CO0276
Social insurance preliminary agreement (MSAP) to enter PRM ward for patients after orthopedic surgery in Gonesse hospital
Patricia Ribinik∗, Ahcene Aimar, Antoinette Ngonde Njoh
Centre hospitalier de Gonesse, médecine physique et de réadaptation, Gonesse cedex, France
∗Corresponding author.
E-mail address: patricia.ribinik@wanadoo.fr (P. Ribinik)

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 according our authorities and for what kind of patients’ outcome?

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.

http://dx.doi.org/10.1016/j.rehab.2016.07.109

CO0277
Regional consensus on the health care pathway of disabled children in surgery
Julia Hamonet-Torny1,∗, Daniel Le Bellego2, Elisabeth Jasper3, Annie-Laure Suc1, Laurent Fourcade2
1Hôpital Jean-Rebeyrol, MPR, Limoges, France
2Centre de rééducation d’Oléron, MPR, Saint-Trojan, France
3Le Nid-Béarnais, MPR, Pau, France
∗Corresponding author.
E-mail address: juliahamonet@hotmail.com (J. Hamonet-Torny)

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.

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

Keywords Children; Disabilities; Health network

Disclosure of interest The author has not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.rehab.2016.07.107
française’s (SPILF) recommendations in effect at the analyse’s time. We present our balance sheet 2014/2015.

**Results** The study population included 154 patients (64% men) and 253 UTI were registered. The mean age of patients is 51.4 ± 15.4. Pharmacological interventions (29) allow to improve antibiotic therapy: duration and dosage (31, 44.9%), frequency and route of administration (23, 33.3%) and choice of molecule (8, 11.6%). There is no link between class of antibiotics and pharmacological intervention (p-value > 0.05). The rate of acceptance of pharmacological intervention is higher (79.7%). The level of the compliance of the duration is 96.4%, of the dosage 98.9% and of the susceptibility testing 99.2.

**Discussion - conclusion** Appropriateness rate in the management UTI without physician/pharmacist’s collaboration is between 40 and 80% according to others studies (1,2). Collaboration and pharmaceutical analyses provide value-added in the quality of antibiotic treatment. Take to simple steps to improve proper use of antibiotics.

**Keywords** Antibiotics; Assessment of the professional practices; Quality indicator; Rehabilitation center

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

http://dx.doi.org/10.1016/j.rehab.2016.07.110

---

**PO047**

**Barriers to cardiac rehabilitation after myocardial infarction: Bordeaux university hospital example**

Célia Minvielle

CHU Haut-Léveque, coronaropathies, réadaptation cardiaque, Pessac, France

E-mail address: minvielle.celona@gmail.com

**Objective** Cardiovascular disease is the first cause of death in developed countries. Cardiac rehabilitation (CR) plays an important role in secondary prevention, especially after an acute coronary syndrome (ACS). Despite the high recommendation for its prescription, less than a third of eligible patients participate in France. We sought to assess the role of the CR in the management of ACS in Cardiology Haut-Leveque hospital and identify obstacles to its prescription.

**Material/patients and methods** In this prospective and observational study, a questionnaire about CR was completed by cardiologists for each patient admitted for an ACS in our institution, from June to October 2014.

**Results** Four hundred and fifty-six patients were included (80% men, mean age: 65 years, 254 non ST elevation ACS). Two hundred and two patients (44.3%) were sent to CR. Among them, 44 patients (23%) did not make it. The factors of non-orientation were mainly related to patients’ comorbidities or lack of motivational (patient and doctor both).

**Discussion - conclusion** Barriers to prescription CR are numerous, mainly related to patients’ comorbidities or lack of motivation.

**Disclosure of interest** The author has not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.rehab.2016.07.111

---

**PO048**

**Experimental feasibility pilot study: Music therapy and rehabilitation care following a stroke**

Marie Orentin1, Victorine Quintaine, Alain Yelnik, Marylène Jousse, Leila Tili, Anna Bernard, Maryse Guillemette

Hôpital Fernand-Widal, MPR, Paris, France

* Corresponding author.

E-mail address: marieorentin@yahoo.fr (M. Orentin)

**Objective** Music therapy enhances awareness of sound perception and musical sensorial experience often highly impaired following a stroke, confirmed by music’s neurosciences. The study aims to verify its reception and utility in a Physical Medicine and Rehabilitation (PMR) service with professional team and patients.

**Material/patients and methods** Eleven hospitalized patients were included after stroke (without regular instrumental practice, speech disorder, severe hearing loss nor psychiatric history). They were followed by a music therapist, twice a week, during 40 minutes’ individual sessions with improvisation and music listening, from October 2015 to April 2016 with an instrumentarium.

The study consisted of analysing self-administered questionnaires, both to patients (after each session) and professionals, on the feeling and the impact on the primary activity of the service.

**Results** Thirty-one returned questionnaires among the 47 caregivers indicate that sessions were simple to implement (81%) and carried low restrictive measures (94%). For 90%, music therapy can be easily integrated into the course of the day. For 96%, it did not obstruct the proper functioning of the service. Hundred percent believed that it can be helpful for the patient and can improve practices in PMR. Seventy-three percent noticed an improvement in patients, in particular mood, motivation and self-esteem. Hundred and ten sessions were carried out and appreciated by patients. Ninety-eight percent replied that they felt more relaxed, calm, alert, awake, a feeling of well being and rested.

**Discussion - conclusion** Patient compliance and reaction of the team were excellent. Moreover, it was observed that, over the sessions, there had been a progressive development in listening abilities, in creativity and an improvement in rhythmic and melodic skills. Although they were not quantified, it encourages us to continue the study.

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

http://dx.doi.org/10.1016/j.rehab.2016.07.112

---

**PO049**

**Collaboration between IFSI (nursing school) and university for training of the nursing students. Assessed skills, insured quality of life**

Duranton Jean-François1,*, Isabelle Volle2,3,4, Danielle Quequet2,3,4, Jacqueline Barraud2,3,4

1 CHU, IFSI, Annonyay, France
2 IFSI, IFSI, Roanne, France
3 Croix-Rouge, IFSI, Saint-Étienne, France
4 Hôpital, IFSI, Saint-Chamond, France

* Corresponding author.

E-mail address: jean-francois.duranton@orange.fr (J.-F. Duranton)

**Opinion/feedback: Introduction** Since 2009, the reform of the nursing schooling creates an active collaboration between the institutes and the universities. Desired by the CRRA, a common support for the teaching of the I’UE 2.3, named “Health, illness, handicap and accident”, has been created with the collaboration with the UJMM and the six IFSI of its territory.

**Result** All tools created by the group are deployed in the territorial training institutes and are on trial since February, 2016.