

## 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.

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### Oral communications

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#### 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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#### 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.

