Rehabilitation for Stroke: Inpatient Acute Care

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“Healing is a matter of time, but sometimes it is also a matter of opportunity.”

Hippocrates
Problem Identification

Counting rehabilitation cost

• mean lifetime cost of ischemic stroke estimated at $145,000
• 16 percent, or just over $23,000 will be used for rehabilitation
Rehabilitation Outcome

- 50-70 percent ischemic or hemorrhagic stroke survivors will regain functional independence
- 15-30 percent will be permanently disabled
- 20 percent will require institutionalized care
Epidemiology of Stroke in Buffalo-Niagara Region
Epidemiology of Stroke in Buffalo-Niagara Region
The Rehabilitation Specialists: PT, OT, Speech, and Swallowing

Roles Defined:

• Physical Therapist: Engages the patient in the active/passive restoration of movement in critical areas such as gait and strength.
• Occupational Therapist: Facilitates practical applications of movement. (ADL, IADL)
• Speech/ Swallowing Therapist: Treats deficits and disorders of voice and swallowing.
Kalieda Health

- Kaleida Health was formed in 1998 through the merger of 4 acute hospitals and a children’s hospital. It is comprised of over 950 acute care beds, 2 inpatient medical rehabilitation units, 3 sub-acute rehabilitation units, and 5 outpatient rehabilitation sites.
Kalieda Health stroke center at Millard Fillmore Hospital

- Total Stroke Discharges 2003: 263
  2004: 346
  2005: 617
  2006: 512
Kalieda Health’s Stroke Path of Care

1. Patient Presents
2. Acute stroke
   - Yes
     - Page Stroke Team
     - Candidate for intervention
       - IA Intervention
         - Yes
           - Call NS Endo Service
           - Transfer to MFG-NICU/SICU Critical Care Within 3 hours
         - IV TPA - Start in ED
           - Yes
             - Transfer to MFG-CMICU Critical Care Within 3 Hours
             - Cared for by PCP or Hospitalist with Neurology
           - No
             - Admit 6 Center or Telemetry
               - Rehabilitation Orders Initiated by PCP Neurosurgery or by Stroke Admission Order Set if Direct Admit to 6 Center

3. OT
4. PT
5. ST/SR
6. D/C Planning
7. Home With or Without Services
8. SNF based Sub-acute Rehab
9. Psychiatry as Necessary
10. Patient Discharge
11. SNF Level Placement
Early Inclusion of Rehabilitation Services

- Often, only hours after admission
- Not necessarily for remediation of stroke deficits

Early intervention provides a starting point to the next level of care
Early Rehabilitation Intervention

Primary purpose of which is to provide the physician and discharge planner early guidance in “triaging” the stroke patient to the next level of care.
Description of Post Acute Services after Stroke

Most Frequent Discharge Destinations

- Inpatient medical rehabilitation units (MRU)
  - Since PPS in 2002 designated by CMS as IRFs
- Home with in-home or outpatient services
- Sub-acute rehabilitation (SNF rehabilitation)
Key Point

Getting the right patient to the right setting at the right time.

This is facilitated using the AlphaFIM™ Instrument
The AlphaFIM™ Instrument for Adult Inpatient Acute Care

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AlphaFIM™ Instrument Is a Short Version of the FIM™ Instrument and Represents the Beginning of Tracking the Continuum of Care

- Created for the acute care hospital to measure function during stay and determine next care placement
- Uses familiar rating and language of the widely used 18-item FIM™ instrument for inpatient medical rehabilitation
- AlphaFIM™ instrument has four motor and two cognition items: eating, grooming, bowel management, toilet transfer, expression, memory
- Tested on more than 2,000 stroke and orthopedic cases over three years
AlphaFIM™ Instrument Is a Short Version of the FIM™ Instrument and Represents the Beginning of the Continuum of Care

- Developed using Rasch analysis, such that hierarchical rating expectations are used to estimate the level of dependence in personal care (burden of care) in the acute care setting.
- The program estimates ratings of unobserved items in order to predict the full 18-item FIM™ instrument rating.
- Now it is possible for patients to be assessed in all venues of care and functional status linked into the continuum of care.
**UDSmr® ADULT REHABILITATION INPATIENT INSTRUMENTS**

### AlphaFIM™ INSTRUMENT FOR ACUTE CARE INPATIENTS

**LINK TO THE FIM™ INSTRUMENT**

- **4 motor and 2 cognition items:**
  - Eating
  - Grooming
  - Bowel management
  - Transfers-toilet
  - Expression
  - Memory

Patients rated by clinicians on 7-point scale:
- 1 = Total assistance needed from helper; 7 = Complete independence
- Ratings in between = various levels of dependence or independence
- Maximum rating = 42

### FIM™ INSTRUMENT FOR MEDICAL REHABILITATION INPATIENTS

**LINKED**

- **18 motor and cognition items in these sub-domains:**
  - Self-care
  - Sphincter control
  - Transfers
  - Locomotion
  - Communication
  - Social cognition

Patients rated by clinicians on 7-point scale:
- 1 = Total assistance needed from helper; 7 = Complete independence
- Ratings in between = various levels of dependence or independence
- Maximum rating = 126 points
UDS\textsubscript{MR}'s CONTINUUM OF CARE

- One picture is created of a patient’s functional history through inpatient and outpatient settings, including adult day care.

- Assessments are converted to a common scale: 0-100 (100 = better function).

- Longitudinal record highlights functional deficits for clinicians to address.

- Item ratings are expressed as above expected and below expected in relation to pre-specified levels of clinical significance. These classifications are based on thousands of assessments in the database. Only items below expected appear on the longitudinal record as an “alert” for clinical attention.
How Does Medicare Define Continuity of Care?

“How continuous flow of care in a timely and appropriate manner.”

We are adding “flow of information about care across the continuum”

- Linkages between primary and specialty care
- Coordination among specialists
- Appropriate combinations of prescribed medications
- Coordinated use of ancillary services
- Appropriate discharge planning
- Timely placement at different levels of care including hospital, skilled nursing, and home health care
**FIM™ INSTRUMENT FOR MEDICAL REHABILITATION INPATIENTS**

18 motor and cognition items in these sub-domains:
- Self-care
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**LIFEware℠ SYSTEM FOR MEDICAL REHABILITATION OUTPATIENTS, INCLUDING ADULT DAY CARE**

Self-reporting in these domains:
- Physical functioning
- Affective sense of well-being or mood state
- Experience with pain
- Community role in terms of work/social roles
- Overall satisfaction with life
- Satisfaction with treatment

Measures are derived using the Rasch measurement model

Rated on 0-100 scale, with 100 indicating better function
FIM™ INSTRUMENT FOR MEDICAL REHABILITATION INPATIENTS

- 18 motor and cognition items in these sub-domains:
  - Self-care
  - Sphincter control
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Rated on 0-100 scale, with 100 indicating better function

BOTH ON 0-100 SCALE AND IN ONE REPORT
Links Across the Continuum of Care

Tying the Present to the Future

Making the continuum ...

• Understandable
• Meaningful
• Cost-effective
• Manageable
Accountability for Outcomes

- Fundamental to clinical accountability is accountability for outcomes, not just processes.
- Accountability and management, whether it be of a program or of a case, cannot be accomplished without measurement.
- Accountability rests on the notion that clinicians take “ownership” of the goals of achieving healthy functioning of patients in their care.
AlphaFIM™ Instrument Items

4 Motor: Eating, Grooming, Bowel Management. Transfers-Toilet

2 Cognition: Expression, Memory

Inferring Probable 18-Item (13 Motor, 5 Cognition) FIM™ Instrument Rating

- Models based on Rasch analysis identify expected rating relationship between the two instruments.

- Hierarchy of item difficulty: some items easy to perform independently, some not. Hierarchy as a staircase: patient progresses upward from easier to more difficult items, achieving functional independence.

- Hierarchy of rating expectancy estimates dependence in personal care (burden of care) of patient in acute care setting and level of function in terms of the full 18-item FIM™ instrument rating.

- All 6 items must be completed to derive benefit from the measure.
The patient is trained for independence with progressively more difficult tasks.
Clinicians’ Uses of the AlphaFIM™ Instrument

- Used primarily to facilitate triage in discharge planning, thus assessment must be timed to occur in order that AlphaFIM information contributes to the discharge plan
- May be used to track changes from acute admission to discharge, if desired
- Records actual performance, not capacity
- Lowest rating recorded
- Best available information used: observation or from reports
- Patients rated from 1 to 7, complete dependence to independence
AlphaFIM™ Instrument Levels of Function and Rating

EATING

Includes use of suitable utensils to bring food to mouth, chewing and swallowing, once the meal is presented in the customary manner on a table or tray. Performs safely.

<table>
<thead>
<tr>
<th>NO HELPER</th>
<th>REQUIRES HELPER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7 Complete Independence</strong> – Patient eats from a dish while managing a variety of consistencies of food and drinks from a cup or glass with the meal presented in the customary manner on a table or tray. Patient opens containers, butters bread, cuts meat, pours liquids, uses a spoon or fork to bring food to the mouth, and chews and swallows the food. Performs safely.</td>
<td></td>
</tr>
<tr>
<td><strong>5 Supervision or Setup</strong> – Patient requires supervision (e.g., standing by, cueing, or coaxing) or setup (application of orthoses or assistive/adaptive devices); or another person is required to open containers, butter bread, cut meat, or pour liquids.</td>
<td></td>
</tr>
<tr>
<td><strong>6 Modified Independence</strong> – Patient requires an adaptive or assistive device (e.g., long straw, spork, or rocking knife), requires more than a reasonable time to eat, requires modified food consistency or blenderized food, or there are safety considerations. If the patient relies on other means of alimentation, such as parenteral or gastrostomy feedings, then the patient self-administers the feedings.</td>
<td></td>
</tr>
<tr>
<td><strong>4 Minimal Contact Assistance</strong> – Patient performs 75% or more of eating tasks.</td>
<td></td>
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<tr>
<td><strong>3 Moderate Assistance</strong> – Patient performs 50% to 74% of eating tasks.</td>
<td></td>
</tr>
<tr>
<td><strong>2 Maximal Assistance</strong> – Patient performs 25% to 49% of eating tasks.</td>
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<tr>
<td><strong>1 Total Assistance</strong> – Patient performs less than 25% of eating tasks or the patient relies on parenteral or gastrostomy feedings and does not self-administer the feedings.</td>
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</tbody>
</table>
AlphaFIM™ Instrument Levels of Function and Rating

GROOMING

Includes oral care, hair grooming (combing or brushing hair), washing hands/face, shaving/applying make-up, or first four tasks only.

**NO HELPER**

7 *Complete Independence* – Patient cleans teeth or dentures, combs or brushes hair, washes hands, washes face, either shaves face or applies make-up, including all preparations. Performs safely.

6 *Modified Independence* – Patient requires specialized equipment (including prosthesis or orthosis) to perform grooming activities, or takes more than a reasonable time, or there are safety considerations.

**REQUIRES HELPER**

5 *Supervision or Setup* – Patient requires supervision (e.g., standing by, cueing, or coaxing) or setup (e.g., applying orthoses or assistive/adaptive devices, setting out grooming equipment, and initial preparation such as applying toothpaste to toothbrush and opening make-up containers).

4 *Minimal Contact Assistance* – Patient performs 75% or more of grooming tasks.

3 *Moderate Assistance* – Patient performs 50% to 74% of grooming tasks.

2 *Maximal Assistance* – Patient performs 25% to 49% of grooming tasks.

1 *Total Assistance* – Patient performs less than 25% of grooming tasks.
**AlphaFIM™ Instrument Levels of Function and Rating**

**BOWEL MANAGEMENT**

Includes complete intentional control of bowel movements and, if necessary, use of equipment or agents for bowel control.

<table>
<thead>
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<tr>
<td><strong>7 Complete Independence</strong> – Patient controls bowels completely and intentionally and is never incontinent.</td>
</tr>
<tr>
<td><strong>6 Modified Independence</strong> – Patient requires a bedpan, digital stimulation or stool softeners, suppositories, laxatives (other than natural laxatives, e.g., prunes), or enemas on a regular basis, or uses other medications for control. If the patient has a colostomy, the patient maintains it. <em>No accidents.</em></td>
</tr>
</tbody>
</table>

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<tr>
<td><strong>5 Supervision or Setup</strong> – Patient requires supervision (e.g., standing by, cueing, or coaxing) or setup of equipment necessary for the patient to maintain a satisfactory excretory pattern or to maintain an ostomy device; or the patient may have occasional bowel accidents, but <em>less often than every two weeks.</em></td>
</tr>
<tr>
<td><strong>4 Minimal Contact Assistance</strong> – Patient requires minimal contact assistance to maintain a satisfactory excretory pattern by using suppositories or enemas or an external device; patient performs 75% or more of bowel management tasks; or patient may have occasional bowel accidents, but <em>less often than weekly.</em></td>
</tr>
<tr>
<td><strong>3 Moderate Assistance</strong> – Patient requires moderate assistance to maintain a satisfactory excretory pattern by using suppositories or enemas or an external device; patient performs 50% to 74% of bowel management tasks; or patient may have occasional bowel accidents, but <em>less often than daily.</em></td>
</tr>
<tr>
<td><strong>2 Maximal Assistance</strong> – Despite assistance, patient is soiled on a frequent or <em>almost daily basis,</em> necessitating wearing diapers or other absorbent pads, whether or not an ostomy device is in place. Patient performs 25% to 49% of bowel management tasks.</td>
</tr>
<tr>
<td><strong>1 Total Assistance</strong> – Despite assistance, patient is soiled on a frequent or almost daily basis, necessitating wearing diapers or other absorbent pads, whether or not an ostomy device is in place. Patient performs less than 25% of bowel management tasks.</td>
</tr>
</tbody>
</table>
**AlphaFIM™ Instrument Levels of Function and Rating**

**TRANSFERS-TOILET**

Includes getting on and off a toilet. Performs safely.

<table>
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<td><strong>7 Complete Independence</strong> – <em>If walking,</em> patient approaches, sits down on, and gets up from a standard toilet. Performs safely. <em>If in a wheelchair,</em> patient approaches toilet, locks brakes, lifts footrests, removes armrests (if necessary), does either a standing pivot or sliding transfer (without a board), and returns. Performs safely.</td>
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</tr>
<tr>
<td><strong>6 Modified Independence</strong> – Patient requires an adaptive or assistive device (e.g., sliding board, lift, grab bars, or special seat), takes more than reasonable time, or there are safety considerations. In this case, a prosthesis or orthosis is considered an assistive device if used for the transfer.</td>
<td></td>
</tr>
<tr>
<td><strong>5 Supervision or Setup</strong> – Patient requires supervision (e.g., standing by, cueing, or coaxing) or setup (positioning sliding board, moving foot rests, etc.).</td>
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</tr>
<tr>
<td><strong>4 Minimal Contact Assistance</strong> – Patient performs 75% or more of transferring tasks.</td>
<td></td>
</tr>
<tr>
<td><strong>3 Moderate Assistance</strong> – Patient performs 50% to 74% of transferring tasks.</td>
<td></td>
</tr>
<tr>
<td><strong>2 Maximal Assistance</strong> – Patient performs 25% to 49% of transferring tasks.</td>
<td></td>
</tr>
<tr>
<td><strong>1 Total Assistance</strong> – Patient performs less than 25% of transferring tasks or does not transfer onto a toilet.</td>
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</tbody>
</table>
**AlphaFIM™ Instrument Levels of Function and Rating**

**EXPRESSION**

Includes clear vocal or non-vocal expression of language; either intelligible speech or clear expression of language using writing or a communication device. Evaluate and indicate the more usual mode of expression, whether *vocal* or *non-vocal*. If both modes used equally, code *Both*. Complex or abstract ideas include (but are not limited to) current events, religion, and relationships with others. Basic daily needs and ideas refer to daily activities such as nutrition, fluids, elimination, hygiene, and sleep (i.e., physiological needs).

<table>
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<tbody>
<tr>
<td><strong>7 Complete Independence</strong> – Patient expresses <em>complex or abstract ideas</em> clearly and fluently (not necessarily in English).</td>
<td><strong>4 Minimal Prompting</strong> – Patient expresses <em>basic daily needs and ideas</em> 75% to 90% of time.</td>
</tr>
<tr>
<td><strong>6 Modified Independence</strong> – In most situations, patient expresses <em>complex or abstract ideas</em> relatively clearly or with only mild difficulty. No prompting needed. May require an augmentative communication device or system.</td>
<td><strong>3 Moderate Prompting</strong> – Patient expresses <em>basic daily needs and ideas</em> 50% to 74% of time.</td>
</tr>
<tr>
<td><strong>REQUIRES HELPER</strong></td>
<td><strong>2 Maximal Prompting</strong> – Patient expresses <em>basic daily needs and ideas</em> 25% to 49% of the time. Uses only single words or gestures. Needs prompting more than half the time.</td>
</tr>
<tr>
<td><strong>5 Standby Prompting</strong> – Patient expresses <em>basic daily needs and ideas</em> more than 90% of the time. Requires prompting (frequent repetition) less than 10% of time to be understood.</td>
<td><strong>1 Total Assistance</strong> – Patient expresses <em>basic daily needs and ideas</em> less than 25% of the time or does not express basic needs appropriately or consistently despite prompting.</td>
</tr>
</tbody>
</table>
**AlphaFIM™ Instrument Levels of Function and Rating**

**MEMORY**
Includes skills related to recognizing and remembering while performing daily activities in an institutional or community setting. Includes ability to store and retrieve information, particularly verbal and visual. Includes recognizing people frequently encountered, remembering daily routines, and executing requests without being reminded. A deficit in memory impairs learning as well as performance of tasks.

**NO HELPER**

7 Complete Independence – Patient recognizes people frequently encountered, remembers daily routines, and executes requests of others without need for repetition.
6 Modified Independence – Patient appears to have only mild difficulty recognizing people frequently encountered, remembering daily routines, and responding to requests from others. May use self-initiated or environmental cues, prompts, or aids.

**REQUIRES HELPER**

5 Supervision – Patient requires prompting (e.g., cueing, repetition, reminders) only under stressful or unfamiliar conditions, but no more than 10% of the time.
4 Minimal Prompting – Patient recognizes and remembers 75% to 90% of the time.
3 Moderate Prompting – Patient recognizes and remembers 50% to 74% of the time.
2 Maximal Prompting – Patient recognizes and remembers 25% to 49% of the time. Needs prompting more than half the time.
1 Total Assistance – Patient recognizes and remembers less than 25% of the time or does not effectively recognize and remember.
AlphaFIM™ Instrument Calculations

Projection of the patient’s likely FIM™ Instrument Ratings

- FIM-13 Raw Motor Rating: Best approximation of FIM™ Instrument Motor Rating
- FIM-13 Rasch Motor Rating: 0-100 transformation of the FIM-13 Raw Motor Rating
- FIM-5 Raw Cognition Rating: Best approximation of FIM™ Instrument Cognition Rating
- FIM-5 Rasch Cognition Rating: 0-100 transformation of the FIM-5 Raw Cognition Rating
- FIM™ Motor Range: Best approximation of level of assistance
- FIM™ Cognition Range: Best approximation of level of assistance
- FIM™ Walking Range: Best approximation of assistance needed by patient to walk at least 150 feet
- Help Needed: Best approximation of daily number of hours of care required from another person to perform personal care tasks of daily living
Transforming Raw Scores
to Rasch Measures

Approximately

1 = 2
2 = 30
3 = 40
4 = 50
5 = 60
6 = 70
7 = 100
AlphaFIM™ Instrument Facilitates Triage of Patients from Acute Care to the Next Care Setting
UDSMR Instruments Are Used in Different Settings and the Continuum of Care Links Inpatient to Outpatient Settings
Stroke Patients Study
Projecting Rehabilitation Admission FIM™ Instrument Rating
Using the AlphaFIM™ Instrument

Objective
Examine validity and applicability of the AlphaFIM™ instrument ratings obtained in an acute care hospital setting for predicting admission FIM™ instrument ratings in the comprehensive medical rehabilitation unit.
Design
Retrospective analysis of data from Uniform Data System for Medical Rehabilitation (UDSMR) using information from 77 patients who were admitted to one stroke center for an ischemic or hemorrhagic stroke, and subsequently transferred to two comprehensive medical rehabilitation units.
Stroke Patients Study
Projecting Rehabilitation Admission FIM™ Instrument Rating
Using the AlphaFIM™ Instrument

Results
Mean age (± standard deviation) of patients was 68.44 (±13.41), age range 31 to 91 years old
55.8% female; 44.20% male
Mean AlphaFIM™ instrument total rating: 64.79 (SD 21.48)
Mean admission-FIM™ instrument total rating 64.70 (SD 18.67)
Results (continued)

Pearson correlation coefficients:

Positive linear relationship was found between AlphaFIM™ instrument ratings obtained in the acute care setting and admission-FIM™ instrument ratings obtained in the medical rehabilitation unit.

Between AlphaFIM™ total and total-FIM™ admission: 0.744 (p=0.01)
Conclusion

AlphaFIM™ instrument ratings obtained in the acute care hospital setting predict the FIM™ instrument rating in the medical rehabilitation unit and may assist in triaging patients from the acute care hospital into appropriate settings, such as the medical rehabilitation unit, skilled nursing facility-subacute rehabilitation, long-term nursing home, or home with or without services.
Discussion

The results of this study are applicable only to stroke patients.

Additional study would be needed to determine if patient’s length of stay can be reduced while maintaining quality of care.

Use of the AlphaFIM™ instrument requires training and testing of raters.
Actual and Projected AlphaFIM™ Instrument Ratings for Stroke

- AlphaFIM™ Motor Rating: 22/28
- FIM™ Motor Rating: 59/91
- Walking: 4/7
- AlphaFIM™ Cog Rating: 7/14
- FIM™ Cog Rating: 20/35

Actual: purple, Projected: yellow
## Translation of Total FIM™ Rating into Burden of Care:

<table>
<thead>
<tr>
<th>Raw or Rasch Score</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>40 = Approx. 4 hours of assistance</td>
</tr>
<tr>
<td>80</td>
<td>50 = Approx. 2 hours of assistance</td>
</tr>
<tr>
<td>90</td>
<td>60 = Approx. 1 hour of assistance</td>
</tr>
<tr>
<td>100</td>
<td>65 = Minimal or no assistance</td>
</tr>
<tr>
<td>110</td>
<td>70 = No assistance</td>
</tr>
</tbody>
</table>
Algorithm for projecting generic FIM-13 Motor and FIM-5 Cognition ratings

Patient ID: 395737236    First Name: Horatio    Last Name: Robinson

Birth Date: 8/6/1935    Assessment Date: 8/23/2006

Admission Date: 8/21/2006

Impairment Group: 1.1 - Stroke: Left Body
Discharge Date: [Field]

Discharge to

Planned: 2-IRF (Inpatient Rehab)

Description: Dalmatian Hospital

Actual: [Field]

Description: [Field]

Enter the raw ratings (1-7) below

Eating: 5-Supervision or Setup

Grooming: 4-Minimal Contact Assistance

Bowel: 4-Minimal Contact Assistance

Toilet Trsf: 3-Moderate Assistance

Expression: 6-Modified Independence

Memory: 5-Supervision or Setup
FIM-13 Raw Motor: 42
FIM-13 Rasch Motor: 43
FIM Motor range: Moderate to minimal assistance
FIM-5 Raw Cognition: 28
FIM-5 Rasch Cognition: 62
FIM Cognition range: Minimal assistance to supervision
FIM Walking range: Moderate assistance
Help Needed: 3 to 4 hours
The AlphaFIM™ instrument:

- Is used in the acute care hospital
- Is a shortened version of FIM™ instrument, using 6 items
- Is the beginning functional assessment through the inpatient and outpatient venues of the continuum of care
- Is highly correlated with the FIM™ instrument
- Translates into motor and cognitive domains as well as full FIM™ instrument ratings
- Predicts burden of care
- **Facilitates triage to the next level of care**
- Ties the present to the future by linking acute hospital care, the rehabilitation program, and outpatient care
Function Transcends Everything