Conclusions.– SAMSAH-Alister allows a multidimensional analysis of functioning in the middle of life. By proposing regular and coordinated care, then by overseeing relay implementation, it has found its positions in the care pathway as a multidisciplinary tool of interface participating in the achievement of the patients life plan [1].

Référence

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CO92-004-e
Management of pressure sore at home, back from a survey about 2013 liberal nurses in Lille et Vilaine
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Keywords: Pressure sore; Care at home; Training

Objective.– Understanding the epidemiology of pressure sores followed in town, doing an inventory of professional practices, assessing training needs.

Methods.– In total, 1173 questionnaires were sent by post to private nurses in private practice or home care services.

Results.– Two hundred and twelve responses (18%). Seventy-one percent have more than 10 years in private practice, 93% in group practice. Twenty-nine percent said they have taken care of pressure sores in the last year. Only 11% use an evaluation scale of risk. Eighty-nine percent use their right to prescribe medical devices. Seventy-five percent feel that their formation is insufficient of access to specialist advice is unclear.

Discussion.– This photography can give areas for improvement on training including pressure sore prevention coupling scales and clinical judgment and also the organization of access to expertise in Ille et Vilaine.

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Alternatives in the medical and social reception facilities: Innovative actions
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Keywords: Medico social follow-up; Link hospital home

Objective.– To present our alternative innovative experiences to the conventional medical and social reception facilities.

Methods.– A work in public-private network, the mobilization of private payers (social lessors, insurances, and foundations), the appeal to a specialized agency allowed the emergence of the plan.

Results.– Eight apartments for the big dependence and two family houses welcoming seventeen persons mainly “brain-damaged” are opened. A structure dedicated to the education for the autonomous life is in the course of finalization. A Brain-damaged Assistance service dedicated 24 hours over 24 hours 365 days a year accompanies the plan. The innovative principle of the mutualisation of the clearing service of the handicap (PCH) is the keystone of this functioning.

Discussion.– Will be discussed: the conditions of feasibility and success; the modalities of mutualisation of the PCH; the implementation of the service Cérebro Lésion Assistance; the work in network.

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