

**Full display of programme n° 2 :**

> Accreditation - Page 1/9 - General presentation

**#: Identification data :**

Dr QUITTAN Michael  
Position : Head  
Phone : +43 1 60191 3401  
Email : michael.quittan@wienkav.at

Years certification : 1999

Name of unit : Institute of PMR  
Hospital or other facility : Kaiser Franz Joseph Hospital  
Address : Kundratstrasse 3  
Postal Code : 1100  
City : Vienna  
Country : Austria,

**#: Title of the programme of care :**

Posttraumatic Geriatric Rehabilitation

**#: Description of the programme :**

- Target population: Geriatric patients after fractures, surgery and acute illness with the potential for functional improvement.
- Aims and goals: discharge at home, avoidance of dependency
- Procedure: A multiprofessional therapeutic and rehabilitation program is provided by the staff members of the Institute of PMR . The team is led by 2 specialists of PRM and comprises 5 PTs, 2 OTs and 2 medical technical assistants. The team serves 48 beds belonging to internal medicine and cares for treatment and rehabilitation of geriatric patients.
- The unit delivering the programme: Institute of PMR within a 800 beds hospital and an adjacent 200 beds nursing home

Means devoted to the programme: Personnel: see above, + therapy:  
Modalities: therapeutic exercise (individual and groups), electrotherapy, massage, lymphatic drainage, ADL training, splinting and orthotics, medical specialist therapies: manual medicine, medical advice, injections etc

Safety and patient rights. Are defined by law and made known to each patient (e.g. by folders). Patients sign informed consent.

In the programme the PRM specialist assesses the patients and makes a diagnosis (based on ICD and ICF). She orders additional examinations (e.g. X-ray, MRT Scan, blood tests etc.) and assigns multimodal therapy and rehabilitation procedures. For each patient the PRM specialist writes a medical report at admission and a standardised discharge summary.

Therapeutic progress is reviewed regularly by PRM-specialist clinical rounds and interdisciplinary team conferences with PRM staff, internists, nursing staff , psychiatrist, psychologist and a speech therapist. If required therapeutic procedures can be modified immediately in response to altered clinical conditions.

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> Accreditation - Page 2/9 - Aims and goals

**⌘ This programme is applying for :**

**⌘ Referral of patients** (choose one or several) :

- Direct access No  
 Referred from a general practitioner No  
 Referred from a specialist Yes  
 Referred from a specialist in PRM Yes

**⌘ Setting :**

Part of a regional hospital (or rehabilitation centre)

**⌘ Approach :**

multiprofessional

**⌘ Stage of recovery :**

- Within two weeks of onset Yes  
 2 weeks to 3 months after onset No  
 3 months or longer after onset No

**⌘ Type :**

- Inpatients in beds under PRM responsibility No  
 Inpatients in beds belonging to other departments Yes  
 Day programme (most of the day in outpatient setting, not home) No  
 Outpatient clinic (assessment and/or treatment, for up to 3 hours/day) No  
 Community-based (in the patient's home or workplace or other relevant community location, e.g. sports centre) No

**⌘ Targets of the programme :**

● Which impairments does your programme focus on? See "limitations of body function or body structure" :

- s720 Structure of shoulder region  
 s740 Structure of pelvic region  
 s750 Structure of lower extremity C  
 s760 Structure of trunk C  
 b130 Energy and drive functions

b260 Proprioceptive function  
 b280 Sensation of pain  
 b320 Articulation functions  
 b45

- Which activity limitations does your programme focus on?

d230 Carrying out daily routine  
 d410 Changing basic body position  
 d415 Maintaining a body position  
 d420 Transferring oneself  
 d445 Hand and arm use  
 d450 Walking  
 d465 Moving around using equipment  
 d510 Washing oneself  
 d540 Dressing

- Which participation restrictions does your programme focus on?

d460 Moving around in different locations

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> Accreditation - Page 3/9 - Location and safety

#### ⚡ Does your programme have a designated and accessible space ?

- For assessments and consultations ? Yes
- For an ambulatory or day care programme ? Yes
  - For inpatient beds ? Yes
  - For therapeutic exercises ? Yes
- For training in independence and daily living Yes
- For vocational and/or recreational activities ? Yes

#### ⚡ The safety concerns of persons in your unit programmes relate to :

- Emergencies (fire, assault, escape) Yes
  - Medical emergencies Yes
    - Equipment Yes
  - Handling of materials Yes
    - Transports Yes

#### ⚡ The safety of persons in the programmes of your unit is provided by :

- Written standards from National Safety Bodies Yes
- Written standards from National Medical Bodies Yes
  - Unit-specific written rules Yes

**⌘ Periodic inspection :**

- Internal Yes
- External Yes

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> Accreditation - Page 4/9 - Patient rights

**⌘ Has your programme adopted a formal policy or statement of patients' rights?**

Yes

**⌘ Does this statement specify the influence that the patient should have in the formulation and implementation of the programme?**

Yes

**⌘ Is the statement known to all personnel involved in delivering the programme ?**

Yes

- This is checked periodically ? Yes

**⌘ Is the statement made known to and is available to all persons visiting your unit ?**

Yes

**⌘ Give at least one example of NGO activities for disabled people that staff from the programme participates in (or will participate in) :****> Last year :**

Information day on osteoporosis, falls and vertigo

**> This year :**

Information day on osteoporosis, falls and vertigo

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> Accreditation - Page 5/9 - PRM specialists in the programme

**⚡ Is your programme directed/supervised by a PRM physician (not only "medical" responsibility) ?**

Yes

**⚡ Does he/she have a European Board Certification in PRM ?**

Yes

**⚡ Does he/she meet National or European CME/CPD Requirements ?**

Yes

- Number of CME or EACCME points earned in the last 3 years : 150

**⚡ The two Main Tasks for the PRM specialist in your Programme are to :**

- Treat comorbidity No
- Assess the rehabilitation potential of the patient Yes
  - Analyse & treat impairments Yes
  - Coordinate interprofessional teams No

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> Accreditation - Page 6/9 - Team management in the programme

**⚡ Which rehabilitation professionals work on a regular basis (minimum of once every week) in your programme ?**

- Psychologists Yes
- Physiotherapists Yes
- Occupational therapists Yes
- Social workers No

- Speech & Language therapists Yes
  - Vocational specialists No
  - Nurses Yes
- Orthotists/prosthetists assistive technicians/engineers Yes
  - Other (please specify) No

**⚡ How often does your staff receive formal continuing education (mark as is) ?**

- in team rehabilitation :

other period

- in their own profession :

other period

**⚡ Do team activities in your rehabilitation programme include the following ?**

- Is the patient at the centre of a multiprofessional approach ? Yes
- Do you always give informed choices of treatment? Yes
- Do you regularly promote family involvement ? Yes

**⚡ Does your organisation of multi professional team working include :**

- holding regular team meetings with patient's records only (more than 2 members) Yes
- holding regular team meetings (more than 2 members) with the presence of the patients Yes
  - joint assessment of the patient or joint intervention Yes
- regular exchanges of information between team members Yes

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> Accreditation - Page 7/9 - Evidence Based Medicine of programme ; organization and records

**⚡ Do you use evidence-based strategies or published clinical guidelines in your rehabilitation programme (textbooks do not apply)?**

Yes

**:: Name a minimum 3 of references published in indexed journals and up to two national guidelines.**

Please, note the location of those guidelines. Textbooks do not apply.

references 1 :

Wells JL, Seabrook JA, Stolee P, Borrie MJ, Knoefel F. State of the art in geriatric rehabilitation. Part I: Review of frailty and comprehensive geriatric assessment. Arch Phys Med Rehabil 2003;84:890-7.

references 2 :

Stuck AE, Siu AL, Wieland GD, Adams J, Rubenstein LZ. Comprehensive geriatric assessment: a meta-analysis of controlled trials. Lancet 1993;342:1032-6.

references 3 :

Cameron ID, Handoll HHG, Finnegan TP, Madhok R, Langhorne P Co-ordinated multidisciplinary approaches for inpatient rehabilitation of older patients with proximal femoral fractures (Cochrane Review). In: The Cochrane Library, Issue 4, 2003. Chichester, UK

references 4 :

Mitchell SL, Stott DJ, Martin BJ, Grant SJ. Randomised controlled trial of quadriceps training after proximal femoral fracture. Clinical Rehabilitation 2001;15(3):282-90.

references 5 :

Podsiadlo D, Richardson S. The timed "Up & Go": a test of basic functional mobility for frail elderly persons. J Am Geriatr Soc 1991;39:142-8.

**:: Does your programme show evidence of sustainability ?**

- Established part of public service : Yes
- Has existed for more than 3 years : Yes
- Has received national accreditation (where available) : Yes

**:: Do the rehabilitation records have a designated space within the medical files ?**

Yes

**:: Do you have written criteria for :**

- Admission No
- Discharge No

**:: Do your rehabilitation plans include written information about aims and goals, time frames and identification of responsible team members ?**

Yes

**⚡ Do you produce a formal discharge report (summary) about each patient?**

Yes

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> Accreditation - Page 8/9 - Monitoring and outcomes

**⚡ How many new patients (registered for the first time) are treated in your programme each year :**

590

**⚡ In your day care or inpatient programme :**

- What is the mean duration spent in therapy by patients on this programme 25 active days
- How many hours a day do the patients spend in therapy. 2,5 hours

**⚡ Give the mean duration of stay spent in the programme :**

24 days

**⚡ Does your programme have an overall monitoring system in addition to patient's records ?**

No

**⚡ Are the long term outcomes of patients who have completed your programme regularly monitored ?**

No

- Impairment (medical) outcomes : No
- Activity/Participation (ICF) outcomes : No
- Duration of follow up of the outcomes : 3 - 6 months

**⚡ Do you use your outcome data to bring about regular improvements in the quality of your programme's performance ?**

No

**⚡ Do you make the long term overall outcomes of your programme available**



**to your patients or to the public ?**

No

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> Accreditation - Page 9/9 - Audit spiral

**⚡ Which are the most positive points (strong points) of your programme ?**

PRM is the most essential part of the multiprofessional team. Therefore excellent interdisciplinary and multiprofessional team communication and cooperation. Comprehensive and individualised PRM therapy assignement for each patient. Therapeutic effects

**⚡ Which are the weak points of your programme ?**

No follow up for assessment of long term outcome due to staff shortage. Insufficient computer and software systems to generate systematic outcome data. Lack of equipment for assessing and training exercise capacity (strength, sensomotor, endurance)

**⚡ Which action plan are you setting up, in order to improve your programme ?**

Implementation of new and better software systems.  
Improving equipment - lack of financial ressources.

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