## AROC Functional Independence Measure (FIM) Audit Tool

*This tool is provided as a resource for use by appropriately trained FIM clinicians as a basis for documenting a formal FIM audit undertaking.*

Functional change is a key outcome measure of rehabilitation episodes, and as such it is essential that FIM items are scored accurately. The functional ability of a patient changes during rehabilitation and the FIM instrument is used to track those changes. FIM measures the 'burden of care', or need for assistance required by a patient to effectively perform basic activities of daily living. It is important that clinicians accurately document the need for assistance and the type of assistance required by the patient. This documentation contributes to FIM scoring and assists the multidisciplinary team in developing a rehabilitation plan with the patient. However, often documentation does not completely reflect the patient's actual need for assistance and therefore cannot be used accurately to contribute to FIM scoring.

### Background

The AROC FIM Audit Tool was initially developed by the Australasian FIM Master Trainers based on their collective experience of FIM scoring and auditing FIM scoring.

### Aim

The aim of a FIM audit is to review the accuracy of FIM scoring in relation to written documentation from rehabilitation staff.

### Method

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. If the score noted in the file does not align with written documentation by rehabilitation staff, the auditor should identify an alternate (correct) FIM score. If there is no supporting documentation to justify the score the auditor should record – nil documentation.

### Instructions

- Obtain approval to conduct the FIM audit from relevant key stakeholders.
- Meet with stakeholders and discuss plan for audit including – the date of the audit, the audit time period and inclusion/exclusion criteria (e.g. include inpatients, exclude day patients).
- De-identify patients in audit documentation to maintain patient confidentiality.
- Randomly select a minimum of 10 patients for the audit who were discharged within the audit time period, and request files.
- Review any relevant documentation for each FIM item for both admission and/or discharge FIM scoring, and complete the FIM Audit document as appropriate.
- Relevant documentation includes but is not limited to:
  - Progress notes relevant to the admission FIM and discharge FIM assessments
  - Initial assessments by Allied Health staff
  - Team meeting notes if held in the relevant timeframe
  - Discharge summaries
  - Documentation containing mention of assistive devices
  - Progress notes containing detailed description of the level of assistance required with functional tasks
  - Documentation containing information regarding relevant regular medication (e.g. aperients which is relevant to the Bowel Management item, or antidepressants which is relevant to the Social Interaction item)
- Meet with relevant stakeholders to discuss outcome of FIM audit and any recommendations.
- Discuss potential quality improvement initiatives and develop a plan for implementation of recommendations/initiatives.
- Agree on a timeframe to undertake a follow up FIM audit to review progress.

## The FIM Scoring Scale

### NO HELPER

**Score 7: Complete Independence**
(no help, no devices, safely and timely)
**Score 6: Modified Independence**
(assistive device, safety or timeliness issues)

### HELPER

Modified Dependence
**Score 5: Supervision, Setup or Standby Prompting**
**Score 4: Minimal Contact Assistance or Prompting**
(patient does 75% or more of effort)
**Score 3: Moderate Contact Assistance or Prompting**
(patient does 50% - 74% or more  of effort)

Complete Dependence
**Score 2: Maximal Contact Assistance or Prompting**
(patient does 25% - 49% of effort)
**Score 1: Total Assistance**
(patient does less than 25% of effort)

# Admission FIM Audit Form

| Audit Site: | | | Patient Audit Number: | Date Completed: | | |
|---|---|---|---|---|---|---|
| **FIM Item** | Item Score | Supporting Documentation Yes/No | Supporting Documentation/ Relevant Comments | Correct Score (Auditor) | Completed on time | Discipline of Scorer |
| **Eating** | | | | | | |
| **Grooming** | | | | | | |
| **Bathing** | | | | | | |
| **Dressing: Upper Body** | | | | | | |
| **Dressing: Lower Body** | | | | | | |
| **Toileting** | | | | | | |
| **Bladder Management** | | | | | | |
| **Bowel Management** | | | | | | |

| FIM Item | Item Score | Supporting Documentation Yes/No | Supporting Documentation/ Relevant Comments | Correct Score (Auditor) | Completed on Time | Discipline of Scorer |
|---|---|---|---|---|---|---|
| **Transfers: Bed/Chair** | | | | | | |
| **Transfers: Toilet** | | | | | | |
| **Transfers: Shower** | | | | | | |
| **Locomotion** | | | | | | |
| **Stairs** | | | | | | |
| **Comprehension** | | | | | | |
| **Expression** | | | | | | |
| **Social Interaction** | | | | | | |
| **Problem Solving** | | | | | | |
| **Memory** | | | | | | |

# Discharge FIM Audit Form

| Audit Site: | | | Patient Audit Number: | Date Completed: | | |
|---|---|---|---|---|---|---|
| **FIM Item** | Item Score | Supporting Documentation Yes/No | Supporting Documentation/ Relevant Comments | Correct Score (Auditor) | Completed on Time | Discipline of Scorer |
| **Eating** | | | | | | |
| **Grooming** | | | | | | |
| **Bathing** | | | | | | |
| **Dressing: Upper Body** | | | | | | |
| **Dressing: Lower Body** | | | | | | |
| **Toileting** | | | | | | |
| **Bladder Management** | | | | | | |
| **Bowel Management** | | | | | | |

| FIM Item | Item Score | Supporting Documentation Yes/No | Supporting Documentation/ Relevant Comments | Correct Score (Auditor) | Completed on Time | Discipline of Scorer |
|---|---|---|---|---|---|---|
| **Transfers: Bed/Chair** | | | | | | |
| **Transfers: Toilet** | | | | | | |
| **Transfers: Shower** | | | | | | |
| **Locomotion** | | | | | | |
| **Stairs** | | | | | | |
| **Comprehension** | | | | | | |
| **Expression** | | | | | | |
| **Social Interaction** | | | | | | |
| **Problem Solving** | | | | | | |
| **Memory** | | | | | | |

## FIM Item Audit Form

| Audit Site: | | | | Date Completed: | | | | |
|---|---|---|---|---|---|---|---|---|
| **FIM Item:** | | | | | | | | |
| **Patient Audit Number** | Admission Score | Supporting Documentation Y/N | Correct Score (Auditor) | Discharge Score | Supporting Documentation Y/N | Correct Score (Auditor) | Supporting Documentation/ Relevant Comments | At least one FIM Score supported by documentation |
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*complete for each FIM item

| FIM Audit Patient details | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Audit Site:** | | | | Date Completed: | | | | |
| **Patient Audit Number** | Medical Record Number | Admission Date | Discharge Date | Impairment | Admission Motor Score | Admission Cognitive Score | Discharge Motor Score | Discharge Cognitive Score |
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## Identified areas for improvement

| Recommendations | | |
|---|---|---|
| | | |
| **Actions** | **Responsibility** | **Action Date** |
| | | |
| **Planned date of follow up FIM Audit:** | | |