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### Full display of programme n° 18:

### > Accreditation - Page 1/9 - General presentation

#### # Identification data:

Dr KESIENE Jurate

Position: Head of 1-st PRM unit

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Years certification: 2006

Name of unit: Rehabilitation, Physical and Sports Medicine Centre Hospital or other facility: Vilnius University Hospital Santariskiu Klinikos

Address: Santariskiu str. 2, Lithuania

Postal Code: 08661

City: Vilnius

Country: Lithuania,

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

08. PRM and patients with a spinal cord injury

### **# Description of the programme :**

Target population: Patients with SCI

Aims and goals: multidisciplinary rehabilitation of patients

Procedures: A multiprofesional therapeutic and rehabilitation program is provided by 2 full time PRM physiacians, 3 physiotherapists, 2 occupational therapists, 1 social worker, 1 psychologist, 7 nurses and 4 nurses assitants. The team serves 12 beds belonging to Rehabilitation, Physical and Sports Medicine Centre(3 inpatients units - 100 beds and 1 outpatient unit responsible for I-st phase rehailitation and follow-up of patients. The Rebabilitation Centre within 1000 beds Vilnius University Hospital Santariškiu klinikos under responsibility of Health Ministry of Lithuania and Vilnius University.

Procedures: physioterapy, occupational therapy, psychology, speech therapy, nutritional therapy, orthetica, hydrotherapy.

Payer of the program in National Health Insurance and rehabilitation is free for insuared persons.

Rights of patients are based on WHO Declaration from 1994 and standard rules euqalization of opportunities, 1993, National law on patients rights,1996 and each patient sign informed consent.

The PRM specialist in the programme: PRM physician ia a leader of rehabilitation team, asses the rehabilitation potential of the patient.

Team management in the programme: PRM physician coordinate interdisciplinary team work.

Evidence Based Medicine of programme;

Organization and records: For each patient the PRM specialist writes a medical report at admission and a standardised discharge summary.

Rehabilitation process is reviewed regularly by PRM specialists and the head of the Center clinical rounds and rehabilitation team conferences with rehabilitation team staff, part of rehabilitation team meetings includes patients and their relatives. Monitoring and outcomes: assessment and evaluation, short and long term goals

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planning, Barthel Index, FIM are used, and implementation of ICF recording is stared, written team members documentation, as well as clinical pathway.

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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 Yes

Referred from a general practicioner 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 Yes

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 Yes

Day programme (most of the day in outpatient No setting, not home)

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

Community-based (in the patient's home or Yes workplace or other relevant community location, e.g. sports centre)

#### **\*\* Targets of the programme :**

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

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- b 440 Functions of the respiratory system
- b 410 Functions of the cardiovascular system
- b 710 Mobility of joint functions
- b 715 Stability of jodint functions
- b730 Muscle power functions
- b 735 Muscle tone functions
- b 740 Muscle endurance functions
- b755 Involuntary movement reaction functions
- b760 Control of voluntary movement functions
- b770 Gait pattern functions
- Which activity limitations does your programme focus on?
- d230 Carrying out daily rutine
- d 240 Handling stress and other psychological demands
- d 410 Changing basic body position
- d 415 Maintaining a body position
- d420 Transferring oneself
- d445 Hand and arm use
- d450 Walking
- d 460 Moving around in differnt location
- d 465 Moving around using equipment
- d 470 Using transportation
- Which participation restrictions does your programme focus on?
- d510 Washing oneself
- d530 Toileting
- d540 Dressing
- d550 Eating
- d 570 Looking after one's haelth
- d 630 Preparing meals
- d 760 Family relationships
- d 770 Intimate relationships
- d 840 Apprenticeship (work preparation)
- d 920 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 Yes
- For vocational and/or recreational activities ? Yes

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# The safety co	oncerns of p	persons in	your unit	programmes	relate to:
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- 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?

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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 :

Lithuanian Association of persons with Spine disorders run a programme with the staff of our Rehabilitation Centre. SCI rehabilitation team members are lecturing all over Lithuanian to association members about issues of interest and answering to their questions. Book for general public about SCI complications.

Scientific international conference about rehabilitation achievements, challenges and perspectives with participation and report of delegates from Lithuania Paraplegics Association.

### > This year:

Lithuanian Association of patients with Spine disorders continue a programme with the staff of Rehabilitation Centre. SCI team members will be lecturing all over Lithuanian to association members about issues of interest and answering to their questions, publishing in their journal. Book for general public about SCI.

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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?** 

No

- Number of CME or EACCME points earned in the last 3 years :
- # The two Main Tasks for the PRM specialist in your Programme are to:
  - Treat comorbidity No

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- 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 Yes
  - Social workers Yes
- Speech & Language therapists Yes
  - Vocational specialists No
    - Nurses Yes
- Orthotists/prosthetists assistive Yes technicians/engineers
  - 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 Yes multiprofessional approach?
- Do you always give informed choices of Yes treatment?
- Do you regularly promote family involvement? Yes

### \*\* Does your organisation of multi professional team working include :

holding regular team meetings with patient's Yes

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records only (more than 2 members)

 holding regular team meetings (more than 2 Yes members)
with the presence of the patients

- joint assessment of the patient or joint Yes intervention
- regular exchanges of information between team Yes members

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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:

Consortium for Spinal Cord Medicine Outcomes Following Traumatic SCI www.pva.org

references 2:

Consortium for Spinal Cord Medicine Prevention of Thrombembolism in SCI www.pva.org

references 3:

Consortium for Spinal Cord Medicine Acute Management of Autonomic Dysreflexia www.pva.org

references 4:

Consortium for Spinal Cord Medicine Neurogenic Bowel Management in Adults with Spinal Cord Injury www.pva.org

references 5:

Consortium for Spinal Cord Medicine Pressure Ulcer Prevention and Treatment Following Spinal Cord Injury www.pva.org

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

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

### **#** 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 <u>new</u> patients (registered for the first time) are treated in your programme each year :

30

- **#In your day care or inpatient programme:** 
  - What is the mean duration spent in therapy by 84 active days patients on this programme
- How many hours a day do the patients spend in 4 hours therapy.
- # Give the mean duration of stay spent in the programme :

98 days

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### \*\* 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: No
- Activity/Participation (ICF) outcomes: No
- 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

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> Accreditation - Page 9/9 - Audit spiral

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

Comprehensive rehabilitation team retrained by foreign partners (USA, Danmark, Switzerland, Norway).

Unit is situated in University hospital and all additional nesesary diagnostic and therapeutic means are available.

Good cooperation with patients relatives, territorial social institutions and NGO. In progress SCI programme outcomes analysis. On the base of this analysis was defended a thesis for doctoral degree

#### **\*\*** Which are the weak points of your programme?

Vocational rebabilitation was legislated only year 2006 in Lithuania. Lack of resourses to develope home rehabilitation programs. Weak infrastucture for social rehabilitation in rural regions.

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

To prepare national guidelance for implamentation ICF for SCI in Lithuania. To develop vocational training and to establishe department for vocational rehabilitation.

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To exand international cooperation and to take part in multicentral researches

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