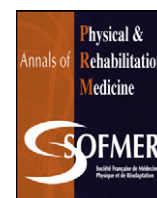




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## Physical medicine and rehabilitation in the long term care of disabled person

### Oral communications

CO12-002-e

#### Chronic wounds consultation by telemedicine between a rehabilitation healthcare center and nursing home or home

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Saint-Hélier Rehabilitation Center (pôle MPR Saint-Hélier), located in Rennes, has been selected for a regional telemedicine project in 2014 about chronic wounds.

**Aim** To make care access easier for heavy disabilities patients in nursing homes or at home with chronic wounds.

**Method** The members of TLM PI@ies chronic team are specialist doctors and nurses for wounds. On request, the occupational therapist or dietician involve in the consultation (multidisciplinary approach). A secure videoconference (web) is used.

**Results** Since July 2014, over 100 teleconsultations have been done. Targeted population is constituted by patients:

- whose access to care is decreased due to moving difficulties;
- of which the health care team is crossing difficulties in the care process (wound care but also disability, nutrition..).

Seventy percent of requests come from the nursing home, 30% from homes (pressure ulcers stages 3 and 4, arterial ulcers, venous or mixed). Middle age: 78 years (20–101 years). Only 3 patients refused. Time to organize the teleconsultation is on average 13 days. Consultations last on average 25 minutes. In 30% of cases the teleconsultation is extended by a real live training time for the nurse at home guided by the TLM PI@ies chroniques team. We evaluate professional satisfaction and technical satisfaction. Without teleconsultation, in 77% of cases transportation request for consultation would be made, in 5% hospitalization. In 18% no request would be done.

**Discussion/conclusion** These first results, encouraging, confirms the interest of specialized consultations in medico-social settings, and telemedicine can be an effective solution.

**Keywords** Telemedicine; Pressure ulcer; Chronic wound; Nursing home; Disability; Care access; Elderly

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

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CO12-003-e

#### Return-to-work, life-satisfaction and psycho-social outcome five years after the participation in the Ueros-Aquitaine program: Comparison between brain-damaged patients included in 1997 and in 2008

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**Background** Socio-professional reintegration of brain-injured patients is an important issue of their rehabilitation. The UEROS program reassessment was necessary because of demographic and socio-economic changes since 1997.

**Aim** To compare the 5-year outcome of brain-damaged patients included at two-time points (1997, 2008) in the Aquitaine Unit for Evaluation, Training and Social and Vocational Counselling program (UEROS), dedicated to the assessment and socio-professional reintegration.

**Method** Seventy-five and 57 patients were recruited in 1997 and 2008, respectively. The initial socio-demographic status, lesional data and the clinical assessment obtained at the inclusion in the UEROS program were collected retrospectively. We assessed the family, medical and professional status, leisure activities, autonomy and life-satisfaction during a phone-structured interview at 5-year follow-up. An UEROS program satisfaction questionnaire was also proposed during the same interview.

**Results** The 2008 patient group was significantly older than the 1997 one (mean age = 34.7 years,  $p \leq 0.05$ ) had higher educational level ( $p = 0.01$ ), higher variability of brain damages etiologies ( $p = 0.01$ ), lesser rate of traumatic brain injuries (–19%). The number of patients who were employed before the brain injury was significantly higher in 2008 than in 1997 ( $p = 0.002$ ). Median time since injury at UEROS program inclusion was 49 months in 1997 and 72 months in 2008. Patients included in 2008 were significantly less autonomous in daily activities (–23%,  $p = 0.004$ ). However, some of them had a job when being included in the program (12%). The 2008 patient group had less orthopaedic (–16%,  $p = 0.003$ ), sensitive (–19%,  $p = 0.004$ ) and sensory (–21%,  $p = 0.004$ ) disabilities. They had less behavioural disorders (–16%,  $p = 0.010$ ), but memory and executive impairments were most common (+20%,  $p = 0.014$  and +16%,  $p = 0.015$  respectively). There was no difference in terms of autonomy and return-to-work five years later between the two groups of patients ( $p = 0.086$  and

