

ICF in rehabilitation - Education and Implementation

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Children **H**ealth **I**ntervention **L**earning **D**evelopment

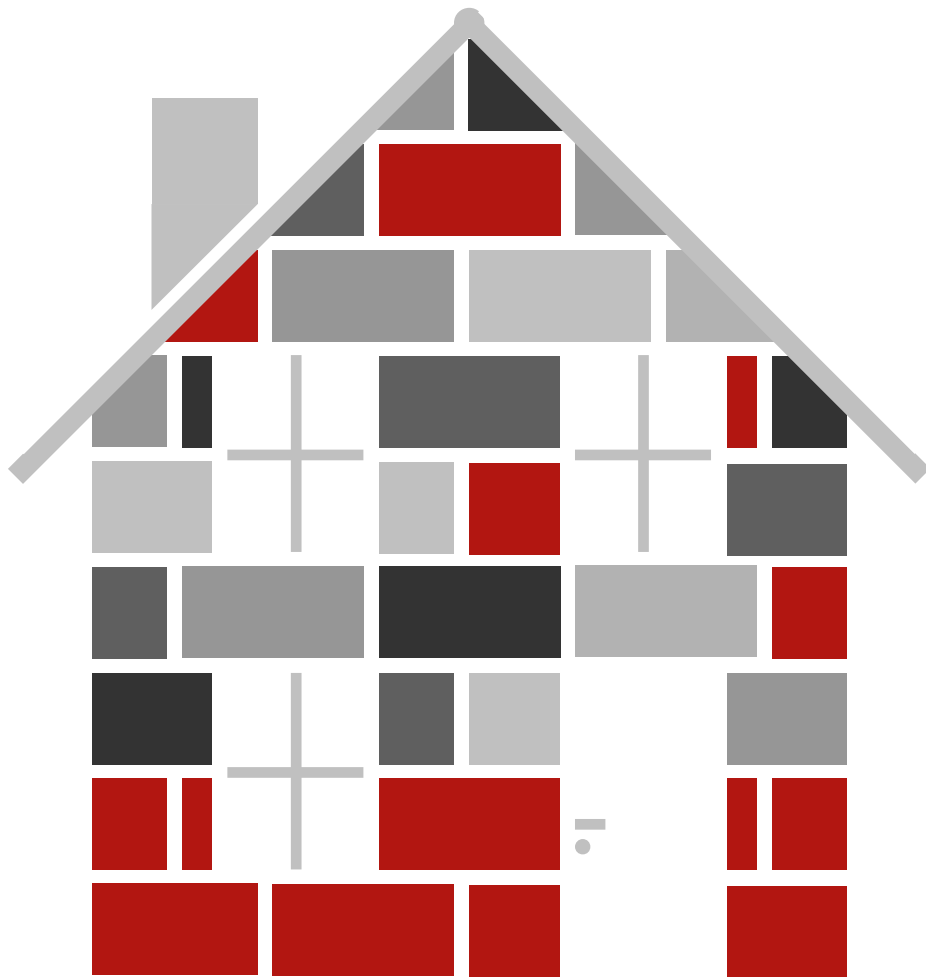
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Implementation

Why?

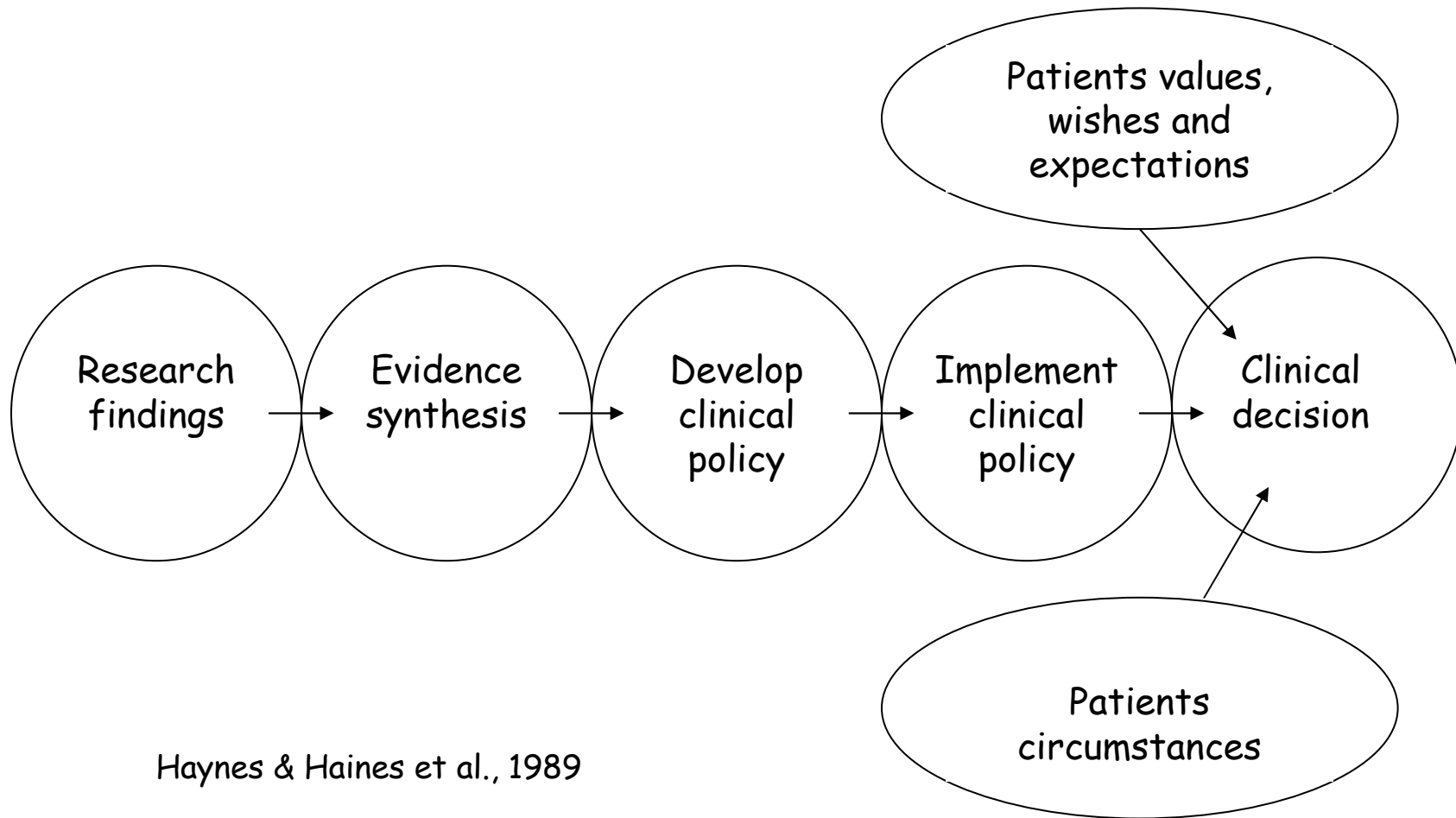
For What?



Health services should be

- safe
- knowledgebased and appropriate
- patient focused
- effective
- equal
- available

Process for implementation of best available interventions



Haynes & Haines et al., 1989

Information is not comparable

- Societal level
 - National policies/ programs
- Organizational level
 - Lokal policies/ programs, evidensbased practice
 - Documentation and conferences (Reports)
- Individual level
 - Clinical decision (Process)
 - Patient records (Reports)



To deal with in implementation of ICF

ICF: complexity?

Knowledge
Translation

Individual: agreement and certainty? Uptake

Leader and Organization:
readiness and sustainability?

Implementation
Maintenance



ICF

Old lady "having lunch"

Activities/Participation(d), Environmental factors(e), Body functions(b) and Body structures(s)



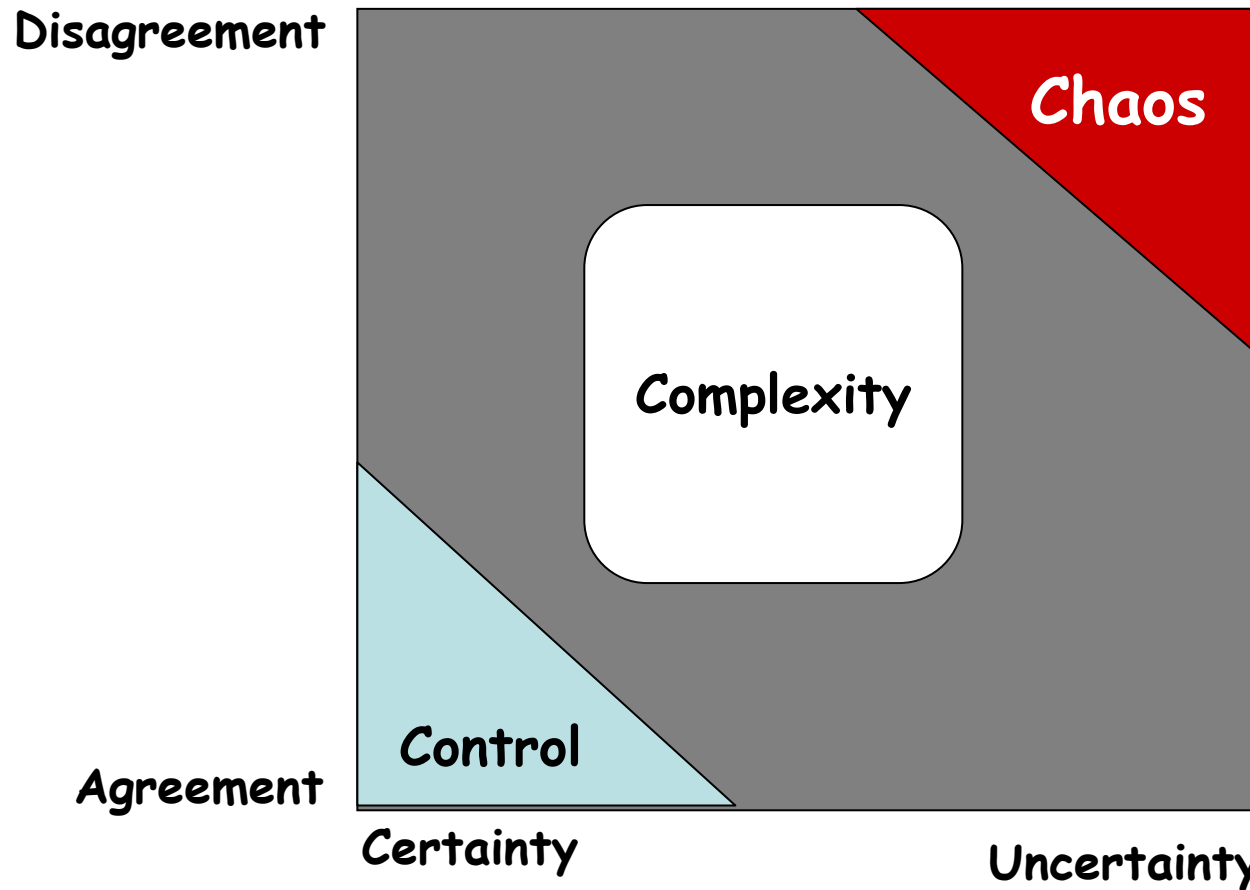
ICF

Lady's function and health "having lunch"

Activities/Participation(d), Environmental factors(e), Body functions(b) and Body structures(s)

d720	Complex interpersonal interactions
- d7203	Interacting according to social rules
d410	Changing basic body position
- d4103	Sitting
d550	Eating
e110	Products and substances for personal consumptions
- e1100	Food
e355	Health professionals
b130	Energy and drive functions
- b1302	Appetite
b730	Mobility and joint functions
s710	Structure of head and neck region

ICF meets Individual "Staceys diagram"



ref: *Complex Responsive Processes in Organizations: Learning and Knowledge Creation* av Ralph D. Stacey

ICF meets Individual: factors looked for...

- Utility (better than existing work methods)
- Compatibility (consistent with values)
- Complexity (easy to understand and use)

- Costs (balance cost benefits)
- Flexibility (adjustable to needs and groups)
- Risks (certainty in results)
- Visibility (others can see result)

- Impact (influence on total work)
- Duration (timeperiod change has to take place)
- Collective action (how many are involved)
- Presentation (long, clear, attractive)

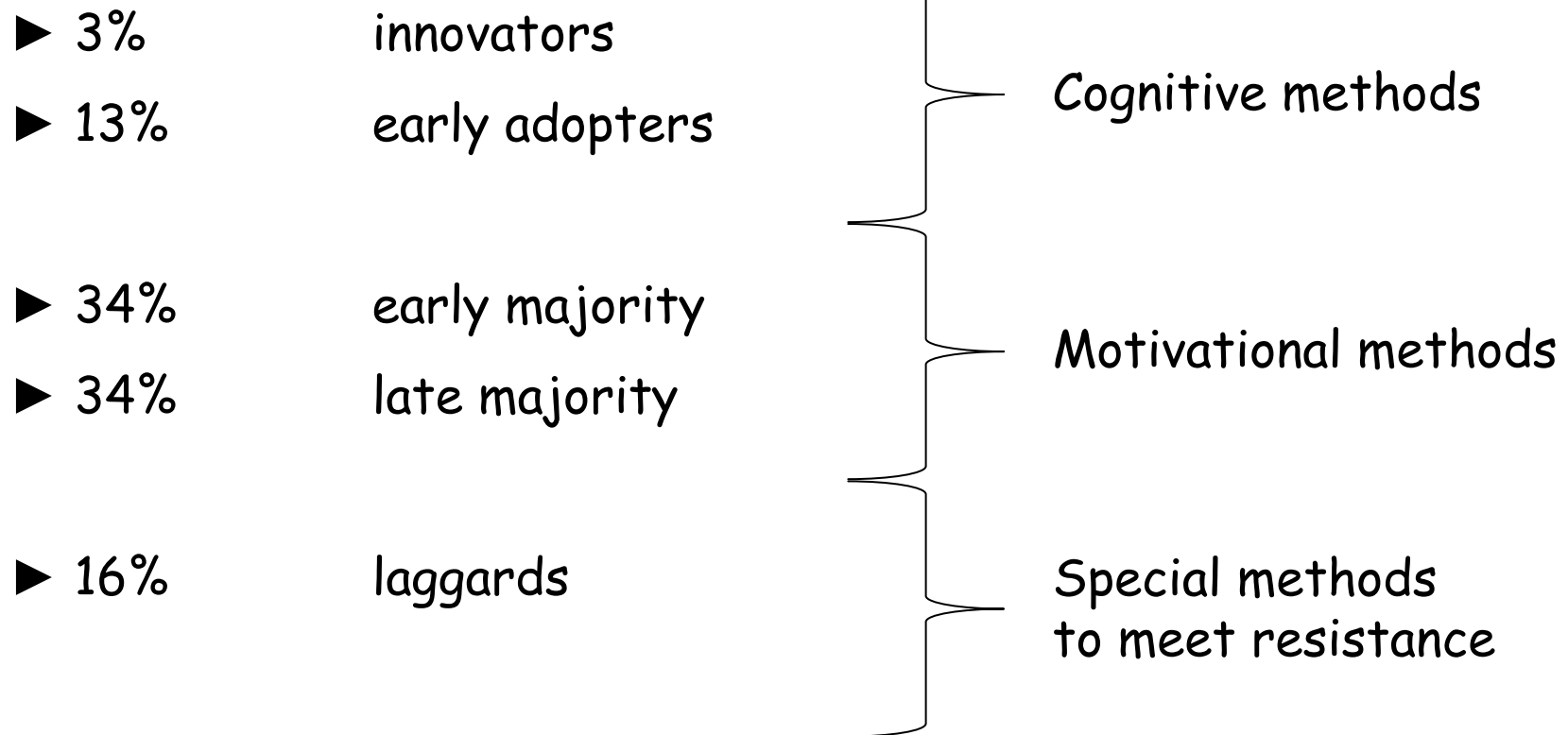


Individual: agreement and certainty related to...

- **Individual himself?**
 - Knowledge, attitudes, motivation, habits
- **Individual's interaction with others?**
 - Network, colleges, leaders, work cultur
- **Individual's organization?**
 - Tasks, roles, workplace cultur, systems



Individual - motivation to change varies



Leader and Organization

important pre-requisites

- **Employer** that push and support
- **Organization** for systematic implementation and change
- **People** in charge have competence
- **Systematic** evaluation
- **TIME**



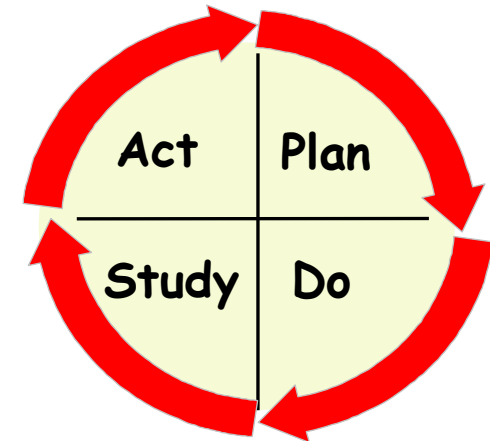
Leader and organization

Plan for success

- **People**, who want and have possibility
- **Areas**, where changes can be seen and must happen
- **Plan**, hold on to

- **Project-coordinator**
- **Team**, effective and competent
- **Key-persons**, comitted

- **Systematic evaluation**, integrated
- **Channels**, existing and new
- **Flexibility** with focus on problems



Nolan PDSA-circle

Leader's challenges (Senge 1995)

Re-think

- Strategy and purpose
- Where are we going

Hold on

- Fear, anxiety
- "Those who want - those who don't want"

Initiate

- No time, no coach
- "Walk the talk"



ICF/ ICF-CY FOR WHAT?

To report and document "Team conferens"

Team conference 30 min: assessment - goal and plan

Preparation: ICF-Checklist + categories

Chairman:

- 1. PARTICIPATION (Activities)**
2. Environmental factors
3. Body functions

Minimum to reach Goal

Timetable order, administration, evaluation

Agreement:

Responsibility for ICF categories

Goal/Participation

Who does what (before and after)



Ref: Rentsch et al., 2003

ICF/ ICF-CY FOR WHAT?

to specify evidensbased practice in "Policy program"

Autism " ...therapeutic techniques are used to *increase the child's motivation...*"

b130 Energy and drive functions

b1300 Energy level

Mental functions that produce vigour and stamina

b1301 Motivation

Mental functions that produce the incentive to act; the conscious or unconscious driving force for action

b1302 Appetit

Mental functions that produce a natural longing or desire, especially the natural and recurring desire for food and drink.

b1303 Craving

Mental functions that produce the urge to consume substances, including substances that can be abused.

b1304 Impulse control

Mental functions that regulate and resist sudden intense urges to do something

ICF/ ICF-CY for WHAT?

To specify content in "Sicknote"

WITHOUT ICF structure + language

Eve has a chronic neurological disease, MS. She has had symptoms and the present functional difficulties the last 3 to 4 years. It is also probable that these symptoms and problems in functioning will last.

WITH ICF structure + language

Eve has multiple sclerosis (MS). She can't go by bus to shop or to participate in social activities. This makes her isolated in her home, and both her physical and social abilities are negatively affected.

Her disease as well as her difficulties to walk and move around will last. She can't walk 50 meters to the nearest busstop. She uses a walking aid, which she can't lift into the bus.

Education

How?

For What?

Staff



Purpose and questions

Staffs' knowledge, understanding and use of framework after training in using ICF and ICF-CY

- **Knowledge** about ICF and ICF-CY
- **Understanding** of ICF and ICF-CY purpose, terms, components
- **Use** of ICF and ICF-CY in assessment
- **Differences** between subgroups "Attended" and "Attended and Used" (1 year after training)



Overview statements and scales in Questionnaire 1 and 2

Sections	State-ments (n)	Scale
Knowledge about ICF and ICF-CY?	3	0 to 3 = "none" to <i>"use often in clinical work"</i>
Understanding of purpose and terms <i>I think it is easy to explain ... "what is classified in ICF... ..participation...bodyfunction,.. purpose"</i>	12	0 to 4 <i>"not easy at all" to "very easy"</i>
Understanding of components on statements <i>I think it is easy to say what component in the ICF "The wheelchair is too small" refers to.</i>	15	0 to 4 = "not easy at all" to <i>"very easy"</i>
Use of components in assessment <i>To what extent has assessment concerned "Support from, knowledge and attitudes among people in the children's environment?"</i>	9	0 to 4 = "not often at all" to " <i>very often"</i>

In-service training in using ICF/ ICF-CY

2 hours information meeting



2 days in-service training



Follow-up/ 6 Newsletters



I-CY-HAB

Content in in-service training

2 h information meeting

Day 1

1. Introduction
2. ICF history

I. Habilitation plan /Homeassignment

3. To read ICF

II. Code habilitation plan to ICF

4. Development of ICF-CY
5. Development of ICF-CY forms

III. Form 1-Activities/participation

Day 2

6. ICF - Exemples of use
Instruments in relation to ICF/
ICF-CY

7. Problemsolving model

IV. Form 2- Environmental factors

8. Habilitation planning

V. Form 3- Bodyfunction/- structure

Newsletter 1-6

I-CY-HAB

Knowledge

	"Attended" (n=32)	"Attended and Used" (n=81)
	Sign diff Questionnaire 2	Sign diff Questionnaire 2
ICF		X
ICF-CY	X	X

Scale 0="none" to 3="frequently use in clinical work"

Understanding of purpose and terms

Purpose and terms	"Attended" Sign. diff. Questionnaire 2	"Attended and Used" Sign. diff. Questionnaire 2
Classified in ICF		X
Classified in ICF-CY	X	X
Purpose of ICF		X
Swedish name of ICF		X
Body function	X	X
Activities	X	X
Participation	X	X
Environmental factors	X	X
Capacity		X
Performance		X
Hindrances	X	X
Facilitators	X	X

Scale

0="not easy at all" to 4="very easy"

Understanding of components on statements

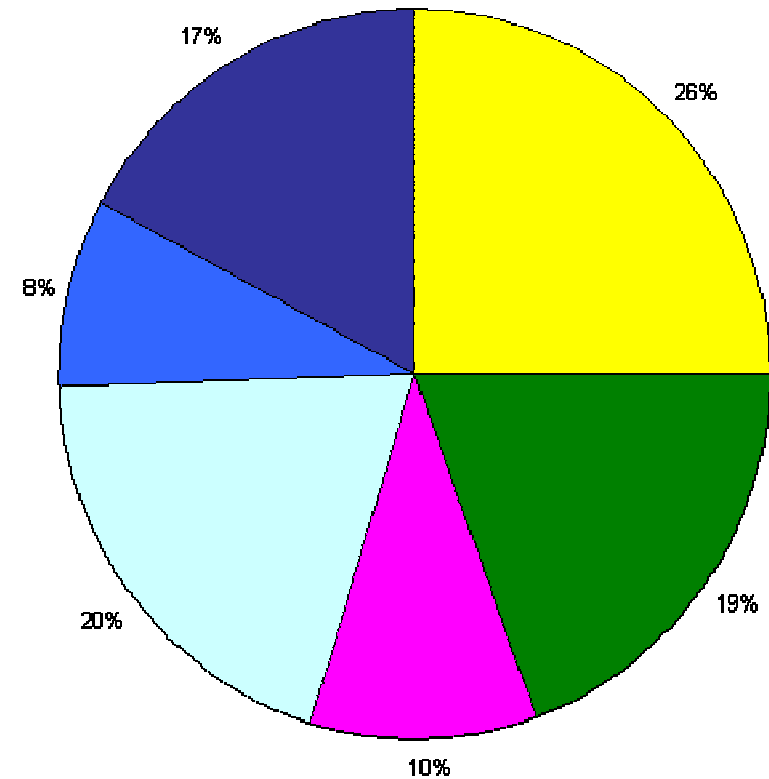
Statements (components)	"Attended" Sign.diff Questionnaire 2	"Attended and Used" Sign.diff Questionnaire 2
She can't handle stress (bf) She easily loose attention (bf) He can control his bladder two hours (bf) Her eye is defect (bs) His back is crooked (bs) His hip is dislocated (bs)		X X X X X X
He can't ride a bike (a) Train Lisa to write her name (a) His communication is delayed (a) He interacts well when he plays (p) He wants to go to cinema with assistant (p) She plays football in group with friends (p)	X	X X X X X X
Wheelchair is to small (e) To take away his doorsteps (e) Instruct staff on Carl's play with friends (e)	Scale 0="not easy at all" to 4="very easy"	X X X

Conclusion

- **Recommendation:** training should be tailored to different groups of professionals
- **professionals who have knowledge of ICF** should focus on understanding and use of it on work situations
- **professionals who have limited knowledge** should focus on knowledge and understanding purpose, terms and components

INFORMATION IN HABILITATION PLANS according to ICF components

- **Participation**
- **Activities**
- **Environmental factors**
specific, habilitation services
unspecific, habilitation services
specific, other services!!!!!!
- **Body functions/ body structures**





Youth form

Suggestions for talk

Mark the things you want to talk about

I want to talk about my relations to others

- How I get in touch with people my age (d7)
- How it works out when I am with friends/ classmates (d7)
- How it functions at home between my parents and me (d7)

I want to talk about school

- How I manage schoolwork (d1)
- Support and adaptations in school (e1)
- Me being part in all school activities (d8)

**Suggested
areas to talk about**

How your daily routines work out



How you handle money and your economy



How your sparetime is



How your relations to others are



How you can understand and make yourself understood



How you manage to learn new things



How you manage to go to places you want

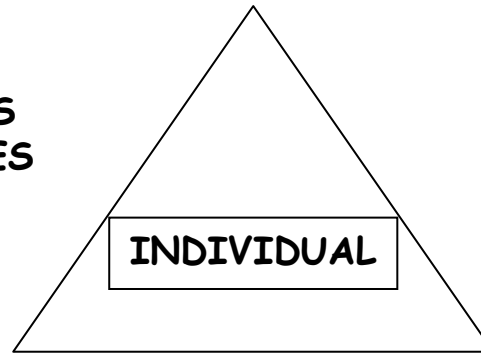


How you sleep and take care of your body and health



INFORMATION IN ASSESSMENT

**BODY FUNCTIONS
BODY STRUCTURES**



ENVIRONMENTAL FACTORS
Factors that hinder or ease function

ACTIVITIES and PARTICIPATION
Individual's competence and engagement in tasks in lifeareas

ACTIVITIES and PARTICIPATION

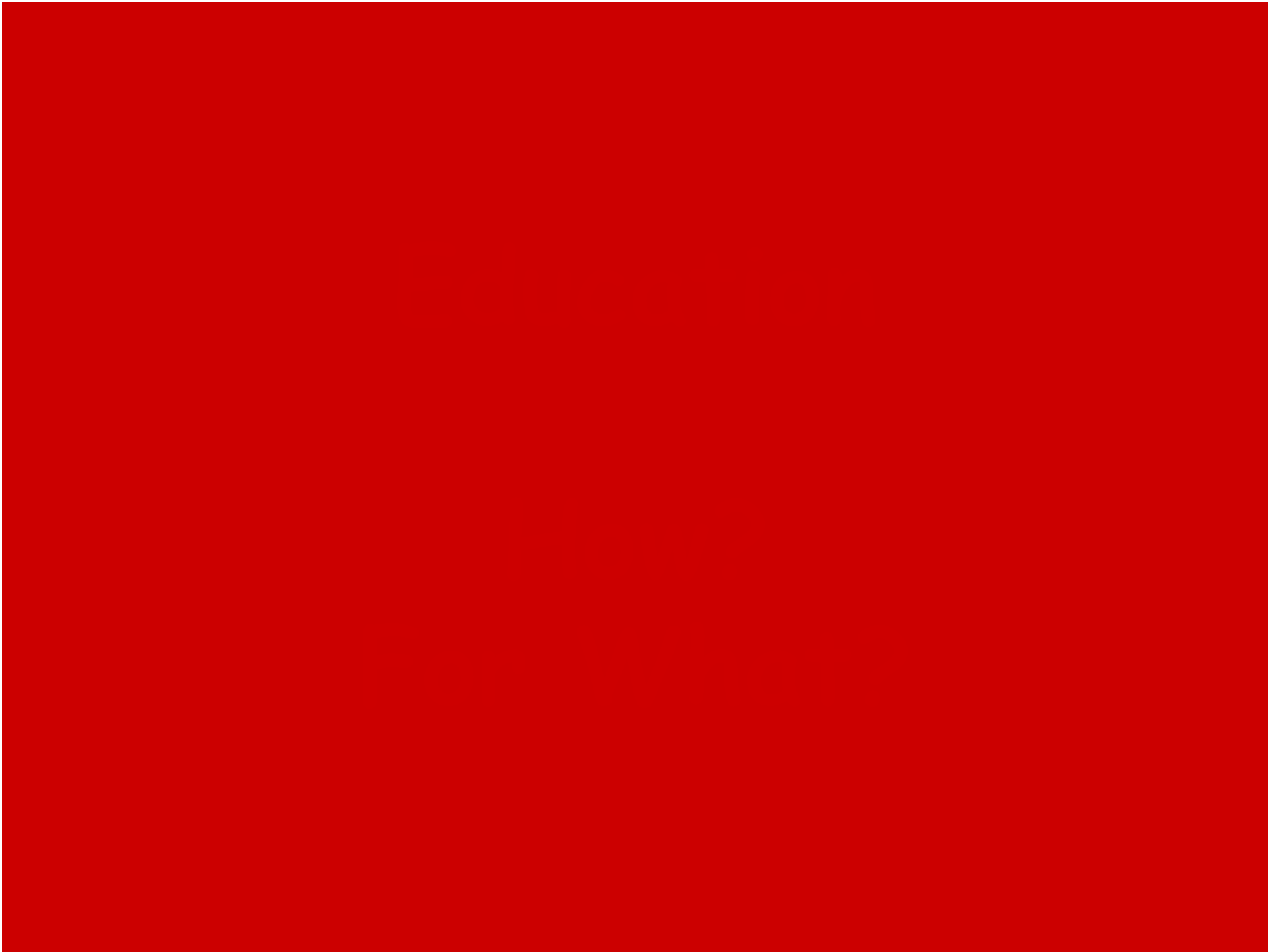
General tasks and demands
Mobility
Domestic life
Communication
Learning and applying knowledge
Self-care
Recreation, social life and community
Personal interactions and relationships
Education, work, economy

BODY FUNCTIONS BODY STRUCTURES

Heart, respiration, immunity
Skin
Digestive and metabolic systems
Mental functions
Reproductive functions
Movement related functions
Voice and speech functions
Sensory functions and pain

ENVIRONMENTAL FACTORS

Attitudes
Economic situation
Products and assistive technology
Indoor- outdoor environment
Food
Medication
Law and rules
Personal support
Services
Support from close persons



Parents



Purpose and questions

- **Parents** descriptions of use of ICF/ ICF-CY components
 - in assessment, goalsetting and intervention?
 - in assessment when different diagnosis?



I-CY-HAB

Participants and design

- Parents with "contact < 1 year" or "contact new"
 - Child and youth habilitation services
 - 6 counties
 - 49 mothers, 5 fathers, 18 mothers/fathers (n=72)

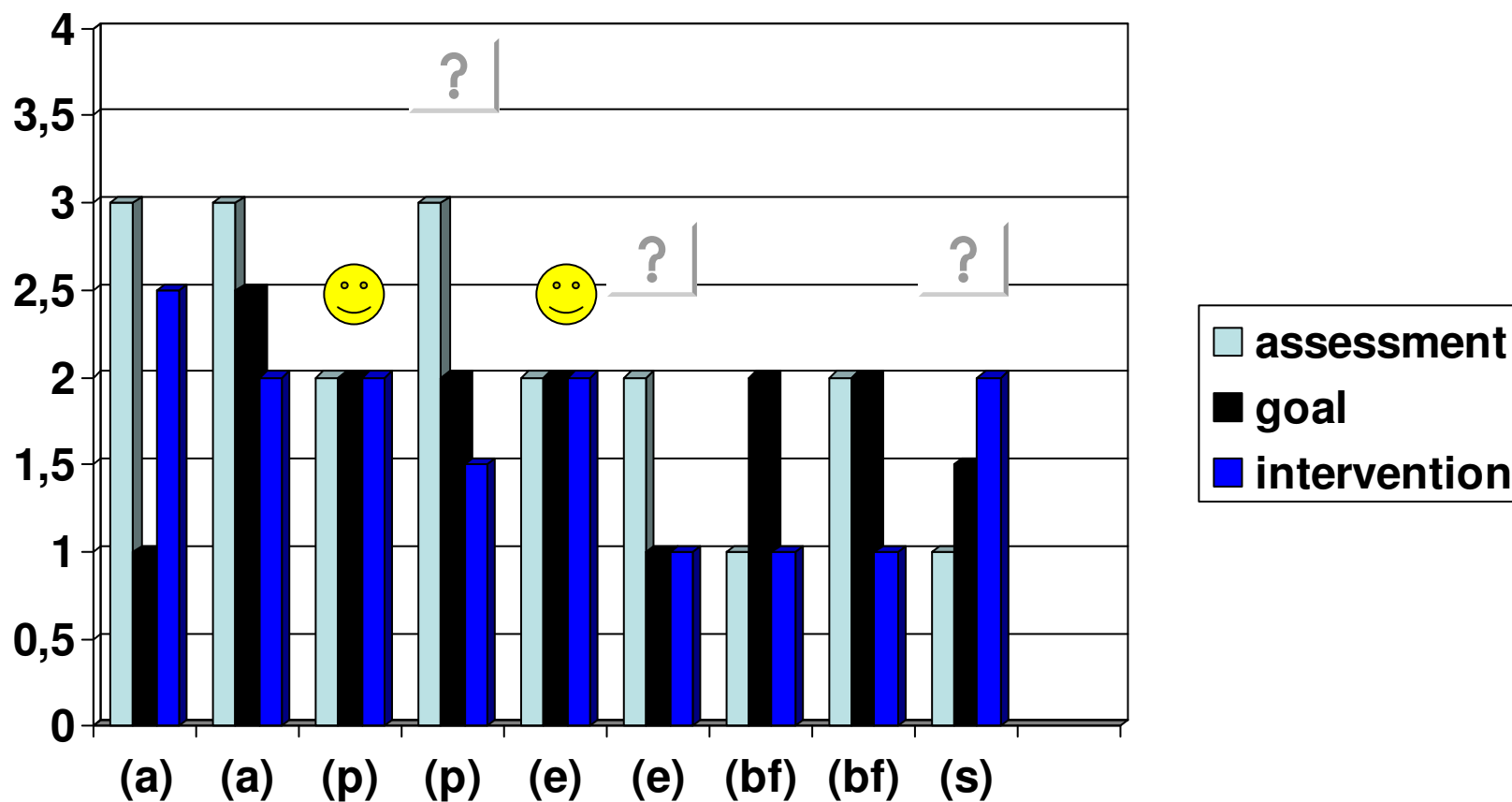
Questionnaire A "contact < 1år" ("contact new")	staff In-service training	Questionnaire B "contact < 1år" ("contact new")
n = 96 (n = 11)		n = 62 n = 10

Diagnosis

• Autism	6	(6%)
• Asperger syndrom	2	(2%)
• ADHD	4	(4%)
• Cerebral paresis	21	(20%)
• Developmental delay	11	(10%)
• Mental retardation	11	(10%)
• Multiple function delay	8	(8%)
• Other	9	(8%)
• Total	<u>72</u>	<u>(68%)</u>
	107	

Extent components are used in **assessment, goal, intervention** - whole group (n=72)

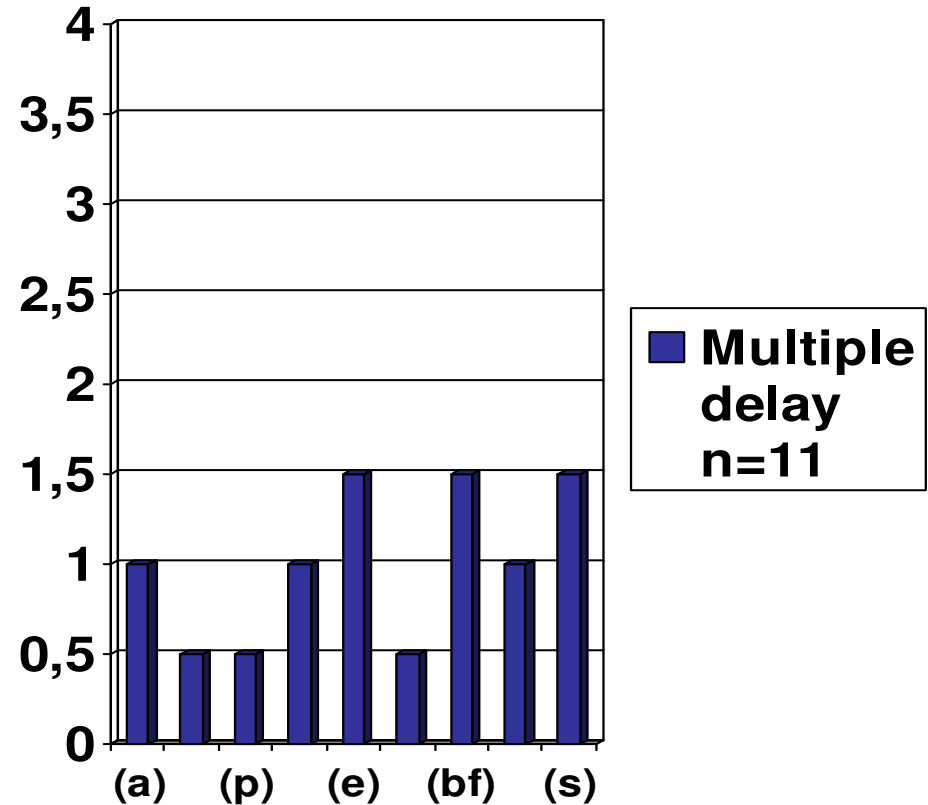
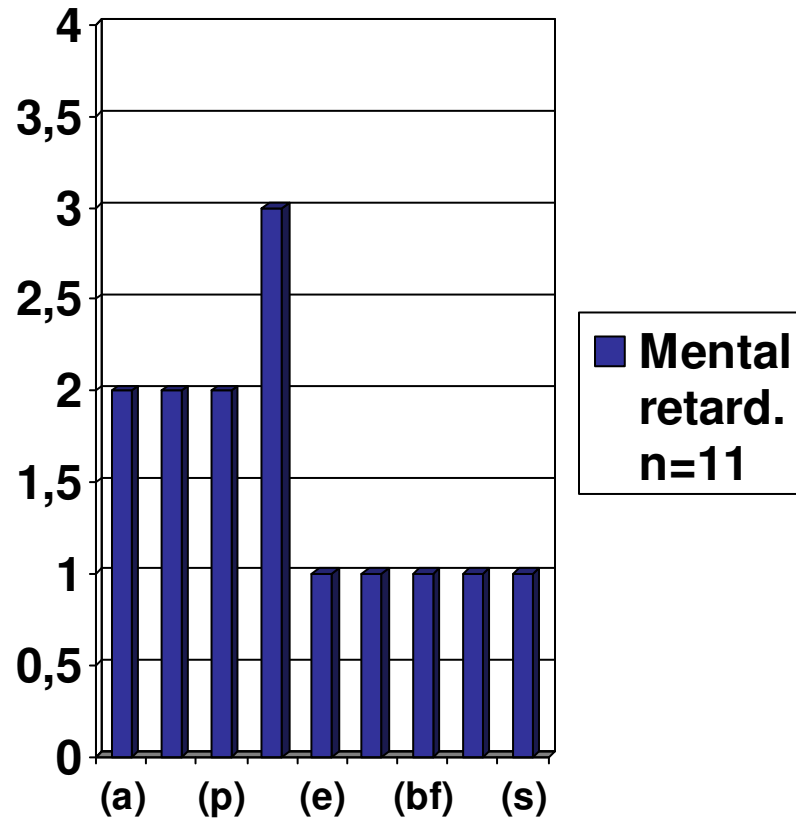
Scale: 0=Not at all - 4=Totally (median)



I-CY-HAB

Extent components are used in assessment of diagnosis

Scale: 0=Not at all - 4=Totally (median)



Conclusion/ recommendation

Parents descriptions show that the extent

- one statement (component) is assessed, goalset and intervened varies
- a statement (component) is used for assessment varies between diagnosis

ICF framework used by parents

enables comparison of descriptions of assessment, goals, intervention, as well as the extent statements (components) are assessed



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