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CO91-006-e

Looking at hospitalized persons throughout the prism of their handicap

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Keywords: Disability; ICF; Inpatient; Hospitalized people

Introduction.– Hospitalized persons are generally viewed in relation to their diseases. What about their handicap?

Methods.– We conducted a cross-sectional study in 1301 persons (61.2 ± 21.6 years) hospitalized a given day in the acute care and rehabilitation units of the Grenoble University Hospital. Disability was evaluated in every unit by trained evaluators according to 22 ICF items (Activities and Participation domains), and a disability score calculated. The exhaustiveness rate was very good (81%) and reproducibility satisfactory between evaluators.

Results.– Eighty-two percent of persons hospitalized showed at least one activity limitation. Disability was severe or total for at least one item in 52%. The mean disability score was 22.8 ± 25.1/100. Prevalence of disabilities was higher in mobility (56%) and self-care domains (46%). Sixty-three percent of inpatients had difficulties to walk (and severe difficulty or impossibility in 34%). Disability was strongly related to age ($P < 0.001$), but not to gender.

Discussion.– Handicap prevalence is very high in hospital, and no domain is spared. The most affected domains are mobility and self-care. Handicap should be detected and actions planned to reduce activity limitations and participation restrictions of hospitalized persons, whatever the disease and the cause of the hospitalisation.

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Relevance of hospitalizations in Physical Medicine and Rehabilitation (PRM)

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Keywords: Relevance of hospitalization; PRM; Care pathways

Goal.– The relevance of hospitalizations in MPR departments was studied in 1995 by the National Health Insurance.

Methods.– On the basis of from a set of criteria endorsed by the French Federation of PRM (FEDMER, 2001), we have set up a single day survey in Centre Bouffard-Vercelli, specialized in nervous system and of musculoskeletal disorders. In 2009, this annual survey was extended to three MPR facilities. In 2013, it was taken over by the Regional Health Agency, with a new repository for the whole region.

Results.– The results of those surveys show more than 90% relevance rates. Discrepancies are explained by difficulties in finding places in appropriate settings for discharge. At the regional level, there are large disparities of equipment between “health territories” (administrative sub-units).

Conclusions.– The relevance of hospitalizations in PRM settings depends on a better definition of the missions of the different post-acute care settings and on the fluidity of the care pathways.

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Deploying a tool for coordinating care pathway in an area

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Keywords: Coordination of care; Computerised folders

Background.– Decrees of 2008 enshrined coordination of care and rehabilitation in the French law.

Goal and methods.– Coordination of Post-Acute Settings (SSR) has been established at CH Perpignan since 2010. Since 2012, the Internet based orientation tool Trajectoire has been implemented in twenty French regions, of a total of twenty-seven.

Results.– Centralization of transfer requests led to reduce times of admission from 5 to 2.5 days. Trajectoire implementation consolidated this result and improved the quality of patients orientation. Satisfaction of patients, of referring departments and of welcoming departments has also increased.

Conclusions.– The fluidity of the care pathway is a prerequisite for efficient care management. The implementation of relevant tools to promote this fluidity is the conditions of this efficiency.

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An integrated care pathway project

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Keywords: Care pathways; Health cooperation group

Goal.– The need to streamline care pathways led us to build up an integrated project shared by Perpignan Hospital and different PRM facilities.

Methods.– The approach has been achieved in three steps: grouping of three PRM facilities and two medicosocial settings, creation of a union of associations with a combination of psychiatric and geriatric institutions and, finally, setting up a project with the Perpignan Hospital.

Results.– This project thus integrated the pooling of PRM technical platforms of the hospital centre (including geriatric network) and of the partner facilities. This provided a fluid pathway between acute care and post-acute and rehabilitation care. It also contributed to develop the downstream networks: nursing care, homecare, long lasting care and nursing homes.

Conclusions.– The efficiency of care management relies on the development of pathways from acute care, to post-acute care and rehabilitation, social and medical downstream networks.

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Posters

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A six-month review of discharge destination and outcome measures of Phoenix Rehabilitation Centre

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Background.– A newly designed Rehabilitation unit consisting of 15 inpatient beds. Patients are given intensive support to improve their condition, rebuild their confidence and achieve maximum independence and quality of life.