

**Ministry of Health  
and Long-Term Care**

**Health System Delivery and  
Implementation**

Health System Funding Policy  
Branch

1075 Bay Street, 12<sup>th</sup> Floor  
Toronto ON M5S 2B1

Telephone: **416 327-7770**  
Facsimile: **416 212-3542**

**Ministère de la Santé  
et des Soins de longue durée**

**Prestation et mise en œuvre  
pour le système de santé**

Direction des politiques de  
financement du système de santé

1075, rue Bay, 12<sup>e</sup> étage  
Toronto ON M5S 2B1

Téléphone : **416 327-7770**  
Télécopieur : **416 212-3542**



**DATE: September 19, 2014**

**TO: Health Records Departments, Decision Support Departments  
Ontario Public Hospitals**

**RE: Update to FY2014/15 DAD & NACRS Clinical Reporting Changes -  
Effective October 1, 2014**

---

The purpose of this communication is to inform hospitals of additional clinical reporting changes which will take effect from **October 1, 2014 onwards**. Following is a summary of the changes in this document:

1. **\*New\*** DAD & NACRS – Video Capsule Endoscopy (VCE) interventions and Intervention Location Code
2. **\*New\*** DAD & NACRS – Special Project 792 for Video Capsule Endoscopy (VCE)
3. **\*New\*** DAD Special Project 740 – Alpha FIM®

The following documents are enclosed in this memo:

[Appendix](#) - Resources Special Project 740 AlphaFIM®

## 1. **\*New\*** DAD & NACRS – Video Capsule Endoscopy (VCE) interventions and Intervention Location Code

In Ontario, it will be mandatory to report Video Capsule Endoscopy (VCE) CCI code 3.OZ.94.AY *Imaging Intervention NEC, digestive system NEC with cine/video recording (camera transmitter)*, along with the corresponding Intervention Location Code, in DAD and NACRS when the diagnostic intervention is performed and recorded.

### DAD

For all applicable DAD abstracts with Discharge Date on and after October 1, 2014 it is:

- Mandatory to report CCI code 3.OZ.94.AY under **Group 11 Field 02: Intervention Code** in DAD when VCE is performed
- Mandatory to report the corresponding **Group 11 Field 10: Intervention Location Code** in DAD when VCE is performed

### NACRS

For all NACRS abstracts with Date of Registration/Visit on and after October 1, 2014 it is:

- Mandatory to report CCI code 3.OZ.94.AY under data elements **46. Main Intervention** and/or **47. Other Intervention(s) (a–i)** in NACRS when VCE is performed
- Mandatory to report the corresponding data element **52. Intervention Location Code for Main and Other Intervention(s) (a–i)** in NACRS when VCE is performed.

Following are additional guidelines for reporting VCE interventions in NACRS:

- When the VCE diagnostic intervention is performed along with other interventions in the same visit, it is mandatory to report all the interventions including the VCE CCI code in the same NACRS abstract
- VCE diagnostic interventions must be reported regardless of where they are performed in the ambulatory setting e.g. Operating Room, Emergency Department, Medical Clinic, Endoscopy Room, etc. Therefore, when the VCE intervention is performed in a mandated or non-mandated MIS Functional Centre, it is mandatory to report the intervention in NACRS.
- When the VCE diagnostic intervention is the only intervention provided then it is mandatory to create and submit a NACRS abstract with the VCE CCI code reported

## 2. **\*New\*** DAD & NACRS – Special Project 792 for Video Capsule Endoscopy (VCE)

In Ontario, it will be mandatory to report Special Project 792 when CCI intervention 3.OZ.94.AY *Imaging Intervention NEC, digestive system NEC with cine/video recording (camera transmitter)* is reported in DAD & NACRS abstracts respectively.

### **Participation**

Mandatory to report special project 792 for all DAD abstracts with VCE diagnostic interventions (3.OZ.94.AY) reported and Discharge Date on and after October 1, 2014. Mandatory to report special project 792 for all NACRS abstracts with VCE diagnostic interventions (3.OZ.94.AY) reported and Date of Registration/Visit on and after October 1, 2014.

## Project Overview

With the implementation of Quality Based Procedures (QBPs) in Ontario, it is imperative to identify the exact site or location for VCE diagnostic interventions, specifically when these diagnostic interventions are performed in the small intestine or large intestine. **The data collected in this special project will directly inform the funding for these diagnostic interventions.** It is mandatory to identify the specific site for the VCE's, therefore a value for "unknown" is not provided. If there is no clinical documentation available, it is expected that facilities follow-up with the responsible clinician to obtain this information.

## Data Quality Report

The Data Quality Team at MOHLTC will create a report beginning FY2014-15 Q3 for special project 792 in the Quarterly DAD & NACRS Record Level Reports and share with facilities to ensure accurate reporting.

## Special Project 792 Completion Guidelines for DAD

The following data elements are mandatory to complete for Project 792 in DAD with VCE diagnostic interventions (3.OZ.94.AY) reported and Discharge Date on and after October 1, 2014:

Field	Project Field	Field Status
18	Project Number	Mandatory
01	VCE Location	Mandatory

## Project Data

792	X																	
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	

|  
VCE Location

## Project 792 (Field 01): Video Capsule Endoscopy Location

792	X																	
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	

Specifications	
Field Status	Mandatory
Field Length	One (1) character
Valid Data	<b>L</b> (Large Intestine), <b>S</b> (Small Intestine) or <b>N</b> (Other)

### Definition

The location in the digestive system where the VCE diagnostic intervention was performed.

### Valid Data Legend

Code	Description
L	Large Intestine (includes sigmoid, descending, transverse and ascending colon)
S	Small Intestine (includes duodenum, jejunum and ileum)
N	Other gastrointestinal site Diagnostic Intervention was performed in other digestive tract site (e.g. oesophagus, stomach)

### Collection Instructions

- This field should reflect the location where the VCE diagnostic intervention was performed in the digestive system.
- Report L when the diagnostic intervention was performed in the large intestine, report S when the diagnostic intervention was performed in the small intestine
- Report N when the diagnostic intervention was performed in any other location of the digestive system (e.g. oesophagus, stomach)
- It is **mandatory to report a value to identify the location**, when this is unknown, follow-up with the clinician (physician) to obtain this information. Do not report a blank value for this field

### Special Project 792 Completion Guidelines for NACRS

The following data elements are mandatory to complete for Project 792 in NACRS abstracts with VCE diagnostic interventions (3.OZ.94.AY) reported and Date of Registration/Visit on and after October 1, 2014:

Field	Project Field	Field Status
79	Project Number	Mandatory
80	VCE Location	Mandatory

### Project Data

792	X																		
79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96		

VCE Location

## Project 792 (Field 80): Video Capsule Endoscopy Location

792	X																	
79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	

Specifications	
Field Status	Mandatory
Field Length	One (1) character
Valid Data	<b>L</b> (Large Intestine), <b>S</b> (Small Intestine) or <b>N</b> (Other)

### Definition

The location in the digestive system where the VCE diagnostic intervention was performed.

### Valid Data Legend

Code	Description
L	Large Intestine (includes sigmoid, descending, transverse, and ascending colon)
S	Small Intestine (includes duodenum, jejunum and ileum)
N	Other gastrointestinal site Intervention was performed in other digestive tract site (e.g. oesophagus, stomach)

### Collection Instructions

- This field should reflect the location where the VCE diagnostic intervention was performed in the digestive system.
- Report L when the diagnostic intervention was performed in the large intestine, report S when the diagnostic intervention was performed in the small intestine
- Report N when the diagnostic intervention was performed in any other location of the digestive system (e.g. oesophagus, stomach)
- It is **mandatory to report a value to identify the location**, when this is unknown, follow-up with the clinician (physician) to obtain this information. Do not report a blank value for this field

### Examples

1. An ambulatory patient undergoes VCE of the small intestine.

*A NACRS abstract with Special Project 792 must be reported. Field 80 - VCE Location should be reported with a value of S- Small Intestine.*

2. An acute inpatient with intestinal haemorrhage undergoes VCE of the colon.

*The DAD abstract with Special Project 792 must be reported. Group 16 Field 18 - VCE Location should be reported with a value of L- Large Intestine.*

3. A VCE procedure is performed for an ambulatory patient. There is no clinical documentation on the exact location of the video/images.

*It is mandatory to report Special Project 792 with the location of the VCE. Follow-up with the responsible clinician to obtain this information and report the accurate location for Field 80 under Special Project 792.*

4. In the above scenario 3 the gastroenterologist who performed the procedure identified and documented the VCE location as esophagus.

*A NACRS abstract with special project 792 must be reported. Field 80 - VCE Location should be reported with a value of N - Other.*

### 3. **\*New\*** DAD Special Project 740 – Alpha FIM®

#### **Participation**

In Ontario, special project 740 is mandatory to report for all applicable DAD abstracts (based on criteria below) with Discharge Date on and after October 1, 2014. In the interim, facilities are strongly encouraged to start collecting this data as soon as possible to support a smooth transition.

#### **Project Overview**

The Ontario Stroke Network has worked with the Canadian Institute for Health Information (CIHI) and the Ministry of Health and Long-Term Care (MOHLTC) to create this new special project 740 AlphaFIM® to capture the functional ability of acute stroke patients (AlphaFIM® scores) in DAD.

This is in line with the MOHLTC Health System Funding Reform Quality Based Procedures (QBPs) initiative. This additional data collection will ensure consistent measurement of functional ability to support contextualization of acute length of stay, ensure appropriate rehabilitation referrals, and evaluate system utilization.

There are 4 data elements to be collected under Special Project 740 (Group 16 Field 18)

- Group 16 Field 01: Documentation of AlphaFIM® Scores
- Group 16 Fields 02-09: AlphaFIM® Completion Date
- Group 16 Fields 10-11: Projected FIM®-13 Raw Motor Rating
- Group 16 Fields 12-13: Projected FIM®-5 Raw Cognitive Rating

The AlphaFIM® assessment is typically done by an occupational therapist or physical therapist. The information needed to complete the special project 740 data fields can be found on a stand-alone AlphaFIM® assessment form or documented in the progress notes. The documentation will be early in the acute care inpatient stay as the assessment is to be done on day 3 of their stay.

Resources and FAQ's for reporting special project 740 are in the [Appendix](#) section of this document. These resources were compiled by the Ontario Stroke Network and include general information along with space to integrate customized information that is locally relevant (e.g. insertion of local examples of where to find data elements in the patient chart).

## Special Project 740 Completion Guidelines

Clinical documents should be reviewed for every patient for reporting Special Project 740 data fields. Special Project 740 is to be coded on the DAD abstract for all acute inpatient admissions with a new ischemic and/or hemorrhagic stroke.

### Inclusion Criteria

The data elements included in this project should be completed for all new acute ischaemic and haemorrhagic stroke and transient ischaemic attack cases for patients 18 years and older with an ICD-10-CA Diagnosis Code (Group 10 Field 02) assigned to a Diagnosis Type (Group 10 Field 04) of M (MRDx), W, X, or Y (Service Transfer) recorded for new stroke cases only or Diagnosis Type 1 (pre-admit comorbidity—for new strokes only) with a diagnosis of any of the following:

- **I60.**— Subarachnoid hemorrhage (**excluding I60.8- Other subarachnoid hemorrhage**; this code captures arteriovenous malformation [AVM], which is not included in the acute stroke case definition for the purposes of Project 340 or Project 740).
- **I61.**— Intracerebral hemorrhage
- **I63.**— Cerebral infarction (**excluding I63.6**) (commonly documented as ischemic stroke, stroke caused by clot, small vessel stroke, small vessel ischemia, lacunar stroke, stroke caused by atrial fibrillation, cardio-embolic stroke, right MCA, left MCA)
- **I64.**— Stroke, not specified as hemorrhage or infarction
- **H34.1** Central retinal artery occlusion

### Exclusion Criteria

- Special project 740 is not to be reported for the MRDx codes listed below. They are included in CIHI Special Project 340 but are excluded from Special Project 740.
  - **G45.-** – Transient ischemic attacks (TIAs) and related syndromes;
  - **I60.8** – Other subarachnoid hemorrhage
  - **I63.6** – Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
  - **I67.6** – Nonpyogenic thrombosis of intracranial venous system (excludes when causing infarction I63.6);
  - **H34.0** – Transient retinal artery occlusion (another valid type of TIA)
  - **G08** – Intracranial and intraspinal phlebitis and thrombophlebitis.
- Cases where the stroke is a complication of poisoning
- Cases in which the patient suffers a stroke post-admission, that is the ICD-10-CA code is assigned a Diagnosis Type (Group 10 Field 04) of 2 (Post-admission comorbidity).

### Other Notes

- Project 740 must not be used for other projects
- Project 740 can be coded only once per abstract
- When a DAD abstract consists of an ICD-10-CA code from the [inclusion criteria](#) and an ICD-10-CA code from the [exclusion criteria](#) then special project 740 should be reported. For example, if a DAD abstract has MRDx of I60.1 and G45.0 as Diagnosis Type 1, special project 740 should be reported.

## Project Data

For the data collected using **AlphaFIM®** Instrument, the following fields will be used in DAD:

### Project 740 (Group 16 Fields 01-13, 18): AlphaFIM®

740	X	Y	Y	Y	Y	M	M	D	D	X	X	X	X				
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
Project Number	Documentation of AlphaFIM® Scores		AlphaFIM® Completion Date				Projected FIM®-13 Raw Motor Rating				Projected FIM®-5 Raw Cognitive Rating						

### Project 740 (Field 01): Documentation of AlphaFIM® Scores

740	X	Y	Y	Y	Y	M	M	D	D	X	X	X	X				
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

Specifications	
Field Status	Mandatory if Project 740 is recorded
Field Length	One (1) character
Valid Data	Y or N

#### Definition

This data element captures whether AlphaFIM® scores (Projected FIM® -13 Raw Motor Rating and/or the Projected FIM® -5 Raw Cognitive Rating) were documented for patients diagnosed with a new ischemic and hemorrhagic stroke (refer to Project 740 inclusion criteria for applicable ICD-10-CA codes).

#### Valid Data Legend

Code	Description
Y	Yes, there is documentation
N	No documentation

#### Collection Instructions

- Mandatory to complete when Project 740 is recorded (Group 16, Field 18)
- AlphaFIM® scores are available on an AlphaFIM® standalone assessment sheet (paper or electronic) or in the progress notes (e.g., AlphaFIM® ratings may be documented in occupational therapy or physiotherapy progress notes)
- When Projected FIM® -13 Raw Motor Rating and/or the Projected FIM® -5 Raw Cognitive Rating are documented, report "Y" (Yes, there is documentation)
- When both the Projected FIM® -13 Raw Motor Rating and the Projected FIM® -5 Raw Cognitive Rating are not documented, report "N" (No documentation)



**Examples**

1. AlphaFIM® Instrument indicates that during the patient visit, the Projected FIM®-5 Raw Cognitive Rating and the Projected FIM®-13 Raw Motor Rating were documented.

740	Y																
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

2. AlphaFIM® Instrument indicates that during the patient visit, the Projected FIM®-13 Raw Motor Rating was documented, but the Projected FIM®-5 Raw Cognitive Rating was left blank.

740	Y																
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

3. AlphaFIM® Instrument indicates that during the patient visit, the Projected FIM®-13 Raw Motor Rating and the Projected FIM®-5 Raw Cognitive Rating were left blank/not documented.

740	N																
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

**Project 740 (Fields 02 – 09): AlphaFIM® Completion Date**

740	X	Y	Y	Y	Y	M	M	D	D	X	X	X	X				
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

Specifications	
Field Status	Mandatory if Project 740 is recorded
Field Length	Eight (8) characters
Valid Data	YYYYMMDD, 99999999 (unknown) or blank

**Definition**

This data element captures the first date when the AlphaFIM® scores (Projected FIM® -13 Raw Motor Rating and/or the Projected FIM® -5 Raw Cognitive Rating) were documented.

**Collection Instructions**

- Mandatory to complete when Project 740 is recorded (Group 16, Field 18) and Documentation of AlphaFIM® scores (Group 16, Field 01) is reported with “Y” (Yes, there is documentation)
- Report the first date when the Projected FIM®-13 Raw Motor Rating and/or the Projected FIM®-5 Raw Cognitive Rating were documented; reference the AlphaFIM® standalone assessment sheet or the progress notes

- The AlphaFIM® Completion Date should be any date on or after the Admission Date (Group 04, Field 01 and on or before Discharge Date (Group 05, Field 01).
- Record the year, month, day for the first date when the AlphaFIM® scores were documented:
  - Fields 02–05: Year (YYYY) or 9999 (Unknown)
  - Fields 06–07: Month (MM) or 99 (Unknown)
  - Fields 08–09: Day (DD) or 99 (Unknown)
- When Projected FIM® -13 Raw Motor Rating and/or the Projected FIM® -5 Raw Cognitive Rating are documented and the date is not available, report 99999999 (unknown) in Fields 02-09.
- When partial date is known, complete the known month/year/day in Fields 02-09. For example, when the year and month are known (October 2014) and the day is not known, record 20141099
- When Documentation of AlphaFIM® (Group 16, Field 01) is reported with “N” (No documentation), leave fields 02-09 blank

**Examples**

1. The first Projected FIM® -13 Raw Motor Rating was documented on April 28, 2014.

740	Y	2	0	1	4	0	4	2	8								
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

2. A patient has a most responsible diagnosis of I60. – Subarachnoid hemorrhage, but there is no AlphaFIM® documentation.

740	N																
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

**Project 740 (Fields 10 – 11): Projected FIM® - 13 Raw Motor Rating**

740	X	Y	Y	Y	Y	M	M	D	D	X	X	X	X				
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

Specifications	
Field Status	Mandatory if Project 740 is recorded
Field Length	Two (2) characters
Valid Data	13 to 91, 99 (unknown) or blank

**Definition**

This data element captures the total score documented for a patient’s motor functional status from among the relevant tasks of eating, grooming, transfers, locomotion and bowel management.

*Valid Data Legend*

Code	Description
13 to 91	The higher the scoring, indicates higher function of the patient
99	Unknown; some AlphaFIM® documentation but the Projected FIM® -13 Raw Motor Rating was not documented
Blank	Not applicable, no documentation on AlphaFIM® scores

*Collection Instructions*

- Mandatory to complete when Project 740 is recorded (Group 16, Field 18) and Documentation of AlphaFIM® (Group 16, Field 01) is reported with “Y” (Yes, there is documentation)
- Health Information Management professionals (coders) are to collect **only documented** projected FIM® scores. Projected FIM®-13 Raw Motor Rating would be available on an AlphaFIM® standalone assessment sheet (paper or electronic) or in the progress notes (e.g., AlphaFIM® ratings may be documented in occupational therapy or physiotherapy progress notes)
- When Project 740 is coded, and partial AlphaFIM® documentation is available, but the Projected FIM®-13 Raw Motor Rating is not documented, report 99 (unknown)
- When Documentation of AlphaFIM® (Group 16, Field 01) is reported with “N” (No documentation), leave fields 10-11 blank

*Example*

A Projected FIM® -13 Raw Motor Rating of 67 is documented in the assessment sheet.

740										6	7						
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

**Project 740 (Fields 12 – 13): Projected FIM® - 5 Raw Cognitive Rating**

740	X	Y	Y	Y	Y	M	M	D	D	X	X	X	X				
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

Specifications	
Field Status	Mandatory if Project 740 is recorded
Field Length	Two (2) characters
Valid Data	5 to 35, 99 (unknown) or blank

*Definition*

This data element captures the total score documented for a patient’s cognitive functional status for expression and memory.

*Valid Data Legend*

Code	Description
5 to 35	The higher the scoring, indicates higher function of the patient
99	Unknown; some AlphaFIM® documentation but the Projected FIM®-5 Raw Cognitive Rating was not documented
Blank	Not applicable, no documentation on AlphaFIM®

*Collection Instructions*

- Mandatory to complete when Project 740 is recorded (Group 16, Field 18) and Documentation of AlphaFIM® (Group 16, Field 01) is reported with “Y” (Yes, there is documentation)
- Health Information Management Professionals (coders) are to collect **only documented** projected FIM® scores. Projected FIM® -5 Raw Cognitive Rating would be available on an AlphaFIM® standalone assessment sheet (paper or electronic) or in the progress notes (e.g., AlphaFIM® ratings may be documented in occupational therapy or physiotherapy progress notes)
- When Project 740 is recorded, and partial AlphaFIM® documentation is available, but the Projected FIM®-5 Raw Cognitive Rating is not documented, report 99 (unknown)
- When Documentation of AlphaFIM® (Group 16, Field 01) is reported with “N” (No documentation), leave fields 12-13 blank

*Example*

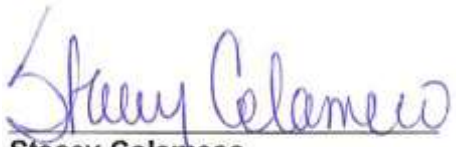
A Projected FIM® -5 Raw Cognitive Rating of 29 is documented in the assessment sheet.

740												2	9				
18	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

## **Questions?**

- Please contact Data Quality Team (MOHLTC) at [Data.Quality@ontario.ca](mailto:Data.Quality@ontario.ca) for questions regarding VCE mandatory reporting, special project 792 for VCE and special project 740- AlphaFIM®. The Data Quality Team will collaborate with the CIHI and appropriate stakeholders to provide a response.
- For additional questions relating specifically to the AlphaFIM® Instrument, please contact your stroke network's Regional Rehabilitation Coordinator available in [section C](#) of the Appendix in this document.

Sincerely,



**Stacey Colameco,**  
Manager, Data Quality Unit  
Health System Funding Policy Branch  
Ministry of Health and Long-Term Care

## Appendix: Resources Special Project 740 AlphaFIM®

These resources have been developed by the Ontario Stroke Network AlphaFIM® Task Group November 28<sup>th</sup>, 2013.

### 1. What is the AlphaFIM® Instrument?

The AlphaFIM® Instrument (AlphaFIM®) is designed to provide a consistent method of assessing patient functional status in the acute care hospital setting. The AlphaFIM® is comprised of two projected scores: 1) Projected FIM® -13 Raw Motor Rating; and 2) Projected FIM®-5 Raw Cognitive Rating. The higher the score the higher level of function. It is completed on day 3 of acute care hospital admission. The tool may need to be repeated for more severe patients or if clinical status changes; however, only the first scores are to be collected in special project 740.

### 2. Population

The data elements included in this project should be completed for all new ischemic and hemorrhagic strokes.

Project 340	Project 740
<b>I60.</b> - Subarachnoid hemorrhage ( <b>excluding I60.8</b> - other subarachnoid hemorrhage; this code captures arteriovenous malformation [AVM], which is not included in the acute stroke case definition for the purposes of Project 340.	<b>I60.</b> – Subarachnoid hemorrhage ( <b>excluding I60.8</b> - other subarachnoid hemorrhage; this code captures arteriovenous malformation [AVM], which is not included in the acute stroke case definition for the purposes of Project 340 or Project 740).
<b>I61.</b> - Intracerebral hemorrhage	<b>I61.</b> – Intracerebral hemorrhage
<b>I63.</b> - <b>**REVISED**</b> Cerebral infarction (commonly documented as ischemic stroke, stroke caused by clot, small vessel stroke, small vessel ischemia, lacunar stroke, stroke caused by atrial fibrillation, cardio-embolic stroke, right MCA, left MCA); exclude I63.6.	<b>I63.</b> – Cerebral infarction ( <b>excluding I63.6</b> ) (commonly documented as ischemic stroke, stroke caused by clot, small vessel stroke, small vessel ischemia, lacunar stroke, stroke caused by atrial fibrillation, cardio-embolic stroke, right MCA, left MCA).
<b>I64.</b> - Stroke, not specified as hemorrhage or infarction	<b>I64.</b> – Stroke, not specified as hemorrhage or infarction
<b>I67.6</b> - Nonpyogenic thrombosis of intracranial venous system (excludes when causing infarction I63.6)	Excluded
<b>H34.0</b> - Transient retinal artery occlusion (another valid type of TIA)	Excluded
<b>H34.1</b> - Central retinal artery occlusion	<b>H34.1</b> - Central retinal artery occlusion
<b>G08.</b> - Intracranial and intraspinal phlebitis and thrombophlebitis	Excluded
<b>G45.</b> - Transient ischemic attacks and related syndromes (excluding G45.4)	Excluded

### 3. Rationale and Reporting Need

The AlphaFIM® Instrument is a best practice and health quality indicator that supports stroke Quality Based Procedures (QBP) and is required by the Ministry of Health and Long Term Care. AlphaFIM® Instrument results can help teams triage stroke patients to assist with early discharge planning and identification of rehab needs. It facilitates transfer of information to inpatient stroke rehab and facilitates the linking of data with the NRS database. Administration on day 3 supports the benchmarking of stroke care performance for hospitals and Local Health Integration Networks across Ontario. It is required for submission for sites seeking Stroke Distinction through Accreditation Canada.

It is recommended that data capture commence as soon as possible after hospital staff have been trained and documentation is in place. The review via the DAD Abstract will officially commence on October 1<sup>st</sup>, 2014.

### 4. Points to Consider During Data Capture

- The only 2 AlphaFIM® scores to collect are: 1) **Projected FIM®-13 Raw Motor Rating** and 2) **Projected FIM®-5 Raw Cognitive Rating**.
- **The names of the 2 AlphaFIM® scores might vary depending on the organization (e.g., in the patient's chart, the 'Projected FIM®-13 Raw Motor Rating' might be documented as the 'Projected Raw Motor Score', etc.).**
- **If documented Projected FIM®-13 Raw Motor Rating and/or Projected FIM®-5 Raw Cognitive Rating are missing, Health Information Management Professionals (coders) should not add up the individual scores for eating, grooming etc. as the projected FIM® ratings are calculated by the AlphaFIM® software.** Only AlphaFIM® credentialed therapists (occupational therapists, physiotherapists or speech-language pathologists) can calculate these scores using this software.
- **If the above scores are missing, please code them as missing as per guidelines (see Section 4 of this document).**
- The **target to complete the AlphaFIM® Instrument is on day 3** of acute care hospital admission (day 1 is considered the day of acute care hospital admission). It may be completed before or after day 3, however, the **first AlphaFIM® assessment** is the one that should be captured/coded.
- AlphaFIM® assessments may need to be repeated for more severe patients, those with multiple strokes, or if clinical status changes; however, **only the first AlphaFIM® scores completed within your organization are to be collected.**
- Please contact the **Data Quality Team (MOHLTC)** at [Data.Quality@ontario.ca](mailto:Data.Quality@ontario.ca) for questions regarding special project 740- AlphaFIM®. The Data Quality Team will collaborate with CIHI and appropriate stakeholders to provide a response.
- For additional questions relating specifically to the AlphaFIM® Instrument, please contact your stroke network's Regional Rehabilitation Coordinator available in [section C](#) of the Appendix in this document.


### 5. Where to look for the data in the patient's chart<sup>1</sup>

See next page for examples. Sample forms included (both in paper and electronic format) are reproduced for internal education purposes only. Forms reflect intellectual property owned by Uniform Data System for Medical Rehabilitation (UDS<sub>MR</sub>). These forms have received approval by the legal department of UDS<sub>MR</sub> for use in the facilities identified only. No part of the documentation may be modified, reproduced or adapted without prior written permission from UDS<sub>MR</sub>. AlphaFIM® and FIM® are trademarks of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.

**Source 1: Sample of an AlphaFIM® standalone assessment sheet.**

Below is a sample of an AlphaFIM® standalone assessment sheet. This sample form has been reproduced for internal education purposes only and reflects intellectual property owned by Uniform Data System for Medical Rehabilitation (UDSMR). This form has received approval by the legal department of UDS<sub>MR</sub> for use in the facility identified below. No part of the documentation may be modified, reproduced or adapted without prior written permission from UDS<sub>MR</sub>.

<sup>1</sup> This section can be customized and tailored to your organization. Please feel free to use your hospital's forms as examples.



**AlphaFIM® Instrument**

Complete on all stroke patients 3 days (or hospital admission). Once complete place

Patient's Name: \_\_\_\_\_ Addressograph \_\_\_\_\_

Admission Date:     /    /          **Assessment Date:**     /    /          Day Post-Hospital Admission : \_\_\_\_\_  
YYYY MM DD      YYYY MM DD      (Target: Day 3)

Type of Stroke:  Stroke right body     Stroke left body     Stroke no paresis     Stroke bilateral     Other stroke

Complete the AlphaFIM® instrument items indicated below based on the distance the patient can currently walk.			
Patient walks less than 150 ft		Patient walks 150 ft or more	
Eating		Transfers: Bed Chair	
Grooming		Walk	
Bowel Management		Bowel Management	
Transfers: Toilet		Transfers: Toilet	
Expression		Expression	
Memory		Memory	

**AlphaFIM® Instrument Rating Levels**

**NO HELPER**

7. Complete Independence (no device, timely, safely)

6. Modified Independence (device, not timely, or not safely)

**HELPER**

Modified Dependence (performs 50% or more of task)

5. Supervision (patient performs 100% of the effort)

4. Minimal Assistance (patient performs 75% or more of the effort)

3. Moderate Assistance (patient performs 50% - 74% of the effort)

Complete Dependence (performs less than 50% of task)

2. Maximal Assistance (patient performs 25% - 49% of the effort)

1. Total Assistance or Not Testable (patient performs less than 25% of the effort)

Projected Scores from the AlphaFIM® software at [www.udsmr.org](http://www.udsmr.org) (select software portal, AlphaFIM® Software).

Projected FIM® - 13 Raw Motor Rating:	Help Needed (hours):
Projected FIM® - 5 Raw Cognition Rating:	Person completing form:
Total Projected FIM® Rating:	Signature and Designation _____ Print Name _____

© 2004, 2005, 2007, 2008, 2009 and 2013 Uniform Data System for Medical Rehabilitation (UDSMR), a division of UB Foundation Activities, Inc. (UBFA) All rights reserved. All marks associated with AlphaFIM and FIM are owned by UBFA. Reproduced with permission from UDSMR.

Fields 02-09 - AlphaFIM® Completion Date

Fields 10-11 - Projected FIM®-13 Raw Motor Rating  
 Fields 12-13 - Projected FIM®-5 Cognitive Rating



## Source 2: Sample of an AlphaFIM® electronic record form.

This sample form has been reproduced for internal education purposes only and reflects intellectual property owned by Uniform Data System for Medical Rehabilitation (UDS<sub>MR</sub>). This form has received approval by the legal department of UDS<sub>MR</sub> for use in the facility that uses this form. No part of the documentation may be modified, reproduced or adapted without prior written permission from UDS<sub>MR</sub>.

**Fields 02-09 -  
AlphaFIM®  
Completion**

The screenshot shows a software window titled "View Customer Defined Screen" containing the AlphaFIM form. The form includes several input fields and checkboxes. A green oval highlights the "Alpha FIM assessment date" field, which contains a date and a "Day~" dropdown menu. Another green oval highlights the "Projected FIM(R)-13 Raw Motor Rating", "Projected FIM(R)-5 Raw Cognitive Rating", and "Total Projected FIM (R) Rating" fields. A green arrow points from the "Fields 02-09 - AlphaFIM® Completion" box to the date field. Another green arrow points from the "Fields 10-11 - Projected FIM®-13 Raw Motor Rating" and "Fields 12-13 - Projected FIM®-5 Cognitive Rating" box to the FIM rating fields. The form also includes fields for "Type of stroke", "Impairment group", "Patient walks 150 ft or more", "Bowel Management", "Transfers:Toilet", "Expression", "Memory", "Transfers:Bed Chair", "Locomotion:Walk", "Eating", "Grooming", "FIM(R) Motor Range", "FIM(R) Cognition Range", "FIM(R) Walking Range", and "Help Needed". A "Comment" field is located at the bottom of the form. Copyright information for UDSMR is visible at the bottom of the window.

**Fields 10-11 - Projected FIM®-  
13 Raw Motor Rating  
Fields 12-13 - Projected FIM®-5  
Cognitive Rating**

# Frequently Asked Questions<sup>2</sup>

## A. Getting Involved in Special Project 740

### 1) How does a hospital begin to participate in Special Project 740?

Here are steps you can take to initiate the project:

- i. Train all Health Information Management professionals who will be coding stroke charts using education materials in this document developed by the Ontario Stroke Network. These materials can be customized to your local hospital needs, and provide education on the inclusion/exclusion criteria, details of the data elements, exceptions and where to locate the data.
- ii. Educate the wards within the hospital that care for stroke patients (neuro/medicine wards, ICU, stroke unit) that you are now participating in Special Project 740. Inform all units of the data elements that are being collected as part of Special Project 740.
- iii. Set date to initiate data collection and begin abstracting stroke charts as soon as possible and prior to October 1<sup>st</sup>, 2014.

### 2) How much additional time does Special Project 740 data abstraction require?

- The Special Project 740 data adds 3-5 minutes per chart depending on chart complexity and whether there is an AlphaFIM® standalone assessment sheet.

### 3) Should hospitals that treat paediatric stroke patients include cases under 18 years old in the Special Project 740?

- No.

### 4) For patients seen in the emergency department(ED) and then admitted to an acute inpatient bed at the same facility, is Special Project 740 only captured in the DAD or is it also captured in NACRS? OR

**For patients seen in the ED and transferred to an acute inpatient bed at a different facility, is Special Project 740 captured in the DAD or is it also captured in NACRS?**

- Special Project 740 is **only** captured in the DAD. Therefore, patients seen in the ED and then transferred to an acute inpatient bed in the same facility or a different facility, special project 740 is to be only reported in the DAD abstract for the acute inpatient stay.

### 5) For patients seen in the ED at Facility A and transferred to Facility B's ED, is Special Project 740 captured on both NACRS abstracts for both Facility A and B?

- Special Project 740 is only captured in the DAD. Therefore, special project 740 will not be reported in the NACRS abstracts for the ED visits for Facility A and B. It should be reported in DAD abstract for the acute inpatient stay at Facility B if the patient is admitted.

---

<sup>2</sup> Adapted from the Canadian Stroke Network Information and Evaluation Resource: FAQ for CIHI Special Project 340 Stroke Performance Improvement, Version 2.0, May 2012.

## **B. Inclusion and Exclusion Criteria for Cases in Special Project 740**

**1) Does the stroke code have to be the most responsible diagnosis to be included in Special Project 740?**

- Yes, the included stroke codes have to be the most responsible diagnosis identified with the M code. NEW ACUTE ischemic and hemorrhagic stroke cases with an ICD-10-CA Most Responsible Diagnosis (MRDx) or Service Transfer (Type [W], [X] or [Y]) recorded FOR NEW STROKE CASES ONLY or Type (1) (pre-admit comorbidity—FOR NEW STROKES ONLY)
- Other Type 1 diagnoses of stroke may be older strokes that a patient experienced and may not be the reason they have come to hospital for the admission that is being coded, and therefore would not be captured under Special Project 740, .

**2) If a patient has a most responsible diagnosis of transient ischemic attack (TIA) and is admitted to an acute care facility, is Special Project 740 collected?**

- No.
- Although most of the ICD-10-CA codes for Special Project 740 align with Special Project 340, Special Project 740 does not include TIA (i.e., G45.-, I67.6, H34.0 and G08 codes are excluded). See [inclusion](#) and [exclusion criteria](#).
- Clinically, a patient who has a TIA has fully resolved symptoms and would not require an AlphaFIM® assessment.

**3) Are Diagnosis Type 2 stroke cases and TIAs included in Special Project 740? These are strokes that occur following admission to hospital, but did not meet the criteria to be considered the most responsible diagnosis.**

- No.
- In general, we do not recommend including strokes that occur after admission to hospital for other reasons (such as orthopedic or cardiac surgery).
- Using the diagnosis type, analysts are able to identify Diagnosis Type 2 strokes and can analyze them separately or remove them from a cohort.

**4) Do patients have to be admitted through the emergency department in order for them to be included in Special Project 740 data collection?**

- No, any stroke admission to inpatient care is eligible for inclusion in Special Project 740, whether it is a direct admission or an admission from the emergency department.

**5) If a patient is being transferred from one acute hospital to another and the most responsible diagnosis is a qualifying stroke diagnosis at both facilities, which facility is responsible for recording data for Special Project 740?**

- Both facilities must record Special Project 740 for the AlphaFIM® completed within their respective facilities on the same patient when admitted into acute inpatient stay. However for either hospital, Special Project 740 is only recorded by the facility if the patient is admitted to an inpatient acute unit.

**6) If the patient is admitted with an ischemic stroke and during hospitalization experiences a subsequent hemorrhagic stroke during the same admission due to thrombolytic therapy treatment or a hemorrhagic transformation, or experiences a second stroke while in hospital, would Special Project 740 refer only to the initial stroke?**

- Yes, the initial stroke inpatient admission date (considered day 1) is the stroke event relevant for the AlphaFIM® Instrument.

- Special Project 740 is completed only once for any episode of care in hospital. If a person has a second stroke while in hospital, it gets coded as a Diagnosis Type 2 and should appear as a complication.
- A second AlphaFIM® assessment may be completed but the **FIRST** AlphaFIM® scores is what is collected.

**7) A patient initially was admitted to an acute care facility and was diagnosed with a stroke. The patient was then discharged home and admitted a day later to a second acute care facility (a different facility from the original treating facility) with worsening symptoms. Would the second hospital be required to capture Special Project 740 data for patients in this situation?**

- In this circumstance, both hospitals should be completing Special Project 740.
- During analysis, duplicate records can be filtered out or linked as appropriate, but each facility should have a record of treating this stroke patient once admitted.

**8) When a patient comes in with a stroke and is determined to be a palliative patient, should Special Project 740 be completed?**

- Special project 740 should be completed for all admitted stroke patients unless palliative care is documented as a known component of the patient's care plan PRIOR to arrival at the facility, then Special Project 740 should not be completed.

**References**

- AlphaFIM® Coding at London Health Sciences Centre, London Health Sciences Centre
- AlphaFIM® Instrument Implementation Resource, Ontario Stroke System, December 2011
- Canadian Stroke Network Information and Evaluation Resource: FAQ for CIHI Special Project 340 Stroke Performance Improvement, Version 2.0, May 2012.
- Extra Stroke Elements in Central South, Central South Regional Stroke Program, Hamilton Health Sciences.
- Important Information for Clinical Managers re: AlphaFIM®, Champlain Regional Stroke Network, July 2013
- Ontario Stroke Network AlphaFIM® Communiqué, December 2012
- Ontario Stroke Network Backgrounder, Timely Transfer of Appropriate Patients from Acute Facilities to Rehabilitation: Using the AlphaFIM® to Support Best Practice in Stroke Care, November 2012.
- Project 650 AlphaFIM® Stroke Rehab Assessment, Champlain Regional Stroke Network
- 2015 Annual Change Cycle (ACC) Change Request Form
- Uniform Data System for Medical Rehabilitation. 2012. The AlphaFIM® Instrument Guide, Version 4.03 Buffalo: UDSMR

**C. Ontario Stroke Network Rehabilitation Coordinators Group**

Below is the list of the current Ontario Stroke Network Rehabilitation Coordinators Group.

NAME	EMAIL	PHONE	FACILITY/SITE/REGION
Beth Nugent	bnugent@toh.on.ca	613-798-5555 ext. 14430	Champlain Regional Stroke Network
Janine Theben	janine.theben@trilliumhealthpartners.ca	905- 848-7580 x 5683	West GTA



Shelley Huffman	huffmas1@kgh.kari.net	6135496666 ext.6841	SEO
Deb Willems	Deb.Willems@lhsc.on.ca	519- 685-4292 x 42681	SWO
Donelda Moscrip- Sooley	SooleyD@rvh.on.ca	705- 728-9090 x 46312	Central East
Donna Cheung	cheungd@smh.ca	416- 864-6060 x 3832	SE Toronto
Esmé French	frenche@tbh.net	807- 684-6498	NWO
Jenn Fearn	jfearn@hsnsudbury.ca	705- 523-7100 x 1718	NEO
Jocelyne McKellar	jocelyne.mckellar@uhn.ca	416- 603-5800 x 3693	Toronto West
Nicola Tahair	Nicola.tahair@uhn.on.ca	416- 690-3660	Toronto Regions
Sylvia Quant	sylvia.quant@sunnybrook.ca	416-480-6100 ext. 7424	North & East GTA
Stefan Pagliuso	pagliuso@hhsc.ca	(905) 527-4322 ext. 44127	Central South Regional Stroke Community

Additionally, use the following website to locate a Regional Stroke Centre and contact information:

<http://ontariostrokenetwork.ca/about-the-osn/ontario-stroke-system-oss/contact-a-stroke-centre-2/contact-a-stroke-centre/>