.rehab.2013.07.1089

PI47-e
Survey bedsores and nosocomial infections in two rehabilitation centers in Lebanon and profile of inpatient

K. Ghosoush 4, 5, J. Sakka 5, S. Ibrahim 6, G. Sleilati 6, R. Choueiri-Medlejb 7, A. Hage 6
1 CHU Hôtel-Dieu de France, rue Alfred-Naccache Beyrouth, Liban
2 CRF Beit Chabab
3 CRF Cortbaoui
*Corresponding author.
E-mail address: kgsoub@hotmail.com

Keywords: Rehabilitation centers; Urinary tract infection; Bedsore

Introduction.— The purpose of this study was to investigate the frequency of bedsores and nosocomial infections in rehabilitation centers.

Patients and methods.— Descriptive study with prospective collection. Survey on the prevalence of pressure ulcers and nosocomial infection in two rehabilitation centers: Beit-Chabab & Cortbaoui. All patients hospitalized were included. Study enclosed demographic (age, gender), diagnosis, length of stay (< or > 3 months). Presence or absence of bed sore or nosocomial infection. Statistical Study: Data analysis is performed using the SPSS:10 (Chicago, Illinois). Univariate and descriptive studies. (P < 0.05 is considered significant).

Results.— Presence of the patient is done with physical therapists during the visit but traceability is incomplete. The medical record is incomplete, does not contain all the elements. Physiotherapists working in the absence of rehabilitation physician who evaluates and modifies the program every week. There is more solidarity and complementarity intra-team work. Sometimes insufficient, given the limited time to an hour a day patient. Little cooperation with the occupational therapist and speech therapist, which are only three half-days per week on request. The orthotics who evaluates and modifies the program every week. There is more solidarity and complementarity intra-team work. Sometimes insufficient, given the limited time to an hour a day patient. Little cooperation with the occupational therapist and speech therapist, which are only three half-days per week on request. The orthotics who evaluates and modifies the program every week.

Conclusion.— This study shows that the qualified personnel of the multidisciplinary team work well in their respective fields. But the lack of physical medicine doctors presence is an obstacle for multidisciplinary work. In addition each specialty team tends to work in isolation for reasons which will be set if the hospital policy is made according to quality charter.

http://dx.doi.org/10.1016/j.rehab.2013.07.1082

PI48-e
Evaluation at five years of post-acute unit (UPR) at the Saint-Hélier Pole, Rennes

Pôle Saint-Hélier, 54, rue Saint-Hélier, 35000 Rennes, France
*Corresponding author.
E-mail address: katell.autret@pole-sthleier.com

Keywords: Unit post-acute; Epidemiology

Introduction.— Post-intensive care rehabilitation services aren’t currently normalized by any text. The 2012 brain injuries and spinal cord injuries action program plans a study of this type of structure.

Method.— Four UPR beds were created in 2008 at the Pôle Saint-Hélier in Rennes. In 2010, four extra beds were opened. We suggest a five years existence assessment of this unit, from January 2008 to December 2012. Epidemiological data (age, sex), medical (pathology type, occurrence of a tracheotomy, enteral feeding) and administrative (average duration of hospital stay, hospital service of origin and leaving mode) were collected.

Results.— Eighty-one patients were admitted in UPR in five years. The UPR admission delay is four weeks. The median age of the patients is 50.72 years. Pathologies are primarily cerebral lesions (stroke, brain injury, anoxia…), then spinal cord injuries or rehabilitation after multi-visceral failure. Seventy-five patients had a tracheotomy at the time of their admission. Sixty-nine had a gastrostomy. The average duration of stay in UPR is 11.8 weeks. At five years, 62 of the 81 patients had left the hospital, including 43 who could go back to home.

Conclusion.— The activity of a UPR, between acute care services and rehabilitation, meets a need for public health. This type of unit allows patients to access early rehabilitation care in a medically monitored environment. The issue of downstream chain remains the main obstacle to a steady output flow and to the decrease of stay duration in upstream services.

http://dx.doi.org/10.1016/j.rehab.2013.07.1091