

Location	A	B	C
Do you utilize the WeeFim in an inpatient peds rehab unit and/or ourpatient rehad?	Uses for inpatients ONLY	Yes, inpatient peds rehab unit.We are beginning to use it for a segment of out peds outpatient (just the higher intensity "day rehab" population.)	Inpatients rehab
What do you see as the benefits?	It gives a quality indicator for our inpatients that we can compare our outcomes to other organizations with.	The ability to track key outcome measures against a benchmark group. UDS has been responsive to feedback from the field to improve impairment codes, to add additional items for younger children (ITIM) and additional enhancement items meaningful to brain injury and to fill gaps not addressed in original "18" items. Those enhancement items have been in field testing, I believe, prior to rolling them out officially. There is also a project underway among IPRC orgs who are also UDS WeeAFIM subscribers that will dip toes into more transparent outcome data sharing for purpose of driving improvement through communication, collaboration and sharing of best practice info based on the data. Reports are both high level and also enable drill down to quite a level of detail which can be very helpful. Their analysts are very helpful when you want help with interpreting the drill down info.	Beneficial data across multiple patient groups, LOS, changes in WeeFim, customizable reports for your own facility data, data assisting with patient staffing- LOS discussions
What do you see as the challenges with using it?	Since going live on EPIC data entry was also a challenge, but doable	Have heard outpatients often struggle with ceiling effects. They do have a sizable "n" of outpatient users in their data, though. Have also heard others express concern about not enough drill down at diagnosis level to assuredly compare apples to apples-ex. CP as category versus GMFM level, etc.	Entering data on time, on-going training for accurate scoring
Would you recommend it to another OP peds rehab organization?	Yes, I would recommend it.	I'm IP mgr, so will defer that to the others on this email who are using it for OP.	I don't know, this is a good question, we are currently "coding" out OP's, but not score them on the WeeFim.
Additional Comments:	Data entry slows productivity as it is a time consuming process and we do not have support staff who can do this for us. Once staff are proficient with the tool it is not too bad. It would be great if we could enlist the help of nursing and speech to complete the assessment, but they have other tools to measure outcomes and this is what OT and PT chose to do. It is encouraging to see some of the huge changes patients make during their inpatient stay. For outpatients it would be necessary to give us the data we need, especially for OT where we are also needing to address developmental levels, sensory functioning, strength and coordination.		