Consequences are supported by a high rate of acceptance, objectivized by prescription modification.

Keywords Drug-related problems; Neurological rehabilitation units; Clinical pharmacy; Pharmacists' intervention

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

Reference

CO05-007-e How to evaluate the requirements for rehabilitation for cancer inpatients?
C. Tarnaud Dr †, A. Marque Dr ‡, P. Calmels Prof †, A.S. Danguin †
† Coordination SSR Rhône-Alpes, Hospices Civils de Lyon, Lyon, France
‡ Coordination SSR et service MPR, CHU Grenoble
Corresponding author.
E-mail address: chloe.tarnaud@chuyon.fr (C. Tarnaud)

Objective To characterize and measure the requirement for rehabilitation for cancer inpatients in order to improve cancer care pathways.

Population Data was obtained from the regional hospital discharge database. We analyzed all hospital stays in acute care in 2013 for cancer inpatients living in Rhône-Alpes. These hospital stays were selected according to the algorithm of the National Institute of Cancer (regardless of hospitalization for medical supervision, screening, cancer antecedents, carcinoma in situ and benign tumors).

Methods Professionals involved in cancer treatment where first asked to define situations that require rehabilitation after acute care. This clinical definition was applied to select corresponding hospital stays. We analyzed where they were discharged after acute care: in rehabilitation service, home care or home.

Results Cancer inpatients' needs for rehabilitation care after cancer surgery are allogeic hematopoietic allograft, palliative care and medical complications during chemotherapy or radiotherapy treatment. The need for rehabilitation depends on social and environmental conditions of patients. Only serious surgery or allogeic hematopoietic allograft always require rehabilitation care for specific rehabilitation.

Discussion Characterizing requirement in rehabilitation for cancer after acute care hospitalization should contribute to elaborate cancer care pathway.

CO05-008-e Introduction In Toulouse hospital, the waiting time between two botulinum toxin A injections has increased from 6 to 11 months between 2008 and 2012. In this inefficient context we wanted to conduct a survey to draw up an inventory of the use of botulinum toxin A in the area, mapping practices, to identify barriers to use of this treatment.

Methodology Forty-five centers that could accommodate patients with spasticity of upper or lower limbs were targeted. They received a survey by mail, and without response a raise to 15 days, 1 month and 6 months.

Results More than half of the targeted institutions (n = 23/43) in the Midi-Pyrenees area (excluding CHU) responded to the survey. Of all the institutions, only a minority practices botulinum toxin injections to treat patients with muscle hyperactivity (n = 8, 34.8%). These are, for half, public institutions (n = 4, 50%). Meanwhile, the CHU generates 89% of injections of Midi-Pyrenees. The main reason for the lack of botulinum toxin injections for patients with spasticity is related in 60% of cases to funding problems. Organizational problems within the institution (715 = 47%) are cited second. The majority of these institutions (n = 11/15, 73%) believe that yet needs exist: between 5 and 45 patients should be able to benefit from this treatment annually in their institution. Almost all of these institutions (n = 13/15, 87%) have transferred an average of 19 patients in 2012 to another facility for treatment.

Discussion This centripetal organization appears very inefficient and costly, both in terms of time between injections, accessibility, transport costs. A new organization of the sector, more distributed and involving tele-expertise is being developed.

CO06-009-e Keywords Botulinum toxin type A; Spasticity; Nursing organisation; Medico-economy
Disclosure of interest The authors have not supplied their declaration of conflict of interest.

http://dx.doi.org/10.1016/j.rehab.2015.07.148

CO18-004-e Measuring the fluidity of stroke patients flow between Acute Care (AC) unit and Rehabilitation Center
J. Delate Dr †, M. Enjalbert Dr ‡, M. Di Dominico †, C. Audefroy b, J. Pélissier Prof
† Cellule de coordination SSR et HAD, Languedoc-Roussillon, CHU Carémeau, Nimes, France
‡ Cellule de coordination SSR et HAD, Languedoc-Roussillon, CH Perpignan
Corresponding author.
E-mail address: jean.delate@chuimes.fr (J. Delate)

Objective To analyze the fluidity of the flow of stroke patients moved or transferred from the acute care (AC) units (including the Neuro-vascular unit) towards a rehabilitation center (RC) of the same territory. To compare so the stroke patients flow between two similar territories (T1 and T2).

Method Data analysis of Via Trajectory (VT) and inpatient data (PMSI) concerning the flows of stroke patients in two territories of similar size (283000 and 233000 inhabitants respectively) and demographic characteristics by using the function Observatory of VT: rate of resort to RC (RR-RC), the % of admission RC/requests from AC (% A-RC/R-AC), period (day) between the initialization of the request from AC/date of entrance in AC (IR), period between the sending of the request from AC/wished entrance in RC (SR-AC/WE-RC), period between AC admission/RC entrance (AC-A/RC-E). Type of rehabilitation center receiving the patients.

Results Data from 01/01 to 12/31/2013. Population of stroke patients: T1 = 837 et T2 = 991, with a RR-RC in 38.82% (T1) and 50.85% (T2) (p < 0.05) and 3% A-RC/R-AC in 65%(T1) and 84%(T2) (p < 0.05). Periods (day): IR = 0.2 (T1) et 0.3(T2) (NS); SE-AC/WE-RC = 4(T1) and 3.7(T2) (NS); SE-AC/A-RC = 10.8(T1) et 3.2 (T2)

http://dx.doi.org/10.1016/j.rehab.2015.07.147

CO18-003-e Survey on the treatment of spasticity by botulinum toxin A injections in Midi-Pyreneés area
P. Marque Prof †, X. De Boisssezon Prof
CHU Rangueil, Toulouse cedex 9, France
*Corresponding author.
E-mail address: philippe.marque@gmail.com (P. Marque)

Introduction In Toulouse hospital, the waiting time between two botulinum toxin A injections has increased from 6 to 11 months between 2008 and 2012. In this inefficient context we wanted to conduct a survey to draw up an inventory of the use of botulinum toxin A in the area, mapping practices, to identify barriers to use of this treatment.

Methodology Forty-five centers that could accommodate patients with spasticity of upper or lower limbs were targeted. They received a survey by mail, and without response a raise to 15 days, 1 month and 6 months.

Results More than half of the targeted institutions (n = 23/43) in the Midi-Pyrenees area (excluding CHU) responded to the survey. Of all the institutions, only a minority practices botulinum toxin injections to treat patients with muscle hyperactivity (n = 8, 34.8%). These are, for half, public institutions (n = 4, 50%). Meanwhile, the CHU generates 89% of injections of Midi-Pyrenees. The main reason for the lack of botulinum toxin injections for patients with spasticity is related in 60% of cases to funding problems. Organizational problems within the institution (715 = 47%) are cited second. The majority of these institutions (n = 11/15, 73%) believe that yet needs exist: between 5 and 45 patients should be able to benefit from this treatment annually in their institution. Almost all of these institutions (n = 13/15, 87%) have transferred an average of 19 patients in 2012 to another facility for treatment.

Discussion This centripetal organization appears very inefficient and costly, both in terms of time between injections, accessibility, transport costs. A new organization of the sector, more distributed and involving tele-expertise is being developed.

Keywords Botulinum toxin type A; Spasticity; Nursing organisation; Medico-economy
Disclosure of interest The authors have not supplied their declaration of conflict of interest.

http://dx.doi.org/10.1016/j.rehab.2015.07.148
CO18-005-e
Configurable audio/video/physiological data telehealth platform designed for physical medicine and rehabilitation
P. Lepage a, D. Létourneau a, S. Brière a, M. Hamel a, H. Corriveau Prof b, M. Tousignant Prof b, F. Michaud Prof a
a Institut interdisciplinaire d’innovation technologique, université de Sherbrooke, Sherbrooke, Canada
b Centre de recherche sur le vieillissement, Université de Sherbrooke
E-mail address: francois.michaud@usherbrooke.ca (F. Michaud)

Telehealth is defined as the use of information and communication technologies (ICT) to extend health care service delivery across distance. Remote vital sign monitoring is a common example for home telehealth and one promising market, but lacks the breadth, comfort and subtleties of face-to-face assessments usually done by having either the patient go to the clinic or the clinician going to see the patient at home. To conduct more lively and interactive sessions, virtual visits involve the use of video and audio for live and remote consultations between clinicians and patients. VIGIL is currently hosted at Sherbrooke Techno-Centre de l’Estrie.

Discussion
Technologically, it is possible to provide a diversity of interaction modalities in support of telehealth practice. It is now more a matter of finding out what is necessary to address those needs.

Keywords
Telehealth; eHealth

Disclosure of interest
The authors have not supplied their declaration of conflict of interest.

References

http://dx.doi.org/10.1016/j.rehab.2015.07.150

Posters

P016-e
Problems related to hospital discharge of disabled people in Lebanon
K. Ghoussoub Prof a, R. El Hage b, A. Moustapha Dr b, M. Moussa a, T. Ibrahim Dr b, W. Nassour d
a CHU Hôtel-Dieu, Beyrouth, Lebanon
b Clinique Saint-Roch, France
corresponding author.
E-mail address: kgsoub@hotmail.com (K. Ghoussoub)

Introduction
The aim of study is to compare a population of disabled people taken in charge by multidisciplinary team of rehabilitation in a rehabilitation center (RC) in France and Lebanon, looking for factors that may limit accessibility or medical care and the challenges of socio-professional reintegration.

Materials and methods
Prospective, descriptive and comparative study, made on disabled hospitalized people in 2 RC (Lebanese and French). A grid includes demographics, disabling conditions, characteristics related to hospitalization and problems found at the exit and the socio-professional reintegration. Information is collected on Microsoft Excel 2007 and information processing performed on SPSS Version 18 software.

Results
Thirty patients, including 18 handicapped in Lebanon (L) and 12 in France (F). 60% female, mean age 70 years [36–92]. Main pathology: AWC 33.3%, 43.3% fractures. Average length of stay: F 169 days [SD = 272 days] against L: 39 [SD = 20 days]. (P value = 0.4). Social coverage rate: F 100% [SD = 0]; L 90% [SD = 7%]. (P value = 0.01). The length of stay was limited by the paying agent for 8.3% in France 9.4%. Hospitalization shortened for budgetary reasons F 8.3%; L 33.3%. The discharge from hospital to home: F 75%; L 94.4%. Home medical care provided by nurses F 58.3%; L 22.2%. Rehabilitative care to continue: physiotherapy F 75%; L 66.7%, occupational and speech therapy F 16.7%; L 7.5%. 50% of patients in France were the main financial resource of the family before the handicap against 11.1%.

Discussion
The majority of patients were retired. 25% had a job full time in France versus 11.1% in Lebanon.

Conclusion
Disabling conditions are comparable in Lebanon and France, as well as hospital care. The discharge from the hospital is premature in Lebanon for budgetary reasons and socio-professional reintegration is more difficult and almost impossible.

Keywords
Disability; Hospital discharge; Problems

Disclosure of interest
The authors have not supplied their declaration of conflict of interest.

http://dx.doi.org/10.1016/j.rehab.2015.07.151