

# Using the AlphaFIM® Instrument to Support Timely Transfer of Appropriate Stroke Patients from Acute Facilities to Rehabilitation

Prepared by the Ontario Regional Stroke Networks' Rehabilitation Coordinator Group

## What is the AlphaFIM® Instrument (AlphaFIM®)?

- The AlphaFIM® is designed to provide a consistent method of assessing patient disability and functional status in the acute care hospital setting.
- Results provide an AlphaFIM® score, with higher numbers indicating higher function, and an estimate of the patient's 'burden of care' in hours. The AlphaFIM® is an abbreviated version of the 18-item Functional Independence Measure™ (FIM™) Instrument, where only 6 tasks are assessed for each client.
- The AlphaFIM® is completed by credentialed, registered healthcare professionals, including occupational therapists, physiotherapists, speech-language pathologists and nursing staff.

*Use of the AlphaFIM® Instrument is recommended provincially and nationally as a best practice in acute stroke care for all stroke admissions.*

## What is the value in using the AlphaFIM®?

- An AlphaFIM® score can help determine where a patient would be best served after acute treatment is complete and can expedite triage to rehabilitation (see Table 1).
- It is one component for consideration in discharge planning. An AlphaFIM® score provides objective data regarding disability and stroke severity as well as facilitates the transfer of information to the rehabilitation team.

AlphaFIM® Score		Recommended Referral
Mild	> 80	Community-based rehabilitation
Moderate	40 to 80	Inpatient rehabilitation
Severe	< 40	Admit to inpatient rehabilitation, if eligible, OR consider an alternate program (e.g., activation/restoration, short-term/long-term complex medical management) with regular assessment for admission to inpatient rehabilitation

## Provincial Recommendation for Acute Stroke Care:

- Use of the AlphaFIM® is recommended provincially and nationally as a best practice<sup>1</sup> in acute stroke care for all stroke admissions. As such, since 2014, acute organizations have been mandated to collect and report AlphaFIM® data to the Canadian Institute for Health Information (CIHI) Discharge Abstract Database (DAD).
- To support the appropriate discharge of patients from acute care to rehabilitation, please ensure that the AlphaFIM® is **completed on all patients with stroke on or by Day 3 (target day 3)** post admission to acute care.

**For more information on how to implement the AlphaFIM® within your organization, please contact your Regional Stroke Rehabilitation Coordinator. If you do not have his/her contact information, please email CorHealth Ontario at [service@corhealthontario.ca](mailto:service@corhealthontario.ca).**

## References:

1. Boulanger JM, Lindsay MP, Stotts G, Gubitz, G, Smith EE, Foley N, Bhogal S, Boyle K, Braun L, Goddard T, Heran MKS, Kanya-Forster N, Lang E, Lavoie P, McClelland M, O'Kelly C, Pageau P, Pettersen J, Purvis H, Shamy M, Tampieri D, vanAdel B, Verbeek R, Blacquiére D, Casaubon L, Ferguson D, Hegedus J, Jacquin GJ, Kelly M, Linkewich B, Mann B, Milot G, Newcommon N, Poirier P, Simpkin W, Snieder E, Trivedi A, Whelan R, Smitko, E, Butcher K. On behalf of the on Behalf of the Acute Stroke Management Best Practice Writing Group, and the Canadian Stroke Best Practices and Quality Advisory Committees; in collaboration with the Canadian Stroke Consortium and the Canadian Association of Emergency Physicians. In Lindsay MP, Gubitz G, Dowlatshahi D, Harrison E, and Smith EE (Editors) on behalf of the Canadian Stroke Best Practices Advisory and Quality Committees. Canadian Stroke Best Practice Recommendations, 2018; Ottawa, Ontario Canada: Heart and Stroke Foundation. Retrieved from [www.strokebestpractices.ca](http://www.strokebestpractices.ca).