

Module 3: Coding and Qualifying

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with the support of the consortium partners

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Learning outcomes of Module 3

- The participants have knowledge about the coding and the use of WHO evaluation qualifiers
- The participants can observe the family and the child and assign codes in a transdisciplinary cooperation
- The participants can communicate with the family regarding the use of WHO evaluation qualifiers

Ethical guidelines

- ICF should always be used so as to respect the inherent value and autonomy of the child/family.
- ICF should never be used to label individual persons.
- In clinical settings, should always be used with the consent of the persons whose levels of functioning are being classified/the legal guardians.
- The information coded using ICF should be viewed as PERSONAL information (rules of confidentiality).

Use in Schools

- Wherever possible, the professional in school should explain to the individual (parents/children) the purpose of the use of ICF.
- The child/parents should wherever possible have the opportunity to participate in the ICF use.
- Because the problem being classified is a result of both a person's health condition and the physical and social context ICF should be used HOLISTICALLY.

The philosophy of coding

Coding is a communicative process in transdisciplinary teams — in the best case together with the parents.

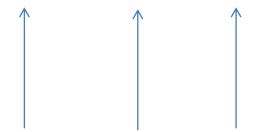
It is not about who has "right" in the "Team around the child" when selecting a code, it is about exchanging and communication, what we mean when selecting a code e.g. which intervention goals can results from that.

Suggestion for assigning a code

- Define the information available for coding (which information is important for whom?)
- Identify whether it relates to the different domains (s, b, d, e or personal factors)
- Locate the items at the 2. level
- Read the description of the items
- Review any inclusion or exclusion notes/criteria
- Search for information at the 3. or 4. levels

Coding body structures

s7300.____



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Extent of the 1=no change 1=right
Impairment in structure 2=left
0,.1,.2,.3,.4 3=additional 3 = both sides
part ......
```

Coding the Activities and Participation

D5400. _____



Performance (performance) Capacity (competence) = lived experience = highest probable level of functioning

Optional qualifiers

D5400 _____ __________________



Capacity with assistance

Performance without assistance

Using WHO qualifiers (in the compentent s, b and d) to qualify the severity of a "problem"

- Select the items
- Discuss/define the general evaluation qualifier (s, b and d)
- .0 = No problem
- .1 = Mild problem
- .2 = Moderate problem
- .3 = Severe problem
- .4 = Complete problem

Qualifying environmental factors

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+1, +2, +3 +4 Facilitators .1, .2, .3, .4 Barriers
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- .0 = Nor a facilitator, nor a barrier
- .8 not specified/more information necessary/we do not know or we do not find a consensu

It might be challengeing for professionals to qualify environmental aspects.

Take into account that parents usually qualify themselves as "facilitator"

Additional tools

Assessing the severity of a problem (based on WHO qualifiers) could also be supported by "frequency"-indicators:

- .1 = seldom
- .2 = sometimes
- .3 = often
- .4 = always

.8 We do not know/more information is requiered

Additional tools how to use qualifiers

Qualifiers can also be used describe HOW a person with a health problem performs certain (participation)-tasks

- .0 = Independently
- .1 = with supervision
- .2 = requiring e.g. continuos motivation or prompting)
- .3 = requiring "hands on" support
- .4 = requiring "Total assistance": (The assistant is performing the activity)

Scaling of the extent of difficulty (based on WHO recommendation and in accordance with WHO DAS)

- .1 = Mild difficulty (5-24%)
- .2 = Moderate difficulty (25-49%)
- .3 = Severe Difficulty (50-95%)
- .4 = Complete difficulty (96-100%)

Qualifier system suggested by Amorosa and Keller (2012)

- .1 = No problem
- .2 = Problem
- .I = Further information required
- .F = Target area of support/treatment
- .N = Inapplicable

Practical informations (1)

 Selection of codes to represents a child's profile of functioning in school

- The ICF classifies health and health-related states.
- The ICF DOES'N classifies an event/ a diagnosis (like ICD-10).

Practical informations (2)

Coding relevant informations

- Coding is related to the health problem.
- When assigning codes users should NOT draw any conclusions about the interrelationship between the impairments.
- Coding should be as possible more specific.
- Do not use more than 15 to max. 20 codes.

Coding of environmental factors

- Environmental factors are coded in a way, without relating these codes to body functions, body structures or Activities/Participation
- There are 3 coding ways (conventions)
- e-Factors are coded alone
- e-Factors are coded for every component
- e-Factors are coded for capacity and performance qualifiers

Coding and qualifying in school

Qualifying in school could relate to SCHOOL MARKS.

SCHOOL MARKS have to be transformed into WHO qualifiers-

It might not be always necessary to qualify "problems" with WHO qualifiers if school marks are used.

Hypothetic link between school marks and ICF-qualifying (Austrian/German example)

School marks (regular marks)		ICF Beurteilungsmerkmale (d, b,s)	
Excellent	1	0	No problem
Good	2		
Satisfactory	3		
Sufficient	4		
Not surricient	5	.1	Slight problem
Other assessement (e.g. following a indiviudalized currculum)		.2	Moderate problem
		.3	Severe problem
		.4	Total problem
No assessed		.8	Not speciified
No relevant		.9	Not relevant

Take home message

- The ethical guidelines should be absolutly considered
- Coding is a communicative process
- There are no "right"/wrong codes, it is abouth exchange, communication and consensus
- Coding and the use of evaluation qualifiers requires INDICATORS

Literatur and Links (German)

- <u>www.dimdi.de</u> (deutsche Entwurfsversion der ICF): http://www.dimdi.de/dynamic/de/klassi/downloadcenter/icf/endfassung/icf_endfassung-2005-10-01.pdf
- www.icf-training.eu
- www.icfcy-Meduse.eu
- Lit: Hollenweger, J., Kraus de Camargo, O. (2011). ICF-CY. Die internationale Klassifikation der Funktionsfähigkeit, Behinderung und Gesundheit bei Kindern und Jugendlichen. Bern: Huber
- Kraus de Camargo, O., Simon, L. (2013). Di e ICF-CY in der Praxis. Hogrefe
- Pretis, M. (2016). ICF-basiertes Arbeiten in der Frühförderung. München: Reinhardt