

Quality program of care

Oral communications

CO87-001-e

PRM programmes of care and PRM care pathways: European approach, developments in France

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Keywords: Quality of care; Programmes of care; Care pathways; Physical and rehabilitation medicine; SOFMER; SYFMER; UEMS

In 2004, the Clinical Affairs Committee of the UEMS PRM Section decided to create a European Accreditation of *PRM Programmes of Care* (PRMPC). A PRMPC describes real life PRM activity with respect to the following elements: scientific, epidemiological and legal background, target population, rehabilitation goals, structured content, required equipment and manpower, data management and improvement approach.

UEMS PRM Accreditation is a peer review. Participation is free. Eleven programmes have been accredited through the last version of the procedure. They apply to a various range of topics and local conditions.

In France, PRMPC concept helped the Professional Union of PRM (SYFMER) to obtain funding by the National Health Insurance for Isokinetic Dynamometry in PRM follow-up of knee ligament replacements. Similar negotiations have also started about clinical and technical assessments in low back pain, brain injury, follow-up after shoulder surgery, and in spine deformities.

In 2010, the French Society of PRM (SOFMER) started to issue a series of *PRM care pathways*, which offer a structured view of the best balance between patient needs, rehabilitation goals, relevant means and justified funding, throughout the patient's progression from acute phase to final recovery or long term rehabilitation.

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Clinical care pathway in physical and rehabilitation medicine: The French experience



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Keywords: Physical and rehabilitation medicine; Clinical care pathway; Funding

Objective.– To describe, for patients who need rehabilitation care, a clinical care pathway taking into account their needs, the goal of PRM care, human and material needs, chronology and expected results.

Material and methods.– Described consensually and validated by the Sofmer Scientific Council in partnership with Fedmer and based on literature, the pathways have been divided into periods and clinical categories taking into account personal and environmental factors influencing needs, in accordance with the International Classification of Functioning (ICF).

Results.– Organization of care, based on the need to access PRM technical platform, was described.

Discussion–Conclusions.– The “clinical care pathways in PRM” aim to provide other forms of complementary approaches to pricing activity, focused on patients’ needs. They do not describe the rehabilitation program itself, which details the content of rehabilitation activities. They describe a rehabilitation optimized pathway. They provide guidance to the organization and pricing of PRM activity.

Further reading

Yelnik A, et al. Care pathways and physical and rehabilitation medicine, an update. *Ann Phys Rehabil Med* 2012;55:531–2.

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The Hungarian set of rehabilitation care programs: A new approach of providing care in rehabilitation medicine

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Keywords: Rehabilitation care programs; Care pathways; Financing

Introduction.— Traditionally in Hungary, medical rehabilitation used to be partly attached to the classic clinical structure and was like a satellite of the acute care. Leading PRM experts have initiated a paradigm shift, changing the rehabilitation approach based on ICD towards ICF.

Methods.— A Set of Rehabilitation Care Programs (SRCP) was identified by a 35-member core team of leading Hungarian PRM experts based on the European White Book, basic European and US handbooks and state of arts. A uniform scheme was created for all of the programs. The development process included several double cross-checking rounds. Based on two years of preliminary experiences corrections were carried out on the SCRP (2013).

Results.— A total of 48 RCP grouped in 18 main clusters for the inpatient care plus 7 programs without clustering mainly for the outpatient/daily care were generated. The first version of SRCP was officially announced by the Hungarian Health Administration in 2010. The last two amendments of the Minimum Standards of Care in PRM adopted the SRCP concept in 2011 and 2013 including also representatives of policy makers.

Discussion.— Accepted by the authorities the SCRP concept in Hungary serves a new approach to influence care pathways and financing.

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Taking care of severely disabled children/teenagers in pediatric rehabilitation centers: Illustration with five UGECAM centers

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Keywords: Children/teenagers severely disabled; Paediatric rehabilitation centres

Background.— In the care pathway of young severely disabled people, critical steps take place at the interface between two stages: passage from adolescence to adulthood and from a rehabilitation centre to Home and Community Services. Some patients stay in paediatric rehabilitation centres for long periods of time, up to several years, sometimes after they become 18 years old. The following consequences have been identified: for the patient and his family: a complex care pathway not responding to the patient's needs, anxiety for the family; for the paediatric rehabilitation centre: difficulty to describe the medical activity and care organization; for the financing authorities: difficulty to measure "paediatric" activity in those centres, difficulty to share funds between centres and Community Services in a relevant way. Only an individual process of medical and care information can provide an accurate vision of the situation and can help to measure its scope, in order to draw financial conclusions from the analysis.

Methods.— The UGECAM Group presents a study concerning 5 paediatric rehabilitation centres in order: (1) to illustrate various scenarios faced by severely disabled young people, waiting for a place to be transferred to; (2) to measure the impact of these situations within centres in terms of numbers of patients and off care days. . .

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Physical and rehabilitation medicine care pathways: Adults with severe traumatic brain injury

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Keywords: Care pathway; Traumatic brain injury

Introduction and methods.— This care pathway for adults with severe traumatic brain injury is part of a series of guidelines designed by the French Physical and Rehabilitation Medicine Society (SOFMER) and the French Federation of PRM (FEDMER). Each of these reference documents focuses on a particular pathology (here patients with severe TBI). They describe, for each given pathology, patients' clinical and social needs, PRM care objectives and requested human and material resources of the pathology-dedicated pathway. 'Care pathways in PRM' is therefore a short document designed to enable readers (physician, decision-maker, administrator, lawyer, finance manager) to have a global understanding of available therapeutic care structures, organization and economic needs for patients' optimal care and follow-up.

Results.— After a severe traumatic brain injury, patients might be divided into three categories according to impairment's severity, to early outcomes in the intensive care unit and to functional prognosis. Each category is considered in line with six identical parameters used in the International Classification of Functioning, Disability and Health (World Health Organization), focusing thereafter on personal and environmental factors liable to affect the patients' needs.

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Patients orientation from acute to post-acute care: Situation in Portugal

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As in the majority of countries from Europe, the Portuguese population is aging. The intervention of PRM in acute hospitals is starting earlier and after the discharge there are still a lot of problems for orienting the patients. We have inpatients units in PRM departments and we have Rehabilitation Centres. We have also units of continued care for short, medium or long time and in some of them there are teams of PRM. We present the Portuguese situation of the patients' orientation from acute to post-acute care.

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Fall risk and fall prevention strategies for frail old people: The example of a small community hospital

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Keywords: Gait and balance disorders; Frail old people; Multidisciplinary assessment; Rehabilitation program

Multiple factors contribute to gait and balance disorders, affecting up to 40% of elderly people. Our fall risk assessments are embedded in a structured clinical pathway, with a mobile multidisciplinary team evaluating all hospitalized geriatric patients. Identified patients with risk factors are addressed to an individualized rehabilitation program aiming at reducing physical and mental risk factors and hence improving the patient's autonomy.