Materials and Methods.—The objective of this initial report of the conformity visits in the FCR sector is to catalog the primary instances of reticence to apply the new standards or the non-compliances observed, and with this information, identify the underlying causes. For this purpose, the Directorate-General for the Provision of Healthcare has devised a 3-part investigation:

1. The first part covers the purely quantitative aspects of the visits (state of the premises at the moment of the visit, number and type of non-compliant FCR services...);
2. The second part identifies the principle instances of reticence or elements of non-compliance under regulatory provisions. These regulatory provisions have been divided into the following five categories:
   - tasks common to all FCR services;
   - premises and equipment (including technical platforms);
   - employees;
   - continuity of care;
   - contractual commitments/other FCR tasks.
3. The third part makes inquiries into the main underlying causes of the reticence to apply the standards or instances of non-compliance. These inquiries are organized around the following issues:
   - absence of implementation/global FCR workplace culture;
   - absence of trained/qualified employees;
   - insufficient funding and/or space for premises and equipment/adequate technical platforms;
   - insufficient employees through a lack of funding or demographic constraints;
   - problematic continuity of care caused by demographical constraints or unfamiliarity with partners.

This investigation was fulfilled by each Regional Health Agency in March 2013 regarding all conformity visits carried out before 31 January 2013 and sent to the Directorate-general for the Provision of Healthcare. The processing of this investigation is in progress on the national level.

Results.—The national and regional results will be available within a few weeks and presented in October 2013 during the French Physical Medicine and Rehabilitation Society conference.

Remarks.—The reticence to apply the standards and the instances of non-compliance have ostensibly led to an insufficient, less efficient, or even risky (for the patient) level of health care quality. Respect of the standards is the number one condition for providing quality care.

Conclusion.—The investigation will give us an outline of the difficulties encountered by the health care facilities, and will attempt to explain why these difficulties occurred. These compliance visits ought to be considered as a tool for improving the quality of care, the standards having been enacted for this purpose.

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Oral communications

English version

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Compliance visits for physical medicine and rehabilitation services

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Keywords: Accreditation - Physical Medicine and Rehabilitation

Introduction.—The compliance visits for the Follow-up Care and Rehabilitation (FCR) services are in response to the 2008 decrees, which unified the activities encompassed in “follow-up care” and those of “physical therapy and rehabilitation” into a single activity called “Follow-up Care and Rehabilitation.” The latter consists of a versatile common foundation which is able to go hand and hand with specialized services. Physical Medicine and Rehabilitation services coincide with FCR via the specialized services of “musculoskeletal disorders” and “nervous system disorders.”

These decrees have raised the standards expected of FCR tasks, equipment, and employees.

The visits carried out by the Regional Health Agencies (RHA) took place between 2011 and 2013 depending on the region. The visits revealed the difficulties encountered by the health care facilities in complying with the standards dictated by the authorizations issued in 2010. The hospital federations attracted national attention over these issues. The Ministry of Health (through the Directorate-General for the Provision of Healthcare) therefore decided to undertake an initial report of the conformity visits in this sector.

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Conceptual approach of SSR coordination: Coordination in 3D

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Keywords: Coordination in SSR; Trajectory; Rehabilitation

Introduction.—Explaining what the activity of a SSR coordination doctor consists of rapidly becomes a headache, as the complexity of this function concerns multiple disciplinary fields it is vain to want to schematize.

Context.—The decrees of 2008, regulating the activity of continued care and rehabilitation (SSR), have defined a function of SSR coordination. If the mission can be summarized in objectives of “facilitation” of flows from MCO to SSR, the concept of coordination makes the action complex and difficult to define in this field, multiple coordination’s place.

Objectives.—Convinced that “what is well conceived is stated clearly and the words to say it come easily”, we propose a design of coordination, after eleven years of experience in Rhône-Alpes.