THE REHABILITATION CONCEPTUAL FRAMEWORK: AN ORGANIZATIONAL PLANNING AND SERVICE DELIVERY TOOL THAT PROVIDES AN OVERARCHING INFRASTRUCTURE OF THE KEY ELEMENTS FOUNDATIONAL TO REHABILITATION SERVICES

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PURPOSE: The Rehabilitation Conceptual Framework promotes a shared understanding of rehabilitation, provides common language and definitions for concepts relevant to rehabilitation and serves as a guide for planning, managing and delivering consistent and preferred rehabilitation approaches to meet patient, client and community needs.

RELEVANCE: The Rehabilitation Conceptual Framework outlines the key elements the organization considers foundational to the rehabilitation services or programs provided by Core Rehabilitation Disciplines.

METHODS & ANALYSIS: The creation of the Rehabilitation Conceptual Framework is the culmination of an extensive process focused on developing a unified approach for rehabilitation service planning. This legacy work was the end product of significant efforts to redesign rehabilitation services and was significantly influenced by the World Health Organizations ICF Model.

FINDINGS: Currently the Framework is in the final validation stage of development and is being rolled out to key internal stakeholders for final feedback prior to the Framework being used within the organization. By February of 2012 it is anticipated the Rehabilitation Conceptual Framework will be adopted by the organization and examples will be available of how the Framework has impacted delivery of rehabilitation services throughout the province.

DISCUSSION: The Framework includes the guideposts for the organizations rehabilitation services, providing a high level outline of: *Why rehabilitation is provided its unique contribution to health care and the goals of the three Rehabilitation Service Levels; *Who provides it the Disciplines and provider types; and who the service recipients are - the populations served by the Rehabilitation Service Sectors across the Service Continuum; *What is provided the programs or services across the Service Continuum; *How it is provided the principles guiding the service providers and planners, using the International Classification of Functioning, Disability and Health model, and considering the frameworks key components; *When it is provided over the Health Continuum and its transition points; *Where it is provided as outlined in the Rehabilitation Sectors.

CONCLUSION: This tool will help the organization speak the same language, work under common principles, use the ICF model and aim for the same components in rehabilitation service delivery.