

Factors that Influence the Quality of AlphaFIM® Data	Evaluation of these Influences	Mitigation of these Influences
From the Assessor Perspective - Input to Patient Record		
Incomplete AlphaFIM® assessments (e.g. not completing projected scores)	Incidence of patients with blank/missing AlphaFIM® information	Monitor on tighter timeline at unit level (so that AlphaFIM® can still be completed) and provide feedback to AlphaFIM® assessor.
Accurate rating of patient	Difficult to evaluate	Ensure all assessors are trained and credentialed. Offer tutorials for assessors to attend to brush-up skills in rating.
AlphaFIM® not completed within target timelines (i.e. on day 3)	Report to include date of admission, date of AlphaFIM® assessment	Education to assessor re awareness of target Credentialing of additional assessors if not enough assessors available to cover all days Credentialing of weekend staff
Accurate input of ratings into web portal (to obtain projected scores)	Difficult to evaluate	Assessors encouraged to review scores that were entered prior to clicking “calculate scores”.
Accurate copying of projected scores into patient record	Difficult to evaluate	Assessors encouraged to compare scores from web portal with scores entered into patient record prior to closing web portal.
Experience/training of assessor	Ensure all assessors have current credentialing.	Identify lead AlphaFIM® assessor from team who can serve as a mentor to new assessors. Criteria – achieved 90% or higher on credentialing exam; currently credentialed.
Frequency of assessment by individual assessors	Monitor number of AlphaFIM® completions by each credentialed AlphaFIM® assessor.	Ensure that there are not so many assessors that they have only infrequent opportunities to complete an assessment.
Only trained/credentialed assessors completing AlphaFIM®	Ensure all assessors have current credentialing.	Assessors are assigned individual passwords. Assessors do not share their passwords. Monitor assessor credentialing status through CESN reports that are provided 3 to 4 times per year or upon request.
Workload and number of trained assessors (availability of assessor and whether time constraints lead to AlphaFIM® not being completed)	Number of acute stroke patients with no AlphaFIM® assessment completed. Number of AlphaFIM® assessments completed by each AlphaFIM® assessor. AlphaFIM® assessor reports of challenges.	Ensure an adequate number of credentialed assessors to cover each day. Ensure each assessor completes AlphaFIM® assessments routinely to maintain competency and awareness of the assessment. Solution-focussed team discussion with AlphaFIM® assessors regarding challenges.
From the Coder Perspective - Output to CIHI Project 740		
Unable to locate information (electronic or paper charts)	Incidence of patients with blank/missing AlphaFIM® information.	Information needs to be available in standard location (easy to find) Develop coder manual for each organization Coder training using standardized OSN training material.
Coder not understanding the fields in CIHI and appropriate data to input	Incidence of patients with blank/missing AlphaFIM® information.	Coder training using standardized OSN training material.
Transposition error	Comparison of patient health record with AlphaFIM® record in DAD.	Coders to recheck information entered.