Clinique romande de réadaptation
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Suva is the largest provider of compulsory accident insurance in Switzerland.

Suva is a modern service company that focuses on its clients’ needs and insures mainly employees in the secondary sector against occupational accidents and diseases under the compulsory accident insurance. Suva is an institution incorporated under public law.

The main objective of Suva is to work towards the prevention of occupational or non-occupational accidents and occupational diseases.

Victims of severe accidents can count on SuvaCare and on the Suva rehabilitation clinics (Sion and Bellikon) to facilitate the return to their family and professional lives. This service offer is unique in the Swiss insurance market.

The Suva model

Four pillars of Suva

• Suva is more than just an insurance company: it combines prevention, insurance and rehabilitation.
• Suva is managed by the social partners. The balanced composition of its Board of Directors with representatives from employers, employees and the Swiss Confederation, enables it to find pragmatic and consensus-based solutions.
• Suva’s profits flow back to its insurees in the form of lower premiums.
• Suva is financially independent and does not receive any state subsidies.

Functional re-education and rehabilitation differ from curative medicine in that the latter deals with the disease and its causes whereas the first aim to palliate the consequences of a disorder or the occurrence of impairments, disabilities or handicaps (according to the ICIDH classification). To be fully effective, functional re-education should start already in the acute phase of the disease and rehabilitation measures be taken as soon as a disability or disadvantage is discovered.

The state-of-the-art of rehabilitation at the start of the 3rd millennium.

Observations made during the last decade have led us to believe that rehabilitation at the dawn of the 3rd millennium needs to benefit from new insights and approaches. Therefore, we think that the introduction of personalised therapeutic intervention programmes has become a necessity.

In such a programme, the patient and his family become actors in the rehabilitation process. They are informed in detail about the goals to be attained during the stay and the means implemented to achieve those goals. They give their oral or written consent to the proposed approach, and undertake to actively participate in the treatments and assessments carried out during their stay at the clinic.

Apart from the therapeutic aspect, rehabilitation at the start of the 3rd millennium will have to pay increasingly more attention to assessment as a means of defining activities that can and should be pursued by the patient.
Such an objective can only be achieved through continuous quality control, a process that is based on the analysis and quantification of results using interdisciplinary assessment grids and quality of life scales. This implies that rehabilitation research must be conducted on a continuous basis.

The tool used to measure quality control is accreditation, which can be defined as a process aimed at the continuous improvement of the quality of the care. This accreditation process takes into account the expectations of patients and their next of kin as well as self-assessment as indispensable sources for the progress of the individual, the team and the structure.

In this context, transparency is a prerequisite, and the accreditation agencies must be fully independent, their aim being to educate rather than to punish. In this respect, their attitude is just as important as their know-how. Accreditation is a continuous process that must be renewed at regular intervals.

The consequence of this new approach to rehabilitation is the evolution towards case-by-case costing including both the care teams and the administration, with financing by pathology group.

Furthermore, the opening of a French-speaking clinic allows hospitalised patients to remain integrated in their linguistic environment, so they can keep in contact with their next of kin.

The particularly sunny climate, the sheer beauty of the surroundings, and the magnificent on-site facilities allow patients to extend their action radius as they regain their capacities.

The proximity of the city of Sion with its many attractions and leisure activities provides an additional source of motivation for the patient.
Certifications

The Clinic adopts a client/patient-oriented management system. In a spirit of continuous improvement of its services and in its pursuit of excellence, the Clinic endeavours to acquire or maintain all relevant labels and certifications.

ISO «Healthmark»

The Clinic has officially chosen a quality management system based on the ISO 9001:2000, label “Healthmark” standard (quality management system specifically designed for the healthcare sector). The Clinic has been certified according to these requirements since 2003.

Award for Excellence

The ESPRIX award, Switzerland’s Award for Quality in Business Excellence, recognises companies that have achieved a very high level of quality based on the EFQM model. Suva is the first insurance carrier and public law company to have been awarded the ESPRIX 2009 Forum for Excellence.

Swiss Olympic Medical Center

This label has been awarded by the Swiss Olympic Association to the sports medicine unit of the musculoskeletal system rehabilitation department of the Clinique romande de réadaptation SuvaCare. This partnership will enable our institution to profile itself as a privileged consultant for national and regional elite athletes, developing athletes as well as recreational sports people. Services provided include medical care for athletes (sports medicine and traumatology), including rehabilitation (physiotherapy), performance diagnosis, and development of individualized training programmes.

European Board of Physical and Rehabilitation Medicine

The Clinic was accredited as training centre by the European Board of Physical and Rehabilitation Medicine as from 23.03.2001.

SW!SS REHA

SW!SS REHA is the association of Swiss leading rehabilitation clinics. The purpose of the association is to preserve and promote health, and the health, social and legal policy and economic interests of its members.

Charter

In their capacity as partner, patients are actively involved in their care through an ongoing dialogue. The Clinic has outlined this working philosophy in a charter.

Mission

Every employee of the Clinique romande de réadaptation seeks, through their direct or indirect intervention and in a spirit of interdisciplinarity, to promote the active participation of the patient in all aspects of life.

Values

Professional ethics, mutual respect, loyalty and consideration are the guiding principles for the accomplishment of this mission.

Vision

Based on a global approach and continuous evaluation, every employee undertakes to achieve and maintain a high level of service with a view consolidating and developing the Clinic’s leadership position in the field of rehabilitation.
Building Concept and Architecture

The architecture takes into account the existing built-up environment and features the same geometric pattern as the neighbouring hospital.

The main functions - treatment, accommodation, administration and reception - are organised around a central patio. Three distinct building units of different typologies, linked to the ground floor via an entrance and reception area where the cafeteria and the restaurant are located, result in a compact and uniform design. Particular attention has been paid to the orientation of patients within the overall structure; simple routes and a high level of transparency enable patients to easily find their way around.

Extensive use has been made of conventional materials such as natural stone, exposed concrete, metal, wood, glass, etc. Special effort has been made in the treatment and entrance of natural light through the use of horizontal and zenithal glass strips.

The building’s envelope uses glass as its exterior skin, which has been treated in such a way as to be animated by natural light. Large glass panels adjustable in relation to the sun’s azimuth protect the therapy rooms, the swimming pool and the lobby; they provide a view of the surrounding area while at the same time providing solar protection.
Internal Organisation

The Clinique romande de réadaptation is structured according to established standards to optimally fulfil its mission as an institute for functional re-education and rehabilitation.

The medical structure is divided into 3 major processes - Musculoskeletal Rehabilitation, Neurological and Paraplegic Rehabilitation, and Evaluation and Consultation Centre - each headed by a chief physician.

The chief physician is assisted in his task by attending physicians, associate physicians, clinical directors and physician assistants.

Several paramedical activities in close connection with the medical discipline and a professional rehabilitation department are attached to each medical department.

This structure allows the optimisation of the therapeutic activity, due primarily to the team spirit fostered within each unit.

Therapeutic effectiveness moreover requires the permanent support of the administrative infrastructure (administration, patient management, accounting, secretariat, marketing, IT, personnel, technical services, management) and is continuously monitored by a quality control department.
Accommodation

The Clinique romande de réadaptation has an accommodation capacity of 110 beds. It has a total of 64 rooms (divided into shared and private rooms). The latter are equipped with TV, individual wash basin, shower, WC, balcony.

Private beds

Eight 1-bed rooms are available for patients with private or supplementary basic healthcare insurance.

Private in-patients benefit from personalised hotel service and can take their meals in their rooms. They also benefit from personalised therapeutic services.

Patient Management

The mission of the Patient Management department is to deal with all administrative aspects relating to the patient and his stay.

This department comprises several units which allow to schedule the dates of stays and to welcome patients on their arrival.

The admission unit looks after the personal administrative formalities and provides all useful information relating to the stay. The dates, times and types of therapy are planned and submitted in the form of a programme. The medical secretariat is responsible for the electronic processing of reports drawn up by our physicians.

Our medical library provides access to all information published in the field of health.

The billing unit collects from the various departments all data relating to the services provided to the patients.

This activity is aimed at optimising the entire administrative process necessary for the proper organisation of the patient’s stay at our Clinic. It also covers the management of ambulatory patients.
Neurological Rehabilitation

Neurological rehabilitation helps patients with an impairment, disability or disadvantage caused by a disorder of the central or peripheral nervous system.

Cerebral lesions often cause impairments and disabilities of varying degrees in the fields of motor skills, sensorial awareness and higher cerebral functions, such as reasoning, memory, communication. The mitigation or cure of these diseases requires many weeks or even months of rehabilitation.

This long-term work allows the patient to regain a certain degree of independence in day-to-day activities and in social life. In case of full recovery of physical and intellectual functions, the patient will even be able to resume his previous occupational activities.

To reach this goal, neurological rehabilitation employs a series of therapists in the fields of care, physiotherapy, occupational therapy, logopaedics, neuropsychology, musicotherapy, and vocational rehabilitation.

The work of these various therapists is supported by the activity of a social service and a recreation service whose main task is to practically bring about the integration of the patient into the most adequate lifestyle as a function of the degree of recovery of the patient’s physical and mental facilities. From a medical viewpoint, the Neurological Rehabilitation department also covers all aspects of neurophysiological research.

Paramedical departments - Occupational Therapy, Recreation & Animation, and Social Service - work in close collaboration with the Neurological Rehabilitation department.

This close liaison is considered desirable because of the importance of these paramedical departments in the care of patients with cerebral injuries.
Neuropsychology

This unit analyses behaviour disorders and impairments of cognitive functions as a result of a cerebral lesion. Its field of action covers both acquired injuries and sequelae of hereditary injuries.

Neuropsychology can reasonably be said to operate at the crossroads of neurosciences on the one hand, and behaviour sciences and interhuman relations on the other hand.

Logopaedics

Covers the analysis and treatment of various oral and written language disorders in both comprehension and expression.

Musicotherapy

Fits in with the concept of therapeutic care by developing and stimulating the patient’s sensorial faculties.

Laboratories

• Posturographic analysis
• Driving simulator for disabled persons.

The psychosomatic department offers services based on the psychological aspects of the ailing person and on the doctor-patient relationship.

The head of department doctor (psychiatrist-psychotherapist) is assisted by medical officers and clinical psychologists.

In an interdisciplinary and coordinated approach with the other doctors, the psychosomatic department offers personalized treatments, individually or in therapeutic groups, to help each patient overcome his psychic, sometimes significant problems (depression, anxiety, sleeping disorders, post-traumatic stress), which follow an accident or an illness.

Also, the psychosomatic department largely contributes to the evaluation and expert activities.
The Paraplegic Rehabilitation department treats patients with a low or high medullary lesion: loss of use of the legs (tetraplegia or loss of use of all four limbs) following a disease or an accident, requiring rehabilitation, follow-up or management of a complication.

For those unfamiliar with the issues and treatment of physical disabilities, it is often hard to grasp the implications of the loss of use of legs or arms. There are many who think, for example, that the problem for the paraplegic resides in the loss of motor skills in the legs. In fact, the problem is much more complex, since many other body functions are disturbed, including the sphincter functions, which have a negative impact on social life. The spinal cord injured patient not only has to adapt to a new situation, but also has to create self-awareness and build a new self-image in order to face the future and adopt personal attitudes; in one word, to exist.

Multidisciplinary care is applied early and supports the patient by providing all means to help him manage his life in connection with his future plans. An interdisciplinary process between various departments of the clinic allows the development and refinement of concerted, coherent and dynamic therapeutic projects in which patients and their relatives are actively involved.

Rehabilitation continually confronts the patient with his new limitations, with the constraints imposed by this new body, and with dealing with different disability situations.

The Paraplegic department is equipped with:
• adapted rooms
• a urodynamic laboratory
• da laboratory for the examination of seating positions
• a neurophysiological laboratory.
Musculoskeletal System Rehabilitation

The Musculoskeletal System Rehabilitation department is engaged in the functional re-education and rehabilitation of all impairments and disabilities of the musculoskeletal system.

It is divided into five units:
• Orthopaedic-Traumatologic Rehabilitation (including a specialised hand rehabilitation unit)
• Spinal Rehabilitation
• Technical Orthopaedic Rehabilitation
• Rehabilitation of Burn Patients
• Sports Medicine.

It operates in close liaison with paramedical departments - Nursing, Physiotherapy - and vocational rehabilitation workshops.

Orthopaedic-Traumatologic Rehabilitation

This unit treats patients suffering from impairments and disabilities subsequent to musculoskeletal system pathologies (except spinal pathologies) caused by traumatic, degenerative or malformative disorders. Therapeutic interventions range from functional rehabilitation to vocational rehabilitation. It also treats patients requiring early and complex re-education interventions: polytraumas, amputations, severe hand traumas, etc.

Multidisciplinary teams assess the bio-psychosocial situation of each patient and elaborate personalised therapeutic programmes. The purpose of these coordinated actions is to enable optimal recovery of functional capacities and to promote a quick return to an active family and socio-professional life.

Spinal Rehabilitation

This care unit treats patients with a spinal, traumatic, degenerative or malformative lesion. Each patient undergoes a rigorous medical, functional and psychosocial assessment.

State-of-the-art techniques for diagnostic imaging and assessment of functional capacity are used.

Multidisciplinary treatment programmes combine physical reconditioning, psychosocial support and, if necessary, vocational rehabilitation measures. These interventions are performed with a view to limiting prolonged functional disability and the risk of evolution to permanent disablement.
Technical Orthopaedic Rehabilitation

The Technical Orthopaedics workshop develops prostheses for patients with amputated lower limbs. It also fabricates and adapts orthoses and corsets, and evaluates the criteria for eligibility for robot prostheses of the lower limb. Estimation of the required aids or appliances is carried out in collaboration with the medico-therapeutic units.

The Foot and Footwear Technical Workshop provides the full range of technical aids for foot pathologies: from arch support to tailor-made orthopaedic shoes. It also incorporates a “security shop” (safety shoes).

The workshops host weekly medico-technical multidisciplinary consultations. They also employ the services of the Walking Analysis Laboratory.

Rehabilitation of Burn Patients

This recent unit for the rehabilitation of patients with severe burns provides a range of advanced nursing techniques. It works in close collaboration with the Burns Centre of CHUV in Lausanne.

Sports Medicine

This unit offers out-patient consultations in the field of musculoskeletal system pathologies associated with sport participation. It benefits from the collaboration with the Clinic’s exercise physiology, walking analysis and “Swiss Olympic Medical Center” laboratories.

Medical Quality Control & Research

This department has a dual mission: quality control of therapeutic services and research protocol management.

The Quality Control & Research department is headed by a physician trained in one of the fundamental disciplines. It is divided into 2 clinical units:
• Quality Control Unit
• Research Protocol Management Unit.

This department incorporates the dietetics paramedical unit and a sport physiology and sport-health consultation unit.

Quality Control Unit

The role of this unit is to implement and supervise the quality control of the therapeutic services provided by the Clinic (control of the choice of rehabilitation techniques and control of their efficiency).

The purpose of this control is to check the proper use of the time and technical investment into each patient and to derive the associated cost on an actual case basis.

This quality control process requires close collaboration with the managers of the medical, paramedical and administrative departments.

Research Protocol Management Unit

The implementation of a quality control involves proof of the effectiveness of the therapeutic means used. This is the task of research. The associated checks can be carried out thanks to the collaboration of all department heads and the creation of various evaluation laboratories:
• force analysis laboratory
• performance analysis laboratory
• walking analysis laboratory
• molecular muscle biology laboratory.
Evaluation and Consultation Centre

The Evaluation Centre fits in with Suva’s policy of early detection and care. The main objective of this centre is to establish, within 6 to 12 weeks after a trauma, the exact impact on the patient’s health and to identify medical measures that can be taken to promote the healing process.

The approach is bio-psychosocial, i.e. it is not limited to identifying the lesion and proposing treatments, it must also provide a wider reading of the situation by describing how personal (e.g. motivation, type of personality) or difficult socio-professional contextual factors could interfere with the patient’s reintegration into his work environment. Such a process is by nature multidisciplinary, involving all the Clinic’s health professionals as and when needed (physicians, psychiatrists, physiotherapists, occupational therapists, neuropsychologists).

For cases that have evolved towards chronicity, a different approach is required: the main object here is to determine the capacity for work that is medically justified in the customary activity and/or an adapted activity, rather than identifying the causality of the problems.

Consultations

The Clinic is capable of developing a sector of conciliatory consultations in the fields of physical medicine & rehabilitation, neurology, neuropsychology, psychosomatics, adult and paediatric rheumatology, sports medicine and technical orthopaedics.
These workshops specialise in the coaching and re-entry into the labour market of persons with an impairment, disability or handicap.

The professional rehabilitation department, under leadership of a doctor, allows:

- to inventory the candidate’s skills and competences using interdisciplinary assessments and evaluations
- to propose measures as a function of various health issues through socio-occupational coaching and a collaboration with the disability insurance
- occupational movement re-training by working in such areas as wood, metal, electricity, engineering or IT, or any other construction-related activity
- to identify a realistic and feasible activity through vocational guidance, possibly followed by internships
- to facilitate the patient’s re-integration into the economic mainstream in direct collaboration with inter-institutional networks and the labour market.

The caregiver is an essential member of the multidisciplinary team.

The Nursing department is led by a chief nursing officer assisted by 3 nurse administrators and a nurse facilitator.

The caregiver offers the patient specific hard and soft skills tailored to his particular situation, as well as a continuous presence, and is responsible for both preparation and follow-up of the actions of the other therapists.

He supports the patient and his relatives, and helps them in mobilising resources to overcome physical, mental or socio-occupational difficulties.

Through an interdisciplinary approach, he guides the patient towards the realisation of his objectives and plans.

He emphasises at all times the autonomy and dignity of the person.
Physiotherapy

The Physiotherapy department treats patients from the acute phase to the rehabilitation and professional re-integration phase.

It is headed by a chief physiotherapist, assisted by 3 unit head physiotherapists and a teaching physiotherapist. The department is divided into 3 units:
- neurological rehabilitation
- musculoskeletal system rehabilitation
- physiotherapy in acute medicine (in particular intensive care, continuing care in cardiology, neurosurgery, traumatology, paediatrics) realized on the site of Sion of the CHCVs.

This hospital activity is complemented by a diversified ambulatory activity.

The physiotherapy treatments use proven techniques known to be effective and harmless (in particular manual therapy, diverse concepts of neurorehabilitation, proprioceptive neuromuscular facilitation, therapeutic training, etc.). The choice of physical agents remains traditional, taking into account recent developments in electrotherapy.

The physiotherapists are also involved in the evaluations of the functional capacities. The result of treatments is quantified using interdisciplinary evaluation grids.

The Physiotherapy department is also involved in basic training (interns from different schools), post-graduate training (supplementary training of physiotherapy graduates), and further training, and organises courses or acts as host for independent training institutes.

Occupational Therapy

Occupational therapy aims to improve the quality of the patient’s life by enhancing their skills, capabilities and functions.

The Occupational Therapy department is headed by a chief occupational therapist and has a hospital and an ambulatory activity.

The work of occupational therapists focuses on creating the necessary conditions for autonomy and independence in day-to-day activities, professional and leisure activities.

This return to independence is accomplished by specifically chosen functional or leisure activities after evaluation of the patient’s impairments and disabilities.

Occupational therapists use appropriate therapeutic techniques and methods or, where necessary, propose and devise aids or orthoses to compensate for the impairment or disability.

Occupational therapeutic treatment is a rigorous process in which the patient is the actor and the therapist the initiator or supervisor. Any occupational therapeutic treatment is the subject of an initial and final assessment based on interdisciplinary rating scales.

Occupational therapy, by definition, implies the interdisciplinarity that is characteristic of rehabilitation.
Social Service – Recreation & Animation

Social Service

The Social Service department evaluates the material, moral and medical care needs of patients to enable their optimal reintegration into daily life.

This department provides help, information, advice and support to the momentarily disorganised patient and his family.

It represents the interests of the patient within the Clinic and in dealing with the various social and economic bodies.

It identifies all measures aimed at reducing the patient’s disadvantages (handicaps) so as to ensure the highest possible degree of autonomy and optimal socio-professional reintegration.

Recreation & Animation

The Recreation & Animation department operates independently of the medical care units and allows patients to engage in leisure and cultural activities.

Activities are deployed in the following 4 areas:

• encouragement of creation at art workshops
• organisation of “non-care time” events within the Clinic
• guidance of patients on cultural or sportive outings
• supervision of patient recreation rooms (activity room, library, etc.).

Restaurant

The user-friendly self-service restaurant allows patients and staff to choose their own meals.

The prime objective of the Clinic’s restaurant service is to offer patients and staff tasty, varied and nutritionally balanced meals.

To this end, the kitchen staff made up of professionals in areas as different as gastronomy, catering and dietetics, serve all types of food.

Private patients can also benefit from room service and an à la carte menu.

There is also a full range of dietetic foods for persons having to follow a diet.

Finally, the restaurant service is available for organisers of courses or seminars held within the Clinic.
Location Plan