

Full display of programme n° 22 :

> Accreditation - Page 1/9 - General presentation

#: Identification data :

Dr SINOCEVICIUS Tomas
Position : PRM physician
Phone : +370 698 36001
Email : tomas.sinevicius@santa.lt

Years certification : 2006

Name of unit : I-st rehabilitation unit
Hospital or other facility : Vilnius University Hospital Santariskiu Klinikos
Address : Santariskiu 2
Postal Code : 08661
City : Vilnius
Country : Lithuania,

#: Title of the programme of care :

09. PRM and patients with stroke

#: Description of the programme :

Target population: Patients with stroke.

Aims and goals: Multidisciplinary rehabilitation of patients.

Procedures: A multiprofesional therapeutic and rehabilitation program is provided by 3 full time PRM physiicians, 5 physiotherapists, 2 occupational therapists, 1 speech therapist, 1 social worker, 1 psychologist, 10 nurses and 5 nurses assitants. The team serves 30 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 is under responsibility of Health Ministry of Lithuania and Vilnius University.

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

Payer of the program is National Health Insurance and rehabilitation is free for insured 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, asseses 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: assessmnet and evaluation, short and long term goals

planning, Barthel Index, FIM, MMT, Ashworth scale, Berg test, Tinneti test, balance platform are used, and implementation of ICF recording is stated, 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 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 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 setting, not home) No
- 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 :

b 152 Emotional functions
 b 164 Higher-level cognitive functions
 b 176 Mental function of sequencing complex movements
 b 340 Alternative vocalization functions
 b 410 Functions of the cardiovascular system
 b730 Muscle power functions
 b760 Control of voluntary movement functions
 b770 Gait pattern functions
 s730 Structure of upper extremity
 s750 Structure of lower extremity

• Which activity limitations does your programme focus on?

d230 Carrying out daily routine
 d240 Handling stress and other psychological demands
 d350 Conversation
 d360 Using communication devices and techniques
 d415 Maintaining a body position
 d420 Transferring oneself
 d445 Hand and arm use
 d450 Walking
 d460 Moving around in different location
 d465 Moving around using equipment

• Which participation restrictions does your programme focus on?

d530 Toileting
 d540 Dressing
 d550 Eating
 d570 Looking after one's health
 d620 Acquisition of goods and services
 d630 Preparing meals
 d640 Doing housework
 d760 Family relationships
 d840 Apprenticeship (work preparation)
 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 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 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 ?

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 :

Stroke rehabilitation team members are lecturing all over Lithuanian to association of disabled members about issues of interest and answering to their questions. Book for general public about stroke

> This year :

Stroke rehabilitation team members will continue lectures all over Lithuanian to association of disabled members about issues of interest and answering to their questions.

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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 :

⌘ 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 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 :

Ischaemic Stroke, Prophylaxis and Treatment, www.eusi-stroke.com

references 2 :

G. Micieli, A. Cavallini on behalf of the STAGE project collaborators. Stroke Active Guideline Evaluation (STAGE) project. *Neurol Sci* (2006) 27: S273-S276. DOI 10.1007/s10072-006-0635-6

references 3 :

J. Kwan, P. Sandercock. In-hospital care pathways for stroke. *Cochrane Database Syst Rev*, 2004 Oct 18;(4): CD002924. Review. PMID:15495038

references 4 :

Brain circulation impairments: diagnostics, treatment, rehabilitation and prophylaxis guideline. Lithuanian Stroke Association's labour team. *Neurologijos seminarai* 1999; 3(7): 5-42

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 :

250

⚡ In your day care or inpatient programme :

- What is the mean duration spent in therapy by patients on this programme 36 active days
- How many hours a day do the patients spend in therapy. 5 hours

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

42 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 ?

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 (Sweden).
Unit is situated in University hospital and all additional necessary diagnostic and therapeutic means are available.
Good cooperation with patients relatives, territorial social institutions.
In progress Stroke programme outcomes analysis, on the base of this analysis was defended a thesis for doctoral degree.

⚡ Which are the weak points of your programme ?

The better effect is in improving Stroke patients motor functions neither cognitive functions.
Weak community-based rehabilitation's development in remote stage of Stroke.

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

To prepare national guideline of usage ICF.
To develop international cooperation, to take part in multicentral researches.
To develop relationships with NGO

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