

**Full display of programme n° 26 :**

> Accreditation - Page 1/9 - General presentation

**#: Identification data :**

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Years certification : 2006

Name of unit : Rehabilitation unit for physically disabled children and adults  
Hospital or other facility : National Institute for Medical Rehabilitation  
Address : Szanatorium u. 19.  
Postal Code : 1528  
City : Budapest  
Country : Hungary,

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

PRM PROGRAMME FOR ADULTS WITH NEUROLOGICAL DISORDERS

**#: Description of the programme :**

Our 20 bed rehabilitation unit provides complex rehabilitation programme for adult patients with various neurological diseases:

1. post-stroke patients mainly in early stage
2. sclerosis multiplex
3. Parkinson disease
4. Guillain Barre syndrome
5. postpolyo syndrome
6. different neuromuscular diseases

We provide rehabilitation services mainly in the form of inpatient care, but we have also outpatient service in limited volume for those who are able to come to the unit every day. Our rehabilitation programme usually begins in the early stage (within two weeks to 3 month after onset), but in limited number (non urgent case with specific late problems – years after stroke) the admission is based on waiting-list in these cases.

Our team is multiprofessional (physicians, nurses, psychologist, physiotherapists, occupational therapist, speech therapist, physiotherapist specialized for hydrotherapy, social worker, physiotherapy assistant, so we work as a really good interdisciplinary team in a familiar milliaeu. Our team regularly takes part in the gradual and postgradual training of the multiprofessional specialists for rehabilitation team. Every member of our team takes part in CME activities.

We regularly make quality improvement activities: do clinical audits (every in-patient deaths, drug therapy, patient's documentation, etc), perform functional assessment at admission and at discharge, [FIM, Barthel index, FAC], use indicators (mortality rate, length of stay, unexpected patient transfer), participate in developing, and use of the protocols, and we are developing the informed consent

both oral and written form. We monitor the long term outcome in two groups of patients who have completed our rehabilitation programme: patients with malignant middle cerebral artery infarction, who underwent decompressive hemicraniectomy and patients with post-polyo syndrome.

[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 Yes  
 Inpatients in beds belonging to other departments No  
 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) No

**⚡ Targets of the programme :**

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

b710 b730 b735 b760 b810 b399 b280 b156

- Which activity limitations does your programme focus on?

d310 d315 d465 d445 d450 d530 d540 d410 d415

- Which participation restrictions does your programme focus on?

d630 d740 d640 d710 d820

[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 ? 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

[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 :**

Joint scientific and educational programmes with the Hungarian Federation of Physically Disabled People

Participation in the conference named Reha-Hungary organized by associations of disabled people together with the Hungarian Society of PRM

**> This year :**

Education for patients in the patient's club

[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 last 3 years : 265

**⚡ 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 Yes
- 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) 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 :

Greener J, Enderby P, Whurr R: Pharmacological treatment for aphasia following stroke. Cochrane Database Syst Rev. 2001;(4):CD000424. Review.

references 2 :

Abbruzzese G: The medical management of spasticity. Eur.J.Neurol. 2002;9 (suppl).30-34.

references 3 :

Teasell RW, Foley NC et al: An evidence-based review of stroke rehabilitation Topics in stroke rehabilitation 2003;10:29-58

references 4 :

Turner-Stokes L., Haasan N.: Depression after stroke: a review of the evidence based to inform the development of an integrated care pathway. Part 1: Diagnosis, frequency and impact. Clinical rehabilitation 2002;16: 231-247.

references 5 :

Flicker L, Grimley Evans G.: Piracetam for dementia or cognitive impairment. Cochrane Database Syst Rev. 2001;(2):CD001011. Review

Frese A, Husstedt IW, Ringelstein EB, Evers S: Pharmacologic treatment of central post-stroke pain. Clin J Pain 2006; 22(3):252-60

**⚡ 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 not applicable 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

[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 :**

380

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

- What is the mean duration spent in therapy by 42 active days patients on this programme
- How many hours a day do the patients spend in 3 hours therapy.

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

38 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 ?**

No

- 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

[Top of the page](#)



> Accreditation - Page 9/9 - Audit spiral

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

- participation in the education of rehabilitation specialists
- real good team work
- regular internal continuous medical education activities

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

- as a consequence of shortage of personal we have problems in substitution due to illness
- as our patients are referred from all over country we have difficulties in long term outcome monitoring, up to now we monitor the long term outcome in two groups of patients (patients with malignant middle cerebral artery infarction, who underwent decompressive hemicraniectomy and patients with post-polio syndrome). We are planning to extend monitoring the long term outcome of our patients widely.

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

- development of protocols eg. physiotherapy of postpolio syndrome and neuromuscular diseases
- human resources development

[Top of the page](#)