

The ICF as an organizing framework for inpatient rehabilitation information?

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EVALUATING SOCIAL
PARTICIPATION:
Applications of the ICF and ICF-CY

ÉVALUATION DE LA
PARTICIPATION SOCIALE :
applications de la CIF et de
la CIF-Enfants et Adolescents

Key discussion points

- ICF has potential value for organizing inpatient rehabilitation services data
- ICF is partly incorporated in Canada's National Rehabilitation Reporting System
- Inpatient rehabilitation data of relevance to social participation are currently limited
- Challenges in promoting ICF in the adult inpatient rehabilitation sector
- Continue to explore innovative opportunities, such as case mix applications

ICF aims are promising

- “...scientific basis for...health-related states, outcomes and determinants”
- “...common language to improve communication...”
- “...comparison of data...”
- “...systematic coding scheme for health information systems”

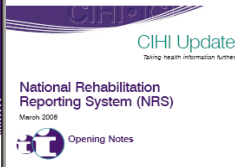
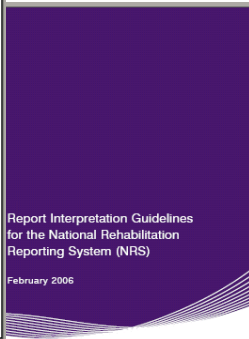
Key question for discussion

- Whether and how the ICF is a suitable organizational framework for inpatient rehabilitation services information?

Assessing one reporting system through an ICF lens

- National Rehabilitation Reporting System (NRS)
 - Of the Canadian Institute for Health Information (CIHI)
- Inpatient adult rehabilitation services
- Data collection since 2001-2002
- Three assessments per inpatient episode
- As of August 2008:
 - Over 100 general and specialty facilities
 - In 9 of 10 Canadian provinces
 - Over 403,000 assessment records

Range of NRS products, services and reports



The NRS team at CIHI is pleased to report that almost 100 inpatient rehabilitation sites across Canada have entered the National Rehabilitation Reporting System for the reporting period in 2005-2006. This includes participation from seven provinces and represents a significant increase in the growth of the NRS. Thanks to those who have participated in the workshop and for helping the NRS become a success. CIHI is also looking forward to the potential for implementation from existing provinces and facilities in the coming year.

Participation in the NRS for Quarter 3 2005-2006

The NRS team has had three more facilities in Q3, bringing the total number of sites listed to 100. Of these, 87 sites reported data in Q3 and the sites that had established Q3 2005-2006 data for the entire reporting period (February 14, 2006). The reporting sites have reported having had two or no direct discharges.

Province	Data Entered (Total sites/100 facilities)	Data Submitted (No. of Sites)
British Columbia	0	0
Alberta	0	0
Ontario	3	3
Quebec	78	73
New Brunswick	3	1
Prince Edward Island	0	0
Manitoba and Labrador	1	1
Total	100	87

REPORT 1: Admission Profile
Include complete admission record
Facility Name: NRS
Family Name: 800 Health Service
Facility Type: Specialty Facility
Period: October 01, 2005 to December 31, 2005

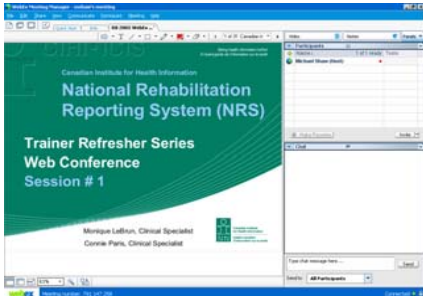
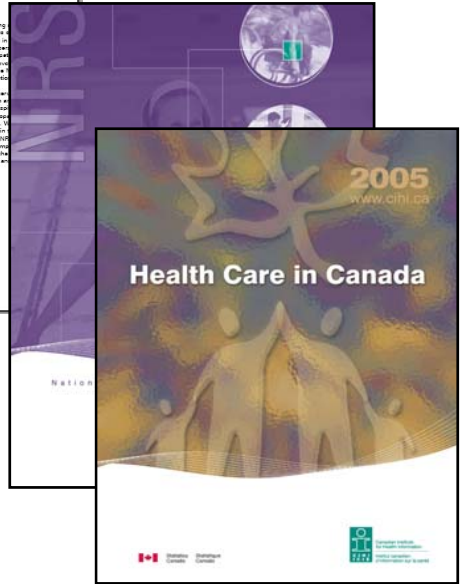
Facility	Peer	National
0	0	0

Admission by National Source

Code (see NRS)	Count
Observation, Inpatient	2
Long-term care	8
Intercommunity, includes AMR Data	18
TOTAL	28

Admission by Presentation Code (Group: P/C/D)

Code	Count
1 Stroke	12
2 Brain Dysfunction Traj	0
3 Brain Dysfunction Traumatic	0
4 Brain Dysfunction Neurological	24
5 Normal Cerebral Dysfunction Traj	0
6 Normal Cerebral Dysfunction Traumatic	0
7 Normal Cerebral Dysfunction Neurological	0
8 Amnesia	0
9 Amnesia of Eye	0
10 Amnesia of Eye	0
11 Pain Syndromes	0
12 Convulsive Disorders	0
13 Epilepsy	0
14 Dementia	0
15 Cognitive Deficiencies	0
16 Urinary Disorders	0
17 Multiple Sclerosis	0
18 Dementia	10
19 Dementia	10
20 Dementia	10
21 Dementia	10
22 Dementia	10
23 Dementia	10
24 Dementia	10
25 Dementia	10
26 Dementia	10
27 Dementia	10
TOTAL	100



Data set intended to reflect ICF components

- Heavy focus on:
 - Body functions and structures
 - Activities
- Limited data and information on:
 - Participation
- Minimal or no data and information on:
 - Environmental factors
 - Personal factors
- Information on social participation limited primarily to:
 - Living arrangements
 - Informal support
 - Reintegration to Normal Living Index
 - Of more relevance to post-discharge follow-up assessments

Appetite for ICF in inpatient rehabilitation reporting?

- Varied stakeholders for standardized data
- Vague/broad definitions of 'rehabilitation'
 - Contributes to challenges in scope articulation
- Role of inpatient services along a rehab continuum
- 'Rehabilitation' and 'disability' concepts
- Relevance to system-level management
 - Resource planning/monitoring, outcome measurement, comparative reporting; funding applications
- General knowledge of (appreciation for) ICF

Appetite for ICF in inpatient rehabilitation reporting?

- Approaches employed:
 - Pilot project for actual ICF coding
 - Discussion of potential uses with advisors
 - Exploring the perceived coding burden
 - Promoting cross-continuum, international comparisons
 - Mapping inpatient rehabilitation data set to ICF
 - Consideration of ICF core sets for certain client groups
 - Exploring participation-related measures

In order to move forward

- ICF remains, from this perspective, a lower priority for data and information in this sector
- Further explore benefits and opportunities:
 - case mix applications
 - enhanced peer comparative reporting
 - use in accountability/balanced scorecards
 - other client groups
 - other parts of a rehabilitation services continuum

Review:

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For further information

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