FIM FACILITY TRAINERS NEWSLETTER
December 2018

Welcome to the FIM Facility Trainer’s Newsletter - we hope you find it informative. The purpose is to:
- Keep you updated with what’s happening FIM-wise at AROC
- Direct you to some useful FIM resources
- Provide a few reminders
- Look at a few FAQs
- Let you know about news and events that may be of interest

AROC would like to take this opportunity to wish you a Merry Christmas and Happy Holiday Season.

AROC News

Staff Changes – There have been some staff changes in the AROC Team. We’d like to welcome Alyce White (Research Fellow) and Daniel Thompson (AROC Data Analyst) to our team of 8 full-time and 2 casual staff members. Towards the end of this Newsletter we’ll tell you a little more about two of our team.

New Look Online Store – We are in the process of revamping our online store making it more user friendly and accessible. We plan to have it go live by the end of January. See right for a preview of what it will look like.

Facility Trainer Video Conferences – Jurisdictional Facility Trainer Video Conferences have been held in most states and New Zealand in 2018. These are an excellent opportunity for Trainers to ask questions and clarify any clinical or administrative issues. They are hosted by AROC and facilitated by your states AROC FIM Master Trainers. Keep an eye out for your invitations via email and remember to RSVP.

Workshops

AROC Open FIM, WeeFIM & FT Workshops – All 2019 workshops are now available on the website. These are conducted in many state capitals, including Auckland. If you are due to complete a Facility Trainer workshop as a refresher for your ongoing requirements (due every 4 years), please refer to our website at AROC OPEN WORKSHOPS for workshop dates.

Please send in an expression of interest if your state capital is not scheduled for a Facility Trainer workshop.

Feedback from FT workshops:
“Updating knowledge very beneficial”
“It was great to exchange ideas & practical examples”
“The day went too quickly, wish we had more time”
“Watching and learning about other presentations was a valuable educational tool”
“The feedback & learning from each other very helpful”
“Was feeling a bit jaded after doing this for 4 years, I now feel more energised and excited about running FIM training”
NEW FIM Audit Tool – Functional change is a key outcome measure of rehabilitation episodes, and as such it is essential that FIM items are scored accurately. The aim of a FIM audit is to review the accuracy of FIM scoring in relation to written documentation from rehabilitation staff. A FIM audit should be conducted by an appropriately trained and credentialed FIM clinician, generally a FIM Facility Trainer. The audit applies to all FIM items scored by rehabilitation staff at admission and discharge. The AROC FIM Audit Tool is now available for download on the AROC website.

UPDATED FIM Guide for Documentation v2 – Careful documentation will support an accurate FIM score. To assist clinicians with FIM documentation we developed a Guide of best practice FIM documentation. This Guide has now been expanded with more examples and version 2 is available on the AROC website.

FIM & WeeFIM Flyer – A FIM or WeeFIM flyer is available to help advertise your workshops. If you would like a copy of this, please email fim@uow.edu.au.

MORE FIM Fun – Crossword #2
Thanks to the team at Epworth Rehab we have another fun icebreaker to be used during any FIM Training. Please see the bottom of this Newsletter for crossword no 2.

Clinical Queries & Explanations

Dressing
Question: If a patient wears a dress but no underwear and no shoes, what do they score for Lower Body dressing?
Answer: Always refer back to the principles of FIM scoring and burden of care. A dress covers the lower body (below the waist) and is considered clothing that is suitable to be worn in public, therefore if any help to adjust or straighten the dress is required this would need to be considered in scoring for lower body. Otherwise, if no assistance is required score a 7 – independent, as there is no burden of care.

Facility Trainer Manual update – in relation to the above clarification please make the below adjustment in your Trainer Manual on page 15 of the green tab section.

4. Please give an example of level 1 - Total Assistance for Dressing - Lower Body.
A: If two helpers are ever needed to complete an activity, even if one helper supervises while the other gives hand-on assistance, then score level 1 - Total Assistance. A patient who requires assistance of two helpers to get his pants over his hips while standing or lying would be rated level 1 - Total Assistance for Dressing - Lower Body. Other examples of level 1 - Total Assistance for Dressing - Lower Body are when the patient does not dress the lower body at all, the patient who does not help dress the lower body, or the patient who provides less than 25% of the effort.
Retrospective Scoring
Not to be confused with “scoring on admission and discharge” on what was page 12 (latest print page 9) of the FIM Manual

FIM Manual pg.13 (or pg.10): “Performance during the preceding 24 to 72 hours is most important; however, longer periods of time may be relevant for some items. For example, bladder or bowel accidents outside of the 72 hour timeframe may require an initial score to be modified or may require a retrospective view”.

Explanation: For FIM items that require a retrospective view, scoring on admission may go back 1 month. Scoring on discharge can depend on length of admission, but should not go back past past admission.

Scoring on Discharge

Question: How do I score a patient that has had an interruption to their episode of care in rehab due to an issue causing them to return to acute care?

Answer FIM: This does happen occasionally. As long as it is definite that the patient will not return to complete their episode the following steps should be taken:
1. Remove the suspension of treatment date and set suspension to NO
2. Enter the end FIM score for the patient*
3. Put the original suspension date as the end date for the episode
4. Give the appropriate reason for episode end

* Ideally, score the FIM to reflect the function of the patient prior to the deterioration that caused their transfer to acute care. We encourage this option as it provides the care team with feedback on the function the patient has been able to achieve. Otherwise, where the end FIM is unknown and it is not possible to get an end FIM, enter 1 for all end FIM scores (a total of 18). Where the mode of episode end is recorded as ‘transferred to acute care’, AROC considers the episode ‘incomplete’, that is the person did not complete their rehab program. Incomplete episodes are not included in outcomes analysis (but are analysed separately).

Reminders

Duration of FIM Workshops
AROC recommends and teaches that FIM workshops should be conducted over at least a 6-hour period, particularly for clinicians new to FIM. FIM workshops can be conducted in one session of 6-hours or two sessions of 3-hours. The suggested training session breakdown is shown on page 11 of the FIM Facility Trainer Manual in the Red Tab section - as shown below.

Example FIM Workshop Timetable for minimum 6 hrs (excluding breaks):

<table>
<thead>
<tr>
<th>TIME</th>
<th>SUBJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5</td>
<td>Introduction; Overview and General Rules; FIM Items x3 (Eating, Grooming and Bathing)</td>
</tr>
<tr>
<td>0.25</td>
<td>Morning Tea</td>
</tr>
<tr>
<td>2.0</td>
<td>FIM Items x6 (Self-care, Sphincter control, Transfers, Locomotion)</td>
</tr>
<tr>
<td>0.50</td>
<td>Lunch</td>
</tr>
<tr>
<td>1.0</td>
<td>FIM Items (Communication, Social cognition)</td>
</tr>
<tr>
<td>1.0</td>
<td>Case Study Examples</td>
</tr>
<tr>
<td>0.50</td>
<td>Exam discussion, questions</td>
</tr>
</tbody>
</table>

For currently credentialed FIM clinicians, who have attended a FIM workshop within the last 4 years, an Online Refresher (e-learning module inclusive of an exam) is available for purchase.
It is critically important that FIM scoring at admission and discharge is completed in a timely manner, and accurately and consistently scored so that the full functional gain for each patient is demonstrated. Experience has proven 6 hours of instruction in the FIM instrument ensures clinicians have a sound understanding of the tool, thereby enabling them to use the FIM scoring in their day-to-day clinical practise to ensure best outcomes for individual patients.

Additionally, learning about each of the 18 FIM items and having the opportunity to complete case study examples, best prepares clinicians to attempt and complete the FIM Exam successfully. This information can be found on our website here Training and Credentialing.

FIM Team Profile

**Donna Byham – FIM Coordinator**
Donna has a background as a Registered Nurse having spent over 7 years working in the Illawarra Shoalhaven LHD before moving to South East Asia. Here she spent over 10 years developing grass roots projects in education primarily in Cambodia and Myanmar, along with some volunteer primary health care work.

Before joining AROC in 2016, Donna spent 3 years in private business Practice Management.

Donna loves to travel, keep fit by running and cycling, then relax with a nice coffee, good book or crossword.

**Rebecca Lachlan – FIM Administration Assistant**
Rebecca lived a full and energetic lifestyle working as an Administration Officer at BlueScope Steel. Suddenly in March 2008, Rebecca’s life changed after a blood clot to the Brain Stem resulted in a Stroke. When waking, movement of the eyes was all that would respond and Bec spent the next 7.5 months in hospital and following 2.5 years rehabilitating.

Now mostly back to herself, Bec advocates for Unanderra Train Station (Unanderra Access Group), is part of Workways Steering Committee, received Wollongong Woman of the Year 2018 and has worked with the Stroke Foundation as a Consumer Council Member, StrokeSafe Ambassador and assisted with Stroke Week and Stride4Stroke.

Bec enjoys Dancing, Working Out, Music and Reading, “The sky is the limit, only you decide when it stops”.

Thanks once again for all of your hard work in supporting your clinicians with the use of the FIM.

Have a wonderful Christmas and safe New Year.

Warm Regards, the team at AROC
FIM FUN #2

Down:
1. During the night, Nancy uses a bottle which is _____ by nursing staff. Her FIM score is '5'.
2. Peter uses a rail when _____ himself to pull up his trousers after toileting. His FIM score is '6'.
3. Sophie is NWB on her left leg and ambulates with a frame. She requires assistance to get her clothing from the _____ . Her FIM score for upper body dressing is '5'.

Across:
3. On admission, Caroline requires a _____ for all transfers. Her FIM scores for all were '1'.
4. Mr Smith's wife cuts his meat but he can then eat it ______. His FIM score is '5'.
5. As Max has no toiletries, he is unable to complete any _____ tasks. His FIM score is '1'.
6. For lower body dressing Sophie needs assistance to put on her left shoe. Her FIM score is '____'.
7. Pat uses a rail and _____ chair when transferring into the shower. Her FIM score is '6'.

Answer Key:

COURTESY OF EPWORTH REHABILITATION AND MENTAL HEALTH