The Best Way Back:
Promoting Functional Independence in the Rehabilitation Patient

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BACKGROUND/OVERVIEW

In the inpatient rehabilitation setting nurses and therapists are an integral part of a multidisciplinary team and have a substantial impact on a patient's level of functional independence. The Functional Independence Measure (FIM) is the gold standard for measurement of functional independence in the inpatient rehabilitation setting. In FY13 Baylor Institute for Rehabilitation's (BIR) FIM change from admission to discharge average was 22.34, below the National 50th percentile. BIR's multi-disciplinary FIM team created a patient-centered FIM scoring program called *"The Best Way Back"* which increased average FIM change scores by 9.5% from April 2013 to May 2014.

GOALS

"The Best Way Back" will:

❖ Increase the average FIM change from admission to discharge to 24.65 (National 50th percentile)

❖ Actively involve patients and families in functional goal setting

❖ Increase patient/family awareness by displaying goals and current progress in each patient room

❖ Increase staff knowledge related to FIM scoring

❖ Be the tool to assess patients functional independence on the day *prior* to discharge

PROJECT METRICS

▪ **FIM Change:** Data collected bi-weekly from Erehabdata, which compares against national averages

▪ **Press Ganey question:** "Staff Prepared Patient to Function at Home" used to monitor patient/family perception
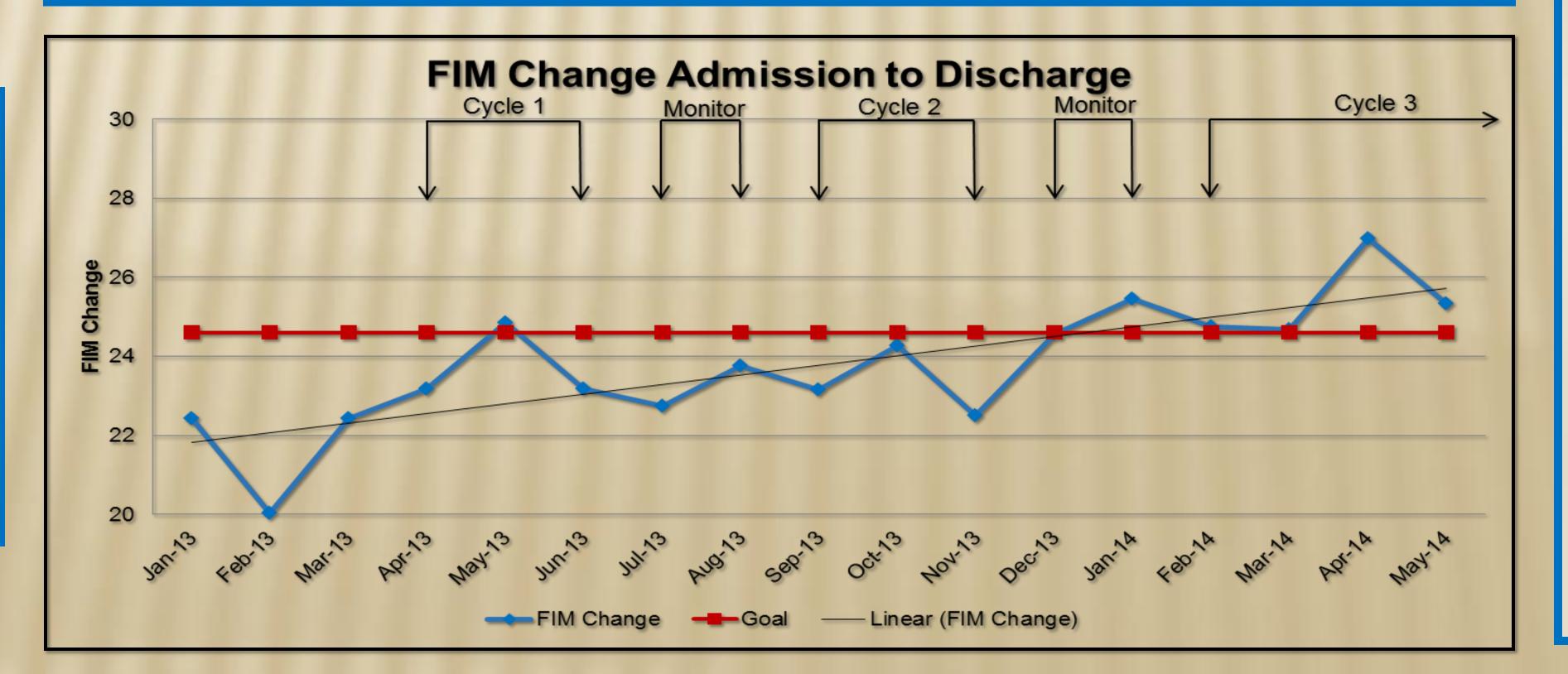
PROCESS

PDCA Cycle 1

▪ Recognized that BIR's FIM Change from Admission to Discharge was lower than the national average even as the discharge to community percentage was well above national average

▪ The team developed the *Best Way Back* program

▪ Developed a *Best Way Back* communication tool that displays patients' current functional status and their discharge goals in their rooms

▪ Created the *Best Way Back* lanyard and badge that patients wear the day prior to discharge

▪ Provided staff education on the *Best Way Back Program*

▪ Implemented *Best Way Back* and monitored FIM change as well as compliance with communication tools and lanyards

PDCA Cycle 2

▪ Further discovered scores on specific FIM items fell below the national average

▪ Staff education was provided by a multi-disciplinary team on these specific items

▪ FIM re-testing was conducted with all nursing staff

▪ FIM branching logic was built into the Electronic Medical Record (EMR) to help staff accurately score FIM items that require multiple steps

PDCA Cycle 3

▪ Standardized FIM scoring by discipline to eliminate overlap.

▪ Standardized FIM education and annual re-credentialing

▪ Identified FIM champions in to coordinate departmental education

▪ Nursing FIM champions to collaborate with staff nurses on admission and discharge to determine the appropriate FIM score.

FIM Change Admission to Discharge

RESULTS

▪ Improved the average FIM change from admission to discharge by 9.5% to 24.45

▪ Press Ganey scores related to patients' perception have improved from the 61st to the 66th percentile

▪ Length of stay has decreased an average decrease of 0.13 days

LESSONS LEARNED

▪ FIM scoring overlap between disciplines yields inconsistent FIM scores

▪ Engaging the patients' in goal setting and functional independence allows the patient to take ownership in their functional outcomes

▪ FIM scoring misconceptions amongst staff contributed to inconsistent scores which led us to rethink how FIM credentialing and re-credentialing education should be conducted