REHABNURSE-L

Functional Independence Measure (FIM) Scoring

The following question and responses were posted on the RehabNurse-L Listserv.

Question
…I am working on a process to capture more accurate FIM scores. If you are willing, would you please share what you do to ensure that the lowest burden of care is captured in the first 3 days of admission, and what, if anything, you do to capture the last and hopefully highest FIM scores?

Responses
…We also have the same issue, as our admission FIM scores are typically higher than the national average. We have a predominantly neuro population.

…We did have the same issue and have spent the last 3 years improving our process. We started by creating a PPS Coordinator position (me) and then worked on documentation. We now have an EMR [electronic medical record] and have developed a rehab nsg section to the nursing assessment flow sheet. I will review this information for days 1-3 to capture FIM scoring. We also have a FIM score sheet as part of our EMR. I will input the nursing FIMs, and therapies will input their own FIMs. I then merge all this data to be submitted to CMS [Centers for Medicare and Medicaid Services]. Our admission FIM scores had been pretty high, but with this new process we are more consistent with the region and nation. I complete a similar process for discharges and will pull data from a 24-hr period just prior to discharge, which is usually the day/eve/night before discharge. We have an Independence Day process where therapies will ask nursing to obtain an independence order from the physician which is entered into the EMR. This process has really improved our discharge FIM scores.

…The most helpful and practical bit of information I have received is to coach the nurses that the FIM scores start the second they see the patient coming off the elevator or in the door. I think that nurses tend to be so busy with the admission work, they don’t tend to think about the FIMs until later in the day and it becomes more of an average of what they have seen, rather than an actual FIM of an event.

…I agree that educating staff to begin scoring the minute the patient is on the unit will help capture those lowest scores. It’s the nature of the rehab professional to begin teaching and providing interventions with that first patient interaction. If you are getting most of your scores on day 2 with therapy evaluations, you are going to see higher scores.

…I know of several Healthsouth facilities that do a great job of getting those lower scores on admission. We still struggle, but from what I understand, a lot of the work needs to be done in getting the nurse admitting the patient to “assess” as many of the tasks as possible on admission. The other part of this is to work with all of the nursing staff to document cognitive scores on all shifts, to ensure that the PPS coordinator can get the lower cognitive scores.

…I have seen that helps with the scores is involving the techs in the collection process, as they do most of the work, and have the nurses use this information to get their FIM scores.
…We are also looking for a better way to capture FIMs. Our techs, too, are generally a wealth of information. However, we have yet to discover a way to effectively communicate tech to RN. At this point our techs have a functional independence sheet to fill out, and the RNs have a separate sheet to fill out. The RN tends to overlook the tech written report, and verbal communication is generally missing. So the link between the two reports is missing—until coordinated by a third person who determines nursing FIMs, based on the FIM sheets and computer documentation. In creating the tech’s observation record, our intention was to give the RN more information to determine FIMs, but the process has shifted to this third person.

…Our PCAs sit with the RNs to complete the majority of the FIM documentation during the shift; nursing staff will score as they complete the areas together on the Epic flowsheet, or afterward, depending on time allowances. It's more timely, but has improved our FIM accuracy.

*Information was obtained from RehabNurse-L Listserv, ARN’s e-mail discussion group. To join, go to www.rehabnurse.org/profresources/content/email.html.*