Oral Communication

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Feasibility and Reliability of the International Classification of Functioning, Disability, and Health (ICF) Rehabilitation Set for Inpatient Settings

Topic: ICF

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BACKGROUND

The International Classification of Functioning, Disability, and Health (ICF) Rehabilitation Set is a clinical tool designed to assess the functioning of a clinical population. It consists of categories related to body functions, activities, and participation, enabling a standardized approach to rehabilitation assessment. However, its use in clinical practice remains limited. This study aimed to evaluate both the feasibility and inter-rater reliability of implementing the ICF Rehabilitation Set for inpatient rehabilitation at Universiti Malaya Medical Centre (UMMC).

METHODS

A prospective, cross-sectional study was conducted involving 102 adult inpatients (aged 18-77 years) receiving rehabilitation in the UMMC rehabilitation ward. Feasibility was determined by data completion rates and the time required for assessment. The ICF Rehabilitation Set used in this study included 19 categories: eight related to body functions and 11 related to activities and participation, scored on a scale from 0 (no problem) to 4 (complete problem). Each patient was assessed twice, at admission and discharge. Inter-rater reliability was evaluated by having two independent raters assess the ICF Rehabilitation Set for each patient within three days of each other. Agreement between raters was analyzed using weighted kappa statistics with linear weights to determine inter-rater consistency for each category.

RESULTS

The feasibility assessment showed an uptake rate of 75% and a retention rate of 100%. The mean completion duration at admission was 3.94 days, while at discharge, it was reduced to 1.95 days. The overall data completion rate was 100%, demonstrating practical feasibility for routine implementation in inpatient rehabilitation settings.

For inter-rater reliability, weighted kappa statistics for the eight body function categories ranged from 0.67 to 0.91 at admission and from 0.69 to 0.91 at discharge. The agreement for the 11 activity and participation categories ranged from 0.6 to 0.89 at admission and from 0.64 to 0.93 at discharge, indicating moderate to excellent inter-rater reliability.

CONCLUSION

The study confirms the feasibility and reliability of the ICF Rehabilitation Set in inpatient rehabilitation at UMMC. With high data completion rates and strong inter-rater agreement, it standardizes assessments, enhances healthcare communication, and supports patient progress monitoring, ultimately improving clinical practice, care quality, and rehabilitation outcomes.

Statement of Disclosures

None

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