adapted to each case. The majority of the steps can be traced by the activity description tools. The pathway provides medical coherence to the whole procedure of care. According to the team, the criteria of evaluation of the clinical pathway target the critical steps.

Discussion - conclusion. The clinical pathway is a translation of a care program in the information system. This is to be the result of the clinical approach of caregivers. If the doctor is too transparent to PMSI-SSR, as well as all intellectual acts, on the eve of the implementation of the modulated staffing activity, clinical pathway is the way to link the relevance of care program to a patient classification system for its valuation at the right cost.

Keywords. Clinical pathways; Stroke; Patients classification systems; Post-acute care

Disclosure of interest. The authors declare that they have no competing interest.

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CO0273

Compilio: A personal health record, for disabled people
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Opinion/feedback. Compilio is a free and secure personal health record (PHR). It is an Internet based innovative tool for families and health professionals. Compilio aims to improve the coordination of the care course for people having specific needs related to a handicap or a chronic disease.

Compilio is a project of the “Agence régionale de Santé Auvergne-Rhône-Alpes” and the NGO network R4P (Regional Network of Pediatric Re-education and Re-adaptation in Rhône-Alpes), developed with the participation of Civil hospices of Lyon and GCS SISRA.

Families are confronted with numerous appointments and wish to manage the various resulting documents in a single tool.

Professionals waste time searching for information about care course history and treatments of the person.

R4P designed Compilio to propose a solution for families and professionals to improve the coordination.

Compilio proposes many features, which make possible the storage of important data (medical reports, examination results, videos, socio educational course, life habit, allergies) in a secure way to facilitate the follow-up of its care course.

Compilio facilitates the administrative approaches while making possible listing MDPH requests or medical certificate.

People themselves or their parents have the choice to decide to create and delete their Compilio PHR, and to give access to professionals according to the rules of the professional secrecy.

Who is interested in Compilio?

Any person having specific needs related to a handicap or a chronic disease can create a PHR and share it with the health professionals of his choice.

Any health professional can create his professional account and then will have access to patient's PHR if his patient wishes to share them with him.

Disclosure of interest. The authors have not supplied their declaration of competing interest.

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CO0274

Prospective payment in French post-acute care: Comparison to international funding of rehabilitation systems
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Objective. In all countries, the boundaries are ambiguous between acute and post-acute as well as defining the dimensions of care. The aim of this study is to analyze relations between segmentation of care and payment systems. In the new prospective payment system implemented in French SSR, the grouping unit is inpatient stay and the week for day hospitalization. In 1991, the field of SSR mixed structures as diverse in their purposes as public or private hospital units of rehabilitation and “nursing homes”. A case payment must necessarily be based on a classification describing homogeneous procedures and costs involved.

Material/patients and methods. The post-acute care systems in Anglophone and Francophone countries were compared using 5 dimensions: segmentation of care, orientation criteria, information tools, case mix classifications and performance criteria.

Results. Most countries segment hospital stays in acute and post-acute. The graduation of post-acute care levels is primarily based on the potential for rehabilitation. The specific and very specific levels are specialized by pathology, by type of disability or social inclusion goals. Most systems distinguish missions of rehab centers including geriatric vocation, focusing on functional status and nursing homes for intermediate or transitional care. They hybridize financing cases tailored to rehabilitation programs and funding to the weighted day with activity, for the unstable patients with less predictable lengths of stay for other non-acute care purposes. Bundled payments are under consideration in the US.

Discussion - conclusion. France has segmented the SSR in a vertical integration with the categories of acute care. Graduation is ambiguous. The current segmentation fails to articulate a case mix classification system to a meaningful scale of tariffs, lack of grouping into homogeneous. A per case payment implies a redefinition of SSR distinguishing the relevance of functional restoration centered care, intermediate care or medical and social transition.

Keywords. Post-acute care; Patients classification systems; Financing

Disclosure of interest. The authors have not supplied their declaration of competing interest.

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CO0275

R4P: Regional rehabilitation network for children in Auvergne-Rhône-Alpes French region
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Opinion/feedback. The regional health network for children and teenagers with disabilities in Rhône-Alpes (R4P) was created in 2007 with the objective of the amelioration of the quality of care. The main projects of the R4P concern training, harmonization of care, communication and research.

R4P, as a health network for children with disabilities has two particularities: first, it concerns all type of disabilities, considering that families encounter the same kind of difficulties. Secondly, it includes all types of professionals concerned by children with disabilities: health care professionals of hospital and ambulatory care, social workers, administrations, and education professionals.

Decompartmentalization and collaboration between all kinds of professionals are necessary to improve global care of children and teenager with disabilities. Today, 750 professionals are participating in the R4P network.
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surgery
pathway of disabled children in
Regional consensus on the heath care pathway of disabled children in Gonesse hospital
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Objective To evaluate the interest of social insurance preliminary agreement to enter PRM ward for patients after orthopedic surgery in Gonesse hospital.

Material/patients and methods From 01/01/15 to 06/30/15 went to PRM ward (inpatient or day hospital rehabilitation) 16 patients after TKA, 20 patients including 3 femoral neck fracture after THA, 3 patients after anterior cruciate ligamentoplasty and 3 patients with cuff tear surgery. At entrance, we assess patient’s pain, mobility, personal and environmental factors upon Sofmer-Fedmer, MSAP and HAS standards.

Results All patients with arthroplasty have several impairments and associates complexity factors (ICF). All patients with knee ligamentoplasty or cuff tear surgery have a sport and/or a professional planning or post-op complication. They all need to enter a PRM ward upon Sofmer-Fedmer, MSAP and HAS standards.

Discussion - conclusion Entering PRM ward is relevant according to Sofmer recommendations. Returning home after acute care and having outpatient physiotherapy does not fit these patients. We have to take into account their specific needs for rehabilitation and if necessary access to a specialized technical rehabilitation platform, and a multidisciplinary approach for specific impairments and activity limitations as well as quick access to specialists such as cardiologist, diabetologist, or chest specialist for patients at risk of postoperative decompensation. Referring patients to post–acute care facility after orthopedic surgery remain unchanged since 2013 because we still use the same standards for orientation based upon Sofmer-Fedmer clinical care pathways, MSAP criterion and HAS standards. MSAP procedure is complex, heavy on human resources and time. Is MSAP the appropriate criterion to manage financial risk and the insufficiency of the support offered to families. The consensus proposed by the REHSO structures the surgical pathway of the child in preoperative cares, operative period, time of the discharge, and post-operative cares. It underlines the importance of the multidisciplinary preparation for the surgery, the information given to families, the treatment of the pain and the quality of the transmissions and the follow-up. It recommends especially a systematic use of the transmission files edited by the AP–HP and of the modified FLACC for the pain evaluation.

Disclosure of interest The 17 authors of this regional consensus committed to diffuse it and apply it in their establishments.

Keywords Disabled child; Health care pathway; Pediatric surgery; Pediatric PRM; Multidisciplinary consultation; Pain

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CO0276
Social insurance preliminary agreement (MSAP) to enter PRM ward for patients after orthopedic surgery in Gonesse hospital

CO0277
Regional consensus on the health care pathway of disabled children in surgery
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Objective The réseau enfance et handicap du grand Sud-Ouest (REHSO) as founded in November 2015 to promote pediatric PRM on this territory and to standardize the practices within the establishments participant.

Material/patients and methods In May 2015, a study on the management of surgical projects in disabled children was realised by a questionnaire sent to the structures of pediatric PRM of the West. In June 2015, a working group composed by 17 surgeons, pediatrician and MPR practitioners discussed about their different practices and built a consensus on the steps to lead during a surgical project in disabled children. This consensus was next comforted by the literature data on the health care pathway of children in surgery.

Results On 12 centers interrogated, 7 answered the preliminary questionnaire. The positive results were that all the centers realised multidisciplinary consultations before the surgical acts, essentially in university hospitals, and that most of them performed a specific preparation for these interventions, but inconstantly standardized. The weak points of these health care pathways was the pain evaluation, which was systematic but insufficiently standardized, the leak of precision of the pre and postoperative transmissions, and the insufficiency of the support offered to families. The consensus proposed by the REHSO structures the surgical pathway of the child in preoperative cares, operative period, time of the discharge, and post-operative cares. It underlines the importance of the multidisciplinary preparation for the surgery, the information given to families, the treatment of the pain and the quality of the transmissions and the follow-up. It recommends especially a systematic use of the transmission files edited by the AP–HP and of the modified FLACC for the pain evaluation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Keywords Disabled child; Health care pathway; Social insurance

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CO0278
Assessment of the professional practices in the urinary tract infection among spinal cord injury patients: Impact of physician/pharmacist’s collaboration on 3 quality indicators
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Objective Patients with spinal cord injury suffer from urinary tract infection (UTI) repeatedly. An assessment of the professional practices in UTI has been set up since 2013. The aim of this study is to assess the impact of physician/pharmacist’s collaboration on 3 quality indicators (Q) in UTI during 2014/2015.

Material/patients and methods At the beginning of the treatment and then twice a week, pharmacists validate every antibiotic therapy. Q1 assess the conformity of the duration, the conformity of the dosage and the conformity to the susceptibility testing. The following variables were recorded for each patient: sex, renal clearance, weight, kind of UTI, antibiotic therapy. Has a patient had many UTI and associates complexity factors (ICF). All patients with knee ligamentoplasty or cuff tear surgery have a sport and/or a professional planning or post-op complication. They all need to enter a PRM ward upon Sofmer-Fedmer, MSAP and HAS standards.

Results

Discussion - conclusion The 17 authors of this regional consensus committed to diffuse it and apply it in their establishments.

Keywords Disabled child; Health care pathway; Pediatric surgery; Pediatric PRM; Multidisciplinary consultation; Pain

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Keywords Disabled child; Health care pathway; Social insurance

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