PRM Section-UEMS: Health and social professionals in ambulatory setting

Lecture

CO92-001-e
PRM and persons with long term disabilities
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Keywords: Long term disabilities; Interdisciplinary team; Rehabilitation for chronic disease and disability; Role of PRM physician in disability management

Disabilities comprise 10 percent of any given population. Disability is dynamic and multidimensional problem. Because its complexity an effective team working plays a crucial role in the rehabilitation management of long term disability. Each discipline within a team has a unique contribution. The ICF (International Classification of Functioning Disability and Health, World Health Organization, 2001) provides the basis to develop disease-specific disability profiles. ICF facilitates the identification of targets in rehabilitation, assessment of intervention outcomes, and social and health service planning. It was also found that implementation of the ICF in rehabilitation settings improves the quality of interdisciplinary work process. Within the interdisciplinary team, the PRM physician brings a distinctive holistic perspective to the patient care process. Described are his/her key roles and competencies particularly with regard to medical and functional status and prognosis, the ability to comprehensively define the rehabilitation needs of the patient/person with respect to ICD-WHO classification domains, cooperation with other specialists, determining of the rehabilitation potential, developing the rehabilitation plan tailored to specific needs, contribution of PRM physician in the follow-up care pathways as well.

CO92-003-e
SAMSAH-Alister: An interfacing tool in patients’ care pathway
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Keywords: Care pathway; Multidisciplinarity; Life plan

Background.— Service of Medical and Social Accompaniment for Handicapped Adults SAMSAH-Alister contributes to the achievement of the life plan for adult recipients, by proposing them a medical and paramedical support in open environment. This accompaniment is made according to an individualized project defined with every recipient.

Objectives.— To present functioning and activity of this department. To describe characteristics of the target population.

Methods.— Analysis of the department project and annual reports.

Results.— SAMSAH-Alister is a multidisciplinary team which works in association with the Department of Social Life Accompaniment. The service takes care of 110 patients a year on average and performs 3100 interventions at home. The neurological pathologies are dominant. Preserving living at home is possible in 88% of the patients.

Oral communications

CO92-002-e
Developing robust residential and community-based programs for individuals with acquired brain injury – why is it necessary?
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Keywords: Acquired Brain Injury; Community and residential programming; Developing continuums of care

Over the last 35–40 years the field of Acquired Brain Injury (ABI) rehabilitation programs and services has taken an active and dominant role with consumers, regulators, legislators and payers in developing continuums of care to best meet the needs of the ever growing population around the world of individuals with ABI. Unfortunately some areas of the world due to laws, funding issues, issues of services in metropolitan versus rural areas, and more traditional institutional care being the norm has limited the development of meaningful services outside of a hospital setting for individuals with ABI. Attend this session and learn from a variety of providers who have developed robust continuums outside of the hospital setting and can demonstrate the increased participation of the individuals they serve with ABI in their communities, homes, work, and schools. Participants will discuss how to consider developing these programs, advocating with government and payers for these community and residential services, what pitfalls to avoid if possible, why case management is a critical component of work with individuals with ABI, and how to demonstrate cost savings through these types of non-institutional systems of services for individuals with ABI.

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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. Without distinction according their exercise seniority. In 80% of cases they consider the information at discharge of hospitalization as insufficient. Seventy-six percent say they are willing to participate in an evaluation of their practice. In 20% of cases caregivers are involved in pressure sore treatment. The organization 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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CO92-006-e

For the return at home: Mobil teams brain-injury

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Keywords: Medico social follow-up; Link hospital home

Background. – Return at home of brain-injured patients is always a moment when all the helps and planned relays ought to be efficient. To ease this transition, medico social teams are organised in the Haut-Rhin and one of their mission is to insure the link between the sanitary and medico social field.

Objectives. – Presentation and description of functioning of the team.

Methods. – Analysis of the missions and annual reports.

Results. – Two multidisciplinary teams work to allow home stay in best conditions. Their integration in the rehab department insures better coordination. They can be solicited after acute medical or rehab department when people go home or decide to address patients back to hospital.

In 2012, 345 people were actively followed among which 33 benefit nowadays a back home supervision. The average duration of follow-up is 21.4 months.

Conclusion. – The support of caregivers and the existence of coordinated medical and medico social networks are essential to the home stay. These teams allow a reactive follow-up of difficult situations, while taking part in the personnel project of life.

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Alternatives in the medical and social reception facilities: Innovative actions

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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 Cérébro Lésion Assistance; the work in network.

Conclusion. – These new devices allow the people in situation of severe handicap to live in open environment, in family for some, while protecting a social life. These original modalities are reproducible.

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