

INTRODUCTION

- A nursing assessment is the primary stage of the nursing process, and it is vital to the care of patients. This nursing skill is essential to the success of caring for rehabilitation patients with their disabilities and/or chronic health problems, in addition to the acknowledgement of each patient's progression of their rehabilitation goals.
- The Functional Independent Measurement (FIM®) scale has emerged as the standard for rehabilitation assessments and the maintaining a standardization of equity and consistency throughout the national rehabilitation hospitals.
- Rehabilitation nurses are educated to properly assess each patient, and gives a FIM® score to each functional area, as appropriate for nursing. Properly assessing a FIM® score correctly will capture the best burden of care level to attain a plan of care, which would be more individualized.
- Rehabilitation nurses and all therapists focus on assessing and FIM ${\mathbb R}$ scoring on admission and discharge. The difference or change between these two scores will be essential to capture each patient's functional gains (or loss), during rehabilitation.
- There are important steps leading to the success of consistency in assessments and scoring, and most importantly a positive functional outcome for each patient.

FIM® NURSING EDUCATION & PROCESS

- A new hired nursing employee will attend a special general FIM® class conducted by the occupational therapy clinical manager, after attending hospital and nursing orientation classes.
- A nursing supervisor assisting in the education of every nurse, will take the time to conduct a one-to-one session in the functional areas, that are a priority for nursing.
- Nurses score the patients the first three days from admission to obtain the best score for admission.
- Nurses responsible to discharge the patient will be responsible to obtain a functional score at the time of discharge.

Note: The greatest asset West Gables Rehabilitation Hospital (WGRH) has is the tenure of rehabilitation nurses at WGRH. These results of success are attributed to the years of expert skills and experiences of theses nu



RAISING THE BAR ON NURSING FIM® SCORE DOCUMENTATION FOR EXCELLENCE IN PATIENT FUNCTIONAL OUTCOMES

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2011

15 -

FIN®	CHANGE BY	YEAR	
	2012 FIM®	2013 FIM®	
1 FIM® scores were	change scores were above the 68th percentile	change scores were above the 75th percentile	
ve the 21st rcentile			
2011	2012	2013	
FIM M	otor Change – FIM	Cognitive Change	
FIM R	SCODES & IF	NGTH OF STAY	
FIM Change by Year			
•			
	1		
2011	2012	2013	
West	t Gable –•• N	TL.	
2011	2012	2013	

OUTCOMES

- independence.
- Decreased length of stay.

NEXT STEPS

- patient.

REFERENCES

Allen K., Cailliet R., Granger C., Potter P., Salcido R., Talavera F. (8/28/2013). Quality and Outcome Measures for Rehabilitation Programs.Medscape Reference, Retrieved March 31,2014, from http://emedicine.medscape.com/article/317865-overview Andres P.L., Buchanan J.L., Haley S.M, Paddock S.M., Zaslavsky A.M. (2003) An Assessment Tool Translation Study. Health Care Financing Review, 24,45-60. Report. 62, p. 997-1000.

• Improved patient functional measure outcomes reflecting the compliance in meeting and/or exceeding the maximum goal for each patient's functional

• Greater collaboration and validation of functional scores between therapy, PPS, and nursing, due to the priority of this process to be successful.



• Finalizing a "Graduation Day" process, to take place at least twenty four hours before discharge to further engage and validate the functional achievement of each

• Greater monitoring from nursing supervisors will take place for a more intense validation process for admission and discharge scores.

