

## **Daily use of Functional Independence Measure (FIM) in geriatric stroke rehabilitation - a quality improvement work.**

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### **Introduction**

In the geriatric stroke rehabilitation unit at the Uppsala Akademiska hospital, Sweden, the patient care and rehabilitation is based on the interdisciplinary team. We have used Functional independence measure (FIM) for more than 12 years as a team instrument.

Functional independence measure (FIM) is an 18-item, 7-level scale developed to assess severity of patient disability and medical rehabilitation functional outcome (Hamilton, BB.1994) The result of each FIM-measurement is visualised in a star.

It has been difficult to keep up an acceptable quality due to incomplete FIM-measurements.

A centralized medical journal system opened new possibilities. We initialised a quality improvement work to change the way of using FIM in practice. There were also increasing demands on showing results of the rehabilitation statistically.

### **Objective**

The aim was to improve the quality in FIM measurements by implementing a digitised version of the FIM-instrument and to form new routines for the daily use of FIM, taking an advantage in use of the computer technology to visualise the FIM results to the team.

Another objective was to create a well functioning and clearly visualized monthly statistics for the stroke rehabilitation unit.

### **Method**

We adapted a digitised version of the FIM-instrument, created by a clinic near Uppsala, and it got it approved by the Swedish FIM-administration. The star is automatically connected to the score. At the team conference the results are shown through a projector, which makes it easy to visualize FIM to the team at the team conference. After the discharge the ward administrator collocates each patient's result into a statistics formulary, created in excel. The statistics is connected to the FIM-star so that each month's results (mean values) are shown in one star as well as the results for the whole year.

### **Result**

We started out in January 2009 and it has already been a success in making all team members motivated to use FIM and so far there are no incomplete measurements.

By the end of 2009 we will have one full year of data for all stroke patients at the geriatric stroke rehabilitation unit at the Uppsala Akademiska hospital which will make it possible for further analyses.