

Full display of programme n° 17 :

> Accreditation - Page 1/9 - General presentation

:: Identification data :

Pr DELARQUE Alain
Position : Head of Department
Phone : 00 33 4 91 38 56 01
Email : alain.delarque@ap-hm.fr

Years certification : 2006: 1941

Name of unit : Department of PRM
Hospital or other facility : University Hospital of Marseille
Address : 264 rue Saint-Pierre
Postal Code : 13005
City : Marseille
Country : France,

:: Title of the programme of care :

Assessment and treatment of patient with walking troubles in a day hospital in acute settings

:: Description of the programme :

Description of the programme:

This programme consists of a 3 steps procedure of assessment and treatment of patients with gait troubles.

- The first step is a consultation with a physiatrist of the PRM department, in order to understand : 1. the complaints, the wishes and the projects of the patient and his family 2. to set up the personal programme of functional assessment.

- The second step is the ICF based assessment of the patient. Health and social workers are involved in the procedure. The team consists of a physiatrist, several physical therapists, an occupational therapist, a nurse, a neuropsychologist and an orthotist. A quantified assessment of gait and posture parameters is performed with a walkway and with forces plates.

- The third step is a rehabilitation and follow up programme, which is set out by the physiatrist and discussed with the patient and his family. Sometimes, additional investigations may be suggested, in order to improve the medical diagnosis, the psychological factors or the environmental and social context. PRM care strategies include drugs, nerve blocs, botulinum toxin injections, orthoses, surgical operations, education, physiotherapy, occupational therapy, environmental adaptations, etc. Those actions can be carried out either within the PRM Departement or through a network of community based physiotherapists, private orthotists and other professionals belonging to Associations of Patients, for instance.

Our organization provides objective data about the outcomes of the PRM strategy which had been set up on the basis of the initial assessment. For instance : gait improvement with orthopaedic shoes.

[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 No

⌘ Type :

Inpatients in beds under PRM responsibility No

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) 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 :

B280 pain

B710 mobility of joint

B730 Muscle power

B745 Muscle tone
 S110 structure of nervous system, brain
 S120 structure of nervous system, spinal
 S750 structure related to movement, lower limb

- Which activity limitations does your programme focus on?

D450 Mobility walking
 D465 Mobility, moving around using equipment
 D470 Mobility using transportation
 D510 Washing oneself
 D520 caring for body part
 D530 toileting
 D540 Dressing

- Which participation restrictions does your programme focus on?

D620 Acquisition of goods and service
 D630 preparation of meals
 D640 doing housework
 D920 recreation and leisure

[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 ? No
 - For therapeutic exercises ? No
- For training in independence and daily living No
- For vocational and/or recreational activities ? No

⚡ 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 :

Educational and organization meetings about Poliomyelitis, together with Association des Paralysés de France (APF)

Educational and organization meetings about Muscular dystrophy, together with Association Française contre les Myopathies (AFM)

Educational and organization meetings about Traumatic Brain Injury, together with Association de Familles de Traumatisés Crâniens (AFTC)

> This year :

Traumatic Brain Injury :
Service d'Accompagnement Médico-Social pour Adultes Handicapés-Traumatisme
Crânien (SAMSAH TC)

[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 recertified 2004 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 No
 - 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 Yes
- 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 :

Consensus conference of the French PRM Society (SOFMER) in cooperation with the French Ministry of Health:

« Sortie du monde hospitalier et retour à domicile d'une personne adulte handicapée sur les plans moteur et/ou neuropsychologique. » 2004, Paris.

Recommendations for the return from hospital to home of adults with motor and/or neuropsychological disabilities.

<http://www.anmsr.asso.fr/nouveautes/SMHdependancemotrice.pdf>

http://www.has-sante.fr/portail/display.jsp?id=c_272396 (French official website of the High Authority of Health)

references 2 :

Consensus conference of the French PRM Society (SOFMER)

« Médecine de rééducation et hémiplégie vasculaire de l'adulte. » 1996, Limoges.

PRM and adults with vascular hemiplegia (abstract in English)

Annales de Réadaptation et de Médecine Physique

Volume 45, Issue 2, February 2002, Pages 69-76

<http://www.sciencedirect.com/science/journal/01686054>

references 3 :

Circulaire DHOS/SDO/01/DGS/SD5D/DGAS/PHAN/3B/280 du 18 juin 2004 relative à la filière de prise en charge sanitaire, médico-sociale et sociale des traumatisés crânio-cérébraux et des traumatisés médullaires

Legal recommendations about the sanitary, medical and social pathway for brain injured people and for spine injured people.

http://archives.handicap.gouv.fr/point_presse/discours/circ_180604.pdf (French governmental website)

http://traumacranien.org/ressources_circulaire.php?Page=juin2004 (website of the brain trauma association)

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 :

120

⌘ In your day care or inpatient programme :

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

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

2 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 ?

Yes

[Top of the page](#)

> Accreditation - Page 9/9 - Audit spiral

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

An ambulatory evaluation programme was necessary to define PRM programmes for people with walking abnormalities all along their lives. A national clinical research programme is based on these ambulatory PRM activities. Clinical cases and other studies have been published or submitted in international journals (JRM, Archives of PRM, POI, Europa Medicophysica).

An educational article on this kind of assessment has been submitted to the JRM: Evaluation of patients with gait abnormalities in physical and rehabilitation medicine settings

⚡ Which are the weak points of your programme ?

The patients files have to be improved.

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

Action plan:

- to set up an electronic patient file

[Top of the page](#)