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PRM Programme of Care: European definition, Accreditation procedure, participation guide, real examples
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Keywords: UEMS; PRM; Physical and Rehabilitation Medicine; Quality of care; Accreditation; Programme of care

A PRM programme of care (PRM-PC) is defined by the following elements:
– the epidemiological needs and scientific evidence that support the programme design;
– the target population, with its inclusion and exclusion criteria;
– clearly-defined aims and goals, expressed in the terms of the International Classification of Functioning, Disability and Health (ICF);
– a well-structured body of content, describing the programme timetable, diagnosis and assessment tools (for initial, follow-up and discharge assessments), scheduled interventions (direct treatment and rehabilitation) and the exact role played by each programme participant;
– human resources and equipment, as well as appropriate team management procedures;
– discharge criteria and a final report with recommendations for long-term patient follow-up.

Any PRM Specialist who has been certified by the European Board can submit a PRM-PC to the Accreditation organized by the UEMS PRM Section, using the on line template. His description will be examined in a peer review process by European Delegates and other experts when requested. The accredited programmes will be displayed on the section website www.euro-prm.org together with related publications.

The first accredited programmes focus on the following topics:
– PRM follow up after knee ligament replacement (France);
– PRM care after hip or knee replacement (Lithuania);
– PRM-PC for low back pain (Lithuania);
– PRM care after spine lesions (Slovenia, Croatia);
– multidisciplinary care for diabetic feet;
– tele treatment for chronic cervical pain.

Further reading


CO28-003–EN

Development of Rehabilitation Services in Estonia and the role of UEMS PRM Section’s Clinical Affairs Committee and of the European Social Fund
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Keywords: UEMS; Physical and Rehabilitation Medicine; Quality of Care; Programmes of Care; Europe

Estonia is a small country (1.4 million inhabitants) with two different systems of rehabilitation management. Medical rehabilitation (PRM) is funded by the Estonian Health Insurance Fund. Social rehabilitation is funded by the Social Insurance Board. A lot of rehabilitation departments provide both medical and social rehabilitation. Estonian Society of PRMD takes part in the UEMS PRM Section and Board. The Clinical Affairs Committee has organized an Accreditation of PRM Programmes of Care, which intends to give value to PRM clinical activity throughout Europe. Its Accreditation Template has been adopted as a standard document in Estonia.

The current social rehabilitation system began in 2000, following the Social Benefits for Disabled Persons Act.

In 2005, Estonia started new rehabilitation developments supported by the European Social Fund (ESF). The first project intended to improve rehabilitation services; the second one focused on rehabilitation programmes and on networking different social service providers: local government social service units, Estonian Unemployment Insurance Fund, Social Insurance Board and social rehabilitation service providers, etc.

Estonian rehabilitation developers then acknowledged the importance of implementing rehabilitation programmes. In 2009, a pilot project started:
– to develop standards for rehabilitation programmes in Estonia;
– to map the target groups of rehabilitation services;
– to implement a funding system for those programmes.

In 2010–2011, 16 different teams issued rehabilitation programmes: out-patient programme for c/v patients; out-patient Lokomat programme for neurological patients; inpatient programme for CP children; psycho-social programmes for mentally disabled children, psychiatric patients and disabled people on an island; young criminals; programme for adults with mental illness.

The second ESF project started in 2011 and seven programmes got funded, including programmes for blind and deaf people, SCI, eating problems, chronic pain, and autism.

The ESF is also important for implementing assessment tools, such as ICF and the WHO Disability Assessment Schedule.

In 2009, Estonia has developed a new graduate level training programme in Social Rehabilitation. Its training curriculum consists of eight modules. Part of the training is to learn how to use the ICF methodology. So far, 422 rehabilitation specialists have achieved this programme.


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Programme de soins « Prise en charge des blessés médullaires »
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No abstract provided.


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“Aupres-TC” is a rehabilitation service for patients victims of traumatic brain injury. It assesses disability situations and organises Individual Care Plans after return home
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Keywords: Traumatic brain injury; Social and professional rehabilitation; Individual Caring Plan

“Aupres-TC” is a service of medical, psychological and social caring. It receives people aged from 18 to 60 years old, victims of cerebral lesions (traumatic brain injuries and other cerebral related lesions) after returning home with physical but especially neuropsychological and behaviour disorders, and with a clear impact on the family, social and professional backgrounds.

From admission in the unit, the Individual Caring Plan is used as a guideline. The person-centred plan is individualized, the approach is global. Setting up an Individual Caring Plan requires an assessment of the patient’s needs and level of disability and its impact on the quality of life, allowing a definition by a multidisciplinary team of goals and means for reaching them.

Care is individual (putting in situation, re-education and rehabilitation) but also collective in day hospital sessions (therapeutic workshops, suitable places and areas for reception and exchanges). We also offer listening and close support for the family.

The Individual Caring Plan is regularly assessed and readjusted at every stage of objectives, means and a many possibilities for different orientations are offered.