
IMPROVING QUALITY IN REHABILITATION WITH THE INDIVIDUAL REHABILITATION PLAN

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The European Union of Medical Specialists – Physical and Rehabilitation Medicine (UEMS-PRM) Section and Board) is aimed at improving and harmonizing the clinical practice in Physical and Rehabilitation Medicine across Europe and observer external countries. We have undertaken several actions to improve quality management in rehabilitation. We defined, at the meso level, the Framework types of Rehabilitation Services and Clinical assessment schedule (CLAS) based on ICF. Now we are trying to define the common standard in rehabilitation. At the micro level we are now developing a Model of Individual Rehabilitation Plan (IRP) to be applied in the daily practice in rehabilitation. The IRP should define a standard methodology to assess (in terms of capacity, performance, and environmental factors), define the general and specific goals with the shared decision and the engagement (patient and family), as well as assignment of specific interventions to the health professional. Periodically we need an evaluation to update the goals. This approach is called rehab-cycle, identifying the need for continuous assessment and goal definition from the team. Part of the IRP is the discharge plan aimed to define the continuity of care carefully to guarantee the quality of the appropriate intervention in different settings. The model should address the MIRP in specific pathological conditions, also acting as a checklist to look at the specific problem of the specific disease helping the PRM specialist not experienced in a specific field. We should define the specificity of the IRP in specific services (CLAS), especially to optimize the time spent on the practical application. Considering the multi-faceted and comprehensive rehabilitation process, the IRP can serve as a model for strengthening clinical rehabilitation in health systems worldwide. In terms of WHO's Package of Rehabilitation Interventions, the goal-setting and monitoring features of the IRP can support the reporting of outcomes related to interventions. The intervention assignment feature facilitates the identification of interventions redundancies and gaps and brings transparency to the required human and technical resources. The ICF allows a standardized way to assess the problems linked to the disability condition. In the Umbria Region in Italy, we are carrying out

a pilot project the aim of which is to use the IRP as a system that follows the person who experienced disability across the clinical pathways facilitating the continuity of care and setting appropriateness. The IRP can contribute to enhancing the quality of the rehabilitation process standardizing the stem of assessment, goal setting, and type of intervention, allowing optimization of the team work.

Key words: individual rehabilitation plan, quality in rehabilitation.

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