I. SCOPE:

This policy applies to (1) Tenet Healthcare Corporation and its wholly-owned subsidiaries and affiliates (each, an “Affiliate”) (2) any other entity or organization in which Tenet Healthcare Corporation or an Affiliate owns a direct or indirect equity interest greater than 50%; and (3) any hospital or healthcare facility (each, a “Tenet Facility”) that provides Acute Inpatient Rehabilitation Facility services and an Affiliate either manages or controls the day-to-day operations of the facility (each, a “Tenet Inpatient Rehabilitation Facility” or “IRF”); (collectively, “Tenet”).

II. PURPOSE:

Tenet IRFs shall utilize a measure for collecting standardized Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) data to conform with Centers for Medicare and Medicaid Services (CMS) regulations. Tenet IRFs shall utilize the Functional Independence Measure (FIM) Instrument to assist in classifying a patient into a case mix group (CMG).

III. POLICY:

In Tenet IRFs, all clinical disciplines (e.g., nurse, physical therapist, speech therapist, occupational therapist) will document in FIM language. All clinical disciplines will be instructed in the FIM Instrument, through a Train-the-Trainer or similar education session at time of orientation to the IRF. All clinical disciplines must demonstrate competency in the FIM Instrument at time of orientation and at least annually.

IV. PROCEDURE:

A. All patients admitted to a Tenet IRF will be scored using the FIM Instrument:

1. The FIM Instrument is a basic indicator of severity of disability that can be administered comparatively quickly and can be used to generate data on large groups of people. As the severity of disability changes during rehabilitation, the data generated by the FIM Instrument can be used to track such changes and analyze the outcomes of rehabilitation.

2. The FIM Instrument is comprised of 18 items, each of which is scored on a scale of 0-7:

   a. Eating
   b. Grooming
   c. Bathing
   d. Dressing upper body
   e. Dressing lower body
INPATIENT REHABILITATION: FUNCTIONAL INDEPENDENCE MEASURES (FIMS)

f. Toileting

g. Bladder Management

h. Bowel Management

i. Transfers: Bed/Chair

j. Transfers: Toilet

k. Transfers: Tub/Shower

l. Walk/Wheelchair

m. Stairs

n. Comprehensive Expression

o. Expression

p. Social Interaction

q. Problem Solving

r. Memory

B. Description of the Levels of Function and Scores (0-7)

1. Independent – Another person is not required for the activity (no helper). Score:

7 Complete Independence - The patient safely performs all the tasks described as making up the activity within a reasonable amount of time, and does so without modification, assistive devices, or aids.

6 Modified Independence - One or more of the following may be true: the activity requires an assistive device, the activity takes more than reasonable time, or the activity involves safety (risk) considerations.

2. Dependent – Patient requires another person for either supervision or physical assistance in order to perform the activity, or it is not performed (required helper).

a. Modified Dependence: The patient expends half (50%) or more of the effort. The levels of assistance required are defined below.
5 **Supervision or Setup** - The patient requires no more help than standby, cueing, or coaxing, without physical contact. Alternately, the helper sets up needed items or applies orthoses or assistive/adaptive devices.

4 **Minimal Contact Assistance** - The patient requires no more help than touching, and expends 75% or more of the effort.

3 **Moderate Assistance** - The patient requires more help than touching, or expends between 50 and 74% of the effort.

b. Complete Dependence: The patient expends less than half (less than 50%) of the effort. Maximal or total assistance is required. The levels of assistance required are defined below.

2 **Maximal Assistance** - The patient expends between 25 and 49% of the effort.

1 **Total Assistance** – The patient expends less than 25% of the effort.

0 **Activity Does Not Occur** – Use code 0 only for self care, transfer and locomotion items during the admission assessment. The patient does not perform the activity, and a helper does not perform the activity for the patient.

**NOTE:** Do not use this code if the patient performs the activity without a clinician’s observation. In such cases, consult other clinicians, the patient’s medical record, the patient, and the patient’s family members.

C. **Responsible Person**

The IRF Director is responsible for assuring that all individuals adhere to the requirements of this policy, that these procedures are implemented and followed, and that instances of noncompliance with this policy are reported to the Hospital Compliance Officer.

D. **Auditing and Monitoring**

Audit Services will audit adherence to this policy as part of the Full Scope Audit process.

E. **Enforcement**

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy.
Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

V. REFERENCES:

- [CMS website for Inpatient Rehabilitation Facility Patient Assessment Instrument](#)
- [Quality, Compliance and Ethics Charter](#)