



Impact of Accurate Functional Independence Measure Documentation on Quality Care, Discharge to Community, and Reimbursement.

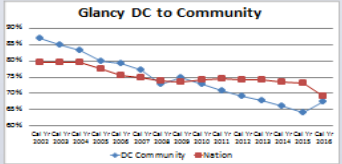
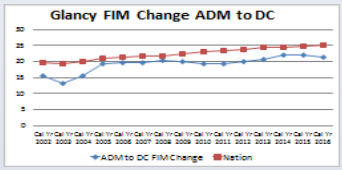
GLANCY REHABILITATION CENTER
Gwinnett Medical Center – Duluth

Gwinnett Medical Center * Glancy Rehabilitation Center

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BACKGROUND

Glancy Rehabilitation Center is a 30 bed unit which offers comprehensive inpatient rehabilitation services to patients with diagnosis such as: stroke, brain injury, orthopedic injuries, and other neurological injuries. In 2017, a review of Glancy Rehabilitation Center's adjusted clinical data compared to the nation showed consistent scores below the nation year after year. Accurate Functional Independence Measure (FIM) scoring is a reflection of quality directly related to community discharge, and tied to reimbursement. Fiscal year (FY) 2017 showed Glancy's Community Discharges were 65.77% when compared to the Nation's 68.65%. FIM Change scores were at 21.5 points, while the Nation was 24.52 points. The project addressed the question: In rehabilitation patients will accurate documentation of Functional Independence Measures impact quality of discharge to the community, and reimbursement during fiscal year 2018?



Related Data & Outcomes (Adjusted Data for Clinical Comparison)

	FY 17 (Full Year)	GRC	Nation	Compared to Nation
Discharges	631	660		
Case Mix Index	1.5	1.35		Higher
Length of Stay	14.09	15.51		Lower
Community Discharges	65.77%	68.65%		2.88% Lower
Skilled Nursing Facility Discharges	20.76%	19.18%		1.58% Higher
Acute Discharges	13.15%	11.41%		1.74% Higher
Admit FIM	53.86	53.86		Same
Discharge FIM	75.35	78.78		Lower
FIM CHANGE (Target 24.5)	21.50	24.92		1.07 FIM pts Lower

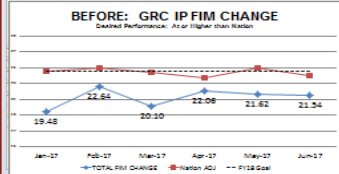
415 patients discharged home

OBJECTIVES

GOAL - FIM Change: From 21.5 to 24.5 during Q3-Q4 FY 18
Other goals included:

- Provide external Subject Matter Expert FIM scoring training for Nursing and Therapy.
- Establish a Super-User Group to guide culture change and projects.
- Implement a daily FIM Huddle to review admit and discharge FIM scores (just in time correction/education).
- Launch sub-committees focused on specific FIM items.
- Review and revise competency, orientation and training materials.
- To build discharge programming designed to maximize FIM Change.
- To work collaboratively with referral sources.

BEFORE



METHOD

The framework used was the Plan, Do, Check, Act (PDCA) model.

PLAN - Leader & Associate Education.
DO - May 2017 Lisa Werner.
CHECK - During this education period we realized that we do some things different at Glancy compared to the UDS FIM rules and derivations.
ACT - Assign a SuperUser team to research and impact change.

PLAN - Establish SuperUser Group.
DO - 2x monthly meetings, interdisciplinary group, brainstorming & organizing. Easy changes made.
CHECK - Early outcomes favorable.
ACT - More gains needed. Establish sub-committees to redesign processes.

PLAN - FIM Huddle.
DO - Daily gathering to review Admit and DC FIM Scores for just in time education and correction. Identified tools and support within software.
CHECK - Continue to find some discrepancies. Increase accountability.
ACT - Include front line staff in FIM Huddle in January 2018.

PLAN - Launch Sub-Committees.
DO - Specific FIM item focus including @time/Bladder/Graduation, FIM Change per Day, Testing/Cog & Dining, Referral to Admission, Training & Orientation.
CHECK - Making progress. Need to continue focus on these teams.
ACT - Launch competency, training and orientation team.

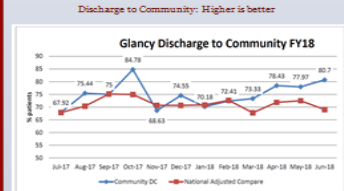
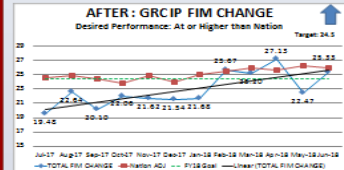
RESULTS

The FIM Team began the implementation of the project in July 2017. By August 2017, current Rehab data showed Glancy FIM Change had exceeded its own goal, reaching 25.67 points. At the end of FY18 Glancy FIM Change improvement have been sustained with the exception of November. Other outcomes have also demonstrated improvement, notably Discharge to Community.

Related Data & Outcomes

	FY 17 (Full Year)	FY 18 (Full Year)	Compared to Last Year	Compared to Nation	Compared to FY 18 Goal
Discharges	631	660			
Case Mix Index	1.5	1.35	1.46	1.37	Lower
LOS	14.09	15.51	14.74	14.48	Higher
Community Discharges	65.77%	68.65%	74.85	71.50	Higher
SNF Discharges	20.76%	19.18%	13.94%	16.60%	6.82% Lower
Acute Discharges	13.15%	11.41%	11.21%	11.12%	1.94% Lower
Admit FIM	53.86	53.86	57.22	54.86	Higher
Discharge FIM	75.35	78.78	82.87	81.05	Higher
FIM CHANGE (Target 24.5)	21.50	24.92	25.05	26.19	FIM pts Higher

AFTER



CONCLUSION

The implementation of the plan was successful as evidenced by early outcomes that exceeded the FIM Team's expectations. This was possible through the development of a well organized team where all staff was involved and focused on the target. Communication within the facility has improved through the implementation of FIM Huddle and timely feedback.

Entering our goal period we will be focusing on other areas we can improve like Admit FIM, also bowel and bladder FIM scores. We feel confident we have built the foundation to meet/exceed these goals. Ultimately our patients benefit - with higher FIM Gain resulting in more patients returning to the community following care at Glancy Rehab Center.

FINAL FY 18:
494 patients discharged home

In other words,
79
more patients went home compared to FY17

The Glancy FIM Team in action!



REFERENCE

Uniform Data System for Medical Rehabilitation. (2014). *FICA FIM change report*. Retrieved from https://udsmr.med.buffalo.edu/UDS/central/11/Download.aspx?PCN=Report/FICA_FIM_Change_Report.pdf

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