

Our Children Have Better Results!



The WeeFIM™ program is the most widely used system in the world for documenting the severity of child patient disabilities and rehabilitation outcomes. This program was initiated by the U.S. Department of Education's National Institute on Disability and Rehabilitation Research, and is sponsored by the American Congress of Rehabilitation Medicine and the American Academy of Physical Medicine and Rehabilitation. It is administered by Uniform Data System for Medical Rehabilitation (UDSMR), a non-profit organization affiliated with the University of Buffalo in New York. Data from FIM™ programs are used by insurance companies to benchmark patient care needs, assess treatment success, and set reimbursement levels. More than 1,400 facilities participate in over 20 countries.

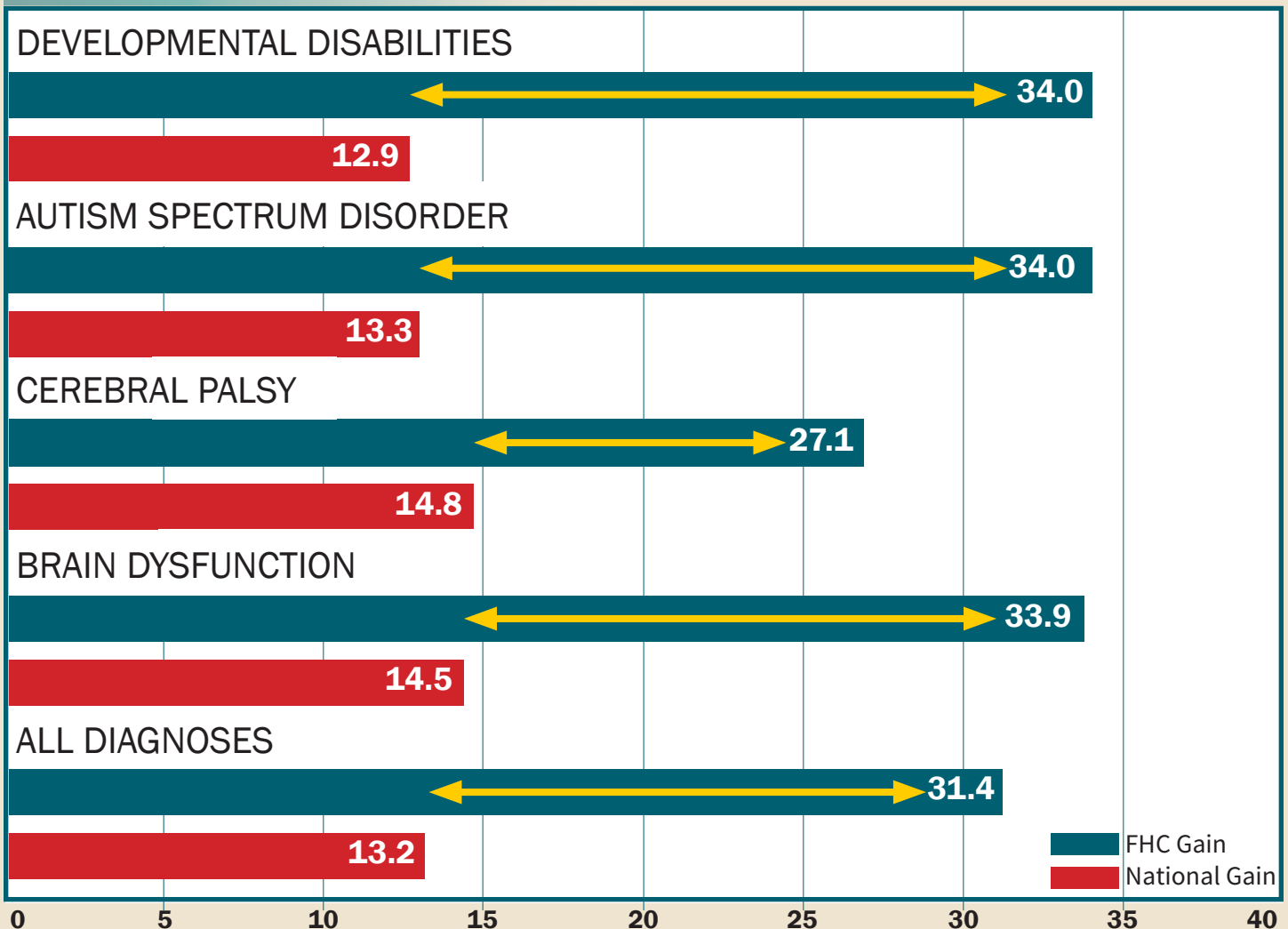
The focus of the FIM™ programs is on "functional assessment," that is, measuring how well a child patient performs 18 basic activities of daily living across 3 general "domains" (*selfcare, mobility and cognition*). The FIM™ programs also seek to measure levels of resource use and burden of care, including substituted time and energy requirements of caring for the disabled.

Our Results vs. the National Average over 16 Years:

December 31, 2002 through December 31, 2017

WeeFIM Points Gained:

Sage S., Portland, ME U.S.A.



Get the full WeeFIM Report: www.familyhopecenter.com/results

The “WeeFIM”[®] Program

The program UDSMR developed specifically for children – WeeFIM[®] – has become the standard assessment tool for pediatric rehabilitation patients. Rehabilitation facilities around the world participate in the WeeFIM[®] program. According to UDSMR, “Widespread endorsement of the FIM[™] instrument within the field of medical rehabilitation has provided a consistent, broad use of uniform terminology to communicate about a patient’s level of disability.”

Facilities that participate in the WeeFIM[®] program submit data to UDSMR for quality checks after being trained and credentialed to collect and submit the data. The Family Hope Center first received this training and credentialing in 2001, its first full year of operation, because participation in WeeFIM[®]:

- Provides an objective, widely-recognized tool for benchmarking and tracking patient progress
- Helps the Family Hope Center staff develop individualized treatment programs for our children
- Guides quality improvement efforts, by providing specific data on the relative effectiveness of treatment modalities
- Provides an easily understandable record of each child’s progress in therapy, which parents can use in support of insurance reimbursement claims

WeeFIM[®] and The Family Hope Center

The Family Hope Center utilizes the WeeFIM[®] to demonstrate that we are an evidence-based practice. The Family Hope Center uses a scientific approach to help parents of children with special needs to improve their child’s development. The Center conducts a full WeeFIM[®] assessment of each child at each appointment. Parents receive a record of their child’s levels of function, in the form of a “polar graph” like the sample shown on our website, at the end of each appointment. These graphs illustrate the level of the child’s degree of ability in each of the 18 functions. The parents, in turn, can provide copies of these graphs to insurance companies when seeking reimbursement.

Some Notes About the WeeFIM Program

There are a few things to keep in mind about WeeFIM[®] scores and reports.

First, even “normal,” unimpaired three-year olds will need some help with a skill like dressing themselves. Such a child might receive a WeeFIM[®] score of 5 (out of 7) for this skill. A three-year old who receives a WeeFIM[®] score of 4 for this skill would be only slightly behind his chronological peers, indicating only a small degree of impairment. But a twelve-year old with a WeeFIM[®] score of 4 would be far behind his chronological peers, indicating a much greater degree of impairment. In short, a given WeeFIM[®] score indicates a higher degree of impairment for an older child than for a younger one.

Second, the goals measured by the WeeFIM[®] program are more limited than The Family Hope Center’s goals for our children. For example, a child who can maneuver in a motorized wheelchair without assistance is considered almost fully mobile for WeeFIM[®] purposes. The Family Hope Center, by contrast, aims for **full normal function, including unassisted walking and running**, for all of its children. WeeFIM[®] scores do not capture the progress made by Family Hope Center children that goes beyond the more limited abilities measured by WeeFIM[®].

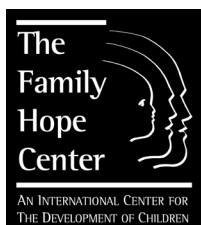
Third, WeeFIM[®] facilities reports do not assign numerical ranks to the participating facilities, or provide data from which a numerical rank can be derived. Thus no WeeFIM[®] facility can say whether it ranks 1st, 15th or in any other position for effectiveness of its treatments. Rather, the reports indicate average progress by the facility’s own patients, and how that facility’s results compare to the average for all participating facilities.

Finally, each WeeFIM[®] facility gets facility-specific information only about its own results. Information about other participants’ results is presented only in the form of aggregated averages. This means that a facility cannot say, from the reports it receives, how its patients fare compared to the patients of any other specific facility.

Get the full WeeFIM[®] Report
visit www.familyhopecenter.com/results

Call +1(610) 397-1737 for more information or visit:

FamilyHopeCenter.com



Where Hope Comes Home.™