

Slide 1



**LEADERSHIP & ACCOUNTABILITY...  
THE IMPACT OF ACCURATE FIM™  
SCORES...RAISING THE BAR**

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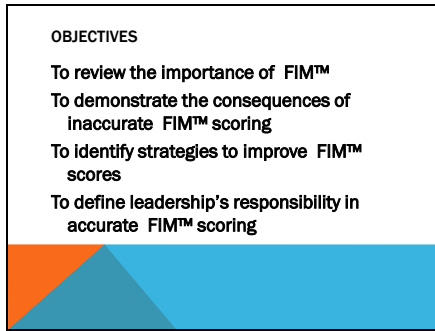
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Slide 2



**OBJECTIVES**

- To review the importance of FIM™**
- To demonstrate the consequences of inaccurate FIM™ scoring**
- To identify strategies to improve FIM™ scores**
- To define leadership's responsibility in accurate FIM™ scoring**

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Slide 3



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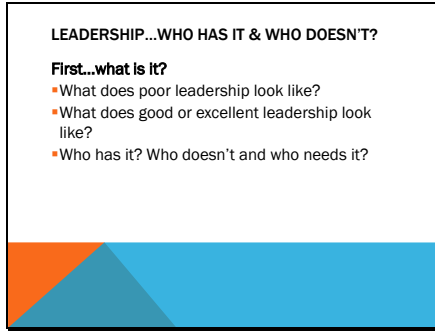
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Slide 4



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Slide 5

LEADERSHIP...WHO HAS IT & WHO DOESN'T?

- What do we need now related to the environment we currently live in?
- How do we get better at it?



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Slide 6

LEADERSHIP...WHO HAS IT & WHO DOESN'T?

- Identify those that excel...re-recruit
- Action plan for those that are mediocre or poor
- Create a feedback loop
- Provide the tools and resources
- Mentor the process
- Reward success
- Do not ever settle for mediocrity or 'just getting by' or flying under the radar...not good enough



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Slide 7

**LEADERSHIP...WHO HAS IT & WHO DOESN'T?**

**How does leadership fit into FIM™?**

- FIM™ is a team effort
- FIM™ needs to be completed by everyone on the team
- Everyone owns it
- So who makes sure it gets done?
- What happens when it is not?



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Slide 8

**QUESTIONS...**

- Why is FIM™ so important?
- What makes FIM™ so difficult?
- What are the hotspots?



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Slide 9

COMMON MYTHS & MISTAKES

- Therapy scores count more
- Nursing only needs to score B&B
- Speech should score cognition not PT, OT and nursing
- FIM™ scoring is not as important as the other things we have to do
- Accidents and incontinence are the same



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COMMON MYTHS & MISTAKES

- If the patient uses a suppository, it's a 6
- Using the highest score on discharge
- Not taking all the scores on discharge from the same day or enough scores
- Thinking it is a choice
- Not accounting for all the elements, tasks in every item
- It's okay to only score the first three days and last three days...after all, it's better than nothing



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COMMON ATTITUDES

- I hate FIM™
- It doesn't matter
- Nursing scores don't matter
- Who cares?
- What are they going to do...fire me?
- It takes too much time
- I don't have time



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COMMON ATTITUDES

- I didn't know they were being discharged today...
- Caring for my patients is more important
- FIM™ isn't important
- It's one more thing we have to do



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Slide 13

**IMPORTANCE OF FIM™**

**Program Evaluation**


- Outcomes define the quality of the program
- Defines each patient's program
- Reciprocal relationship with PI

**Performance Improvement**

- FIM™ should be part of your PI

**Reimbursement**

- FIM™ scores impact the CMG and LOS



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Slide 14

**FINANCIAL IMPACT OF FIM™**

- 1-2 FIM points per item can make a difference
- LOS
- Reimbursement



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Slide 19


**NOT LIVING WITHIN YOUR MEANS**

**LOS**

- Red flag...per diem rate is too high
- Patient not there long enough as compared to the estimated LOS...can trigger an audit

**Extended stays**

- Patient stays longer than the ELOS
- Dilute the overall per diem average, LOS efficiency, FIM change
- Was the admission FIM scoring accurate?



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**BASICS OF FIM™**

**18 Items**

- 13 motor
- 5 cognition

**First three days**

**Last three days**



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Slide 21

**BASICS OF FIM™**

**Who scores what and when?**

- Everyone
- Every shift
- Every item

**FIM™ scores never stand alone...you must have documentation to support it**



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**ADMISSION SCORES**

- First three days
- All scores, no exception!
- Best low scores will usually come from the first day...from nursing...why?
- Nursing...all items why?
- Tub-shower transfer... 'wet nekkid'



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**THE REST OF THE TIME**

**Every day**  
**Every shift**  
**Every item**

**Why?**

- Measures improvement or not
- It is about your overall program evaluation...how good is your program?



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Slide 24

**DISCHARGE SCORES**

**Graduation Day/Performance Day**

- One day to gather scores
- The lowest scores on the best day the patient has...need everyone to score the patient on everything...
- When does the 24 hour period start?
- Night shift
- Celebration for the patient and family
  - Signs
  - T-shirts
  - Pins



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Slide 25

FIM ITEMS...KEY CONCEPTS

- **Do you have to witness the task for it to be scored?**
  - No...CMS states the task has to have occurred, the information needs to be credible whether it is another staff member or even family or the patient
- **Does the task have to be attempted in total related to the definition to be scored accurately?**
  - Yes



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FIM ITEMS...KEY CONCEPTS

**Can you 'guesstimate' the score if the patient doesn't do it as defined or refuses?**

- No!

**Do you feel you are 'punishing' the patient to score them lower...giving them the benefit of the doubt?**

- It's about burden of care and it is about the assistance needed to perform safely...safety consequences if you do not score accurately



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FIM ITEMS...KEY CONCEPTS	
<b>GROOMING</b>	<b>BATHING</b>
<b>Oral care</b>	<b>The neck down</b>
<b>Hair brushing/comb</b>	<b>10 body parts (10%)</b>
<b>Washing/rinsing/drying face</b>	• chest
<b>Washing/rinsing/drying hands</b>	• left arm
<b>Either shaving or applying make-up</b>	• right arm
<b>If the patient does either</b>	• abdomen
<b>Use your %'s</b>	• perineal area
<b>Assess only the activities listed in the definition. Grooming does not include flossing teeth, shampooing hair, applying deodorant, or shaving legs. If the subject is bald or chooses not to shave or apply make-up, do not assess those activities.</b>	• buttocks
	• left upper leg
	• right upper leg
	• left lower leg, including foot
	• right lower leg, including foot
	<b>Regardless of where it occurs</b>

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Slide 30

FIM ITEMS...KEY CONCEPTS
<b>With Bathing and Grooming...</b>
• Being able to count
• Knowing which is in each category
• Documenting CLEARLY what the patient and the helper did or didn't do

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**BOWEL & BLADDER**  
**Why is this so difficult?**

**Two parts**

- LOA
- Number of accidents
  - No accidents with 6 and 7
  - Accidents include urinal spills and bedpan spills
  - 7 day look back


**Incontinence vs. Accidents**

**Suppositories**

**Urinals**

**Diapers and Pads**

**Timed toileting programs**



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**FIM ITEMS INVOLVED**

- Bowel and bladder sphincter control
- Toileting
- Toilet Transfer
- Need to understand the tasks in each one



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**FIM ITEMS INVOLVED**

**Bowel and bladder sphincter control**

- Bed pan and Urinals
- Foley
- Dialysis patients
- Laxatives


**Toileting**

- Up, down, wipe
- Before and after using a toilet, commode, bedpan, or urinal

**Toilet Transfer**

- If walking, patient approaches, sits down on a standard toilet, and gets up from a standard toilet. The patient performs the activity safely.
- If in a wheelchair, patient approaches toilet, locks brakes, lifts foot rests, removes arm rests if necessary, and does either a standing pivot or sliding transfer (without a board) and returns. The patient performs the activity safely.

**Need to understand the tasks in each one**



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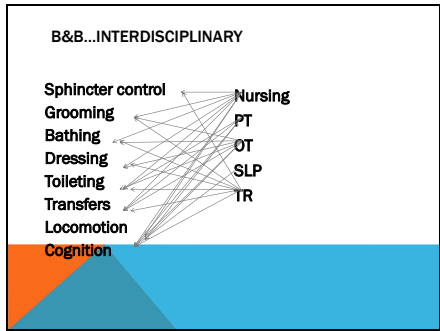
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Slide 34



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Slide 35

**DRESSING...KEY CONCEPTS**

- **Upper and Lower Body Dressing**
- **Dressing and undressing**
- **Appropriate clothes**
- **Remembering the details**
  - Bras
  - Zippers
  - Buttons
  - Socks and shoes
  - Use of prostheses and orthoses
    - If helper puts on and used for item- 5 or less
    - If helper puts on and not used for item- 7 or less



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Slide 36

**TRANSFERS...KEY CONCEPTS**

**Transfers- Bed/Chair/Wheelchair**


**Transfers to Tub/Shower**

- Default is Tub if patient does neither for '0'
- Cannot mark both...more frequent

**To and from**

- Lowest of the two

**Don't confuse the task with locomotion**



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**LOCOMOTION...KEY CONCEPTS**

**Walk/Wheelchair**

- Remembering the distances
  - 150 feet for 3-7
  - 50 feet minimum for 2
  - < 50 feet is 1
- Walk- Understanding "Household Locomotion Exception" rule
  - The patient walks only short distances (a minimum of 50 feet or 15 meters) independently with or without a device. The activity takes more than a reasonable amount of time, or there are safety considerations



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**LOCOMOTION...KEY CONCEPTS**

**Wheelchair**

- No 7's
- Modified Independence- operates a manual or motorized wheelchair independently for a minimum of 150 feet (50 meters); turns around; maneuvers the chair to a table, bed, toilet; negotiates at least a 3 percent grade; and maneuvers on rugs and over door sills.
- Exception (Household Locomotion) 5- operates a manual or motorized wheelchair independently only short distances (a minimum of 50 feet or 15 meters).



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Slide 39

COGNITION...KEY CONCEPTS

- What is the intent of the cognitive scores?
- How do you fully evaluate cognition?
- How do you differentiate between basic and complex?
- How can you assess all areas all the time?



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Slide 40

COGNITION...KEY CONCEPTS

- Comprehension
- Expression
- Social Interaction
- Problem-solving
- Memory



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**COGNITION...KEY CONCEPTS**

**Comprehension**

- Understanding of either auditory or visual communication (e.g., writing, sign language, gestures)
- Evaluate and indicate the more usual mode of comprehension
- If both are used about equally, code "Both"
- Glasses and hearing aid reminders

**Expression**

- Clear vocal or nonvocal expression of language
- Includes either intelligible speech or clear expression of language using writing or a communication device
- Evaluate and indicate the more usual mode of expression
- If both are used about equally, code "Both"



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**COGNITION...KEY CONCEPTS**

**Social Interaction**

- Includes skills related to getting along and participating with others in therapeutic and social situations.
- It represents how one deals with one's own needs together with the needs of others.
- Examples of socially inappropriate behaviors include temper tantrums; loud, foul, or abusive language; excessive laughing or crying; physical attack; or very withdrawn or non-interactive behavior.
- Socially inappropriate behavior that requires a restraint



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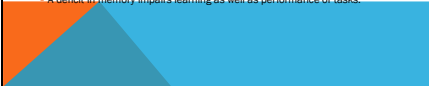
**COGNITION...KEY CONCEPTS**

**Problem-solving**

- Includes skills related to solving problems of daily living.
- Making reasonable, safe, and timely decisions regarding financial, social, and personal affairs, as well as the initiation, sequencing, and self-correcting of tasks and activities to solve problems.

**Memory...The 3 R's**

- Includes skills related to recognizing and remembering while performing daily activities in an institutional or community setting.
- Includes the ability to store and retrieve information, particularly verbal and visual.
- The functional evidence of memory 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.



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Slide 44

**COGNITION...KEY CONCEPTS**

**Can never put a '0' on cognitive items**

**Understand the difference between simple/routine and complex/abstract**

- Complex/abstract
  - Self-medication management
  - Financial/check book/employment decisions
  - News/TV programs
  - Discharge planning
  - Group conversations
  - Current events
  - Religion
  - Relationships/interpersonal conflict problem-solving



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Slide 45

COGNITION...KEY CONCEPTS

- Once the patient requires prompting, they can be no higher than a '5'
- Admission score accuracy is very important...when it's not, end up with lower scores on discharge
- Scored over a period of time in their general, greater environment



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Slide 46

COGNITION...KEY CONCEPTS

- What does nursing do within their care routine to evaluate/assess all of cognition?



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Slide 47

**PEM**

- **What is PEM?**
  - Program Evaluation Manager
- **What does it Include?**
  - Case Level Indicators
    - Discharge FIM total
    - FIM Change
    - LOS Efficiency
  - Facility Level Indicators
    - Discharge to Community
    - Discharge to Acute



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Slide 48

**PEM**

**These indicators are chosen to evaluate the delivery of care which is:**

- Effective
- Efficient
- Timely
- Safe
- Equitable
- Patient-centered



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Slide 49

**SO WHAT DOES IT TAKE?**

- Focused education
- Consistent education done initially on hire
- Mentoring and coaching 1:1
- Make it easy to complete
- Accountability standards with real teeth
- Support and administrative back up
- Appreciating the "WHY"



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Slide 50

**FOCUSED EDUCATION**

- Education should if possible be taught by the same person to all new staff
  - Same information
  - Delivered consistently
  - Delivered accurately
  - To all staff...licensed and unlicensed
  - Format such as a CD or DVD for the basics



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Slide 51

**CONSISTENT EDUCATION**

- Done initially on hire
- Not on the fly and if we have time
- Every new staff member...part of their orientation
- No excuses and no exceptions
- Do something on a regular basis...update staff with new information, test questions



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Slide 52

**MENTORING & COACHING**

- 1:1
- Education is not 'spray and pray'
- When done to all...no one listens... "surely she's not talking about me???"
- Coach and mentor the ones who are having trouble doing it and doing it correctly
- Key questions



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Slide 53

**MAKE IT EASY...ACCESSIBILITY**

- **Where do they chart it?**
- **Manual or EMR?**
- **Is it easy to get to?**
- **Are you fighting with paper, more paper?**
- **Is it just another form?**
- **Can it be integrated into charting?**



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Slide 54

**ACCOUNTABILITY STANDARDS**

**With real teeth**

- Document the training
- Document the 1:1
- Document who is doing and not doing and doing correctly
  - Regular and daily chart audits
  - Catch it while it can still be changed/fixd/corrected
  - What are the consequences for not doing?
  - Can I get fired for not doing FIM scoring?
  - Is it part of my performance eval?



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Slide 55

**ACCOUNTABILITY**

- How are the staff held accountable?
- What are the consequences for not completing or completing accurately?
- Is it part of your performance evaluation?
- Expectations...expectations...expectations
- Understanding the 'why'
- It has to be seen as important...as meds, charting, assessments, etc.
- Team members need to hold each other accountable



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Slide 56

**ADMINISTRATIVE BACK-UP**

- Support from the top
- Will what I do stand up and be supported by administration and HR?
- What have I done to make sure all the dots connect...you can't threaten if you can't back it up...has administration been convinced how important FIM™ is?



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Slide 57

**WHY...WHY...WHY...???**


**Appreciating the 'WHY'**

- Don't assume everyone understands the why
- Reinforce and reiterate all the time
- Share the outcomes, the progress, the challenges, areas of improvement

**Don't feel the need to tackle all 18 items**

- Choose the worst 5 to work on...the biggest opportunity for improvement
- Make it part of PI using UDSMR® national benchmarks

**Conquer 'Terminal Uniqueness'**



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Slide 58

**IN SUMMARY...**

- **Systematic collection**
- **Team communication**
  - Don't be afraid to ask, double check
- **Hold each other accountable**
- **Consequences for not doing...not enough time is not an option**
- **Part of your overall PE**



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Slide 59

IN SUMMARY...

- It needs to be viewed as important as anything else we do
- Include your techs/aides/PCAs
- Put in your monitoring system
- Decide how you will hardwire this



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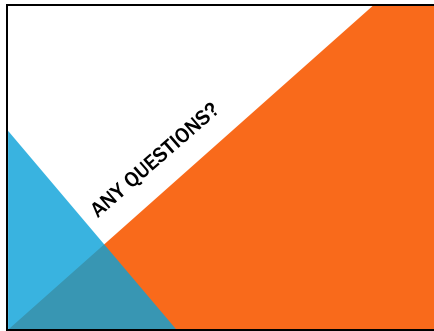
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Slide 60



ANY QUESTIONS?

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Slide 61



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