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UDSMR/PARF/IPRC Outcome Principles

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The International Pediatric Rehabilitation Collaborative (IPRC) has joined the Pennsylvania Association of Rehabilitation Facilities (PARF) and Uniform Data System for Medical Rehabilitation (UDSMR) to begin to address the ongoing need for a standardized tool to measure outcomes in the pediatric rehabilitation population.

1. First and foremost, we all believe that an outcome tool should drive better clinical pediatric practice with the long-term goal of rehabilitating children to reach their full potential and maximal maturity.
2. All groups should provide additional categories and clarify procedures to address children with multiple diagnoses (for example, children with orthopaedic conditions with CP). UDSMR can put in place strategies and training sessions to help ensure that providers are entering data in a more consistent fashion. The underlying diagnosis may not be the “real” reason a child is in pediatric rehabilitation; all groups should create a true relation of diagnosis to impairment codes.

With input from the IPRC and our subscribers, UDSMR has finalized the new WeeFIM II[®] impairment group codes, which went into effect on June 1, 2009. UDSMR modified the existing codes and added new codes to address children with multiple diagnoses. A training session took place on April 22, 2009, at which time a crosswalk was provided to assist coding efforts. This webinar, the new IGCs, and the crosswalk are available on our Subscriber Support site at www.udscentral.org.

3. First, the participators/subscribers in an outcomes tool like the WeeFIM[®] instrument should have in place a system to verify, prior to sending data to the database, that the data is indeed a representation of their case mix. A pediatric outcomes tool should have a consistent and reliable process for ensuring that the data provided by subscribers is reviewed for integrity, that errors are noted, and that data is returned for verification.

The data integrity and correction process must proceed in a timely fashion on the part of both UDSMR and the subscriber organization so as not to disrupt the quarterly reporting schedule.

4. Risk-adjusted categories and developmental age adjustments are essential to ensuring an effective tool that allows and supports the goal of improving clinical practice.
5. UDSMR will be willing to look at and explore additional areas of assessment (e.g., pain, mood, and functional areas) for incorporation into the current WeeFIM II[®] System. Both groups will agree to those areas of assessments, keeping in mind copyrights of actual outcomes tools.

