Setting up a shared folder in the network BreizhPC
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Keywords: Health network; Cerebral palsy; Medical record

Objective
Since 2005, the network BreizhPC has established a computerized database, initially on the Rennes site, then with the development of specialized consultations on other departments of Brittany in 2007 shared access on a secure server has been established for the various multidisciplinary consultations. The initial objective was the sharing of medical data to improve monitoring of patients, but also to obtain epidemiological data. It quickly became apparent that the device was too small to achieve these goals. A study was launched as part of a working group led by the network in order to change the tool to a real file shared between all health professionals revolving around the patient. Specifications was established initially: type of medical data to be included in the file, how to access the file, security of data storage, treatment modalities of data.

The platform Télésanté Bretagne, because of his experience in the networks seemed to us to be the best partner to complete this project in partnership with the ARS. This platform has a secure home and hosts other health networks, allowing having a shared directory of professionals. Access to the file implies adherence to the network and the patient’s agreement, signed with a usage policy. Therapists can access data with different rights depending on their status. Each step has been tested and validated with participation of independent professionals. Finally the tool should allow better management of patients with cerebral palsy through better care coordination and epidemiological survey.

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Study of the counseling role of the Physical Medicine and Rehabilitation (PMR) specialist with patients initiating claims for damages on personal injury, analysis of 20 cases
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Keywords: Expertise; Injury; Compensation; Rehabilitation

Objective.– We have analyzed the virtues of breaking down barriers between the healthcare and legal sectors while studying the rehabilitation of the wounded.

Population and method.– We have analyzed the records of 20 patients whom we are counseling on the compensation proceedings. This is a total cross-section of the concerned population. We have studied the following:– gender and age of the accidented patient;– type and date of accident;– mode of accountability;– mode of trigger of the legal action;– intervention of the PMR counsel, appreciation of his/her competences;– intervention of the specialised lawyer, appreciation of his/her competences;– estimation of the patient’s fate in case of no remedy;– financing of the competences;– record updates.

Results.– The analysis demonstrates the importance of the Medical Rehabilitation Specialist in the initiation, establishment and monitoring of indemnity claims for injury records, but also his/her decisive contribution in the forensic assessment of the handicap.

The financial aspect that is often rebuked by the medical profession must be seen in its true dimension as a rehabilitation opportunity rather than a finality.

Discussion.– The Medical Rehabilitation Specialist may be reluctant to commit for relational, professional or contractual reasons. The existence of a compensation perspective questions him/her on the scope of his/her mission.

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Care related pain in PRM
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Keywords: Care related pain; Quality of care; Rehabilitation and pain

Objective.– Pain during the rehabilitation treatment, all pathologies includes, has a significant impact on the evolution of impairments and activity limitations. The difficulty of this support in rehabilitation unit based primarily on the need to set in motion the patient. However, the other features are the lack of unity between technical support and care service, the presence of different caregivers with their own pain assessment and the treatment adaptation, sometimes delayed.

The aim of this work is to provide an overview on patient and caregivers satisfaction concerning the management of pain in rehabilitation.

There is the first step of Professional Pratice assessment.

Materials and methods.– A validated questionnaire, assessing the management of pain in care unit, was distributed to all caregivers (nurses and nursing assistant, hospital service agents, physiotherapists, occupational therapists, Medical Doctors) and all patients allowed for a period of 3 months. The questionnaire assessed several dimensions such as: the pain information gathering, the transmission of this information, the pain information management, the treatment adjustment due to the expression of pain. The analysis was descriptive as a percentage.

Results.– Three sources of dissatisfaction were identified: the difficulty of gathering information about pain support, that will be simple and of easy access to all caregivers; the difficulty of relaying such information; the lack of information of the patients concerning pain mechanisms and adjustment of treatments.

Thus, it appears important to improve the information and painful patient’s role in the collection and transmission of it. It could enhance professional practices in the fight against pain, essential to a well-conducted rehabilitation.

Discussion.– The second step in this evaluation consisted of the creation with teams of therapists and caregivers of a personalized book of collected information painful during the day, placing the patient at the center of the care of his pain.

Further reading

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