

FIM IN THE COMMUNITY - CONTEXT

AROC

In general, AROC does not recommend use of FIM in an ambulatory setting as the tool is subject to a ceiling effect once a client is reasonably functional in ADLs and can live in the community. A community living client generally shows very little change in their FIM score. An ambulatory program generally focuses on IADLs (instrumental activities of daily living), and from an outcomes perspective, there are other tools that measure improvements in IADLs much better than the FIM does.

INSURERS

Insurance companies such as iCare and ACC (NZ) however, do use the FIM as a method of establishing a community living client's potential eligibility to enter their scheme, and not as a clinical assessment tool from which a care plan is to be developed. For instance if a client is scored a 5 on one or several FIM items, to the insurer this means that the client requires a carer to undertake that task; that is, there is a burden of care. In a number of schemes, a score of 5 on a FIM item is the threshold for consideration of eligibility to enter the insurance scheme.

COMMUNITY AND INPATIENT REHABILITATION

Using FIM in the community is a completely different use of FIM compared to how it is used in inpatient rehabilitation.

In inpatient rehabilitation: FIM is used to score a patients' functional ability so that a rehabilitation care plan can be developed to improve that functional ability, and then measure what actual functional ability has been achieved.

In community rehabilitation: general FIM rules can be applied to determine eligibility to enter a scheme but importantly, the narrative needs to be assessed and a range of appropriate tools utilised. For more details on using FIM in the community, please refer to AROCs Community Tip Sheet.