

**USE OF THE ALPHAFIM® INSTRUMENT FOR STROKE PATIENTS IN ONTARIO**  
**FREQUENTLY ASKED QUESTIONS FOR CLINICIANS**  
*Prepared by the Ontario Regional Stroke Networks' Rehabilitation Coordinator Group*

**1. WHICH STROKE PATIENTS SHOULD I COMPLETE THE AlphaFIM® INSTRUMENT ON?**

The AlphaFIM® Instrument (AlphaFIM®) should be completed on all NEW ischemic and hemorrhagic strokes on or by Day 3 (target is Day 3) following admission to acute care (including repatriated patients) in Ontario. Completion of the AlphaFIM® is recommended in the Quality Based Procedures (QBP): Clinical Handbook for Stroke (2016) to inform discharge planning and align services to patient needs.

<b>QUESTION</b> <i>Should I complete the AlphaFIM® on a patient admitted with a/an _____?</i>	<b>ANSWER</b>
ischemic stroke	<b>Yes</b> <i>Exception: central retinal artery occlusion</i>
subarachnoid hemorrhage	<b>Yes</b>
intracerebral hemorrhage	<b>Yes</b> <i>Exceptions:</i> - <u>traumatic</u> intracerebral hemorrhage or <u>traumatic</u> brain hemorrhage - brain hemorrhage that developed after a <u>fall</u>
subdural hematoma	<b>No</b>
stroke, not specified as hemorrhage or infarction	<b>Yes</b>
query stroke or weakness not yet diagnosed with stroke-like symptoms	<b>Yes</b> <i>(as the patient may be diagnosed as stroke later)</i>
transient ischemic attack (TIA) <sup>1</sup> <i>(including transient retinal artery occlusion)</i>	<b>No</b>
condition other than stroke	<b>No</b>
in-hospital stroke	<b>Yes</b> <i>(See 2.1)</i>
stroke, who is declared palliative	<b>No</b> <i>Exception: The AlphaFIM® can be completed without direct patient contact using chart abstraction if:</i> • <i>the clinician is uncertain regarding the patient's palliative status</i> • <i>the patient shows signs that they may soon become palliative <u>but have not yet been declared palliative</u></i>
stroke, who is non-responsive	<b>Yes</b> <i>The AlphaFIM® can be completed without direct patient contact using chart abstraction</i>
stroke, who is confused	<b>Yes</b>

*For more information please reach out to your Regional Stroke Rehabilitation Coordinator*

<sup>1</sup> Note: As per the data collection instructions for Special Project 740 AlphaFIM®, TIA is listed as an applicable condition. This inclusion is for coding purposes only. If the patient meets the inclusion criteria outlined in the data collection instructions for Special Project 740 AlphaFIM® bulletin, issued April 2018 by the Canadian Institute of Health Information, then it is mandatory to report Special Project 740 regardless of the clinical relevance. If the AlphaFIM® was not reported, the coder will indicate a value of N for Project 740 (Group 16 Field 01): Documentation of AlphaFIM® Scores.

## 2. I KNOW I HAVE TO COMPLETE THE ALPHAFIM® ON DAY 3, BUT WHEN IS DAY 3?

The AlphaFIM® is to be completed on Day 3 after the physician orders admission to the acute care hospital setting, regardless of where the patient is physically located (e.g. Emergency Department, Intensive Care Unit (including medical ICUs after EVT and/or tPA), Stroke Unit). Day 1 is **not** the time/date of arrival in the Emergency Department or the time/date of symptom onset.

The following table should help to clarify Day 3:

Patient was admitted on Monday, April 7 <sup>th</sup> (regardless of time of day)	
Day 1	Monday, April 7 <sup>th</sup>
Day 2	Tuesday, April 8 <sup>th</sup>
Day 3	Wednesday, April 9 <sup>th</sup>

### i. When is Day 1 for in-hospital strokes? What about strokes during a procedure?

For in-hospital or in-house strokes, Day 3 should be considered from the day of stroke or symptom onset rather than from admission. If it is suspected that the stroke occurred during a procedure, Day 1 is the day that stroke-like symptoms are first documented or observed.

## 3. CONFIRMATION OF STROKE BY IMAGING AND/OR PHYSICIAN

### i. It is Day 3 and the CT Scan or MRI is not completed but the patient has stroke-like symptoms. Should I complete the AlphaFIM®?

Yes, if you suspect a stroke, complete the AlphaFIM®. The patient's diagnosis is likely *query stroke* already, which requires an AlphaFIM® be completed.

### ii. What if the CT scan is negative but the patient has stroke-like symptoms?

Whether or not AlphaFIM® completion is required depends on the clinical diagnosis of stroke. If the physician has not ruled out a stroke, complete the AlphaFIM®.

## 4. RE-ASSESSING STROKE PATIENTS USING THE ALPHAFIM® - SHOULD I RE-DO AN ALPHAFIM® AT ANY TIME?

There are some instances where the AlphaFIM® can be re-done, for example if there has been a significant change in function. If you do a second AlphaFIM®, be sure **not** to overwrite or erase the original score in the patient's chart and note that the assessment is being re-done.

## 5. DELAYED APPLICATION TO REHABILITATION

In some cases, a patient may stay in acute care for a long period of time and may have made significant functional gains since the first AlphaFIM® that was completed on Day 3. A rehabilitation facility may request a more up-to-date AlphaFIM® score for the patient's rehab application. The rule of thumb is:

- The Day 3 AlphaFIM® score can be used for referral to rehabilitation within the week (seven days) following the assessment date. Re-do the AlphaFIM® if there has been a significant change

in function of the patient or if the referral to rehabilitation is more than one week after the initial assessment.

\*\*Use your clinical judgement; the AlphaFIM® is a measure of burden of care and the score is used for determining the appropriate level of rehabilitation or care for your patient.

**i. What is the point of doing the AlphaFIM® on Day 3 if I know I will have to re-do it before the rehab application?**

The first AlphaFIM® score (target Day 3) will be collected by the Canadian Institute for Health Information in the Discharge Abstract Database (CIHI in the DAD) as part of Special Project 740, a provincial initiative. The information collected will allow decision makers to understand Ontario's needs for stroke rehabilitation and inform future system planning. Completion of the AlphaFIM® on Day 3 is also an indicator in Quality-Based Procedures.

**6. PATIENT TRANSFERS BETWEEN ACUTE CARE FACILITIES**

**i. What if I get a stroke patient who was transferred from another acute care facility? Do I need to re-do the AlphaFIM®?**

AlphaFIM® data is collected on all admitted stroke patients. If the patient has transferred to your facility, you will need to complete the AlphaFIM® to support discharge planning. The AlphaFIM® should be completed on Day 3 following admission to the new facility. Day 1 is considered the date of transfer or admission to the new facility.

**ii. What if I know the patient will be repatriated or transferred back to their home hospital?**

The AlphaFIM® should still be completed on or by Day 3 following admission to your site.

**7. PATIENT HAS HAD A SECOND STROKE SINCE BEING ADMITTED**

**What if the patient was admitted for stroke and had a second stroke since being admitted? Do I have to do an AlphaFIM® after their second stroke?**

Yes, if the patient has a second stroke during their hospital stay, re-do the AlphaFIM® on Day 3 following the second stroke.

- This may mean that the patient gets the AlphaFIM® twice, but it is important to measure the patient's burden of care following their second stroke since it may have changed as a result.
- Indicate on the AlphaFIM® recording form (paper or electronic) that it is the patient's second stroke.
- Ensure the original day 3 AlphaFIM® is **not** overwritten.

**8. ADMINISTERING THE ALPHAFIM®**

**i. Who can administer the AlphaFIM®?**

The AlphaFIM® is designed to be discipline-free, therefore any regulated health professional who has been credentialed by passing the AlphaFIM® mastery test, may administer the tool. Please note, that recertification is required every two years. Contact your Regional Stroke Rehabilitation Coordinator for information about becoming credentialed.

ii. **Does the AlphaFIM® need to be done one-on-one with the patient?**

One-on-one assessment is preferred, but not necessary.

iii. **Can one team member complete the entire assessment on their own without input from other interprofessional team members? Where can I get the information I need to complete the AlphaFIM®?**

“Use the best available information. Base the AlphaFIM® ratings on the best available information. Direct observation of the patient's performance is preferred, but you may gather credible reports regarding usual performance from the patient, other staff members, and the patient's family and friends. The patient's medical record may also provide additional information about such factors as bowel accidents and inappropriate behaviors.” (The AlphaFIM® Instrument Guide, Version 4.03, 2012, p.10. Buffalo: UDSMR)

iv. **What time frame should be considered when completing the AlphaFIM®?**

The admission AlphaFIM® assessment occurs on or by day 3 and the final rating should reflect the client's performance during a 24-hour timespan. If there is variation in the client's performance during the assessment timeframe, use the lowest level of performance as your final rating.

**9. WHAT IF I MISS DAY 3?**

If for some reason the AlphaFIM® was not completed on Day 3, complete it as close to Day 3 as possible. The AlphaFIM® should be completed on Day 3 regardless of where the patient is in the acute care hospital (e.g. even in the ICU the AlphaFIM® should be completed on Day 3).

**10. EARLY ALPHAFIM® ASSESSMENTS**

i. **Should I complete an AlphaFIM® on a patient who is anticipated to be discharged before Day 3?**

Yes, for patients with stroke who are anticipated to be discharged before Day 3, the AlphaFIM® should be administered prior to discharge to any other setting (e.g. rehab, home, other facility).

ii. **Should I do the AlphaFIM® on Day 2 if I know it won't get done on Day 3 (e.g. Day 3 is Saturday and no weekend staff are credentialed in the AlphaFIM®)?**

The AlphaFIM® should be completed as close to Day 3 as possible.

**11. HOW DO I CALCULATE THE PROJECTED FIM® RATING FROM THE 6 ALPHAFIM® SCORES?**

- Access the AlphaFIM® Software Login Page ([www.udsmr.org](http://www.udsmr.org))
- For privacy and security reasons, the software portal does not allow you to save. It should **only be used as a calculator, do not** use information that could identify an individual.
- For Patient ID: use any digit e.g. 1 (**do not** use OHIP or MRN numbers)
- For First Name and Last Name: use any digit e.g. 1 (**do not** use a patient's first and last name)
- For DOB: Select similar year (**do not** use exact DOB)
- You can leave the other items blank.
- Enter your 6 scores and click calculate
- Adding up the Raw Motor and Raw Cognition scores will give you the **projected full FIM® rating** that is out of a possible total of **116 points**