

Functional Rehabilitation Evaluation of Sensori-Neurologic Outcomes (FRESNO)

FRESNO is the acronym for Functional Rehabilitation Evaluation of Sensori-Neurologic Outcomes. The FRESNO was developed by an interdisciplinary research team at Children’s Hospital Central California, for use as a tool for children/adolescents with disabilities. It serves three major functions.

First, it clinically assesses the five major content domains:

<u>DOMAINS</u>	<u>SUB-DOMAINS</u>
Cognition	Attention/Memory, Executive Function
Communication	Comprehension, Expression
Socialization	Interaction, Transitional Skills
Self-care	Eating and Drinking, Personal Grooming, Personal Hygiene, Dressing
Motor	Mobility and Transfers, Locomotion, Use of Arms and Hands

The five domains are divided into 13 sub-domains listed above, which are further separated into 45 functional activity categories. The FRESNO has 196 items ranked in order of difficulty according to a developmental hierarchy. When a patient is assessed for the first time, using the FRESNO, the 45 categories are scored for the child’s functional status at that point in time and the functional outcome goal projected for a predetermined discharge date. Listed below are five of the 45 categories, with examples of scores entered by an occupational therapist.

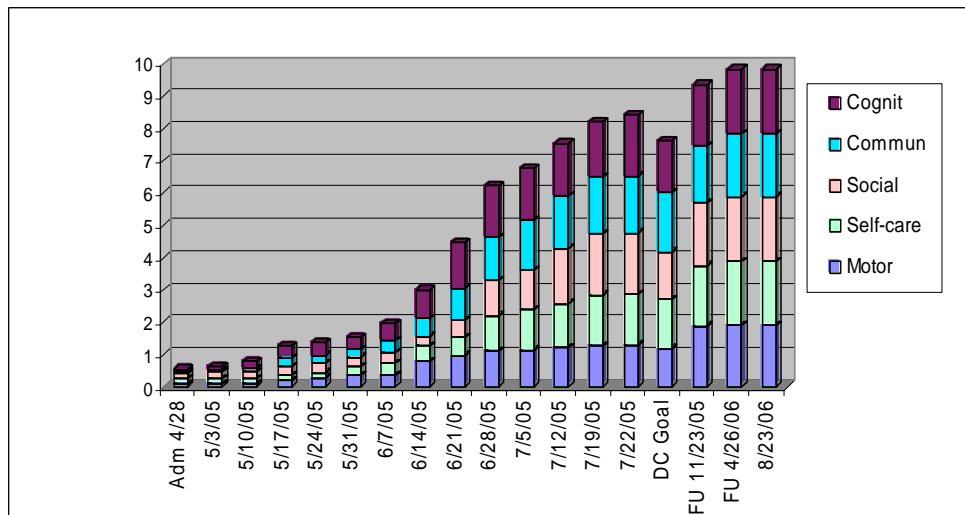
		ADMIT	4/17/2007	DC GOAL
		0,1,2	0,1,2	0,1,2
	Fasteners			
16a	OPENS AND CLOSSES VELCRO	1	2	2
16b	UNZIPS AND ZIPS	1	2	2
16c	UNSNAPS AND SNAPS	1	2	2
16d	UNBUTTONS AND BUTTONS	1	2	2
16e	LACES AND TIES	1	2	2

The score of 0 indicates that the activity is absent; a score of 1 indicates that the activity is emerging (i.e. performed inappropriately, inconsistently, or incompletely); and a score of 2 indicates that the activity is present (i.e., performed appropriately, independently, safely and within a reasonable amount of time).

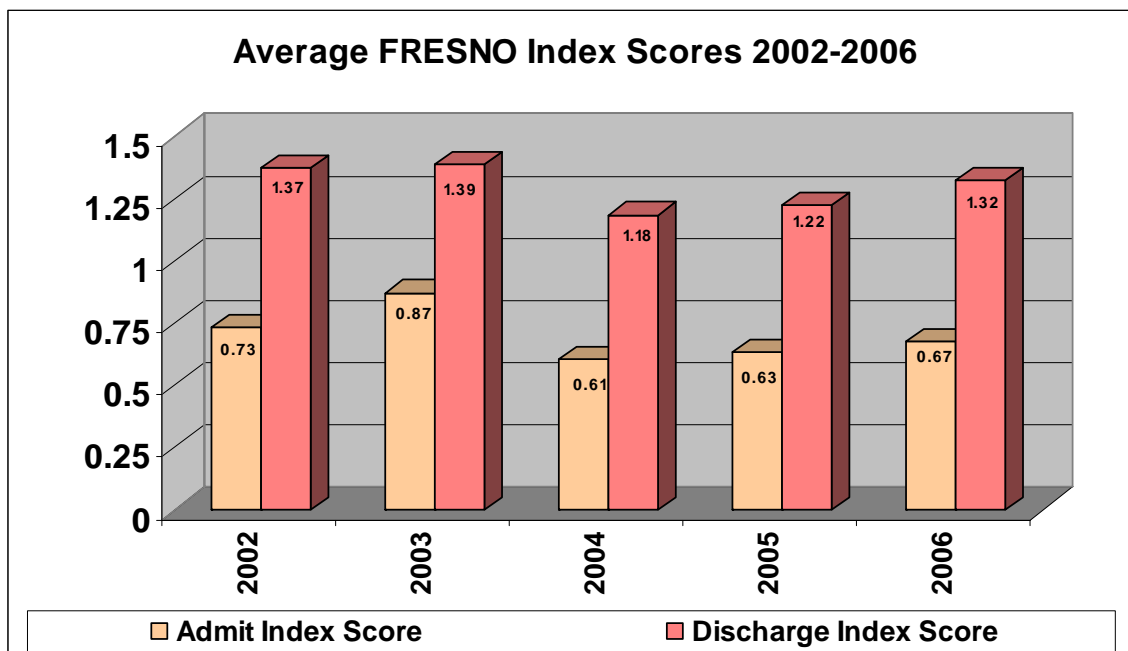
The second purpose of the FRESNO is to plan interventions and treatment for the individual as well as education and training for the parent/caregiver based on the child’s type of injury and individual needs.

Third, the FRESNO tracks improvements in functional performance from admission to discharge on a weekly basis, determines the efficiency and effectiveness of the rehabilitation program, and provides a focus towards home, school, and community reintegration. The FRESNO is scored by several disciplines including: physical therapy, occupational therapy, speech, rehabilitation nursing, and neuropsychology.

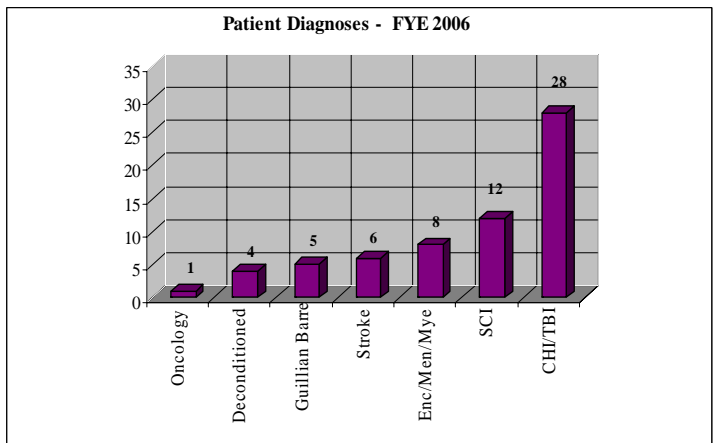
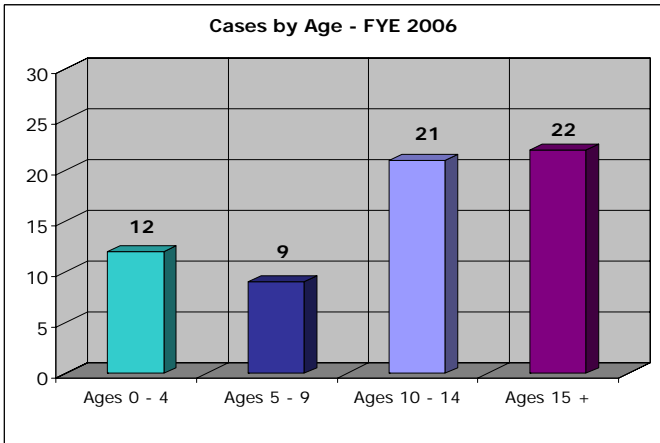
The FRESNO graph below indicates the weekly progress of a brain injured patient, from the time of admission to discharge, including three follow-up visits for this particular patient. This patient achieved miraculous outcomes and the caregivers received the overwhelming pride of accomplishment, helping the patient to reach these goals.



The FRESNO Total Index Scores at Admit and Discharge were compared for each patient to provide an overview of each patient's functional outcome. The chart below compares the average index scores on the FRESNO at the time of admit and discharge for fiscal years 2002 to 2006, demonstrating the functional improvements achieved by the patients.



During the fiscal year of 2006, 64 patients were admitted for medical rehabilitation. One rehab patient was discharged to a sub-acute facility program and the remaining 63 patients were discharged home. Demographic data shows that 41 patients were male, 23 were female, and the average length of stay was 36 days. The graphs below indicate patients by age group and diagnoses.



Medical Rehabilitation Family Caregiver Survey

As part of an ongoing process to improve patient care and satisfaction, the parents and/or caregivers of our patients are given the opportunity to provide us with feedback. Upon discharge of the patient, the parent/caregiver receives an exit survey to complete. This data is reviewed quarterly by the Rehabilitation

Continuous Quality Improvement Committee, attended by representatives from each of the disciplines that score the FRESNO. Recommendations for improvement are submitted and follow-up occurs during the next quarter. This process allows us continuously to improve services to our Rehab patients and families, in hopes that their stay in Rehab is as comfortable as possible.

