

2014

Frequently asked questions about FIM

Lisa Street
University of Wollongong

Follow this and additional works at: <https://ro.uow.edu.au/ahsri>

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au

Frequently asked questions about FIM

Abstract

The Functional Independence Measure (FIM) is the outcome measure used in Australia and New Zealand for all public and private inpatient rehabilitation, geriatric evaluation and management (GEM) and restorative patients. Here are some frequently asked questions and answers about scoring FIM.

Keywords

questions, about, frequently, asked, fim

Publication Details

L. Street, "Frequently asked questions about FIM", Official Journal of the Australasian Rehabilitation Nurses Association 17 1 (2014) 21-22.



Frequently asked questions about FIM

Lisa Street RN, RPN, CertIV(TAE), DipAppSc(Nursing), DipPsychNsg, BN, MN(Rehab), MACN
 FIM Master Trainer, Australian Rehabilitation Outcomes Centre, University of Wollongong
 FIM Coordinator, Eastern Health
 Tel 0429 960 591
 Email lisa.street@easternhealth.org.au

The Functional Independence Measure (FIM) is the outcome measure used in Australia and New Zealand for all public and private inpatient rehabilitation, geriatric evaluation and management (GEM) and restorative patients. Here are some frequently asked questions and answers about scoring FIM.

Eating

Question: How do I score a patient who receives a meal supplement drink (oral nutritional support supplement) such as Sustagen? How do I score this if consumption is monitored?

Answer: The person may score from level 6 to level 1, depending on the amount and type of assistance they receive for eating and drinking over a 24 hour period. A common scenario is the meal supplement drink is prescribed by a member of the clinical team and consumption is monitored. If the monitoring occurs after the meal, with a helper checking the volume consumed and documenting this, then score the person as a level 6 – Modified Independence. If the helper is required to supervise, set up (place straw into container), cue, coax and/or prompt consumption of the meal supplement drink, score the patient as a level 5 – Supervision or Set up.

Rationale: An oral nutritional support supplement is considered as a 'device' for eating and drinking. Monitoring consumption after a meal is not considered to be assistance for eating or drinking.

Grooming

Question: How do I score hair grooming when the person wears a wig or hairpiece?

Answer: Wigs and hairpieces are excluded from FIM scoring.

Rationale: Hair grooming is defined as combing or brushing hair. Although a person may be required to comb or brush their wig or hairpiece, and they may wear it for a number of reasons, wigs are regarded as a prosthesis, which does not contribute to a person's functional ability, but has an impact on the person's quality of life. FIM considers functional issues and not quality of life issues.

Dressing – Upper Body

Question: How do I score a person who wears headwear?

Answer: Headwear is excluded from FIM scoring.

Rationale: Headwear is a general term which includes men's and women's hats, scarves, headscarves, headdresses, caps and turbans. Wearing headwear is important for many people throughout the world; however, it is not part of the FIM tool.

Dressing – Lower Body

Question: How do I score a belt in trousers or shorts?

Answer: Score this belt in Dressing – Lower Body. Scoring of a belt in trousers or shorts involves two steps – one step to thread the belt and one step to fasten the belt. A common scenario is for the belt to be threaded by a helper and fastened by the person – allocate the belt threading step to the helper and the belt fastening step to the person.

Rationale: This is scored in Dressing – Lower Body as it is in a lower body garment.

Transfers

Question: What part of the approach to the toilet or shower is considered? This question was in the July 2013 edition of JARNA.

Transfers – Bed, Chair, Wheelchair,

Transfers – Toilet and

Transfers – Bath or Shower

This answer supersedes the answer in the previous JARNA.

Answer: Consider the type and amount of assistance received to approach the toilet or shower once inside the cubicle, bathroom or ensuite. This was the answer in the July edition of JARNA. This answer led to much discussion by nurses and allied health, from many rehabilitation services throughout Australia and New Zealand, with FIM Master Trainers and the Australasian Rehabilitation Outcome Centre (AROC), who hold the licence for FIM in Australia and New Zealand. The clinicians wanted further clarification about what this actually meant and how they



could apply this consistently to their different work environments. In addition, they were unsure about what part of the 'approach' should be considered in the item Transfers and what part should be considered for the item Locomotion – walk/wheelchair.

As a result of the discussions, AROC has added this statement to the notes section of the January 2014 edition of the FIM Training Manual in each of the three transfer items:

"In each of the three FIM transfer items, you must consider how a person approaches the transfer. This is relevant, whether the patient is walking or in a wheelchair. The term 'approach' refers to the ability of the person to position themselves appropriately in relation to the surface that they are transferring on to" (UDSMR, 2014).

For example, a person who is using a wheelchair to complete a bed, chair or wheelchair transfer will need to position their

wheelchair alongside the bed, close enough so that they are able to move safely from the wheelchair onto the bed. A person who is ambulant and completing a toilet transfer needs to orientate and align themselves in relation to the toilet so that their buttocks connect with the toilet seat when they sit.

Rationale: The distance from the entrance of the ensuite, bathroom or cubicle to near the toilet or shower differs in clinical situations. Rather than defining that transfers commence once inside the ensuite, bathroom or cubicle. AROC's explanation of 'approach' will assist when determining what should be considered for the Transfer items and what should be considered for the Locomotion item.

Reference

UDSMR Adult FIM Workshop – Participant Manual, Version 5.3 (Australia). Buffalo, NY 14214: State University of New York at Buffalo; 2014. (pp. 34, 36, 38).

Professional matters

Advice to job applicants – commencing the new position

Garry A Fehring RN, Cert Oncology Nursing, Cert Rehabilitation Nursing, BN, GradDipNursManagement
Director of Clinical and Site Services

Epworth Hawthorn and Epworth Rehabilitation Richmond, 50 Burwood Road, Hawthorn, Vic 3122

Email Garry.Fehring@Epworth.org.au

This article is the third in an occasional series of interest to the author. It discusses the important topic of assisting people (particularly nurses) to prepare themselves for the first few months in the new position.

Starting in a new position is a time for change in a life which may already be busy. Herewith are some considerations to help make the changes you may go through easier, if not exactly comfortable. Work has important financial, psychological and social implications and successfully taking up a new role is highly regarded.

Change and uncertainty

Commencing in a new position can be a time of uncertainty. There are many considerations, the most important being:

- Did I make the right decision?
- Will I be successful?
- Do I understand enough about what I'm getting into?
- Will my colleagues like me?
- Am I suited to the job?
- What happens if I don't like the job? What are the implications?

Priorities in the position

It's important to set your own priorities early in the job and then review them periodically. Most organisations will now do a probationary review of/with the employee. The probationary