

12% awaited another living unit because their state of consciousness had improved.

Discussion/Conclusion Structured hospital care for Persistent Vegetative State (PVS) patients or Minimally Conscious State (MCS) in France appears adequate to meet the quality objectives fixed by the May 3rd, 2012 commission regarding health facilities, admission criteria and health care. Patients require important care and staff resources. Patient discharge from these units is frequently a problem in case of improvement because of a lack of adequate living places.

Keywords Disorders of consciousness; Health-care facilities; human resources

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Mobile clinical teams for stroke and neurological handicaps in the community: A pilot project in the Île-de-France area



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Introduction In December 2013 the Regional Health Agency in Île-de-France (Paris city and surrounding districts) started an experimental project of mobile clinical teams for post-acute care and rehabilitation of serious neurological conditions such as stroke. This pilot project was organized in 8 departments. The goal was to coordinate health and social services in order to facilitate home transitions and home living maintenance for persons with disabilities, while enhancing persons' independence.

Material/patients and methods In this communication, we compare the organizations of these teams: their part-time team members as specialists in geriatrics or Physical Medicine and Rehabilitation, social workers, occupational therapists and secretaries; their intervention types and places (in acute or post-acute care, or in the community); the methods of referral to the teams; the tools used for evaluation, functioning and communication. Since one year, monthly global meetings of the teams have led to an harmonization of these tools and to a useful sharing of experiences.

Results As most teams have been fully functional since September 2014, a synthesis of 6 months of activity can be drawn. The number of patients managed by each team was between 9 and 40. Main reasons for referral to the teams were assistance in the transition from hospital to home, help in home living maintenance, functional evaluations, and administrative assistance. The teams performed between 3 and 32 home visits.

Discussion Through this first experiment, the added value of these mobile teams was highlighted. The multidisciplinary

analysis of individual situations, which combines a functional approach to a social support, gives a comprehensive insight into the neurological handicap and its challenges at home and in the community. The acquired knowledge enables the teams to improve the management of recent stroke in preparing home transitions and to take into account the complexity of stroke-related disabilities at all ages. The limits of the interventions of these teams are related to the large geographical territories which need to be addressed, to the incomplete knowledge of care and residential possibilities, and sometimes to an under-evaluation of the medical work time required.

Keywords Mobile clinical teams; Stroke; Return and maintaining at home

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Patient's drug therapy: Clinical impact of pharmacist's intervention in neurological rehabilitation units



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Introduction Inpatients in neurological rehabilitation units are often polymedicated. This polypharmacy is at risk of adverse events. It justifies the analysis of prescriptions by a pharmacist. The objective is to describe drug-related problems detected by pharmacist, pharmaceutical interventions (PI) performed and PI clinical impact over a period of 1 year.

Methods The computerized prescriptions of 165 beds were analyzed by one pharmacist and one resident pharmacist once a week based on the methodology of the French Society of Clinical Pharmacy. Detected drug related problems and proposed PI were collected. Their clinical impact was evaluated by two physicians and two hospital pharmacists independently, according Hatoum 1988 [1]: zero impact (–), significant (+), highly significant (++), lifesaving (+++).

Results Four thousand two hundred and twenty-eight prescriptions resulted in 999 PI (24%) and 788 accepted by physicians (79%). The most involved drugs were: analgesics/anti-inflammatory drugs (25%), anti-acids (20%), psychotropic drugs (17%) and anti-infectives (14%). The main problems found were: no clinical indication (26%), non-conformity with guidelines (16%) and supra or infratherapeutic dose (15%). Most common suggestions (PI) were drug discontinuation (33%) and dose adjustment (22%). After excluding IP only having an economic impact, 842 IP were evaluated in a clinical point of view. They concerned mainly: antacids ($n = 198$), analgesic/anti-inflammatory drugs ($n = 170$), psychotropic drugs ($n = 136$), anti-infectives ($n = 110$) and anticoagulants ($n = 76$). The evaluations were: no impact ($n = 96$); significant ($n = 574$) very significant ($n = 169$); lifesaving ($n = 3$). These 3 PI were related anticoagulants. Drugs with a great number of IP (++) were: anticoagulants (60%), intravenous electrolytes (43%), anti-infectives (37%) and analgesics/anti-inflammatory drugs (24%). Physicians have found a large number of PI (++) concerning anti-infectives compared pharmacists (43% versus 30%). Conversely, pharmacists felt more PI (++) involving intravenous electrolytes (71% versus 15%) and psychotropic drugs (21% versus 8%).

Conclusion Pharmacists detected many drug-related problems during analysis of prescriptions. Their potential adverse clinical