The “PRM care pathways” are short documents, aiming to describe in a strong and precise manner what PRM care can offer patients, i.e. why and how our competencies and those of our team of rehabilitation professionals should be proposed to patients and integrated around their life project. They describe for each type of patients their specific pathology-related needs, place and objectives of PRM care, human and material resources needed as well as a proper time line and expected outcomes.

These pathways bring two novelities: description of the whole pathway of a patient; an approach based on the consequences instead of the pathology. The proposal is to group patients relating to their deficiencies (paresis, pain, aphasia…) and personal and environmental factors according to the International Classification of Functioning (WHO). These last parameters are likely to modify the means to be provided for the same objectives.

Depending on the complexity of the situation, the PRM care pathways are declined into two ways:

- type 1 (Stroke, Traumatic brain injury [TBI], Spinal cord injury [SCI]) relating to the severity of the deficiencies. Then 4 categories are proposed for Stroke, 3 for TBI and 5 for SCI;
- type 2 (rotator cuff tear surgery, knee ligamentoplasty, hip arthroplasty, knee arthroplasty): by stage of care after a simple act, mostly surgical, declined into two situations relating to the medical complexity.

These pathways were given a warm welcome by many of our partners, as the National Direction for Care, the Union for the management of the social insurance facilities, the Federation of French Hospitals.

This approach, broadens to the others medical specialties of the following care units to screen for frequently encountered undernutrition.

Objectives: Analyse Body Mass Index (BMI) registered at admission and each fortnight. Search for correlations between BMI and patients markers in a PRM unit specialised in musculoskeletal system disease.

Patients and methods: The study involved inpatients in the PRM unit between September and November 2011. Patients were classified into 4 groups: low BMI < 18 kg/m², normal 18 – 25 kg/m², overweight 26 – 30 kg/m² and obese > 30 kg/m². In each group, average age and average duration of the stay (DoS) were recorded.

Results: Sixty-eight patients had a musculoskeletal disease. The average age was 62.7 years. DoS was 25.7 days. The distribution by BMI category was: low (n = 0), normal (n = 16, 23%, mean age 60 years, DoS 24.3 days), overweight (n = 28, 41%, mean age 61.8 years, DoS 26.5 days), and obese (n = 24, 35%, mean age 66.6 years, DoS 24.4 days). The C-reactive protein level, monitored during the postoperative period, normalized in all cases before day 30.

Discussion: In this PRM musculoskeletal unit, there were no undernourished patients. This public health problem in geriatrics was not found to be a PRM problem, but overweight affected 76% of patients. The obese subjects were the oldest. The DoS was the same in three groups. Analysis of other indicators of nutritional status disclosed a normal CRP. Albuminaemia is not systematically assayed.

Conclusion: Excess weight was a frequent finding (76% of patients), however there were no subjects with low BMI. Work on overweight patient progress. The BMI had no impact on the average duration of hospital stay. The study should be completed by research on biological signs of undernutrition.

http://dx.doi.org/10.1016/j.rehab.2012.07.757

CO38-004-e
Antibiotherapy for urinary tract infections in patient with spinal cord or brain injury: Impact of a professional practices’ clinical audit
*a Service de pharmacie clinique, hôpital H.-Gabrielle-SSR, groupement hospitalier Sud, hospices civils de Lyon, 20, route de Vourles, 69220 Saint-Genis-Laval, France
*b Service de rééducation neurologique, hôpital H.-Gabrielle-SSR, groupement hospitalier Sud, hospices civils de Lyon, Saint-Genis-Laval, France
E-mail address: stephanie.bauler@chu-lyon.fr.

http://dx.doi.org/10.1016/j.rehab.2012.07.757
Keywords: Urinary tract infection; Antibiotics; Spinal cord injuries; Brain injuries; Clinical audit

Introduction.– Patients with neurological bladder dysfunction develop urinary tract infections (UTI) which can be very concerning considering their frequencies, severity and resistances to antibiotics (ATB) [1]. A professional practice assessment (PPA) began in 2009 through a clinical audit [2], followed by the diffusion of guidelines. A second audit has been carried out to assess the impact of guidelines (2011).

Patients and methods.– A two-month prospective study was conducted in the 7 neurological rehabilitation clinical units. Data collection included information about patient, infection and ATB. The evaluation criteria were: initial empiric treatment, ATB duration. The compliance rate of these criteria was analyzed and compared with results of the previous audit (by comparison of proportions’ test when patients’ number allowed it).

Results.– Thirty-eight patients were included in the study (47 ± 15 years). Fifty-two percent of patients had neurogenic bladder. Patients were treated for bacterial colonization before an invasive procedure (32%), for prostatitis (42%) or for a simple urinary tract infection (26%). The initial treatments were empiric in 26% of cases. The initial choice of ATB was not suitable for 21% of patients and for suspects of carrying bacillus, then a third one “unaffected” with new combination.

Discussion.– There is a positive evolution in professional practice, including treatment durations and choice of ATB more adapted compared to the 2009 audit. However, the reassessment of empirical treatment is insufficient, even though it is a major criterion for quality monitoring in the HAS’ recommendations. The implementation of simple indicators with monthly monitoring is the next step; as it will help to perpetuate our work.

References

http://dx.doi.org/10.1016/j.rehab.2012.07.758

CO38-006-e
A prevalence of second-look diagnoses in the post-acute rehabilitation setting: A new challenge?
M. Iakov*, A. Vouilloz, F. Luthi
Département de l’appareil locomoteur, clinique romande de réadaptation SUVA Care, avenue Grand Champsec 90, 1950 Sion, Switzerland
*Corresponding author.
E-mail address: maria.iakova@crs-suva.ch.

Keywords: Second-look diagnoses; Rehabilitation

Purpose.– Post-acute care rehabilitation is in full development. Indeed, the evolution of health systems aims towards an important reduction of hospital stay and towards an earlier referral of patients with severe conditions. This study aimed to measure the prevalence of diagnoses made only during the post-acute rehabilitation phase (the so-called “second look” diagnoses).

Methods.– Patients hospitalized in a post-acute care rehabilitation unit. Retrospective study over one year using the patients’ electronic medical charts. The second-look diagnoses made during the rehabilitation and also complementary investigations and therapeutic changes were recorded.

Results.– During the study, 103 patients (p) received care in our unit following multiple trauma, prosthesis implantation (hip/knee/shoulder), lower limb amputation or burn injury. Thirty-seven new diagnoses was recorded in 21 p (20.4%), 18 males, 3 females, mean age 38 years. Twelve musculoskeletal injuries were retained. In 23 cases a neurological condition was diagnosed. For 8 patients, more than one second-look diagnosis was established. Symptoms were the main argument for the revision of the initial diagnoses in 86% of the cases, and X-ray revision for 14% others. Twenty-nine additional investigations were required. For all patients, orthopaedic and/or pharmacological treatments, as well as an adaptation of the rehabilitation protocol were necessary.

Discussion.– To our knowledge, there is no a data in the literature about “second-look” diagnoses in the post-acute care rehabilitation setting. The 20% prevalence observed in our study is high. The prevalence of the neurological conditions was that of musculoskeletal disorders. The vast majority of diagnoses (95%) were made in multiple trauma patients. The evolution of the health systems, characterized by a reduction of hospital stay duration, might contribute to extend this problem. It could also represent a new challenge for rehabilitation wards in terms of organization and relation with acute care units.

http://dx.doi.org/10.1016/j.rehab.2012.07.760

CO38-007-e
Group workshops as part of guided self-rehabilitation contracts in spastic paresis: Our 2009–2012 experience
Service de médecine physique et de réadaptation, hôpital Albert-Chenevier, groupe hospitalier Henri-Mondor, 40, rue de Mesly, 94010 Créteil, France
*Corresponding author.
E-mail address: caroline.colas@ach.aphp.fr.

Keywords: Spastic paresis; Contract; Guided self-rehabilitation; Workshop; Group

Introduction.– Guided Self-rehabilitation Contracts (GSC) in paretic patients (after stroke, head or spinal cord injury, nervous system tumour, multiple contamina...