

Full display of programme n° 19 :

> Accreditation - Page 1/9 - General presentation

:: Identification data :

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Years certification : 18.1.2003

Name of unit : REHABILITATION OF PERSONS AFTER AMPUTATION
Hospital or other facility : Rehabilitation Institute for Rehabilitation, Ljubljana, Slovenia
Address : Linhartova 51
Postal Code : SI-1000
City : Ljubljana
Country : Slovenia,

:: Title of the programme of care :

Rehabilitation of persons after amputation

:: Description of the programme :

Unit for Rehabilitation of patients after amputation has 31 beds for inpatients and is the part of Rehabilitation Centre in Ljubljana. There are 2 full time PRM specialists, 3 physiotherapists, 2 occupational therapists and all other professionals mentioned on page 6.

There are 8 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 patients are admitted to the rehabilitation program as soon the skin of the stump is healed. Most of the patients are amputated because of vascular problems (diabetes mellitus), some of them after tumors and trauma.

The patients proceed with elastic bandaging of the stump to shape the stump for prosthetic fitting. After admission the patients start to walk with special walking devices-PPMA (pneumatic post amputation mobility aid), Tulip limb, Femorette. So the stump is sooner shaped and the patients don't lose the walking scheme. They also have the training in ADL, and psychosocial treatment. Every vascular patient is examined by the specialist of internal medicine for the circulation in the remaining leg and heart.

We fit most of the patients with prostheses, teach them how to walk with them and so enable them to return to their own social environment.

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

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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 Yes
 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 No
 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 :

b280
 b2801
 b28014

b28015
b4150
b4151
b4100
b4200,
s7500
s7300

- Which activity limitations does your programme focus on?

d410
d415
d420
d4201
d430
d4500
d4501
d4502
d460

- Which participation restrictions does your programme focus on?

d610
d6108
d620
d6200
d630
d640
d6504
d6600

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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 No
 - 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 :

Paraolympic games (2005, Athens)

National Association of diabetic patients (part of the european)

> This year :

National Association of diabetic patients (part of the european)

sport for disabled

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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 1739 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 Yes
- Social workers Yes
- Speech & Language therapists No
- 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) No
- 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)?

No

⚡ 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 :

Amputee Rehabilitation:Recommended Standards&Guidelines (2nd Edition,BSRM, Oct.2003

references 2 :

www.enodiab.org/

references 3 :

www.dfsg.org

references 4 :

www.escardio.org/scinfo/guidelines/cvdprevention.pdf

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 :

229

⌘ In your day care or inpatient programme :

- What is the mean duration spent in therapy by patients on this programme 16 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 :

21 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 : 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 ?

No

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> Accreditation - Page 9/9 - Audit spiral

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

Fitting the amputees with the prostheses and teach them to walk again so enable them to return to their own social environment.

⚡ Which are the weak points of your programme ?

we need some more beds for inpatients to admit patients as soon as possible after amputation.

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

better psychological support to the patients
more medical staff, nurses, therapist for individual approach

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