

**Full display of programme n° 21 :**

> Accreditation - Page 1/9 - General presentation

**⌘ Identification data :**

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Years certification : 2003

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

**⌘ Title of the programme of care :**

Inpatient programme of rehabilitation for children

**⌘ Description of the programme :**

Target : Children from all parts of Slovenia, suffering from :

- traumatic brain injury, spinal cord injury, peripheral nerve trauma or disease, inflammation of central nervous system,
- benign and malignant tumours of central nervous system surgery,
- traumatic and surgical amputation of upper and lower extremity : they are admitted directly from clinical care for intensive comprehensive rehabilitation.
- cerebral palsy, spina bifida, developmental disorders, birth plexus brachialis injury and inborn limb deficiency :

Aims and goals : The programme aims at education and rehabilitation of children with various disabilities, predominantly with neurological problems in acute and chronic phase.

Procedures :

- The programme consists of highly specialised treatments of intensive neurotherapeutic programme, spasticity management, specific rehabilitation devices equipment (orthoses, wheelchairs, prostheses), constraint induced movement therapy, augmentative and alternative communication program, functional electrical stimulation.
- 60% of all patients are children with CP. Before admittance children are examined by specialist of PRM and basic plan for (re)habilitation is set.
- One of the parents is staying on the department all the time of the programme. Parents enter therapy programme together with children thus learning about child problems and way of handling, they get instructions for the way of treating children in home environment.
- Discharge criteria have been written for traumatic brain injury. The majority of patients are followed until the age of 15.

## Location of the programme

- There are 16 beds for children and 16 beds for one of the parents in the new built facilities.
- Beside inpatient programme daily hospital and outpatient clinic is available.
- After completing rehabilitation programme most of the children are discharged to their home environment and regularly followed in cooperation with paediatric teams all over Slovenia.

## Team management

- Close collaboration and meetings with the staff of kinder gardens and schools are performed before inclusion of children after rehabilitation programme.
- The staff of the unit introduces new therapeutic methods for children rehabilitation and serves as education provider for other rehabilitation experts in Slovenia.

## Monitoring

- Standardised tests for function assessment are used (PEDI – Pediatric Evaluation of Disability Inventory, FIM, MACS, GMFCS, GMFM, AHA; COPM is being introduced in use, ICF-CY course will be held in November 2008).

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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 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	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)	Yes

### ⚡ Targets of the programme :

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

Impairment of body functions

- b 114 Orientation functions
  - b139 Global mental functions
  - b140 Attention functions
  - b144 Memory functions
  - b152 Emotional functions
  - b156 Perceptual functions
  - b164 Higher level cognitive functions
  - b167 Mental functions of language
  - b 235 Vestibular functions
  - b 399 Voice and speech functions, unspecified
  - b 5253 Faecal Continence
  - b 620 Urination functions
  - b 710 Mobility of joint functions
  - b 730 Muscle power functions
  - b 735 Muscle tone functions
  - b 770 Gait pattern functions
- Impairment of body structure
- s 110 Structure of brain
  - s 120 Spinal cord and related structures
  - s 398 Structures involved in voice and speech
  - s 710 Structure of head and neck region
  - s 730 Structure of upper extremity
  - s 730 Structure of lower extremity
  - s 760 Structure of trunk

- Which activity limitations does your programme focus on?

- d 166 Reading
- d 170 Writing
- d172 Calculating
- d 176 Solving problems
- d 350 conversation
- d 330 Speaking
- d 410 Changing basic body position
- d 440 Fine hand use
- d 450 Walking
- d Moving around using equipment
- d 530 Toileting
- d 540 Dressing

- Which participation restrictions does your programme focus on?

- D880 play
- D710 interpersonal relationships
- D7504 relating with peers
- D7604 family relationships
- d 630 Preparing meals
- d 698 Domestic life
- d 730 Relating to strangers
- d 760 Family relationship
- d 811 Play, engaging in play
- d 820 School education
- 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

**⚡ 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 No

**⚡ Periodic inspection :**

- Internal Yes
- External No

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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 ? No

**⌘ 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 Cerebral Palsy Association - Committee for programme establishing

Society of people after traumatic brain injury - medical support for members

KROS - Society for quality rehabilitation for children in Slovenia - financial support for special devices for children in rehabilitation programme

**> This year :**

KROS - Society for quality rehabilitation for children in Slovenia - safety in public transport for children with disability

KROS - Society for quality rehabilitation for children in Slovenia - spreading the information on children disability and rehabilitation in population-articles on children disability and rehabilitation in newspapers and magazines

Society of people after traumatic brain injury - medical support for members

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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 last 3 years : CME 220 EACCME 24

**⚡ 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 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 second 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

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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 :

Rehabilitation for Traumatic Brain Injury in Children and Adolescents. Summary, Evidence Report/Technology Assessment: Number 2. Supplement. Agency for Health Care Policy and Research. Rockville

references 2 :

Middleton J: Brain Injury in Children and Adolescents. Advances in Psychiatric Treatment. 2001 (7):257-265.

references 3 :

Ferrarri A, Cioni G: Guidelines for Rehabilitation of Children with Cerebral Palsy. Eur Med J 2005;41:243-60.

references 4 :

Shenaq SM, Bullocks JM, Dhillon G, Lee RT, Laurent JP: Management of infant brachial plexus injuries. Clin Plastic Surg 2005;32:79-98.

references 5 :

Spasticity: Etiology, Evaluation, Management, and the Role of Botulinum toxin Type A. Muscle & Nerve. Supplement 6/1997

**:: 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 :**

90

**⚡ In your day care or inpatient programme :**

- What is the mean duration spent in therapy by 10 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 :**

14 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 : 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 ?**

No

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> Accreditation - Page 9/9 - Audit spiral

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

Child and parents regular participation  
Interdisciplinary work  
Home environment support  
Written discharge criteria for brain injured patients.

**⌘ Which are the weak points of your programme ?**

Follow up with outcome measurements

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

Use of Questionnaire Measure of Processes of Care  
Clinical pathway for TBI  
ICF-CY use  
More written discharge criteria

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