can participatory action research facilitate stakeholders' engagement and improve service quality? Discussion about implemented actions, stakeholders' perceptions and outcomes related to a service reorganization.

CO91-002-e

Keywords: Participatory action research; Service quality

Introduction. – Participatory action research (PAR) is thought to be an effective strategy to engage stakeholders and improve service quality. However, PAR need to be carefully planned to ensure effective collaborative work. To date, little information is available regarding the perceptions of stakeholders about PAR. This paper presents the steps used to guide a service delivery reorganization process and stakeholders’ perception about their involvement in the project and its outcomes.

Methods. – Participative observation, field notes, interviews with the principal investigator, the clinicians and managers involved (n = 13) and focus groups (n = 5) documented stakeholders’ perceptions of the 3-year service reorganization process and stakeholders’ perception about their involvement in the project and its outcomes.

Results. – The actions implemented are presented according to Tandon’s steps (2002). Stakeholders’ perceptions about the process vary according to their role in the project; the previous relationships between the research and the clinical setting were perceived as being a key facilitator. Stakeholders perceived many positive outcomes relating to the PAR including improvement in service reorganization and an increased credibility for the project.

Discussion. – The PAR was positively perceived but different challenges were raised. Lessons learned will be shared with the audience to encourage them to use some guiding principles to ensure their PAR projects lead to meaningful engagement and positive outcomes.

CO91-003-e

Medical information flow from acute to post-acute settings: A prospective study in a rehabilitation center

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Keywords: Rehabilitation; Rehabilitation nursing; Interdisciplinary health team

Introduction. – Nurses have responsibilities that are not always considered as part of the rehabilitation, but nevertheless important for the rehabilitation process. Nurses collaborate with MDs and therapists and should include ADL training in all tasks through the day. They have great responsibility for health and safety. The purpose of this study was to clarify nurses’ contribution to rehabilitation and how to conceptualize rehabilitation nursing in Norway.

Material and methods. – Group interviews with rehabilitation nurses, review of nurses’ subjects for clinical specialists’ certification and masters’ theses. Reviews of previous studies and relevant literature.

Results. – Rehabilitation nursing have a distinctive focus on function. Nurses contribute to patients’ efforts to obtain the best possible functional level, optimal state of health and well-being and effective coping of changes and challenges in life. Nursing perspectives can illuminate nurses’ responsibilities and tasks, and show how and when nursing interventions are necessary. Such perspectives are useful in describing nursing in terms of ICF.

Discussion. – Rehabilitation nursing was characterized by a rehabilitative approach. This should be significant because nurses interact with patients around the clock. Descriptions of nurses’ responsibilities, tasks and methods, may strengthen nurses’ self-awareness and competence in rehabilitation and thus increase efficiency of the rehabilitation process.

CO91-004-e

The four pillars of pain management - Effective pain treatment in Australia

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Keywords: Persisting pain; Comprehensive management; Network; Multidisciplinary

Introduction. – In 2007, research showed that patients in Australia with chronic pain were generally not managed well; there was lack of services offering comprehensive approach [1].

Material and methods. – The Rehabilitation & Pain management Group (RPMG) responded by building and coordinating network organisations, resulting in one-stop centres based in hospitals. All necessary medical specialties, allied health professionals and facilities were streamlined to work rapidly and effectively, coordinated by RPMG.

Results. – The centres use an intensive holistic approach for multidisciplinary assessment and treatment called ‘The Four Pillars of Pain Management’[2]. This approach combines best practice and/or evidence-based relevant treatments in each ICF component into one comprehensive program, tailored to the specific needs of a patient and addressing all aspects of the persisting pain.

Discussion. – The intensive multimodal approach and almost complete elimination of waiting times (including for surgery or interventional pain management) resulted in a major increase in treatment efficacy.
Reference
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CO91-006-e
Looking at hospitalized persons throughout the prism of their handicap
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Keywords: Disability; ICF; Inpatient; Hospitalized people

Introduction. – Hospitalized persons are generally viewed in relation to their diseases. What about their handicap?

Methods. – We conducted a cross-sectional study in 1301 persons (61.2 ± 21.6 years) hospitalized a given day in the acute care and rehabilitation units of the Grenoble University Hospital. Disability was evaluated in every unit by trained evaluators according to 22 ICF items (Activities and Participation domains), and a disability score calculated. The exhaustiveness rate was very good (81%) and reproducibility satisfactory between evaluators.

Results. – Eighty-two percent of persons hospitalized showed at least one activity limitation. Disability was severe or total for at least one item in 52%. The mean disability score was 22.8 ± 25.1/100. Prevalence of disabilities was higher in mobility (56%) and self-care domains (46%). Sixty-three percent of inpatients had difficulties to walk (and severe difficulty or impossibility in 34%). Disability was strongly related to age (P < 0.001), but not to gender.

Discussion. – Handicap prevalence is very high in hospital, and no domain is spared. The most affected domains are mobility and self-care. Handicap should be detected and actions planned to reduce activity limitations and participation restrictions of hospitalized persons, whatever the disease and the cause of the hospitalisation.

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CO91-007-e
Relevance of hospitalizations in Physical Medicine and Rehabilitation (PRM)
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Keywords: Relevance of hospitalization; PRM; Care pathways

Goal. – The relevance of hospitalizations in MPR departments was studied in 1995 by the National Health Insurance.

Methods. – On the basis of from a set of criteria endorsed by the French Federation of PRM (FEDMER, 2001), we have set up a single day survey in Centre Bouffard-Vercelli, specialized in nervous system and of musculoskeletal disorders. In 2009, this annual survey was extended to three MPR facilities. In 2013, it was taken over by the Regional Health Agency, with a new repository for the whole region.

Results. – The results of those surveys show more than 90% relevance rates. Discrepancies are explained by difficulties in finding places in appropriate settings for discharge. At the regional level, there are large disparities of equipment between “health territories” (administrative sub-units).

Conclusions. – The relevance of hospitalizations in PRM settings depends on a better definition of the missions of the different post-acute care settings and on the fluidity of the care pathways.

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CO91-008-e
Deploying a tool for coordinating care pathway in an area
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Keywords: Coordination of care; Computerised folders

Background. – Decrees of 2008 enshrined coordination of care and rehabilitation in the French law.

Goal and methods. – Coordination of Post-Acute Settings (SSR) has been established at CH Perpignan since 2010. Since 2012, the Internet based orientation tool Trajectoire has been implemented in twenty French regions, of a total of twenty-seven.

Results. – Centralization of transfer requests led to reduce times of admission from 5 to 2.5 days. Trajectoire implementation consolidated this result and improved the quality of patients orientation. Satisfaction of patients, of referring departments and of welcoming departments has also increased.

Conclusions. – The fluidity of the care pathway is a prerequisite for efficient care management. The implementation of relevant tools to promote this fluidity is the conditions of this efficiency.

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An integrated care pathway project
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Keywords: Care pathways; Health cooperation group

Goal. – The need to streamline care pathways led us to build up an integrated project shared by Perpignan Hospital and different PRM facilities.

Methods. – The approach has been achieved in three steps: grouping of three PRM facilities and two medicsosocial settings, creation of a union of associations with a combination of psychiatric and geriatric institutions and, finally, setting up a project with the Perpignan Hospital.

Results. – This project thus integrated the pooling of PRM technical platforms of the hospital centre (including geriatric network) and of the partner facilities. This provided a fluid pathway between acute care and post-acute and rehabilitation care. It also contributed to develop the downstream networks: nursing care, homecare, long lasting care and nursing homes.

Conclusions. – The efficiency of care management relies on the development of pathways from acute care, to post-acute care and rehabilitation, social and medical downstream networks.

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Posters

P491-e
A six-month review of discharge destination and outcome measures of Phoenix Rehabilitation Centre
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Background. – A newly designed Rehabilitation unit consisting of 15 inpatient beds. Patients are given intensive support to improve their condition, rebuild their confidence and achieve maximum independence and quality of life.