Background:
Timely Transfer of Appropriate Patients from Acute Facilities to Rehabilitation: Using the AlphaFIM® to Support Best Practice in Stroke Care

What is the AlphaFIM®?
The AlphaFIM® is designed to provide a consistent method of assessing patient disability and functional status in the acute care hospital setting.

It consists of six items that can be reliably collected in acute care: Eating, Grooming, Bowel Management, Toilet Transfers, Expression, and Memory. For patients who are able to walk 150 feet or more, the Eating and Grooming items are replaced by items evaluating Walking and Bed Transfers.

Results provide an AlphaFIM® rating (see table), with higher numbers indicating higher function, and an estimate of the patient’s ‘burden of care’ in hours. AlphaFIM® is completed by credentialed, registered health care professionals, primarily rehabilitation and nursing staff.

Why Implement the AlphaFIM®?
To Objectively Determine Appropriate Discharge Destination and Enhance Patient Flow:

AlphaFIM® results can help determine where a patient would be best served after acute treatment is complete and can expedite triage to rehabilitation.

It is one component for consideration in discharge planning. AlphaFIM® results provide objective data regarding disability and stroke severity as well as facilitate the transfer of information to the rehabilitation setting.

<table>
<thead>
<tr>
<th>AlphaFIM® Rating</th>
<th>Recommended Referral</th>
</tr>
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<tbody>
<tr>
<td>Mild</td>
<td>&gt; 80</td>
</tr>
<tr>
<td></td>
<td>Community-based rehabilitation</td>
</tr>
<tr>
<td>Moderate</td>
<td>40 to 80</td>
</tr>
<tr>
<td></td>
<td>Inpatient rehabilitation</td>
</tr>
<tr>
<td>Severe</td>
<td>&lt; 40</td>
</tr>
<tr>
<td></td>
<td>Restorative care with regular assessment for rehab potential</td>
</tr>
</tbody>
</table>

*AlphaFIM® rating is only one component for consideration in discharge planning.

To Participate in Provincial Recommendation for Acute Stroke Care:
Use of the AlphaFIM® is recommended provincially and nationally as a best practice in acute stroke care for all stroke admissions. The Provincial Stroke Reference Group has made recommendations to the Ministry of Health and Long Term Care through the Rehabilitation and Complex Continuing Care Expert Panel which include the completion of AlphaFIM® on all patients with stroke on Day 3 post acute hospital admission. In 2007, the Ontario Stroke System recommended to support the provincial implementation and use of AlphaFIM® in acute care to determine the stroke survivor’s functional status and impairments. Use of AlphaFIM® in the acute setting will facilitate linking data with the National Rehabilitation Reporting System (NRS) dataset where FIM® (Functional Independence Measure) data are collected. AlphaFIM® results will become part of the common language and practice in Ontario.

AlphaFIM® and FIM® are trademarks of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc. (www.udsmr.org)
How are AlphaFIM® data collected, evaluated and applied?

AlphaFIM® data are currently collected in the annual Ontario Stroke Audit.\(^2\)

<table>
<thead>
<tr>
<th>Characteristics of adult patients with stroke who received AlphaFIM® assessments for 2010/11*</th>
<th>% of sample</th>
<th>Mean AlphaFIM® Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Disability</td>
<td>43.8%</td>
<td>100.7</td>
</tr>
<tr>
<td>Moderate Disability</td>
<td>31.3%</td>
<td>60.3</td>
</tr>
<tr>
<td>Severe Disability</td>
<td>24.9%</td>
<td>25.8</td>
</tr>
</tbody>
</table>

*data collected from 2,201 charts from 47 Ontario acute care hospitals

A recent study\(^3\) from the Toronto Stroke Networks concluded that:
- the AlphaFIM® was a valuable tool for triaging stroke patients from acute care to rehabilitation
- the AlphaFIM® rating predicted functional status at discharge from rehabilitation
- patients with low AlphaFIM® ratings had the potential to make significant functional gains and should not be denied admission to inpatient rehabilitation programs.

Stroke care system gaps and strengths can be identified through analyzing the AlphaFIM® data on a provincial and regional basis. The Ontario Stroke Network (OSN) will continue to work with the Canadian Institute for Health Information to have AlphaFIM® data collected in the Discharge Abstract Database.

How does an organization implement the AlphaFIM®?

For those considering implementation, the steps include:
- connecting with your Regional AlphaFIM® Lead
- arranging for early identification of all stroke admissions
- identifying staff to be trained and credentialed as assessors
- determining the documentation process
- ensuring access to the web-based software portal to convert raw ratings into projected ratings

For more information on implementing the AlphaFIM® in your organization, please contact:

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Support is available for implementation and clinician credentialing in acute care hospitals.

Each Ontario Regional Stroke Network:
- holds a license granting acute care hospitals the ability to use AlphaFIM® exclusively for people with stroke
- sponsors licensing and credentialing
- has a designated individual to act as the “AlphaFIM® Lead”
- provides access to on-line tools to support implementation & training

References