

Accreditation as an approach to support the quality of care for brain injured adults

Jan Lexell, MD PhD
Professor and Medical Director
Rehabilitation Medicine
Lund University Hospital
Sweden

Our own organisation

- Rehabilitation Medicine at Lund University Hospital
 - Over 200 employees
 - 2nd largest facility in Sweden
 - Serving mainly south of Sweden
 - Uptake 300 000 upto 1 600 000 people
 - Affiliated with Lund University
 - Research in neurorehab and pain management

Our own organisation

- Accreditation since 1996
- 1st organization outside north America
- 5th survey this year
- 2 trained surveyors within our own organization

Our own organisation

- Currently
 - Brain injury programs (inpatient and outpatient)
 - Spinal cord injury program
 - Comprehensive inpatient rehabilitation program
 - Pain programs
 - Outpatient medical rehabilitation programs

Why accreditation?

- Need for a quality framework within rehabilitation
- Combination of evidence based medicine and quality assurance
- Recognition of the mission and vision of CARF
- With hindsight...

Why accreditation?

- Focus on leadership
- Strategic planning
 - Expectations, finance
 - Capabilities, demographics
- Person served and other stakeholders
- Risk, health and safety, rights, staff
- Information management

Impact on person served

- Information prior to admission
- Structured assessment
- Outcomes and follow-up
- Family involvement
- Optimal use of resources

Impact on personnel

- Awareness of a quality framework
- Structured interdisciplinary team work
- Data collection
- Input into program development
- Performance improvement

Impact on organization

- Focus on a rehabilitation oriented quality framework
- Golden standard within hospital system
- Continuity in quality work
- Structured administration
- Network

Brain injury rehabilitation

"An active process by which those disabled by injury or disease achieve a full recovery or if full recovery is not possible realize their optimal physical, mental and social potential and are integrated into their most appropriate environment."

WHO

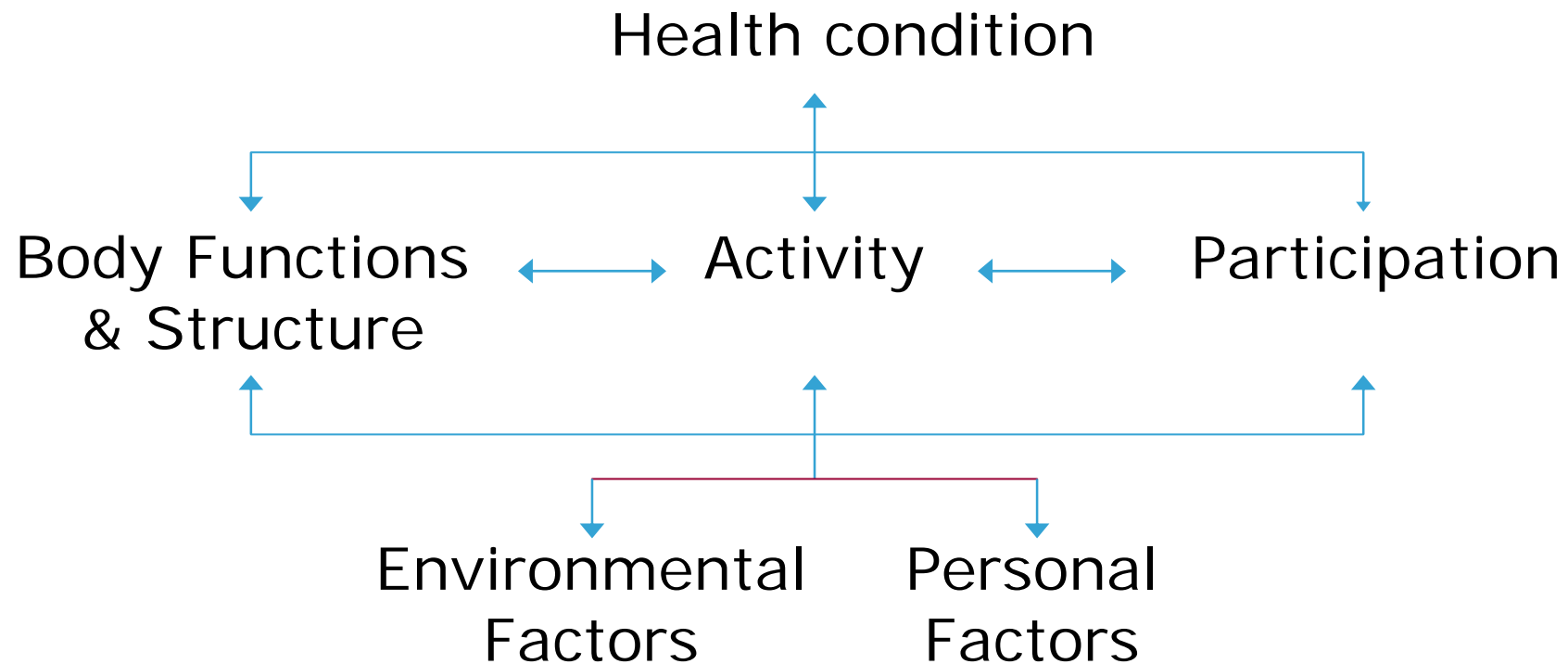
Brain injury programs

- Access to and transition through a coordinated continuum of care
- Linkages with the community
- Interdisciplinary team
- ICF and a rehabilitation plan
- Database and outcome measurements

Data base

- Data collection
- Outcomes and follow-up
- Annual management report
- Performance improvement plan
- Ongoing communication within team, persons served and with stakeholders

ICF



WHO International Classification of Functioning, Disability and Health

ICF

REHABILITATION PLAN

Assessment	
Disability	
Body structure and function	Activity limitations and Participation restrictions
Contextual factors	
Resources	Barriers

Table 1. Data from 91 subjects with TBI admitted to rehabilitation 1997-2003 in the Brain Injury Unit, Department of Rehabilitation, Lund University Hospital, Lund, Sweden.

	1996	1997	1998	1999	2000	2001	2002	Mean
Number of subjects	18	14	11	16	10	9	13	13 (9-18)
Sex (% men)	78%	71%	82%	75%	70%	78%	61%	74%
Age (mean)	35 (±13)	34 (±18)	38 (±16)	36 (±18)	33 (±12)	33 (±10)	46 (±12)	37 (±15)
Motor FIM at admission	69 (±30)	60 (±29)	66 (±30)	62 (±31)	64 (±22)	48 (±32)	67 (±24)	63 (±28)
Motor FIM at discharge	84 (±13)	75 (±30)	76 (±30)	80 (±24)	88 (±7)	71 (±33)	89 (±3)	81 (±22)
Change in motor FIM	14 (±27)	16 (±23)	11 (±16)	19 (±23)	23 (±20)	22 (±26)	21 (±22)	18 (±23)

*Lexell J. Rehabilitation of traumatic brain injuries in Sweden
Special Issue: International Programs and Perspectives.
Journal of Head Trauma Rehabilitation, 2007*

Accreditation in the future

- Decision in Sweden to recommend all rehabilitation medicine departments to go through CARF accreditation!!
- CARF is consultative and provides the structure for a complete accreditation with an emphasis on the person served