Professional organizations

Oral communications

**CO0271**

Clinical PRM care pathways “patients after lower limb bone joint injury”

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**Objective**
To describe a clinical care pathway for patients who underwent lower limb bone joint injury, taking into account patients’ needs, PRM care objectives, human and material resources to be implemented, chronology as well as expected outcomes.

**Material/patients and methods**
This clinical care pathway is designed upon the expertise of the Sofmer-Fedmer signatory group, after analysis of literature, French rules and recommendations. It is ratified by the Sofmer scientific council. It focuses on patients with lower limb bone joint injury, excluding pelvis trauma, burns, amputations, isolated knee and ankle ligaments injuries, and fractures treated by arthroplasty.

**Results**
Patients are classified in - 4 care sequences: stage 1 post-trauma/pre-op; stage 2 form acute care to 6th week post-trauma/post-op: rehabilitation to daily life; stage 3 from 7th week to third month (bone consolidation period); stage 4 from 4th month post-op (bone healing acquired) until 5th month (indicative)
- and 3 clinical categories: category 1 only one impairment, category 2 several impairments without previous neurological disability, category 3 neurological disability before injury.

Each category is declined according to the International Classification of Functioning (ICF) while taking into account the various personal or environmental parameters that could influence the outcomes of an “optimum” clinical care pathway: impairments without any added difficulty, need to adapt the environment (equipment related only), inadequate or insufficient medical network, social difficulties, professional plan, associated medical conditions with functional impact, previous psychiatric illness. It follows a clinical care pathway algorithm.

**Discussion - conclusion**
This PRM care pathway written by a Sofmer-Fedmer group aims to promote a proper understanding of the patients’ needs and the right care to be implemented, as well as being a guide for organizing and pricing care activities.

**Keywords**
Lower limb injury; Clinical care pathway; Physical and rehabilitation medicine

**Disclosure of interest**
The authors have not supplied their declaration of competing interest.

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**CO0272**

Clinical pathway: A link between medical appropriateness and fair payment

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**Objective**
Care programs in MPR formalize, for homogeneous profile of patients the steps of a multidisciplinary approach based on the rehabilitation potential and focused on improving functional status. The aim is to build a custom clinical pathway for patients with stroke followed in Physical Medicine and Rehabilitation Day Hospital by connecting each step systematically formalized a trace-ability tool in the information system in view a fair payment of a care program.

**Material/patients and methods**
Our outpatient hospital PMR team has built a clinical pathway according the method of the High Authority of Health, supported by MPR criteria defined by FEDMER and texts regulating the activity of French post-acute care (SSR). The related group of patients is the second category of patients defined in the document care course PRM “the patient after stroke”. In accordance with professional practices based on evidence, the plan of care for these patients includes standard steps associated with custom steps as needed. The steps of the clinical pathway were connected with French tools “CSARR” or “CCAM”.

**Results**
Our clinical path includes standardized assessment phases, initial, intermediate and final and personalized care phases.
adapted to each case. The majority of the steps can be traced by the activity description tools. The pathway provides medical coherence to the whole procedure of care. According to the team, the criteria of evaluation of the clinical pathway target the critical steps.

Discussion - conclusion The clinical pathway is a translation of a care program in the information system. This is to be the result of the clinical approach of caregivers. If the doctor is too transparent to PMSI-SSR, as well as all intellectual acts, on the eve of the implementation of the modulated staffing activity, clinical pathway is the way to link the relevance of care program to a patient classification system for its valuation at the right cost.

Keywords Clinical pathways; Stroke; Patients classification systems; Post-acute care

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Compilio: A personal health record, for disabled people

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Opinion/feedback Compilio is a free and secure personal health record (PHR). It is an Internet based innovative tool for families and health professionals. Compilio aims to improve the coordination of the care course for people having specific needs related to a handicap or a chronic disease. Compilio is a project of the “Agence régionale de Santé Auvergne-Rhône-Alpes” and the NGO network R4P (Regional Network of Pediatric Re-education and Re-adaptation in Rhône-Alpes), developed with the participation of Civil hospices of Lyon and GCS SISRA. Families are confronted with numerous appointments and wish to manage the various resulting documents in a single tool. Professionals waste time searching for information about care course history and treatments of the person.

R4P designed Compilio to propose a solution for families and professionals to improve the coordination.

Compilio proposes many features, which make possible the storage of important data (medical reports, examination results, videos, socio educational course, life habit, allergies) in a secure way to facilitate the follow-up of its care course.

Compilio facilitates the administrative approaches while making possible filling MDPH requests or medical certificate.

People themselves or their parents have the choice to decide to create and delete their Compilio PHR, and to give access to professionals according to the rules of the professional secrecy.

Who is interested in Compilio?

Any person having specific needs related to a handicap or a chronic disease can create a PHR and share it with the health professionals of his choice.

Any health professional can create his professional account and then will have access to his patient’s PHR if his patient wishes to share them with him.

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Prospective payment in French post-acute care: Comparison to international funding of rehabilitation systems

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Objective In all countries, the boundaries are ambiguous between acute and post-acute care as well as defining the dimensions of care. The aim of this study is to analyze relations between segmentation of care and payment systems. In the new prospective payment system implemented in French SSR, the grouping unit is inpatient stay and the week for day hospitalization. In 1991, the field of SSR mixed structures as diverse in their purposes as public or private hospital units of rehabilitation and “nursing homes”. A case payment must necessarily be based on a classification describing homogeneous procedures and costs involved.

Material/patients and methods The post-acute care systems in Anglophone and Francophone countries were compared using 5 dimensions: segmentation of care, orientation criteria, information tools, case mix classifications and performance criteria.

Results Most countries segment hospital stays in acute and post-acute. The graduation of post-acute care levels is primarily based on the potential for rehabilitation. The specific and very specific levels are specialized by pathology, by type of disability or social inclusion goals. Most systems distinguish missions of rehab centers including geriatric vocation, focusing on functional status and nursing homes for intermediate or transitional care. They hybridize financing cases tailored to rehabilitation programs and funding to the weighted day with activity, for the unstable patients with less predictable lengths of stay for other non-acute care purposes. Bundled payments are under consideration in the US.

Discussion - conclusion France has segmented the SSR in a vertical integration with the categories of acute care. Graduation is ambiguous. The current segmentation fails to articulate a case mix classification system to a meaningful scale of tariffs, lack of grouping into homogeneous. A per case payment implies a redefinition of SSR distinguishing the relevance of functional restoration centered care, intermediate care or medical and social transition.

Keywords Post-acute care; Patients classification systems; Financing

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R4P: Regional rehabilitation network for children in Auvergne-Rhône-Alpes French region

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Opinion/feedback The regional health network for children and teenagers with disabilities in Rhône-Alpes (R4P) was created in 2007 with the objective of the amelioration of the quality of care. The main projects of the R4P concern training, harmonization of care, communication and research.

R4P, as a health network for children with disabilities has two particularities: first, it concerns all type of disabilities, considering that families encounter the same kind of difficulties. Secondly, it includes all types of professionals concerned by children with disabilities: health care professionals of hospital and ambulatory care, social workers, administrations, and education professionals.

Decompartmentalization and collaboration between all kinds of professionals are necessary to improve global care of children and teenager with disabilities. Today, 750 professionals are participating in the R4P network.