

Full display of programme n° 9 :

> Accreditation - Page 1/9 - General presentation

:: Identification data :

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Years certification : 1997

Name of unit : Neurorehabilitation
Hospital or other facility : Auxilium Vitae Volterra
Address : Borgo San Lazzero n°5
Postal Code : 56048
City : Volterra (Pisa)
Country : Italy,

:: Title of the programme of care :

01. General Physical and Rehabilitation Medicine 02. Physical performance assessment and rehabilitation 07. PRM and patients with neurological disorders 09. PRM and patients with stroke 10. PRM and patients after brain trauma 13. PRM and pain management 1

:: Description of the programme :

The Programme is reserved to population affected from neurological impairments: stroke, parkinsonism, movements disorders, multiple sclerosis, neuro-muscle diseases, polyneuropathies; p. after brain trauma; p. affected from pain troubles. The Aims and goals are to organize and manage a suitable medical structure for Functional recovery.

PRM specialists or Acute Units recommend their patients to the Unit with a clinical report on patient condition.

The approach is multiprofessional with the closed and continuous collaboration of the Team, that consists of PRM specialists, Neurologists, Neuropsychologist, Psychologist, Nurses, Physio-Therapists, Speech and Swallow Th., Music Th. and Entertainment Organizer. Patients' relatives and care-givers are involved in the Programme, also with the aim of Social Workers. The PRM specialist directs and supervises the Programme and coordinates the Team with weekly meetings.

The Unit has 4 exercise rooms for treatment, 3 rooms for speech therapy and neuropsychology/psychology session and 2 rooms for recreational activities. All means devoted to the programme are collected in distinct spaces. All documents about Programmes are collected in clinical directories, accessible for consultation. Personnel and patients are provided by written standards from National Safety and Medical Bodies, Unit specific written rules and advertisements about emergencies. All patients and relatives are informed about their rights.

The Team personnel consults Journals and published Clinical Guidelines for updating and improving the quality of Programme.

At discharge the patients are entrusted to other PRM specialists working near to patients county. The outcome data are regularly examined for Programme's performance improvements and statistical analysis and they are available to patients

and clinical personnel.

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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 Yes
 3 months or longer after onset No

⌘ 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 :

b164 Higher-level cognitive functions
b167 Mental functions of language
b710 Mobility of joint functions
b730 Muscle power functions
b735 Muscle ton functions
b770 Gait pattern functions
s710 Structure of head and neck region
s730 Structure of upper extremity
s750 Structure of lower extremity
s760 Structure of trunk

- Which activity limitations does your programme focus on?

d160 Focusing attention
d230 Carrying out daily routine
d240 Handling stress and other psychological demands
d310 Communicating with-receiving spoken messages
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

- Which participation restrictions does your programme focus on?

d510 Washing oneself
d520 Caring for body parts
d530 Toileting
d540 Dressing
d550 Eating
d560 Drinking
d710 Basic interpersonal interactions
d750 Informal social relationships
d760 Family relationships
d920 Recreation and leisure

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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 No
- 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?

No

⌘ 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 :

A.TRA.C.TO. Associazione Traumi Cranici Toscana ONLUS (Head Traumatic Injury Association in Tuscany). The participation is about helping patients and their relatives during the admission period and after recovery, focusing on personal care and social reintroduction. Meetings and continuing education organization.

ALICE Associazione per la Lotta all'Ictus Cerebrale ONLUS (Fight to Brain Stroke Association). The participation is about population information on stroke risk factors, prevention, acute and chronic treatment. Meetings and continuing education organization.

AVO Associazione di volontariato ospedaliero (Hospital Volunteers Association). They collaborate with the Health Care Professional about patients entertainment.

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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 90 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

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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 No
- Social workers Yes
- 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 :

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 Yes
- joint assessment of the patient or joint intervention No
- 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 :

Management of Adult Stroke Rehabilitation Care. A Clinical Practice Guideline. Duncan et al. Stroke 2005;36:e100-e143.

references 2 :

Italian Stroke Guidelines (SPREAD): evidence and clinical practice. Inzitari et al. Neurol Sci. 2006 Jun;27 Suppl 3:S225-7. Review.

references 3 :

Evidence-based cognitive rehabilitation: updated review of the literature from 1998 through 2002. Cicerone et al. Arch Phys Med Rehabil 2005 Aug;86(8):1681-92.

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

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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 :

300

⚡ 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. 3 hours

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

25 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 ?

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 ?

Yes

⚡ Do you make the long term overall outcomes of your programme available to your patients or to the public ?

Yes

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> Accreditation - Page 9/9 - Audit spiral

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

- 1) Multiprofessional approach: the presence of several and specific professional figures
- 3) The particular consideration of Cognitive Impairments and their specific treatment
- 3) The involvement of relatives and care-givers in the Programme

⚡ Which are the weak points of your programme ?

- 1) The absence of Vocational Specialists and Occupational Therapists
- 2) We can not complete the Programme converting the physical improvement in Functional Recovery
- 3) We can not support the Participation recovery

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

- 1) We are searching for Vocational Specialists and Occupational Therapists for employment
- 2) We are going to organize a collaboration with Degree School for Occupational Therapists for our Personnel instruction

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