

Full display of programme n° 5 :

> Accreditation - Page 1/9 - General presentation

:: Identification data :

Dr GOLJAR Nika
Position : Head of the Unit
Phone : +386 1 4376 600
Email : ela.loparic@ir-rs.si

Years certification : 2005

Name of unit : Unit for Rehabilitation of Stroke Patients
Hospital or other facility : Institute for Rehabilitation, Ljubljana, Slovenia
Address : Linhartova 51
Postal Code : SI-1000
City : Ljubljana
Country : Slovenia,

:: Title of the programme of care :

09. PRM and patients with stroke

:: Description of the programme :

Unit for Rehabilitation of Stroke Patients has 36 beds and additional 4 for daily hospital. There are 3 full time PRM specialists, 6 physiotherapists, 4 occupational therapists and all other professionals mentioned on page 6. There are 16 nursing staff and 2 university college graduated nurses and orthotic and rehabilitation engineering service.

There is large outpatient clinic responsible for admission and follow-up of patients. Doctors go also to other hospitals to see candidates for admission.

The unit is part of the Institute which is accredited by European Board as a training centre in PRM from December 2003.

The unit was established in 1969 and since 1994 it has modern facilities - complete floor in specially designed rehabilitation hospital.

Payer of the program in National Health Insurance and rehabilitation is free for patients. The unit and the Institute are under responsibility of Ministry of Health. Rights of patients are based on WHO Declaration from 1994 and standard rules equalization of opportunities, 1993. National law on patients rights is now in parliament.

There is FIM and ICF recording, as well as clinical pathway.

[Top of the page](#)

> 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 Yes

Referred from a specialist Yes

Referred from a specialist in PRM Yes

⌘ Setting :

Part of a university or national hospital

⌘ Approach :

multiprofessional

⌘ Stage of recovery :

Within two weeks of onset No

2 weeks to 3 months after onset Yes

3 months or longer after onset Yes

⌘ Type :

Inpatients in beds under PRM responsibility Yes

Inpatients in beds belonging to other departments No

Day programme (most of the day in outpatient setting, not home) Yes

Outpatient clinic (assessment and/or treatment, for up to 3 hours/day) Yes

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 :

b140 Attention functions

b147 Psychomotor functions

b156 Perceptual functions

b330 Fluency and rhythm of speech functions

b730 Muscle power functions

b755 Involuntary movement reaction functions

b760 Control of voluntary movement functions

b770 Gait pattern functions

s730 Structure of upper extremity

s750 Structure of lower extremity

- Which activity limitations does your programme focus on?

d140 Learning to read
d145 Learning to write
d230 Carrying out daily routine
d330 Speaking
d350 Conversation
d415 Maintaining a body position
d420 Transferring oneself
d445 Hand and arm use
d450 Walking
d465 Moving around using equipment

- Which participation restrictions does your programme focus on?

d510 Washing oneself
d520 Caring for body parts
d530 Toileting
d540 Dressing
d550 Eating
d560 Drinking
d630 Preparing meals
d710 Basic interpersonal interactions
d760 Family relationships
d870 Economic self-sufficiency

[Top of the page](#)

> 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

[Top of the page](#)

> 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 :

Slovenian Association of patients with CVA has office in the Institute. Stroke team members are lecturing all over Slovenia to members about issues of interest and answering to their questions, publishing in their journal. Team members participate at refreshment rehabilitation programs cca 2 weeks in summer each year.

Slovenian Heart Foundation. Participation at member meetings, lecturing, publishing

in their journal.

> This year :

Book for general public about stroke, published by Slovenian Heart Foundation.
Chapters about different aspects of stroke given by more than 30 authors.

[Top of the page](#)

> 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 0 last 3 years :

⚡ 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 No
 - Coordinate interprofessional teams Yes

[Top of the page](#)

> 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 Yes
- Speech & Language therapists Yes
 - Vocational specialists Yes
 - 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 :

every year

- in their own profession :

every year

⚡ 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 No
- joint assessment of the patient or joint intervention No
- regular exchanges of information between team members Yes

[Top of the page](#)

> 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 :

Post-Stroke Rehabilitation. Clinical Practice Guideline, No 16. U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research

references 2 :

Royal College of Physicians. National clinical guidelines for stroke, 2nd edition. Prepared by the Intercollegiate Stroke Working Party. London: RCP, 2004

references 3 :

Ischaemic Stroke, Prophylaxis and Treatment, www.eusi-stroke.com

references 4 :

references 5 :

⚡ 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 Yes
- Discharge Yes

⚡ 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

[Top of the page](#)

> Accreditation - Page 8/9 - Monitoring and outcomes

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

270

⚡ In your day care or inpatient programme :

- What is the mean duration spent in therapy by patients on this programme 40 active days
- How many hours a day do the patients spend in therapy. 3,5 hours

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

56 days

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

Yes

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

Yes

- Impairment (medical) outcomes : Yes
- Activity/Participation (ICF) outcomes : Yes
- Duration of follow up of the outcomes : longer

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

Yes

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

to your patients or to the public ?

No

[Top of the page](#)

> Accreditation - Page 9/9 - Audit spiral

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

Complete team with strong physiotherapy, occupational therapy
Testing of driving abilities

⚡ Which are the weak points of your programme ?

Cognitive rehabilitation

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

To publicise FIM outcome
To improve cognitive rehabilitation
To employ additional clinical psychologist

[Top of the page](#)