



15-LECIE AKADEMICKIEJ REHABILITACJI MEDYCZNEJ W SAMODZIELNYM PUBLICZNYM SZPITALU KLINICZNYM NR 4 W LUBLINIE



Rektor Uniwersytetu Medycznego w Lublinie kadencji 2012-2020 prof. zw. dr hab. n. med. Andrzej Drop oraz nowo wybrany i powołany rektor prof. dr med. hab. Wojciech Załuska podczas aktu nominacji. Obaj Profesorowie dostrzegają walor nowoczesnej rehabilitacji leczniczej w oparciu o zalecenia systemowe rehabilitacji skoordynowanej.



Historia rehabilitacji akademickiej w Lublinie rozpoczęła się w 1966 roku. Powstał wówczas w Państwowym Szpitalu Klinicznym nr 4, z inicjatywy ortopedy prof. Stanisława Piątkowskiego i neurologa Wiesława Kawiaka, 20-lóżkowy Oddział Rehabilitacji. Potrzeby dydaktyczne i rozwój nowoczesnych metod leczenia spowodowały, że w 1986 roku rozpoczął się kolejny akademicki etap rozwoju rehabilitacji w Lublinie. W nowo oddanym budynku posadowiono powołaną przez władze Uczelni Katedrę i Klinikę Rehabilitacji. Pierwszym pełniącym funkcję kierownika został dr Cezary Rejzner, a następnym prof. Andrzej Skwarcz.

Przed 15 laty kierownictwo obecnej Katedry i Kliniki Rehabilitacji i Ortopedii objął w drodze konkursu prof. Mirosław Jabłoński, który w jej strukturze utworzył Pracownię Badań Narządu Ruchu, kierowaną przez dr hab. Tomasza Blicharskiego profesora UM we współpracy z dr Agnieszką Tomczyk-Warunek profesora UM.

Na bazie Oddziałów Samodzielnego Publicznego Szpitala Klinicznego nr 4: Chirurgii Urazowo Ortopedycznej, Rehabilitacji Ogólnej i Rehabilitacji Neurologicznej prowadzone jest kształcenie lekarzy, fizjoterapeutów, pielęgniarek i ratowników medycznych w języku polskim i angielskim. Praktyczne zaangażowanie lecznicze, aktywność naukowa i szkoleniowa wszystkich pracowników Zespołu sprawiają, że Katedra i Klinika Rehabilitacji i Ortopedii w SPSK-4 w Lublinie ma ustaloną renomę w swoim środowisku, ponieważ zapewnia pomoc pacjentom na możliwie najwyższym światowym poziomie.



Zespół pracowników Katedry i Kliniki Rehabilitacji i Ortopedii w SPK-4 w Lublinie.

ORIGINAL ARTICLE

THE EVOLUTION OF TREATMENT AT THE ORTHOPEDICS AND REHABILITATION CLINIC

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ABSTRACT

Introduction: The last 20 years have been a period of huge changes in Polish healthcare, both in terms of medical progress as well as organization and financing. These changes, and especially the newly introduced queuing systems significantly influenced the changes in the profile of hospital admission.

The aim: To analyze changes in the patient profile, causes and time of hospitalization, as well as the waiting time for hospitalization, in 1996-2019 Lublin SPSK4 Orthopedics and Rehabilitation Clinic.

Material and methods: Patients' medical records were analyzed, including qualification cards. The waiting time for admission to the hospital, the time of hospitalization, the cause of hospitalization, gender and the patient's place of residence were analyzed.

Results and conclusions: 1. During the 13 years analyzed, the number of hospitalizations increased from 452 to 1387 patients a year. 2. The waiting time for hospitalization increased from an average of 2 months in 1996 to even 2 years (in the case of patients with chronic category) in 2020. 3. The average length of hospitalization changed compared to the level of 1996 (8 weeks) in the case of patients with the early neurological category increased slightly (9 weeks), in the case of other patients - it decreased to 4 weeks, respectively - chronically ill patients, 3 weeks - patients from the systemic and weekly rehabilitation category - orthopedic patients. 4. The scope of the reasons for hospitalization, but also methods of treatment has expanded significantly. 5. Patient demographic profile in the examined aspects (origin, gender) - remained similar.

KEY WORDS: rehabilitation, waiting time, hospitalization time

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INTRODUCTION

Karol Darwin said that survival guarantees the ability to adapt to new conditions. This skill is being innovative - observing the needs of clients, activities of other medical units in the country and abroad, and introducing changes tailored to their own offer. The last 20 years have been a period of huge changes in Polish healthcare, both in terms of medical progress as well as organization and financing. These changes, and especially the newly introduced queuing systems significantly influenced the changes in the profile of hospital admission.

THE AIM

The aim of the study is to analyze changes in the patient profile, causes and time of hospitalization, as well as the waiting time for hospitalization, in 1996-2019 Lublin SPSK4 Orthopedics and Rehabilitation Clinic.

MATERIAL AND METHODS

Patients' medical records were analyzed, including qualification cards. The waiting time for admission to the hospital, the time of hospitalization, the cause of hospitalization, gender and the patient's place of residence were analyzed.

RESULTS

In 1996, 452 patients (320 women, 132 men) stayed in the ward, 271 from the city, 181 from the village. The average waiting time for hospitalization was 2 months. The average time of hospitalization was also 2 months. The largest group of patients were people hospitalized due to spine surgery (scoliosis, injuries - 274 people), and patients rehabilitated due to polyarticular arthrosis 123 people. The remaining percentage of patients are people suffering from: strokes, paresis, multiple sclerosis, RA, Parkinson's disease. In 1997, the patient profile looked very similar. 408 patients (290 women, 118 men) were admitted, 234 from the city, 174 from the village. The waiting time was also an average of 2 months, as was the time of hospitalization. The most common reasons for hospitalization were the same as in the previous year (spine surgery - 218, osteoarthritis 97). Major changes were observed in the years 2006-2007, when the rehabilitation department transforms into an Orthopedics and Rehabilitation Clinic, the management staff change, i.e. the head of the clinic, orthopedic specialists joined the team of medical rehabilitation specialists. Rehabilitation became multidisciplinary. At that time, twice as many patients were admitted to the 52-bed ward than 10 years

before. In 2006, 685 people were hospitalized (338 women, 247 men, 403 from the city, 282 from the village). 544 patients in the rehabilitation ward and 141 people in the orthopedics ward. Two categories of waiting lists have been introduced for stable and urgent cases. The average waiting time for admission for patients qualified for the urgent category was 3 months, for the stable category - 6 months. For patients after early strokes or injuries in hospital wards, the waiting period was up to 3 weeks from the time of admission. Such a specificity of the work was imposed by the National Health Fund, which differentiated the waiting time for admission from the time elapsed since the disease episode and the course of the disease (sudden, chronic). The average hospitalization time did not change - it was still 2 months on average. Still the most numerous homogeneous group of patients were patients admitted for spinal surgery - scoliosis 118, there were also many patients hospitalized due to stroke - 89 and traumatic spinal injuries - 69. The number of people hospitalized due to polyarticular degenerative changes dropped significantly - 16, but a new category of patients appeared - patients admitted to surgical operations other than spinal surgery. Among them, the most numerous group were patients with coxarthrosis admitted for hip arthroscopy surgery, the group of patients with knee arthroscopy - 36 and femoral head avascular necrosis was slightly less numerous 14. Patients rehabilitated due to upper limb injuries were a fairly large group 34. Other patients were admitted due to amputation of limbs, osteoporosis, polyarthrosis, minor orthopedic procedures such as carpal tunnel syndrome, Dupuytren's contracture. Botulinum toxin injections as well as diagnostics and pharmacological treatment of osteoporosis were included in the armamentarium. In 2007, the number of hospitalized patients increases to 800 (499 women, 301 men, 458 from the city, 351 from the village). The average waiting time for hospitalization was 3 months. The hospitalization time of patients was also shorter than in the previous year. The National Health Fund gave new guidelines regarding the number of days in the ward. Neurological patients after fresh strokes, injuries, had a stay limit of 6 to 16 weeks, with secondary neurology up to 9 weeks, on systemic rehabilitation up to 3 weeks. Patients after surgery up to 10 days. The deadlines were not always met. It was often longer or shorter due to the patient's condition. The recovery process in each patient is individual and the prognosis is different despite the same diagnoses. Often, poor social and living conditions of the patient make it difficult to leave home, and the centers providing care services do not have free places at the moment and we have no possibility of discharge. The decision about the duration of stay is always made by the doctor and the therapeutic team. This corresponds to observations in the literature [1, 2]. The share of neurological patients is increasing - sequelae of strokes 281, degenerative changes 79, scoliosis 83, coxarthrosis 82, gonarthrosis 44, consequences of injuries 44. Other patients were with similar problems as in 2006. In 2011, some beds were separated at the Department of

Neurological Rehabilitation. In 2014, the Orthopedics and Rehabilitation Clinic was divided into a systemic rehabilitation ward with 12 beds, neurological rehabilitation with 30 beds, traumatic orthopedic surgery with 6 beds. In the same year, viscosupplementation and PRP procedures were added to therapy in the clinic.

In 2019, the number of patients increased again - 1387 people were hospitalized, 899 women and 584 men, 860 from the city, 527 from the village. 233 patients were hospitalized in the Department of Systemic Rehabilitation, 146 patients in the Department of Neurological Rehabilitation in the Department of Traumatic Orthopedic Surgery 1008. Patients awaiting hospitalization in the Department of neurological rehabilitation classified as early neurology was on average 3 months, as secondary neurology - 2 years. The average waiting time for hospitalization in the General Rehabilitation Ward was 3 years, and 1.5 years for hospitalization in the Trauma and Orthopedic Surgery Department. The duration of hospitalization in the Department of Neurological Rehabilitation in the category of early neurology was on average 3 months, secondary neurology 4 weeks, in the Department of Systemic Rehabilitation - 3 weeks, and traumatic orthopedic surgery about 7 days. The reasons for hospitalization were dominated by patients admitted for orthopedic reasons - gonarthrosis 243, coxarthrosis 110. The number of neurological patients was also significant - the consequences of stroke - 145. Previously dominant diagnoses such as scoliosis and generalized degenerative changes fell to 84 and 22 cases, respectively.

CONCLUSIONS

During the 13 years analyzed, the number of hospitalizations increased from 452 to 1387 patients a year. The introduction of a rigid queue model meant that the waiting time for hospitalization increased from an average of 2 months in 1996 to even 2 years (in the case of patients with chronic category) in 2020. corresponds to observations in the literature [3-6]. The average length of hospitalization changed compared to the level of 1996 (8 weeks) in the case of patients with the early neurological category increased slightly (9 weeks), in the case of other patients - it decreased to 4 weeks, respectively - chronically ill patients, 3 weeks - patients from the systemic and weekly rehabilitation category - orthopedic patients. The scope of the reasons for hospitalization, but also methods of treatment has expanded significantly. Patient demographic profile in the examined aspects (origin, gender) - remained similar.

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Conflict of interest:

Authors declare no conflict of interest

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