

Health networks

Oral communications

CO93-001-e

BreizhPC network: First health network dedicated to adults with cerebral palsy

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Keywords: Cerebral palsy; Health network

The network Breizh cerebral palsy (CP) is born of the statement by professional caregivers and community sectors, of frequent mismatches between accompanying systems and existing health structure and specific needs of adults with CP. Established in 2004, the Brittany Health Network is the only one dedicated to cerebral palsy at the national level. Its overall goal is to ensure the coordination of global care and prevention of complications associated with aging of the person with cerebral palsy. For this, it coordinates multidisciplinary consultations, formation, a scientific watch, identification of professionals available by geographic area and a dynamic collaboration on professional practices adapted to this population. It has carried out several recent actions. The creation of a safe computerized medical file for interprofessional communication. The development of therapeutic education in the fields mentioned in the Regional days. The organization of a “weighing” apparatus for all. Today, the network is related to 800 people with cerebral palsy (mean age 38 years, 56% men and 46% women), 300 health or medical-structures and over 2,000 health professionals.

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RESPEC-CL network a coordination of support for the liberal professionals in the coverage (care) of “cérébrolésés”

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Keywords: Network of health; “Cérébrolésés”; Route (course) of care; Liberal professionals; Return in the place of residence after SSR; Exceptional services (performances); Plan personalized by health

Introduction.– Financed and commissioned by the ARS PACA RESPEC-CL network takes in charge of the patients victims of an acquired brain damage, a continuous, evolutionary project with three objectives. To improve the offer of cares. To improve the attractiveness. To Improve the healthcare cost (efficiency).

Objective.– Referent with the liberal actors of health concerned by the coverage (care) of the patients victims of an acquired brain damage.

Results.– One thousand eight hundred and fifty liberal healthcare professionals participated in the coverage (care), 1380 patients members to the network. This is possible thanks to organization of return in the place of residence; exceptional services; a coordination of support; a unique telephone number. A questionnaire of satisfaction shows satisfaction from 70 to 90% of the liberal healthcare professionals in the service provided by the network.

Discussion.– To identify a sector (network), a continuity of the care after SSR, encourage the return to the place of residence, avoid the redundancy of the hospitalizations, to reduce the subdivision between the hospital sector and the ambulatory sector, to reduce the isolation of the liberal professionals.

Conclusion.– Break the isolation of the liberal healthcare professionals in the coverage (care) of the patients victims of a brain damage acquired thanks to a coordination of support, transversally of the interventions, information system.

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Development of a PMR care network for brain-injured patients, in the Paris area, France

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Keywords: Care network; Traumatic brain injury; Neurosurgery

Objective.– To improve the care network for adult brain-injured patients, in the Paris area (France), going through the neurosurgical pathway.

Method.– Creation of a regional PMR care network, from the 7 neurosurgical units (“Grande Garde”), composed of 3 units (mobile teams, coordination

and assessment teams, strengthening a pre-existing team), through specialized professional intervention (in PMR, neuropsychology, occupational therapy and social work), connected with independent and medico-social care-networks.

Results.– There were several expectations. To follow the care pathway. To increase the means of identification. To assess the coordination by specialized professionals. To identify expert centres for care. To federate and to train caregivers who are involved. Every year, a performance evaluation of the care network is completed by the steering committee and by an external organization. An official accreditation by the Regional Health Agency (ARS) validation is currently pending.

Discussion.– The Paris area has specificities making complex having a fast, fluid and relevant care pathway, especially for TBI patients with cognitive deficiencies, in vegetative state and for “bed blockers”. With shared skills and objectives, care networks for TBI and spinal cord injury patients thus collaborate to develop a common project.

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Brain injured patients in the Alpes Maritimes: A range of coordinated care in a health network territory

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Objective.– Provide the territory health Alpes Maritimes after the acute phase, a full range of care and harmonious for the management of patients with brain injured.

Method.– Two establishments UGECAM: one rehabilitation center and one medico-social are situated in this territory: the Centre Hélio Marin a health care institution specializing in the management of brain injuries and a medico-social establishment Le Coteau La Gaude with an UEROS. In the post-acute phase, the brain injured patients and cerebrovascular may be placed in a powerful environment, 50 beds neuro-rehabilitation, then where possible, supported as a trainee in the CRP for a vocational training diploma. The equally coordinated by a national network COMETE France and a regional network RESPEC CL.

Results.– Thus, in 2012 a territorial unit, this offer has coordinated health care for 143 patients and 28 of them to a professional recovery.

Discussion.– The interest of full territorial organization for the benefit of patient brain injured.

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Networks of rehabilitation services for brain-injured people: The Italian perspective

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Severe Acquired Brain Injury (SABI) is a major public health problem, often affecting people in working age, and leading to persistent cognitive and physical impairments. Appropriate rehabilitation services throughout the whole continuum of acute, post-acute and late stages are needed to minimize disability and improve participation.

It has been proposed that an adequate response to the rehabilitation needs of these persons could be given through an integrated network of medical and social services, providing a comprehensive continuum of care. In the last 10 years, such dedicated networks have been developed in some areas of Italy. These networks can be aimed at serving a whole region (e.g. Emilia-Romagna, Friuli and Basilicata), or a limited area within the region (e.g. in Veneto and Umbria).

Common features of these networks are: agreed criteria for the evaluation, referral and clinical management in the different stages; structured communication systems between the “nodes” of the network; structured information systems (dedicated disease registries).

As an example of the regional networks, the GRACER network, developed and implemented since 2002 in Emilia Romagna (a 4 million-inhabitant region in Northern Italy) is described. An example of a smaller local network, developed since 2006 in the regione Veneto, is also illustrated.

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Earlier action in socioprofessionnal insertion COMÈTE FRANCE: Interests and issues

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Keywords: Multidisciplinary teams; Medicals centers specialized in physical medicine and rehabilitation; Earlier action in socio-professional insertion

The association named “COMÈTE FRANCE” (www.cometefrance.com) has been created more than 20 years ago. It leads a network of 41 multidisciplinary teams which work in medicals centers specialized in physical medicine and rehabilitation. During the hospitalization, those specialized teams are in charge to build, by multidimensional evaluations, a professional project, which must be integrated into a more global life plan. The realization of the professional project and its follow-up during two years, are also missions of the teams.

These multidisciplinary teams, conducted by the doctor of PM&R, also include skills in social field and professional (such as neuropsychologists, occupational psychologist, occupational therapists, social workers, ergonomists). Every year, more than 7500 patients, hospitalized in a medical center subscribing to COMÈTE FRANCE association, are accompanied.

In July 2011, the French National Authority for Health validated the methodology of a guideline dedicated to the special theme of “Earlier action in socio-professional insertion”. This work was managed on three co-promoters initiatives: COMÈTE FRANCE, the SOFMER and the French Society of Health and Safety at work (SFMT). Besides, the COMÈTE FRANCE association develops tools (statistical software, guidelines, assessment grids. . .) to guarantee the coherence of this network and the qualitative dimension of the approach.

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Health, sailing, environment, solidarity and PRM

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Objective.– The purpose of MPR care is the permanent integration of the disabled person into his/her chosen life environment, in which he/she will participate in a free way.

This place in the society with equal opportunities and rights is facilitated by the use of environment as a meeting point for valid and disabled people, helping the latter to discover their differences, to compensate them, to overcome fears and to build links between those both worlds which often ignore or fear each other.

Methods.– Centre Pen-Bron, located in an exceptional maritime area since 1984, organizes every year a nautical event: during a weekend, able-bodied people and disabled people can live together on land, as well as offshore, and share the same pleasure.

Results.– A true solidarity network with professionals and volunteers, local authorities, companies and associations has been involved every year for 30 years to take each time more than 200 people from every part of France, on board of 150 ships.

Discussion.– To reaching the unreachable, to compete with others, to participate, not to feel different, to open new horizons are the main benefits of this “Pen-bron sailing week-end”, which has become a major event, holding high the “Inclusion Spirit” of the Law of 11th February, 2005.

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