The FIM in Clinical Practice

Dr David Murphy
Clinical Director Rehabilitation
Bendigo Health Care Group

Working as One

ANNE CAUDLE CENTRE

Working as One

Sub-Acute Services at Bendigo Health

- Located on Anne Caudle Campus
- 60 bed Rehab and GEM ward

  4 teams: Neuro Rehab
  Ortho Rehab
  2 GEM
- 30 bed Streams of Care ward
  8 GEM
  12 Secure GEM
  10 Hospice
- Transition Care: home based, low and high care
- Outpatient Rehab Services on 2 sites
- HART/ACAS
- Rural Health team

Working as One

Working as One

Introduction of FIM

- "Best Practice in Rehabilitation Project" 2002-3

- Recommendations

  Development of key Rehab Streams

  Recognition of GEM as a specialist clinical area

  Rotations of nursing staff to facilitate education and development of key reha and gem skills

  Increased focus on functional outcomes and benchmarking

  Participation in AROC

BENDIGO HEALTH

Working as One

History of FIM at BH

- FIM used informally on rehab teams in 2003
- Joined AROC 2004, data for rehab teams submitted
- FIM training for staff, identification of FIM trainers/champions
- GEM teams incorporated 2006/07, facilitated by rotation of FIM trained N/S and AHS to GEM teams
- Data from the whole 60 bed unit submitted 2007 and 2008
- Next phase: incorporation of the remaining 20 bed GEM beds

BENDIGO HEALTH

Working as One

Current Practice

- Barthel is completed for all patients
- FIM completed by staff on admission
- FIM reviewed at 1st case conference
- Discharge FIM completed at final case conference for rehab teams following entries by relevant staff
- Nursing staff complete d/c FIMs for GEM pts

BENDIGO HEALTH

Working as One

Data Collection

- Data is compiled by the "Private Patient Clerk"
- Information is acquired from the Electronic Discharge Summary and patient file
- EDS has a diagnosis list linked to the AROC categories
- Clerk reports that the GEM teams have better compliance for FIM completion!!
- Time = approx 1 day/week
- BH has very good data completion rates
- Poorest compliance is for "program discontinuation days" (may reflect a change in mode of collection)

FIM feedback

- Data is sent to:

- Executive Director Community Care
- Community Care Senior Management Group
- Includes Medical Director, Rehab Director, Nurse Manager AH Heads etc
- Inpatient Rehab Management team

FIM Feedback

- Data interpretation
- Clinical Director of Rehabilitation and teams
- Reported “up and down”

Amputee Team Data

- AROC data showed LOS well above national and benchmark group data
- Poor “rehab efficiency”
- Lower rates for return to usual accommodation

Possible causes for long LOS

- Outdated rehab practices
- Large catchment area
- Scarce community rehab and support services
- Lack of/ waiting for alternative discharge destinations
- Analysis suggested pts aged 45-65 were a significant part of the problem

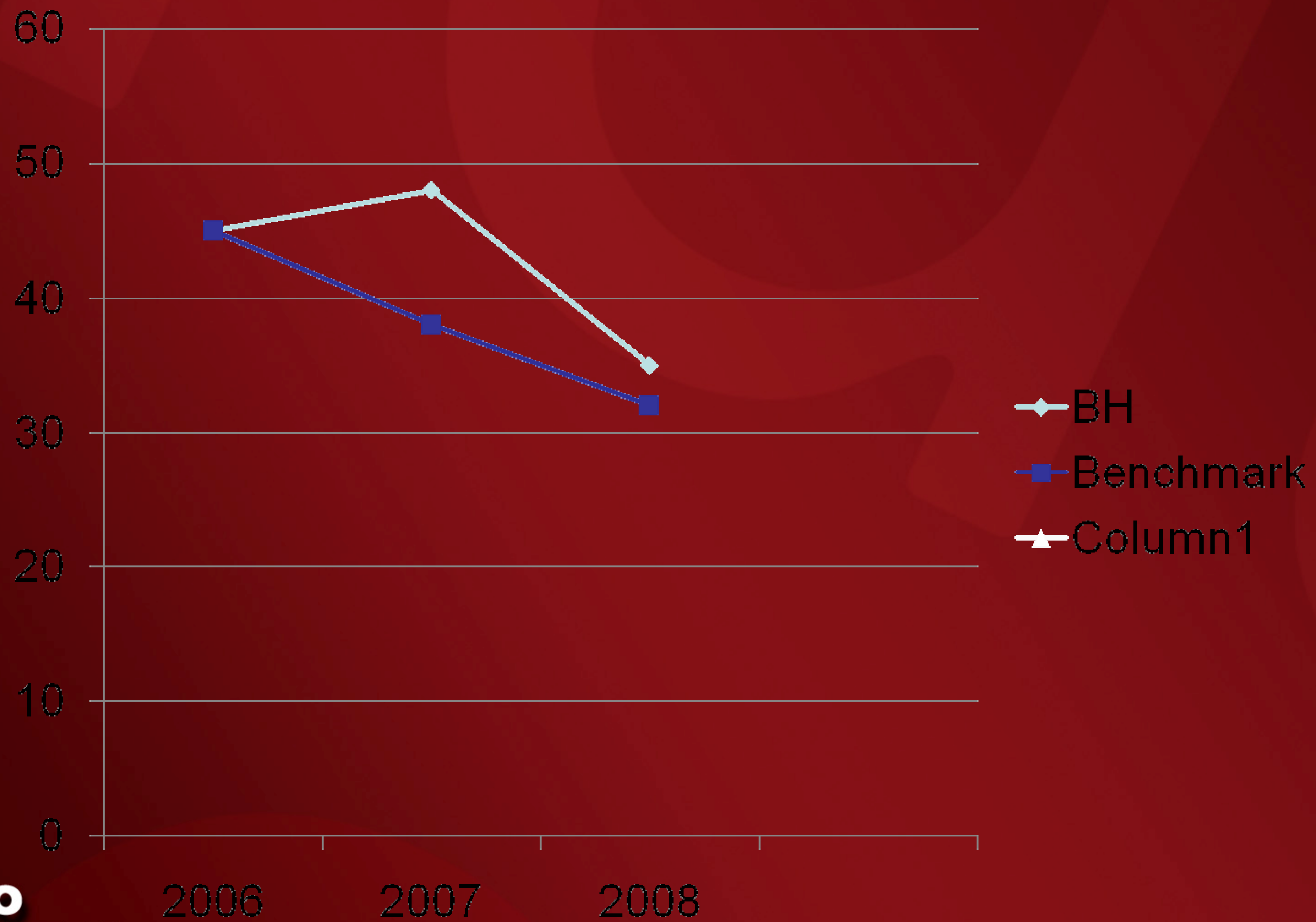
TCP plus pilot 2007

- Earlier d/c to supported care with ongoing rehab
- Patients moved through subacute-TCP bed based –home based + OP rehab – long term follow up

BENDIGO HEALTH

Working as One

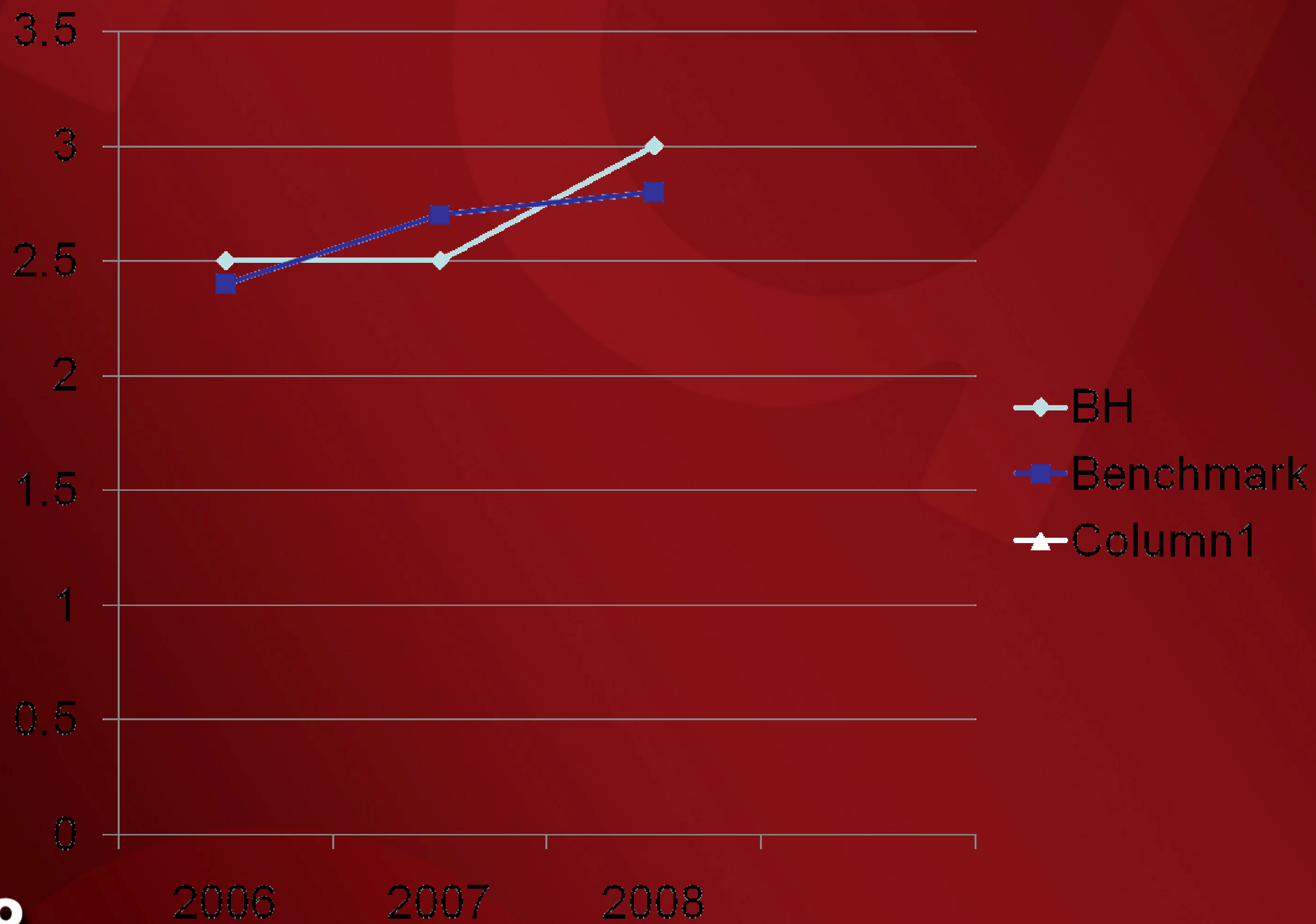
LOS



BENDIGO HEALTH

Working as One

FIM CHANGE



BENDIGO HEALTH

Working as One