

# Chun Shek Adult Training Centre

## ICF Application Sharing

### 秦石成人訓練中心 使用 ICF 經驗分享

Practicing

實踐篇

#### 以人為本，需要先行

2019年秦石成人訓練中心參與《國際功能、殘疾與健康分類系統》(以下簡稱“ICF”)先導計劃，開始在個案管理上試行ICF。其中一個個案，服務使用者阿康當時因病住院，出院後，身體上的轉變導致阿康在身心方面均需要重新適應。入院前阿康可以咀嚼及吞嚥，但出院後他只能靠鼻胃喉喝流質飲料，阿康因不習慣而出現扯脫鼻胃喉的行為，當時為了他的安全，員工須使用約束帶限制其手部活動，無疑影響了他的生活質素。

社工與導師留意到阿康的轉變，細心評估他的需要，重新檢視和訂立介入目標，包括1)改善吞嚥能力及2)減少約束雙手，採用ICF作為個案的服務框架，以阿康的需要為本，不同專業同工共同協作，開展秦石成人訓練中心第一個ICF個案。

#### 重視服務使用者意願及重燃希望

阿康一向很喜歡吃東西及喝果汁，但出院後，他不能用口吃喝，只能依賴護士定期「吊奶」(即營養奶)。中心員工為顧及阿康的個人感受，特意於午飯時段安排他於辦公室聽音樂，避免他默默望著他人吃喝而感到難受。此外，中心員工會陪他到超市購物，根據阿康的意願，購買他喜歡的飲料。護士會在他面前將他揀選的飲料倒入吊瓶內，讓阿康體會到他所選購的飲料是可以帶回中心享用。在訓練時段，在員工看顧下為他除下約束手套，讓他能使用助行架並進行小手肌訓練，又鼓勵他要積極面對康復，不要扯掉鼻胃喉。漸漸地，阿康已可以大大減少使用約束手套。另一方面，員工與本會的言語治療師合作，提供口肌訓練和讓他循序漸進式地嘗試用口喝少量果汁，重燃他可以用口飲用的希望。

#### 由微不足道的目標開展

在改善吞嚥能力方面，介入策略由小目標開始，先讓阿康以50毫升飲料加凝固粉飲用。過程中，需要跨專業協作，護士、言語治療師、職業治療師及社工均持開放態度，以同一目標訂立訓練方法。言語治療師作評估和諮詢，提供試行用口進食的方法及改善吞嚥能力的方案，並由中心護士執行，包括讓他進食前發「依」音，以訓練喉嚨上提。大家為增強阿康的口肌訓練分工合作，職業治療師使用電激咽喉肌肉治療，社工與導師提供唱歌和合唇訓練(使用飲管)，並安排合適的專責導師作餵食訓練。大家按部就班地推展介入計劃，加上阿康的配合，喜見阿康的吞嚥能力逐漸改善，由當初只希望他用口飲用，到可以用口進食糊餐，最後於2019年12月不再需要使用鼻胃喉。

整個過程，員工雖面對人手壓力的挑戰，但仍堅持為服務使用者設想多一點，做多一點，耐心地為阿康安排訓練，鼓勵他，而他也努力配合，才能達到成果！這個成功的個案讓員工領會到ICF的優點，著重服務使用者意願，為他發聲和表達需要。而且ICF提供一個更全面的評估框架，更精準和到位，有助訂立有效的目標。

現在，阿康能成功改善吞嚥能力和解除雙手的約束，生活質素提升了，心情也開朗很多。

#### People-oriented, needs first

In 2019, the Chun Shek Adult Training Centre participated in the "International Classifications of Functioning, Disability and Health" (ICF) pilot programme, beginning a trial implementation of ICF in case management. One of the cases, our service user Hong was hospitalised due to illness. After leaving the hospital, he had to readjust both physically and mentally due to the changes in his body. Before hospitalisation, Hong could eat by mouth. After his discharge, he could only drink through a gastrostomy tube. Because he was not used to this, Hong began to pull at his gastrostomy tube. For his safety, staff had to use restraints to limit his hand movements. Undoubtedly, this affected his quality of life.

Social workers and instructors noticed Hong's changes, they carefully assessed his needs, re-examined and set intervention goals. That included 1) improving swallowing ability and 2) reducing hand restraint. They decided to adopt the ICF as the service framework. With Hong's needs as foundation, while focusing on cooperation with staff from different professions, the first ICF case was carried out in the Chun Shek Adult Training Centre.

#### Respecting the wishes of service users and rekindling hope

Hong had always liked to eat and drink juice. After his discharge from the hospital, he could not eat or drink with his mouth. He could only rely on nurses for regular "milk drips" (i.e. nutritional milk). Considering Hong's feelings, the center's staff specially arranged for him to listen to music in the office during lunch, so that he wouldn't feel uncomfortable when he had to silently watch others eat and drink. Other than that, the center's staff took him shopping in the supermarket, purchasing beverages that he liked according to his preferences. The nurse would then pour the beverage that he has selected into the dripping container while he was present, so that Hong could see that the beverages that he had chosen can be brought back to the center and enjoyed. During training, his restraints were removed under staff supervision, so that he could use a walking frame to perform small hand muscle training. This encouraged him to deal with his recovery positively and not tear off his gastrostomy tube. Little by little, the need for Hong to use the restraining gloves reduced. Meanwhile, our staff worked with the Society's speech therapist to provide oral muscle training and gradual practises to drink small amounts of fruit juice by mouth, which rekindled his hope in drinking through the mouth.

#### Starting from small goals

In terms of improving swallowing ability, our intervention plan started with a small target, Hong was first allowed to drink 50ml of beverage that added thickener. Cross disciplinary collaboration was needed in the process. Nurses, speech therapists, occupational therapists and social workers all adopted an open attitude and developed training methods with the same goal in mind. After evaluation and consultation, the speech therapist suggested a trial of oral feeding and a plan to improve swallowing ability, which included encouraging him make the "EE" sound before eating to train his throat to lift up, which carried out by the center's nurses. To step up Hong's oral muscle training, we made good use of division of labor. Occupational therapists began electro-pharyngeal muscle therapy, social workers and instructors provided singing and lip-closing training (using a straw), while dedicated instructors were arranged to conduct feeding training. Everyone took part in carrying out the intervention plan. With Hong's cooperation, the center's staff were delighted to see the gradual improvement of Hong's swallowing ability. From the initial expectation to drink through the mouth only, in the end Hong could even consume paste meals through his mouth. Finally, in December 2019, the gastrostomy tube was no longer needed.

Though our staff faced challenges of manpower in the process, they insisted on taking the extra step for the service user. They patiently arranged training for Hong while offering him encouragement. With Hong's hard work and cooperation, results were finally achieved! This successful case allowed staff to appreciate the benefits of ICF, which focuses on the preferences of the service user, and their chance to speak and express their needs. The ICF also provides a more comprehensive evaluation framework, which is more accurate and complete, allowing us to set effective goals.

Now, Hong has successfully improved his swallowing ability and the hand restraints are released. His quality of life has improved and he became much happier.

