Coaching Your Staff toward Accurate FIM® Ratings and Documentation

Heather Ohl, RN, PPS Coordinator

UDSMR® User Group
March 20, 2015
May 6, 2015
Good morning!

- Staff RN

- RN Program Coordinator
  - PPS
  - Payor/regulatory compliance
  - Staff education
  - Process and quality improvement

- UDS_MR® consultant
About Mayo Clinic Rochester Rehabilitation

- 38 licensed beds
- Academic medical center
- Adult and pediatric patients
- Joint Commission / Primary Stroke Center
- NIH Brain Injury Model System
- CARF accredited \((\text{Stroke, BI, SCI, Pediatrics})\)
- Magnet Recognition Program
About Mayo Clinic Rochester Rehabilitation

- Stroke: 27%
- NTBI: Non-traumatic brain injury
- NTSCI: Non-traumatic spinal cord injury
- TBI: Traumatic brain injury
- TSCI: Traumatic spinal cord injury
- Cardiac: 6%
- Neuro: 8%
- Misc: 6%
- All Other: 17%
About Mayo Clinic Rochester Rehabilitation

• Mission:

*Provide the best interdisciplinary rehabilitation care to each person served to enhance their functional ability and quality of life through integrated clinical practice, education, and research.*
Learning Objectives

Upon completion of this presentation the learner will:

1. Define coaching
2. Discuss methods to identify areas for improving FIM® ratings
3. Identify FIM® improvement strategies that can be applied to their home facility
What is “Coaching”?

• Developing a person’s skills and knowledge so their job performance improves

• Collaboration

• Leads to personal and professional growth

• Mutual learning

• No one single approach will be successful for everyone
Creating Buy-in

• Be confident

• Be clear

• Know your audience
  • “Accurate FIM® ratings will result in accurate reimbursement for the services we provide and will decrease our compliance risk. Accurate FIM® ratings demonstrate the work our team does to help our patients become more independent.”

I think the most important thing about coaching is that you have to have a sense of confidence about what you’re doing. You have to be a salesman, and you have to get your players, particularly your leaders, to believe in what you’re trying to accomplish on the basketball floor.

Phil Jackson
Creating Buy-in

• Select one or two opportunities

• Invite dialogue
  • Be receptive

• Be patient
  • Creating buy-in takes time!

If we were supposed to talk more than we listen, we would have two mouths and one ear.
Mark Twain

What doesn’t kill you makes you stronger.
Kelly Clarkson
Identifying Areas for Improvement: UDS-PRO® Reports

• Scoring Report
• Frequency of FIM® Ratings Report

• Use these reports together to help prevent getting a false sense of the problem
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* Regardless of the reference points reported, use of zero should be very rare. CMS identified three possible reasons as noted in The IRF-PAI Training Manual.

** If Toilet Transfer is rated as 0 at admission, it is treated as a 2 when weighted.
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Identifying Areas for Improvement: Analyze Trends

• FIM® test results
  • 50% of staff rated Toileting incorrectly

• Chart audits
  • Grooming and Bathing frequently rated level 5 at discharge, when other outcomes are independent
Identifying Areas for Improvement: Analyze Trends
Identifying Areas for Improvement: Individual Chart Audits

• “What’s wrong with this picture?”
  • Shower Transfer rated level 4, Transfers: Toilet rated level 1
  • Locomotion: Walk rated level 7 at admission

• Missing documentation
  • No undressing information
  • Cognition/communication 24/7

• New staff / therapy students
Identifying Areas for Improvement: Individual Chart Audits

- Read documentation and compare with FIM® ratings
  - Therapy notes
  - Nursing flowsheet, notes
  - I&O sheet
  - Medication administration record
  - Nursing report

FIM Toileting

Result: TotAssist

The following tasks occurred: adjusting clothing before voiding/bowel movement, perineal hygiene, adjusting clothing after voiding/bowel movement. The patient uses the following assistive/adaptive device for toileting: grab bars. The helper completes all toileting tasks for the patient (1). The patient had an incontinent stool, and did not clean self up.
Identifying Areas for Improvement: Individual Chart Audits

• Give feedback to individual staff
  • Face-to-face when possible

• Email if needed

I noted you rated this based on an incontinent episode. Toileting can only be rated if the patient is continent, because the burden of care will already be captured under Bladder or Bowel (whatever the patient is incontinent of). If he did not have any continent episodes, please use “The patient was incontinent of every bladder/bowel episode so Toileting cannot be assessed (not occur)” from the documentation template. If he was continent at least once, please rate based on a continent episode.
Individual Feedback - Testing

• Review missed test questions and provide feedback regardless if pass/fail
  • Summarize the points, not the question itself

• For those who do not pass, meet face-to-face
  • Allows staff to express rationale for answer they selected
  • Discuss rationale with FIM® book and step tables in hand

You don't win with X's and O's. What you win with is people.
Joe Gibbs
Group Feedback

• “FIM® Fun”
• “Hot topic” based on UDS-PRO® reports
• Documentation trends with specific examples
• Share unit level data
  • What do staff think about the data?
  • How would they explain it?

A coach should never be afraid to ask questions of anyone he could learn from.

Bobby Knight
Videos

- Created by rehabilitation unit
- Used in a variety of settings
  - Staff meetings
  - Individual learning
  - Patient Care Assistant (PCA) “testing” / education
    - Our PCAs cannot document FIM® ratings (assessment)
    - Coaching accurate reporting is essential
Documentation

• Documentation of supporting text and FIM® ratings = Self-coaching
• Staff think through the task and burden of care
• Functions as a constant credentialing preparation

The absolute bottom line in coaching is organization and preparing for practice.

Bill Walsh
Other Ideas

• Shadow staff
  • Followed OT staff during morning ADL sessions
  • Are there opportunities for shadowing of other groups?

• FIM® experts (assistant coaches!): Staff members with expanded knowledge
Interdisciplinary Team Engagement

- Do therapists take the patient to the bathroom?
- Do nurses ambulate with patients as appropriate?
- Are disciplines assigned certain items to rate? Or do they rate everything that occurs?
- How do nurses know the patient-specific therapeutic techniques to carry over?
- Do all staff understand the impact of the 24 hour burden of care?
- Do nurses rate FIM® items on the day of admission?
Facility-Specific Barriers to Accurate FIM® Ratings

• All toilets have raised seats  
  • Should all toilet transfers be rated level 6?

• Hospital policies
  • Lifts
  • Restraints
  • Fall prevention policy: all patients will have a bed alarm when in bed
Discharge FIM® Ratings

• “Independence Day”
  • Date listed on patient and staff schedules, and in patient’s plan of care
  • Discussed by interdisciplinary team during bedside rounds
  • Reinforced by all staff

• Ratings reviewed by PPS Coordinator
  • Alternate time period may be selected for better overall outcomes
Working toward the same goals

• White boards in rooms - patient/family goals
• Discuss goals at bedside rounds twice a week – focus on barriers to discharge, plans to address
• Discuss global goals, progress at weekly team meetings
• How does your team know the patient’s goals?
• How does the entire team work toward the same goals?
• Do you review goals/FIM® ratings after discharge for each patient?
If at first you don’t succeed. . .

- Try something new
- Stay positive
- Ask staff for suggestions

I found out that if you are going to win games, you had better be ready to adapt.

Scotty Bowman

Everything I’ve learned about coaching, I’ve learned from making mistakes.

Rick Pitino
Thank you!

Questions & Discussion