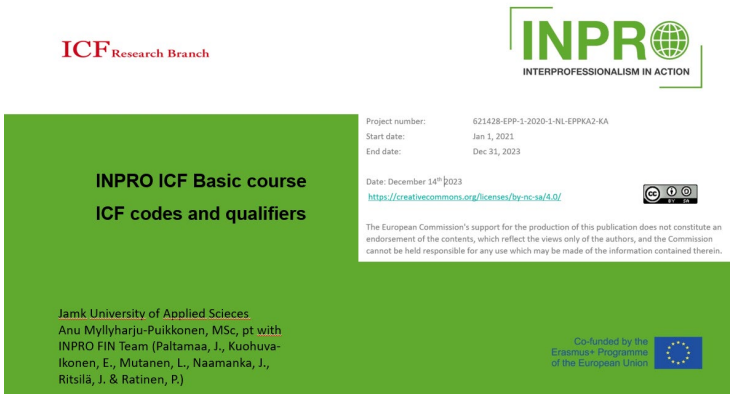
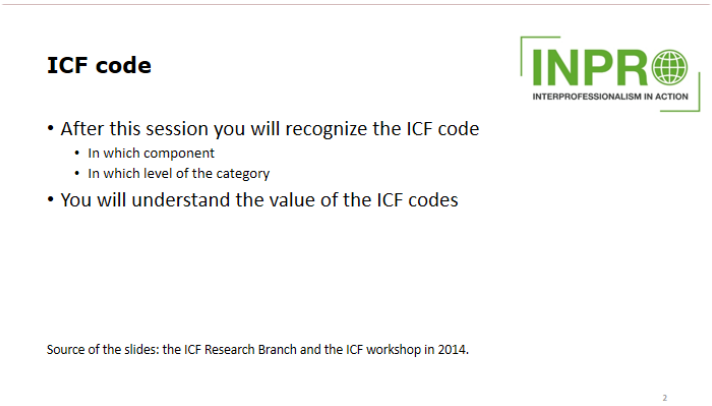


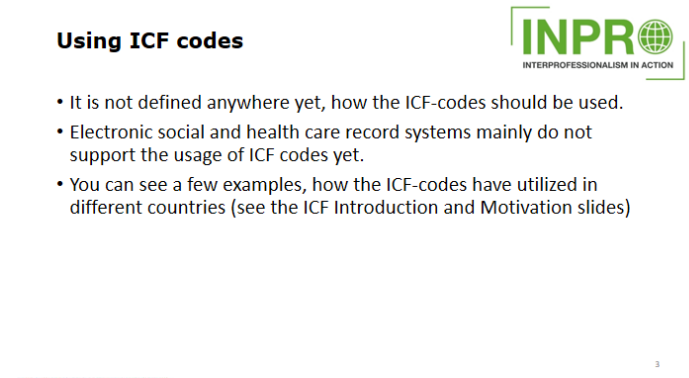
I'm Anu Myllyharju-Puikkonen. Now we move on to the ICF codes and qualifiers.

This video is designed to complement the ICF e-learning material, so you can use it alongside the e-learning tool. I hope this helps you when learning ICF.

Remember to take notes, if you don't understand something. There will be time in the ICF reflection seminar or webinar to go over any unclear issues.

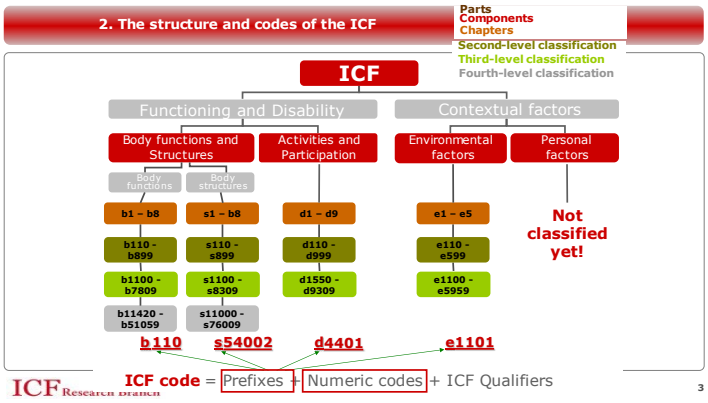


The purpose of these slides and video is to explain to you what ICF codes and qualifiers are and why you should learn them.



Why do I need to learn ICF codes? ICF codes are a common language between different professionals, different disciplines and different countries when we document information about functioning. Even though our patient or client record systems do not " speak ICF" or do not support the use of ICF yet, they

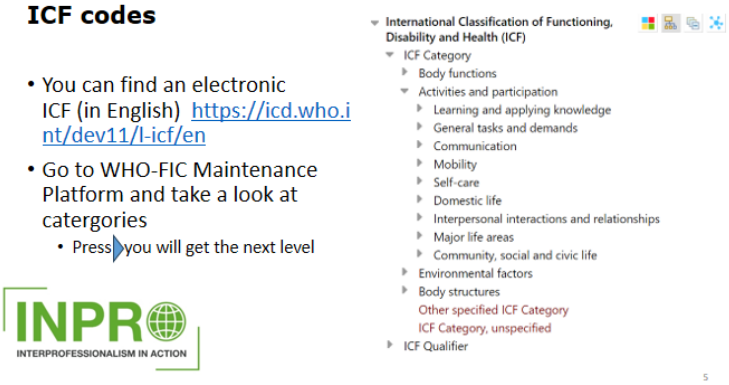
will do that in the future. You can go back to Introduction slides to see some examples of practice from Finland.



Here you can see the structure of the ICF tree. ICF consists of two parts and five components. ICF components consist of domains/chapters and categories at different level. There are four levels of Body Functions and Body Structures, three levels of Activities & Participation, and three levels of Environmental factors too.

The units of ICF classification are categories, for example d550 eating and b134 sleep functions.

One code includes: prefix (letter b=body, s=structure, d=domain, e= environmental factors) followed by a numeric code and a qualifier or qualifiers.



The WHO-FIC maintenance Platform (in English) helps you to familiarise yourself with the structure and the categories of ICF. Please, go to the web page and go through each component and domain. If the ICF is available in of your own language, please look at them side by side. You can also try typing something in the search field. So, the aim is to become more familiar with the contents of the ICF.

ICF qualifiers

- When using ICF codes, should you use at least one qualifier. Without qualifier/s the ICF code has no inherent meaning.
- The qualifier express magnitude of the health or severity of the problem at issue.
- There are a common scale for quantifying the problem or support.

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Pictures: Microsoft 366 Stock Image Library

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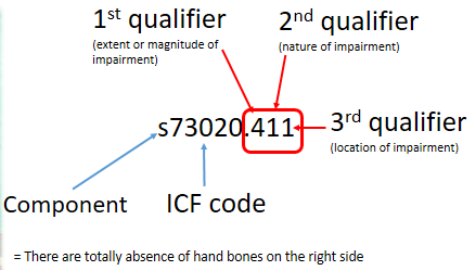
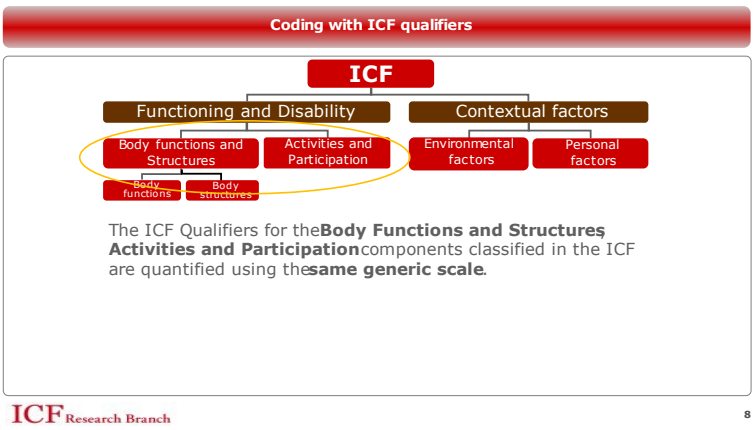
The ICF code is complete only if it contains a qualifier, and each code must contain at least one qualifier. The qualifier provides information on functioning status: magnitude, location and nature of the problem.

ICF qualifiers

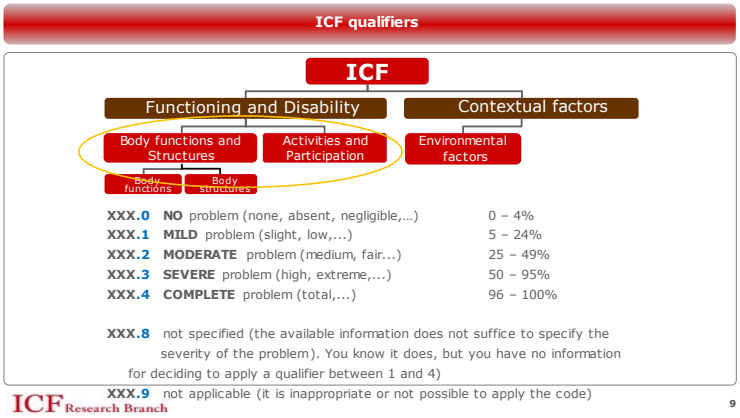


= There are totally absence of hand bones on the right side

Here you can see the example. Qualifiers can be operationalised in two ways: by converting data collected with the assessment tools, used with the person, into the appropriate categories and qualifiers; or by coding the clinical finding e.g. observation or interview directly into ICF categories and qualifiers. In most cases, only one qualifier (the first) qualifier is used.

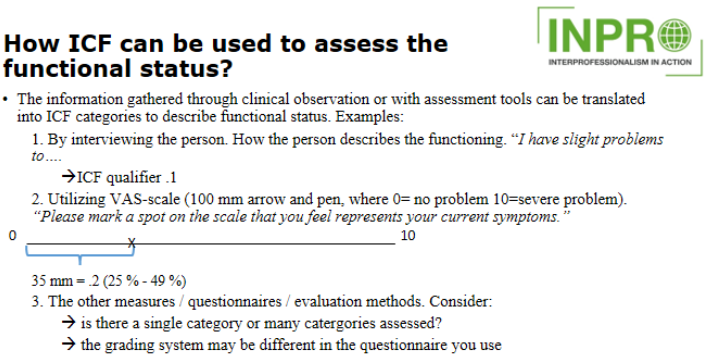


There are same generic scale for ICF qualifiers in Body Functions and Structures, Activities and Participation, and Environmental factors.



Here you can see the scale: qualifier 0 (zero) when there is no problem, like the normal situation…..(read the slide)… Qualifier 8 can be used if you know there is a problem, but do not know if the problem is mild or severe.

These qualifiers can be also understood and used concerning the time period. For example, qualifier 2 means that 25% to 49% of the time the person has problems to do something.

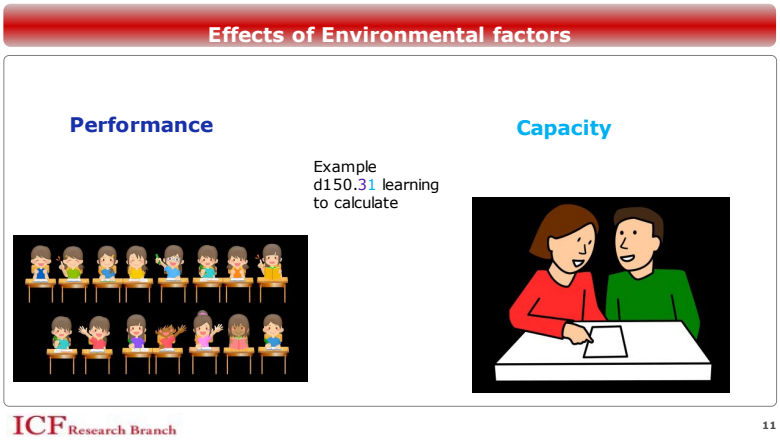


Here are some examples of how the qualifiers can be used in different situation.

Activities and Participation can be described by two qualifiers, based on the generic qualifier and the constructs of performance and capacity. The first, performance, describes what a person does in his or her actual environment. The second, capacity, describes limitations without assistance measured in a uniform or standard environment. The performance of the action reflects a person's involvement in life situations in the real-life setting.

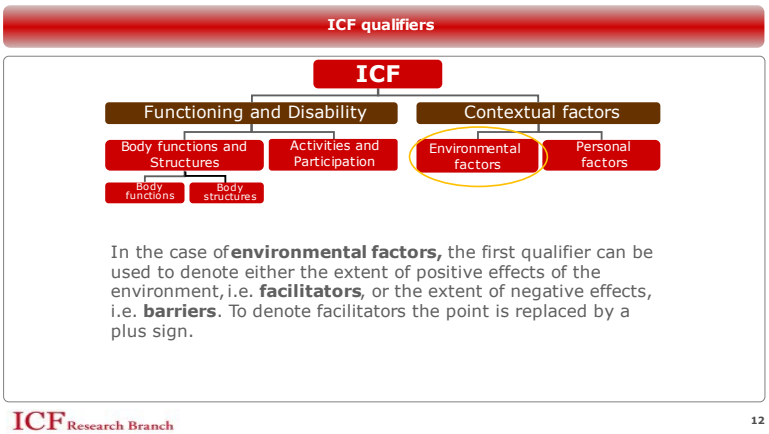
The first code, beginning with the letter s, describes what is the situation concerning body structures.

The second code, beginning with the letter d, describes the activity and participation how the person can run.

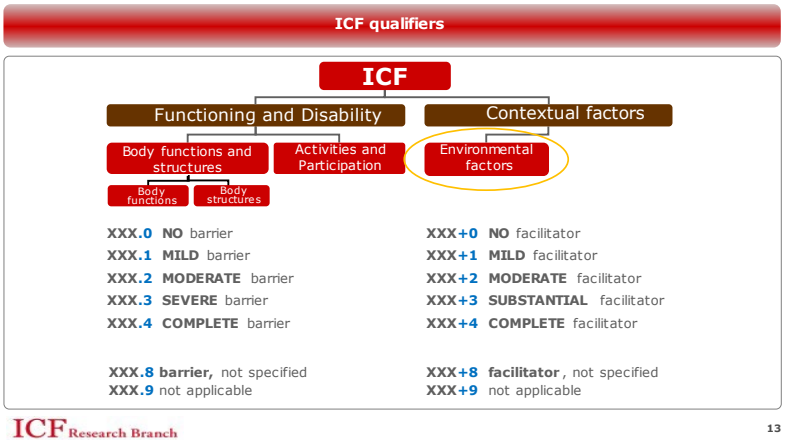


These constructs can be used to express the effects of the environment very nicely. Here is the situation, where a child can concentrate well in a separate, quiet room (capacity), but when she is in a classroom, she has great difficulty because she is distracted by a noisy environment.

That is very nice way to show for policy makers that what could be solution for the patient /client, that is how we should consider the environment.



The environment may have a significant impact on a person's functioning, and it is essential to record the extent to which the environment enables or restricts a person's functioning. When an environmental factor improves functioning, it is coded as a facilitator with + sign; when it restricts functioning, it is coded as a barrier with a point.



Same generic scale from 0 to 4 (zero to four) and number 8 is used.

In the INPRO project the ICF Implementation material is available too, please go to webpage http://www.inproproject.eu

Thank you for listening!