School back to patient education: An original experiment conducted at the Perpignan’s Hospital

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Keywords: Back school; Patient education; Quality action plan

Objectives.– To develop an efficient management of patients and hospital workers suffering from spinal problems in the context of a quality action plan (QAP).

Method.– Many hospital staff were trained between 2004 and 2007 as part of the back school set up by the service MPR. At the same time, a multidisciplinary consultation painful spine was created. The relative failure of these efforts led in 2011 to develop a QIP, in conjunction with the CHSCT, the medical service of health at work and cell quality.

Results.– Six actions were proposed: restructuring of training, equipment maintenance, support for work again, checking skills in hiring, listing acts rehabilitation, encouraging agents to the sporting activity. The QAP has received a grant of € 85,000 to the National Fund for the Prevention of CNRACL, allowing the completion of the actions in the years 2011 and 2012. Meanwhile, a staff was structured multidisciplinary spine pain. Both approaches have been met, in 2012, around the development of a therapeutic education program, aimed at both patients and hospital staff, who will be offered the ARS during the second quarter of year 2013, training of stakeholders have been completed in the first quarter.

Discussion.– This experiment illustrates the process that led to the structuring of therapeutic education from existing initiatives such as the old school back. Its implementation has been started in 2012, leading to a training of stakeholders. It is to be continued in the future years.

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The health trajectory of the person in polyhandicap situation

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Polyhandicap is a chronic disorder associating deep mental deficiency and serious motor deficit with impaired mobility and extreme reduction of the autonomy. The neurological, intellectual and motor handicaps are associated to behavioural, relational and sensory deficits. Polyhandicap is secondary to a lesion that occurred on the brain in development, and whatever its cause, is definitive and requires a permanent support associating education, care, communication and socialization. For these patients, the place of life is also the place of care. Gradually, appear others handicaps which are necessary to prevent and to treat, but the intricacy of the handicaps ends in an instability leading to an inevitable worsening. The care becomes more and more heavy and complex, including during the accompaniments of the end of life.

Health trajectory of the polyhandicaped patients is always complex, labelled by the multiple interactions between home cares, support of the medico-social structures and the hospitalizations in rehabilitation or in intensive care units. They are mostly taken care in nursing homes. They live at their home; have ambulatory care in the place of residence, with liberal physician or in day care house, either in specialized house. Their medical follow-up is jointly insured by their treating physician, the physician of their medico-social structure and the specialized hospital departments (paediatrics, neuropaediatrics, reeducation, orthopaedics). Although they are few (2.5% least than 60 years), their care raises a specific question of public health. The analysis of their care trajectories remains at present very partial, because of the absence of tool adapted to this measure. Indeed, polyhandicap cannot be defined as a disease and does not amount to its cause. It is not identified in the last version of the CIM-10 nor listed in the international classification of the functioning. In the version 2013 of the French Medicalisation Information System, the activity displayed by the health system for the care of polyhandicaped patients allows a coding from four criteria. This first step towards a right valuation is a strong incitement to describe their care trajectories for the main pathological situations.

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Financing external consultations in SSR (follow-up of rehabilitation) included in the annual operation endowment (DAF) and animation of the healthcare channels: What is the logic and what are the pernicious side-effects?

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Keywords: External consultations; Follow-up; Healthcare network

Introduction.– The financing of the external consultations performed in SSR is not put on a genuine individual basis and is consequently included in the annual endowment according to the principle that these external consultations are inherent to the takeover in rehabilitation of every patient that was admitted to the hospital. Besides, it is recommended an organisation of the follow-up for patients in channels within the healthcare network.

Objectives.– To show the burden represented by the activity of external consultations within the follow-up for children’s rehabilitation. Seventy-two beds and 75 places including three specialised rehabilitation services (2 in neurology and one in orthopaedics).

Equipment and methods.– Inclusion of patients examined from January 9 to February 10, 2012.

Results.– Out of 484 patients, 54% were financially covered at 100%, 29% had previously been admitted into the service, 22% were examined for the first time, the initial addressing was 58% for short hospital stays, 88% lived in Paris and its suburbs, the external consultations involved several specialists in 27% of the cases, the average duration of the consultation was 30 minutes, with extremes from 20 to 92 minutes, the follow-up median was nine years with a follow-up over one year for 50% of the patients, a maximum of 21 years, for 95.8% the decision taken at the end of the external consultation was the pursuit of the follow-up.

Discussion.– It is shown the place of external consultations in the follow-up of the patients and the animation of the healthcare channels but also the human investment and hence the financial investment. Seventy percent of the patients had never been previously admitted into the service. Others came to Saint-Maurice hospital whereas they had been admitted into other rehabilitation services that did not ensure any follow-up.

Conclusion.– It is essential that this activity is recognised and financed as an entity otherwise some structures may be deterred from ensuring this activity that is absolutely necessary. The quality of the takeover of the most vulnerable patients and the healthcare channels may be endangered.

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State of play of the activities of members of the multidisciplinary team of two rehabilitation centers in Lebanon

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Keywords: PMR doctors; Multidisciplinary Team; RRTC

Introduction.– The purpose of the study is to investigate the functioning of the multidisciplinary team of Physical Medicine and Rehabilitation (PMR) in...