

Inpatient Stroke Rehabilitation Candidacy Screening Tool

Date of Stroke: _____

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Part I Rehabilitation Candidacy:

Functional Status: AlphaFIM®

Has the patient been observed walking 150 feet? Yes No

Please circle score for each item

Eating/Walking	1	2	3	4	5	6	7
Grooming/Bed Transfer	1	2	3	4	5	6	7
Bowel Management	1	2	3	4	5	6	7
Toilet transfer	1	2	3	4	5	6	7
Expression	1	2	3	4	5	6	7
Memory	1	2	3	4	5	6	7

Motor conversion score: ____ Cognitive conversion score: ____ Total FIM score: ____/126

Help Needed: ____ hours Date Part 1 completed: _____

Part 2

Ability to Follow Commands: Yes No Date achieved: _____

Verbal: "Close your eyes"

Nonverbal: Follows written command "Close your eyes" **and/or**

Follows addition of gestural cue for "Close your eyes"

Rehabilitation Goals: Does the patient have rehabilitation goals that require **inpatient** care?

NO → No goals Appropriate for **community** rehabilitation services

YES → specify; from your assessment, the patient requires inpatient rehabilitation to improve:

- | | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> communication | <input type="checkbox"/> return to oral diet (swallowing) |
| <input type="checkbox"/> arm and hand function | <input type="checkbox"/> self care (bathing, dressing, toileting) |
| <input type="checkbox"/> cognitive, perceptual ability | <input type="checkbox"/> continence (bowel/bladder control) |
| <input type="checkbox"/> mobility (transfers, ambulation, sitting with comfort) | |
| <input type="checkbox"/> ability to perform role (home & money management, organizational, socialization, vocational skills) | |
| <input type="checkbox"/> caregiver/family's ability to manage the patient's care after discharge | |
| <input type="checkbox"/> other: _____ | Date: _____ |

Demonstrates Change: Yes No Date achieved: _____

Demonstrates improvement in function over time that is **related to rehabilitation goals**.

Time over which change will be demonstrated will vary depending on the severity of the stroke.

Verbal Consent to Participate In Rehabilitation: Yes No Date: _____

Patient/Substitute Decision Maker has agreed to Rehabilitation Goals as identified above and indicates willingness to participate in rehabilitation intervention post acute care.

"If accepted, would you be willing to participate in rehabilitation services (cite relevant services e.g. PT, OT, SLP, SW or rehabilitation program) to (cite patient/family goals as listed above) after the doctors feel you are ready to leave this acute care service?"

Patient meets all candidacy criteria; should be considered for referral to inpatient rehabilitation: Yes No

Rehabilitation Readiness:

All qualifying candidates will be followed to determine when rehabilitation readiness is achieved as follows:

Tolerance: Tolerates a minimum of one hour sitting up in a wheelchair (or upright out of bed) twice per day. Tolerance achieved: No Yes; Date: _____

Medical Stability:

To guide you in your decision about medical stability, please consider the following:

- MRP identifies that patient no longer requires acute care
- Cause of stroke explored; medical investigations completed or in process
- Secondary prevention/medication plan initiated
- Comorbid medical conditions managed/stable
- Patient is not palliative (life expectancy > 6 months)

Medical Stability achieved: No Yes; Date: _____

Readiness Achieved: No Yes Date ready: _____

How to complete the form: Not all criteria must be directly observed. It is acceptable to consult the patient's care team to obtain the necessary information.

Part 1

AlphaFIM®: Please score according to the AlphaFIM® Instrument Guide and FIM™ System Decision Trees within 3 to 5 days of admission. You will need to enter these raw scores into the web-based system to get the conversion scores (see box below). Add the motor and cognition conversion scores for the Total FIM score. You may also note the hours of Help Needed if you wish.

AlphaFIM® Scoring System:

No Helper

7 Complete Independence (no device, timely, safely)

6 Modified Independence (device, not timely, or not safely)

Helper - Modified Dependence

5 Supervision (patient performs 100% of the effort)

4 Minimal Assistance (patient performs 75% or more of the effort)

3 Moderate Assistance (patient performs 50% to 74% of the effort)

Helper - Complete Dependence

2 Maximal Assistance (patient performs 25% to 49% of the effort)

1 Total Assistance

Entering the AlphaFIM® website to get the conversion scores:

Go to www.udsmr.org

1. Click on the tab "Software Portals" and select "AlphaFIM® Software Entry"
2. Complete login info as follows:

Facility Code:

User Name:

Password:

Part 2

Based on the resulting FIM score classifying the stroke survivors' severity, an appropriate time frame will be selected for **final** completion of Part 2 (see "Demonstrates Change"). All items in Part 2 may be completed at any time, especially if achieved earlier, but the time frame is meant to specify the latest date for completion.

Ability to Follow Commands: Give the verbal command "close your eyes". If the patient does not respond appropriately, show them the written command "close your eyes". If the patient is still unable to respond appropriately, repeat the command verbally "close your eyes" and, while keeping your eyes open, point to your eyes and make a gesture to close them (four fingers horizontally lower as if lowering a blind). Do not close your eyes as this would be testing the patient's ability to copy your action versus follow a command.

Rehabilitation Goals: Please check off any goals that, based on your assessment and clinical judgment, apply to the patient and require treatment in an **inpatient** rehabilitation setting. Community rehabilitation services refer to any rehabilitation services provided for patients living in the community, including ambulatory (outpatient, clinic, day hospital, community health centre) or home-based (CCAC) services.

Demonstrates Change: improvement in function over time that is **related to** rehabilitation goals.

The time over which change in function should be observed is based on stroke severity as follows:

Mild (FIM™ >80) over 3 days

Moderate (FIM™ 40-80) over 7 days

Severe (FIM™ <40) over 14 days

Verbal Consent to Participate in Rehabilitation: Obtain the patient/substitute decision maker's consent using the question provided in the tool.

Candidacy: Patient meets all criteria above. Select Yes, if the patient is able to follow commands, has rehab goals, demonstrates change over time and consents to participate according to the criteria above. The AlphaFIM score will be used to select the appropriate service.

Readiness:

Tolerance: Identify the length of time that a patient is able to tolerate sitting up out of bed in a wheelchair by observation, or from discussion with the patient's care team, to determine if they meet the minimum requirement. 'Tolerate' refers to remaining awake and alert, and reasonably comfortable.

Medical Stability: The points under medical stability are meant to guide you in your decision. It is not meant to be a checklist. MRP refers to the most responsible physician. Select yes or no based on the information you are able to gather from the chart and patient care team. Patients designated 'ALC' should meet the criterion.