Social insurance preliminary agreement (MSAP) to enter PRM ward for patients after orthopedic surgery 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 according our authorities and for what kind of patients’ outcome?

Keywords Orthopedic surgery; Post-acute care facility; Clinical care pathway; Social insurance

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

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