

10.8 The Handicap Assessment and Resource Tool (HART) and the ICF

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Background

The Handicap Assessment and Resource Tool (HART) was developed in the early 1990s, at a time when the ICIDH was in use. The HART aims to assess ‘personal care handicap’. In the ICF, the concept ‘participation restriction’ replaces ‘handicap’. The HART measures just one small part of overall health status—the personal care element of participation (Figure 10.2). This part is critical to decision making about admission or discharge from hospital. It can also help to judge the effectiveness and, hence, the efficiency of various in-patient and community-based rehabilitation programs.

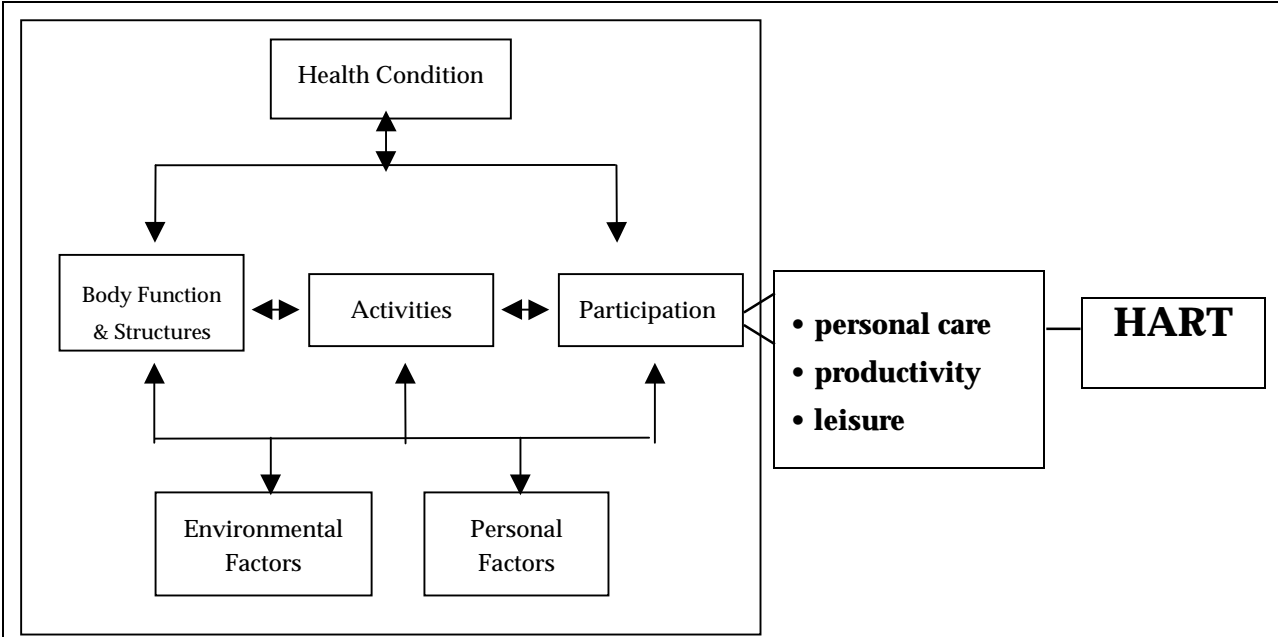


Figure 10.2: Relationship of the HART to the ICF

Rationale

The list of items that could be included from the ICF to reflect participation in life in general is large, as it includes items that relate to personal care, to productivity and to leisure. The HART selects from the very large set of

possibilities by measuring just one aspect of participation or participation restriction—personal care. Personal care is defined by the HART as including the following ‘domains’: clothing, hygiene, nutrition, mobility, safety, residence, supports.

Purpose

The purpose of the HART is to establish which areas pose problems for people regarding their personal care, despite their own efforts and those of their usual supports. The HART does not primarily seek to establish what people can do alone. The HART captures what people can do or get done for them in their ‘usual environment’ with the ‘usually available help’ regarding aspects of existence that are vital for survival.

The HART is a practical tool designed to be used by clinicians as part of their usual practice. It provides a time-efficient means of comprehensively assessing participation restriction in personal care in a way that assures the quality of such assessments. It also provides a means of recording and summarising clinical observations. This enables information to be transferred for clinical purposes and for health-service management.

The assessment of functional status to identify areas of need is central in planning the management of people’s difficulties. In community settings, functional assessment could identify people’s unmet needs in the area of personal care (‘participation restrictions’) so that these could be attended to. In hospital settings, the HART could aid the discharge planning process by providing a comprehensive assessment of patients’ functions given the support systems available to them and taking into account their physical domiciliary environment.

Consider, for example, people who have had a stroke and cannot prepare their meals alone. In this case, they could not be discharged from hospital to live alone. However, if someone is always willing and able to provide their meals, then they have no problem with this aspect of personal care. If they have no other participation restrictions in personal care, as defined by the HART, they could be discharged from hospital to the assessed settings. For the purposes of determining whether they can live in the assessed environments, it does not matter that they cannot prepare their meals alone. The HART helps to obtain and collate the information required to make such decisions. The HART also provides a means of conveniently recording the aspects of personal care for which help is required. Changes in the identified aspects of care that occur as part of the natural recovery process or as a result of rehabilitation can be used to demonstrate improvement; conversely, increased assistance is evidence of deterioration. This can be used to demonstrate the effectiveness of health-care services.

Clinical use of the HART

Clinicians can use the HART to determine and summarise their patients' participation restrictions in personal care (Figure 10.2). Unresolved participation restrictions are made explicit, which helps goal setting for management. In complex cases, the structured assessment ensures that no critical components are forgotten and that quality assurance is maintained in health care processes. The HART also provides a convenient way of communicating patients' personal care restrictions.

There are many questions the HART may help clinicians and managers to explore:

- How many participation restrictions in personal care do patients initially have?
- What types of participation restrictions in personal care are present?
- In the service provided, what are the patterns of change in activity limitations and in participation restrictions in personal care?
- What factors delay change in these activity limitations and in personal-care participation restrictions, and which of these barriers could be readily altered?
- For individual patients, does the participation restriction in personal care justify (continued) in-patient care?

Change in participation restrictions in personal care during episodes of health care can reflect the effectiveness of interventions. Once effectiveness is known, efficiency can be judged. Judgements of effectiveness and efficiency are critical components of quality improvement processes for clinicians and health-service managers. The use of the HART ensures information about participation restrictions in personal care is gathered in a standardised fashion, thus allowing comparisons between different services and practices. This can help in evaluating programs and identifying barriers to optimal practice.