CO40-005-e  
Setting up a shared folder in the network BreizhPC
B. Nicolas a,*, A. Colin a, S. Achille a, A. Durufle b, F. Dauvergne a
a Re´seau BreizhPC, pôle Saint-Hélire, 54, rue Saint-Hélire, 35000 Rennes, France
b Pôle MPR, Saint-Hélire, France  
*Corresponding author.  
E-mail address: pgallien@wanadoo.fr.

Keywords: Health network; Cerebral palsy; Medical record

Since 2005, the network BreizhPC has established a computerized database, initially on the Rennes site, then with the development of specialized consultations on other departments of Brittany in 2007 shared access on a secure server has been established for the various multidisciplinary consultations. The initial objective was the sharing of medical data to improve monitoring of patients, but also to obtain epidemiological data.

It quickly became apparent that the device was too small to achieve these goals. A study was launched as part of a working group led by the network in order to change the tool to a real file shared between all health professionals revolving around the patient.

Specifications was established initially: type of medical data to be included in the file, how to access the file, security of data storage, treatment modalities of data. The platform Télé santé Bretagne, because of his experience in the networks seemed to us to be the best partner to complete this project in partnership with the ARS.

This platform has a secure home and hosts other health networks, allowing having available a shared directory of professionals. Access to the file implies adherence to the network and the patient’s agreement, signed with a usage policy.

Therapists can access data with different rights depending on their status. Each step has been testing and validating with participation of independent professionals.

Finally the tool should allow better management of patients with cerebral palsy through better care coordination and epidemiological survey.

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Study of the counseling role of the Physical Medicine and Rehabilitation (PMR) specialist with patients initiating claims for damages on personal injury, analysis of 20 cases
F. Mette a,*, M.A. Ceccaldi b
a Hôpital de Mayotte, BP 04, 97600 Mamoudzou, Mayotte
b Cabinet PREZIJOI-CECCALDI, Mayotte  
*Corresponding author.  
E-mail address: francois@mette.re.

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Objective.-- We have analyzed the virtues of breaking down barriers between the healthcare and legal sectors while studying the rehabilitation of the wounded. Population and method.-- We have analyzed the records of 20 patients whom we are counseling on the compensation proceedings. This is a total cross-section of the concerned population. We have studied the following:-- gender and age of the accidented patient;-- type and date of accident;-- mode of accountability;-- mode of trigger of the legal action;-- intervention of the PMR counsel, appreciation of his/her competences;-- intervention of the specialised lawyer, appreciation of his/her competences;-- estimation of the patient’s fate in case of no remedy;-- financing of the competences;-- record updates.

Results.-- The analysis demonstrates the importance of the Medical Rehabilitation Specialist in the initiation, establishment and monitoring of indemnity claims for injury records, but also his/her decisive contribution in the forensic assessment of the handicap.

The financial aspect that is often rebuked by the medical profession must be seen in its true dimension as a rehabilitation opportunity rather than a finality. Discussion.-- The Medical Rehabilitation Specialist may be reluctant to commit for relational, professional or contractual reasons. The existence of a compensation perspective questions him/her on the scope of his/her mission.