Rehabilitation teams in University Hospital Centers working extra muros: Current situation

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Keywords: Rehabilitation; Extra muros; Organisation

Background.-- There is no analysis of the existing interventions extra muros of rehabilitation teams of CHU in literature, while the official texts provide the opportunity for some personal of SSR to move at patient’s home.

Introduction.-- The purpose of Physical Medicine and réadaptatione is to limit disability, which is defined by the mismatch between the capabilities of the person and his environment. To assess this disability involves a visit to the living areas.

Material and method.-- A questionnaire was distributed by mail to all faculty Rehabilitation Hospital in metropolitan concerning the existence, personnel, organization and financing of rehabilitation teams involved extramural patients' homes.

Results.-- Thirty-three services contacted, 27 responses, 10 teams intervene outside the hospital, nine at patient’s home.

Missions, human resources, organization of these teams are very heterogeneous, ranging from therapist’s visit to authentic homedare.

Conclusion.-- Teams assessing handicap situations outside CHU are few, with very different operating conditions. Harmonization appears necessary.

http://dx.doi.org/10.1016/j.rehab.2013.07.1090

Survey bedsores and nosocomial infections in two rehabilitation centers in Lebanon and profile of inpatient

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Keywords: Rehabilitation centers; Urinary tract infection; Bedsores

Introduction.-- The purpose of this study was to investigate the frequency of bedsores and nosocomial infections in rehabilitation centers.

Patients and methods.-- A descriptive study with prospective collection. Survey on the prevalence of pressure ulcers and nosocomial infection in two rehabilitation centers: Beit-Chaab & Corbouai. All patients hospitalized were included. Study enclosed demographic (age, gender), diagnosis, length of stay (< or > 3 months). Presence or absence of bedore or nosocomial infection. Statistical Study: Data analysis is performed using the SPSSVs.10 (Chicago, Illinois). Univariate and descriptive studies. (P < 0.05 is considered significant).

Results.-- Patients descriptive study identified 80 patients. Mean age 59 ± 20 with male: 67/80. Beit-Chaab hospital (74.7% of patients) against 25.3% in Corbouai hospital. Length of stay more than 3 months (72%). Diagnosis: hemiplegia (30.4%), quadriplegia, Parkinson, MS, IRC, fracture, amputation, paraplegia, cancer and other diagnoses. Frequency of 25.3% bedsores. Location sacral 45%. Bedsores during hospitalization 11.5% against 14.1% before hospitalization. Urine tract infection in arrival 0% . During hospitalization 23%. Cultures were grown in majority E. Coli isolated or associated. Appearance in 20.7% of cases of ESBL strains. Significant relationship in univariate studyamong the predictors and the occurrence of pressure ulcers are the presence of bedores before hospitalization (P = 0.001) and other diagnoses (P = 0.05). Predictors of the occurrence of urinary tract infections during hospitalization: the female with a history of urinary tract infections treated (P = 0.01), the cancer and other diagnosis (P = 0.05) and accident with fractures (P = 0.09).

Conclusion.-- Decubitus complications are frequent. Bedore prevention is better applied than nosocomial infections. It is urgent to establish a multidisciplinary committee for bedores prevention and involve PMR doctors in CLIN and create clear policies.

http://dx.doi.org/10.1016/j.rehab.2013.07.1091

Evaluation at five years of post-acute unit (UPR) at the Saint-Hélêre Pole, Rennes

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Keywords: Unit post-acute; Epidemiology

Introduction.-- Post-intensive care rehabilitation services aren’t currently normalized by any text. The 2012 brain injuries and spinal cord injuries action program plans a study of this type of structure.

Method.-- Four UPR beds were created in 2008 at the Pôle Saint-Hélêre in Rennes. In 2010, four extra beds were opened. We suggest a five years existence assessment of this unit, from January 2008 to December 2012. Epidemiological data (age, sex), medical (pathology type, occurrence of a tracheotomy, enteral feeding) and administrative (average duration of hospital stay, hospital service of origin and leaving mode) were collected.

Results.-- Eighty-one patients were admitted in UPR in five years. The UPR admission delay is four weeks. The median age of the patients is 50.72 years. Pathologies are primarily cerebral lesions (stroke, brain injury, anoxic…), then spinal cord injuries or rehabilitation after multi-viscerl failure. Seventy-five patients had a tracheotomy at the time of their admission. Sixty-nine had a gastrostomy. The average duration of stay in UPR is 11.8 weeks. At five years, 62 of the 81 patients had left the hospital, including 43 who could go back to home.

Conclusion.-- The activity of a UPR, between acute care services and rehabilitation, meets a need for public health. This type of unit allows patients to access early rehabilitation care in a medically monitored environment. The issue of downstream chain remains the main obstacle to a steady output flow and to the decrease of stay duration in upstream services.

Further reading


http://dx.doi.org/10.1016/j.rehab.2013.07.1082