



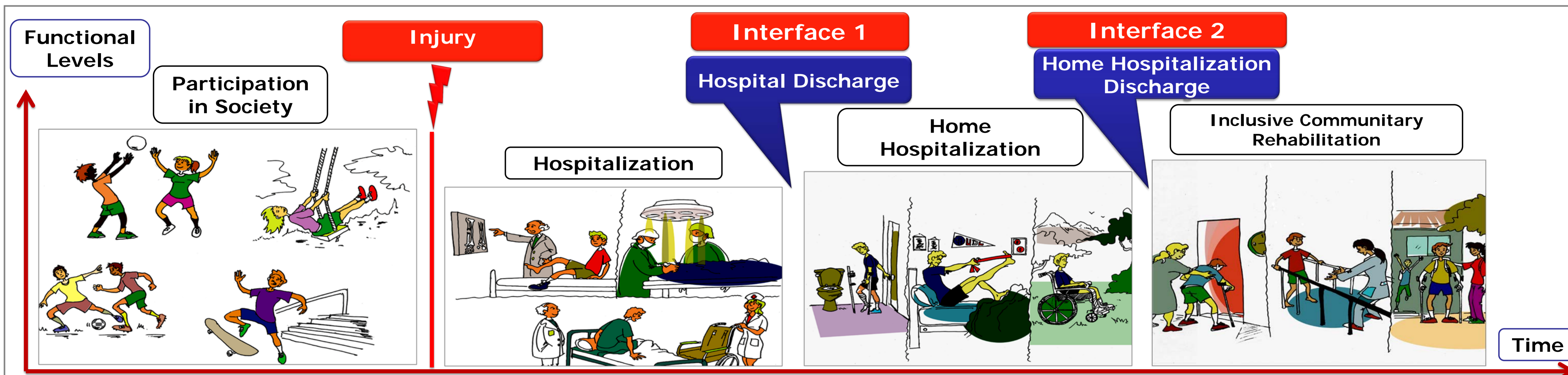
Clinical management in Hospital-Household and Household-Community interfaces in children with physical disabilities using ICF-CY

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Abstract Quality assurance process in health services relies in clinical management, where the results (positive or negative) of the indicators used will demonstrate the impact of the actions taken in the clinical, family and community interfaces. It is vital to get a fast recovery and autonomy of a person affected with a physical disability, where the clinician role is to plan: a) an early mobilization while in hospital care, b) basic care at household level, and c) therapeutic actions to integrate the patient into the community. Based in our report of seven cases that took part in an attention programme created after the 8.8 Richter earthquake in Chile (27th February 2010) we propose indicators of functionality for these interfaces.



Introduction

The hospitalization area at Talca's (capital of Maule region, Chile) hospital suffered 100% structural damage during the 8,8 Richter earthquake occurred in Chile (February 2010), which forced the public health system to schedule earlier discharge of patients.

The need to continue supervising patient progression and to prepare an adequate level of functionality in order to facilitate the patient to react in case of aftershocks demanded to reorganize the rehabilitation strategies by using international experiences in early mobilization.

The urgency of giving fast autonomy to the patients placed functionality at a similar level of importance with the evaluation of health status. Nevertheless, in Chile indicators related to functional level for taking decisions of discharging patients from the health system are not currently used.

This study proposed indicators of clinical management and continuing health care in the hospital-household Household-community based rehabilitation interfaces based in ICF in order to plan intervention measures in adults that had suffered a stroke and children with acute traumatic lesions.

A clinical management programme based in case management called "Home Kinesic Attention During Emergency" was proposed. The programme coordinated primary attention at hospital, carried out subacute attentions at household level and coordinated long term attention for community rehabilitation using an holistic functional approach.

Methods & Materials

Design: Prospective study of child and youth as case report with indicators measured in two interfaces: surgery service discharge of a high complexity hospital, and domiciliary hospitalization discharge.

Cases: Seven (7) patients, two females and five males, ages between one and fourteen years old included in the case management system during May 2010 to May 2011, with hospitalization period greater than 10 days, without neurologic compromise.

	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7
Age	2	3	6	11	12	12	14
Sex	Female	Male	Male	Male	Female	Male	Male
Diagnosis	Shaft femoral Fracture (middle third) S72.3	Shaft femoral (middle third) S72.3	Femoral lengthening Osteonerosis Femoral Head (M87.9)	Monteggia's Fracture S52.0	Tibial lower end Fracture (with fibula) S82.3	Multiple injury T06.3	Shaft femoral (middle third) S72.3
Hospitalization Days	10	14	15	12	14	150	16

Procedure: Analysis of motor functionality activities, extracted from ICF C-Y which could indicate physical autonomy in order to response to an emergency without disturbing basal health condition.

Fourteen dichotomous verified interface indicators are proposed (With/Without difficulty), three of which correspond to body functions and eleven to activity and participation domain.

Five (d4100, d4103, d540, d4200, d465) measure acute functional state to hospitalization discharge, and nine (b7102, b7306, b7402, d4104, d4154, d4500, d4600, d4602, d4702) measure the sub acute functional state to domiciliary hospitalization.

All hospitalized patients received, at least, two mobilization therapies daily, and an average of five physical therapy sessions during domiciliary hospitalization.

Data Collect: From the data obtained of the patients with case management system the fourteen functional indicators were applied for each interface.

Results

The results of the seven analyzed cases with indicators for each ICF C-Y code and its respective interface assessment are represented on the following Table.

ICF Categories	Case						
	C1	C2	C3	C4	C5	C6	C7
Hospital Discharge Interface (1)	d 4100 Lying down	√	√	√	√	√	√
	d 4103 Sitting	√	√	√	√	√	√
	d 4200 Transferring oneself while sitting	X	X	X	√	√	X
	d 465 Moving around using equipment	X	X	X	√	√	X
	d 540 Dressing	X	X	X	√	√	√
Home Hospitalization Discharge Interface (2)	b 7102 Mobility of joint generalized	√	√	√	√	√	√
	b 7306 Power of all muscles of the body	√	√	X	√	√	√
	b 7402 Endurance of all muscles of the body	√	√	X	√	√	√
	d 4104 Standing	√	√	√	√	√	√
	d 4154 Maintaining a standing position	√	√	√	√	√	√
	d 4600 Moving around within the home	√	√	√	√	√	√
	d 4702 Using public motorized transportation	√	√	√	√	√	√
	d 4602 Moving around outside the home	X	√	√	√	√	√
	d 4500 Walking short distances	X	√	X	√	√	X

√= Without Difficulty / X= With Difficulty

Conclusions

- Indicators measured show the autonomy level in both discharges, decisions based on ICF indicators improves clinical therapeutic management. The treatment planning must consider the normal tissue repair as observed in children with mayor complexity and extension surgeries, as case 3 and 6 (see Table).
- On preschoolers, ages one to three, activity indicators were affected due to their parent or adult dependency.
- ICF Indicators can be used in order to measure care service quality and reoccurrence of adverse events due to long hospitalization periods.
- Based on ICF and as proposed in "World Report on Disability" OMS 2011, case management facilitates following, continuity and care of patients with disabilities.