# Indiana State Department of Health—Indiana Rehabilitation Registry Report 921 Incidents Statewide Data from December 2013-November 2014

Inpatient Rehabilitation Facility – Patient Assessment Instrument (IRF-PAI) = used to gather data to determine the payment for each Medicare Part A fee-for-service patient admitted to an inpatient rehabilitation unit or hospital.

Functional Independence Measure (FIM<sup>TM</sup>) instrument is a basic indicator of severity of disability that can be administered comparatively quickly and therefore can be used to generate data on large groups of people. As the severity of the disability changes during rehabilitation, the data generated by the FIM instrument can be used to track such changes and analyze the outcomes of rehabilitation. The FIM instrument includes a seven -level scale that designates major gradations in behavior from dependence to independence. This scale rates patients on their performance of activity taking into account their need for assistance from another person or a device. If help is needed, the scale quantifies that need. The FIM instrument is a measure of disability, not impairment.

- Admission FIM scores must be collected during the first 3 calendar days of the patient's current rehabilitation hospitalization.
- The discharge assessment time frame encompasses the day of discharge and the two calendar days prior to the day of discharge.

#### **Function Modifiers:**

- 1. Assist in the scoring of related Functional Independence Measure (FIM) instrument items.
- 2. Provide explicit information as to how a particular FIM item score has been determined.

#### **Examples of Function Modifiers:**

- Bladder Level of Assistance
- Tub Transfer
- Distance Traveled in Wheelchair



## **Rehabilitation Data Report Key:**

**INDEPENDENT** - Another person is not required for the activity (NO HELPER).

- Complete Independence = the patient safely performs all the tasks described as making up the activity within a reasonable amount of time, and does so without modification, assistive devices, or aids.
- Modified Independence = one or more of the following may be true: the activity requires an assistive device or aid, the activity takes more than reasonable time, or the activity involves safety (risk) considerations.

**DEPENDENT** – Patient requires another person for either supervision or physical assistance in order to perform the activity, or it is not performed (REQUIRES HELPER).

**Modified Dependence**: The patient expends half (50%) or more of the effort. The levels of assistance required are defined below.

- Supervision or Setup = the patient requires no more help than standby, cuing, or coaxing, without physical contact; alternately, the helper sets up needed items or applies orthoses or assistive/adaptive devices.
- 4 Minimal Contact Assistance = the patient requires no more help than touching, and expends 75% or more of the effort.
- 3 Moderate Assistance = the patient requires more help than touching, or expends between 50 and 74% of the effort.

**Complete Dependence**: The patient expends less than half (less than 50%) of the effort. Maximal or total assistance is required. The levels of assistance required are defined below.

- 2 Maximal Assistance = the patient expends between 25 to 49% of the effort.
- 1 Total Assistance = the patient expends less than 25% of the effort.
- Activity Does Not Occur = the patient does not perform the activity, and a helper does not perform the activity for the patient during the entire assessment time frame.

**Cognitive FIM Score**: Combining the following function modifiers = comprehension, expression, social interaction, problem solving, and memory scores.

**Overall FIM Score**: Combining the following function modifiers = feeding, grooming, bathing, upper body dressing, lower body dressing, toileting, bladder management, bowel management, bed to chair transfer, toilet transfer, tub or shower transfer, stairs, walking and/or wheelchair, comprehension, expression, social interaction, problem solving, and memory scores.

Indiana State Department of Health

## Indiana State Department of Health-Indiana Rehabilitation Registry 921 Incidents Statewide Data from December 2013 - November 2014

## **Comments**

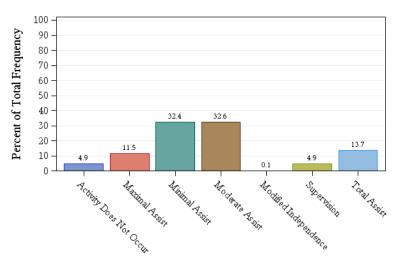
- -Facility Names have been replaced with numbers for formatting purposes. Please reference the numbers below to identify your facility.
- -1=Franciscan St. Elizabeth Health Acute Inpatient Rehab Central.
- -2=Community Health Network (Rehab).
- -3=Community Howard West Campus Speciality Hospital (Rehab).
- -5=Rehabilitation Hospital of Fort Wayne.
- -6=Rehabilitation Hospital of Indiana.

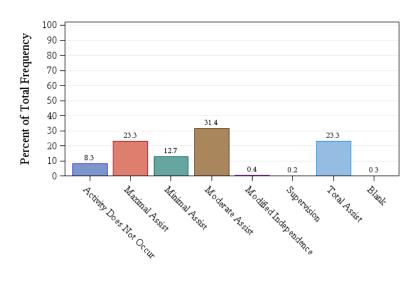
## Indiana State Department of Health-Indiana Rehabilitation Registry 921 Incidents Statewide

Data from December 2013 - November 2014

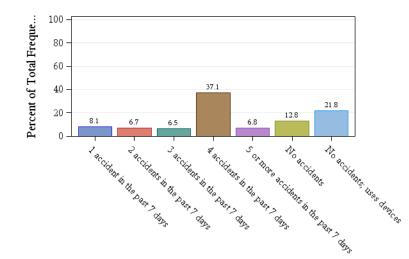
## **Admission - Bathing**

Admission - Bed to Chair

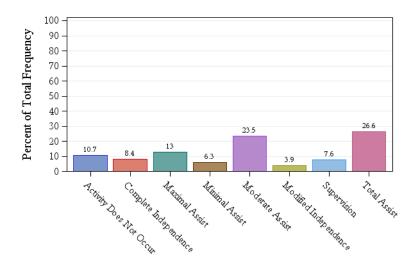




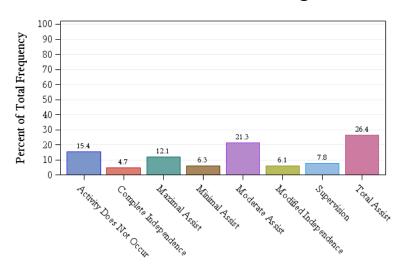
## **Admission - Bladder Frequency of Accidents**



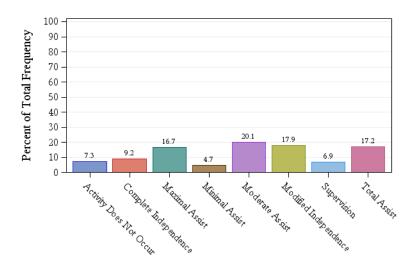
#### **Admission - Bladder Level of Assistance**



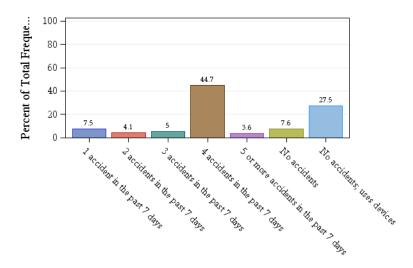
### **Admission - Bladder Management**



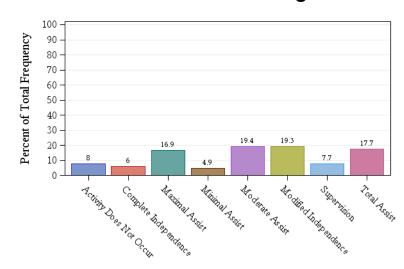
#### **Admission - Bowel Level of Assistance**



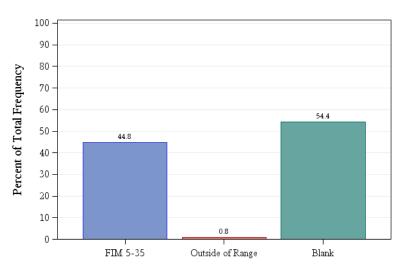
## **Admission - Bowel Frequency of Accidents**



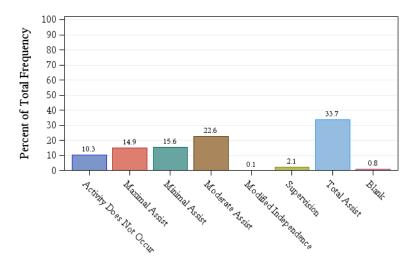
#### **Admission - Bowel Management**



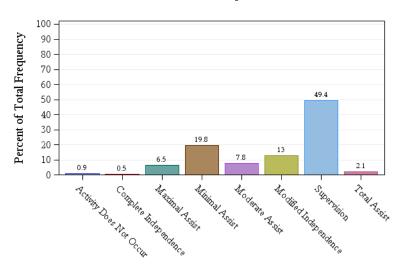
## **Admission - Cognitive FIM Score**



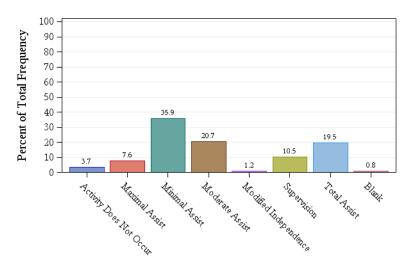
### **Admission - Dressing Lower Body**



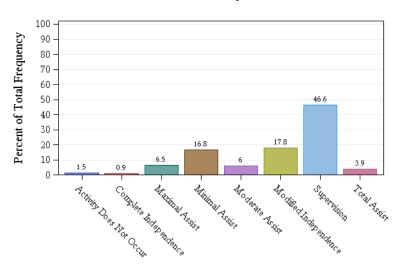
### **Admission - Comprehension**



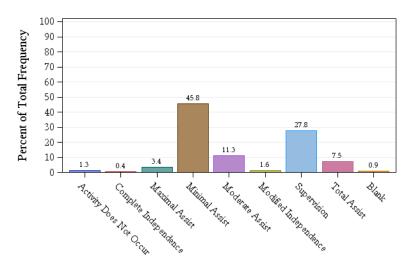
#### **Admission - Dressing Upper Body**



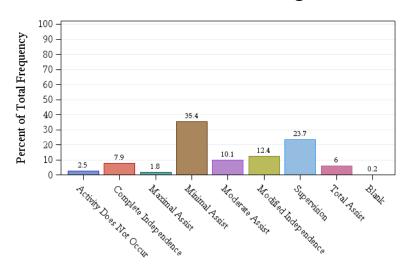
### **Admission - Expression**



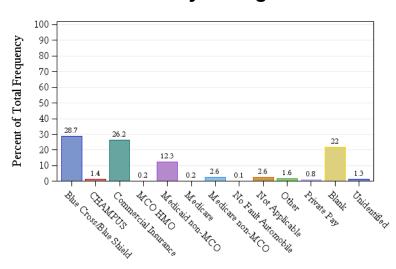
## **Admission - Grooming**



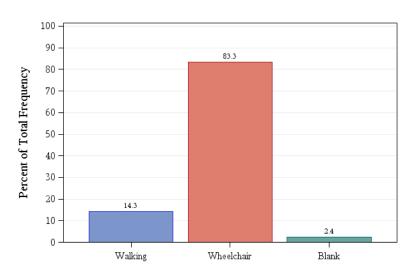
### **Admission - Feeding**



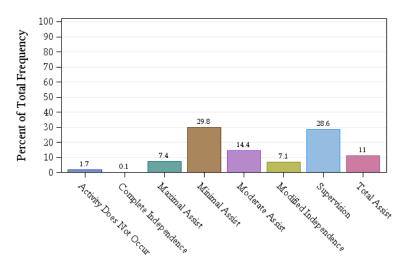
#### **Secondary Billing Info**



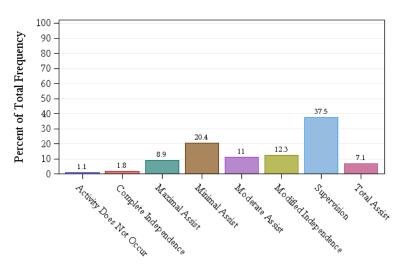
#### **Admission - Locomotion Mode**



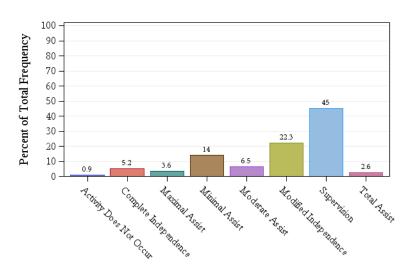
## **Admission - Problem Solving**



## **Admission - Memory**

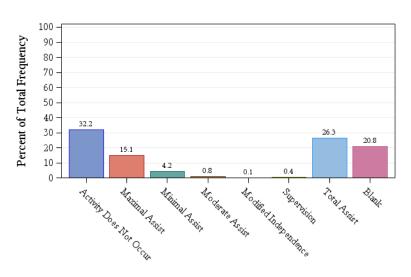


#### **Admission - Social Interaction**

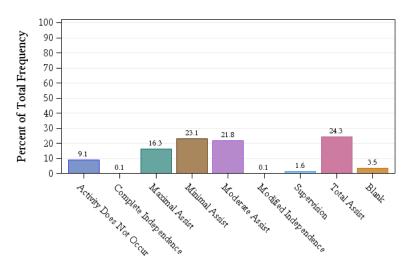


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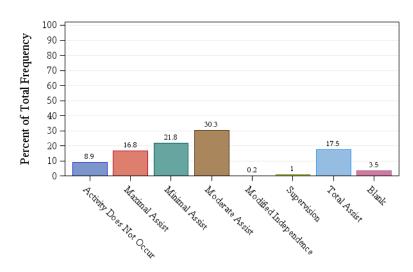
#### **Admission - Stairs**



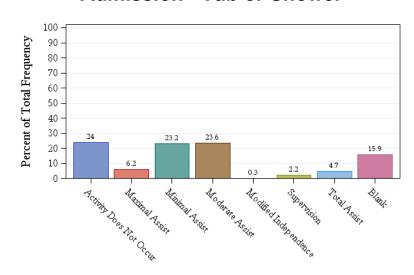
## **Admission - Toileting**



#### **Admission - Toilet Transfers**



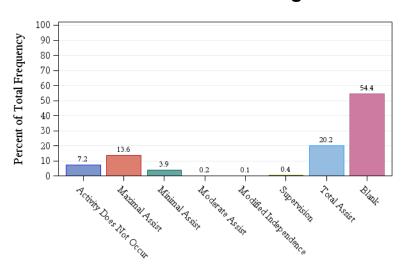
#### **Admission - Tub or Shower**



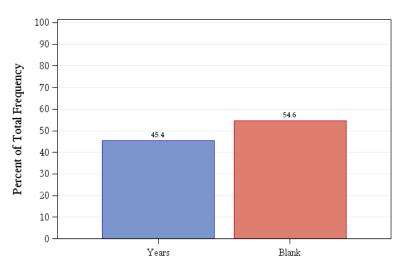
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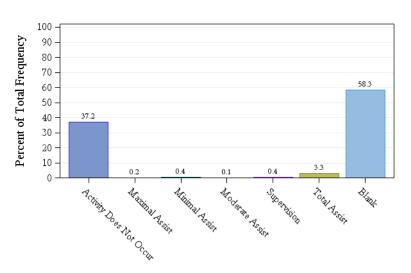
## **Admission - Walking**



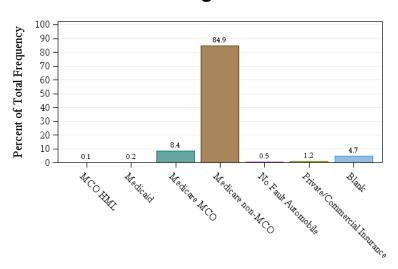
## **Admission - Age Units**



#### **Admission - Wheelchair**

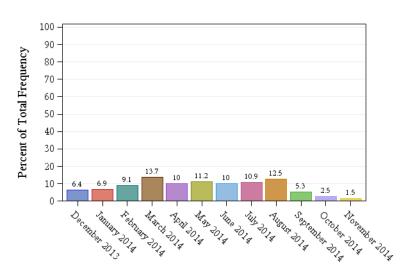


## **Billing Info**

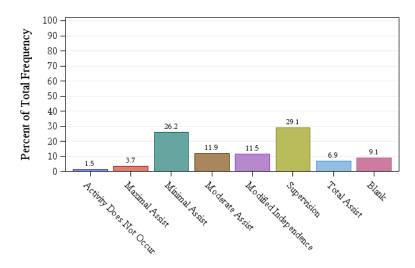


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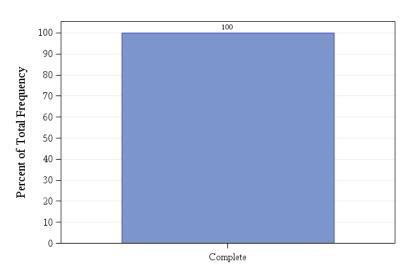
#### **Date Arrived**



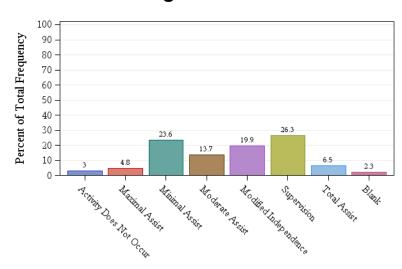
## **Discharge - Bathing**



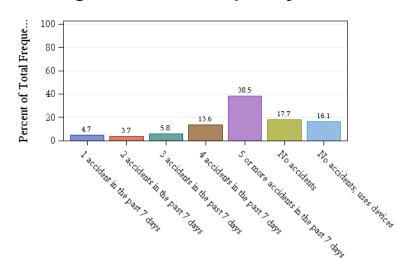
#### **Date Of Birth**



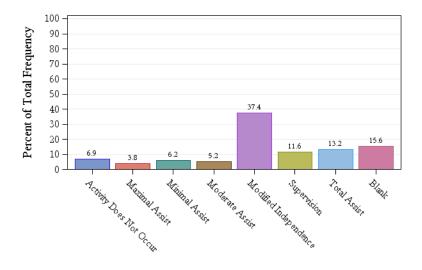
**Discharge - Bed to Chair** 



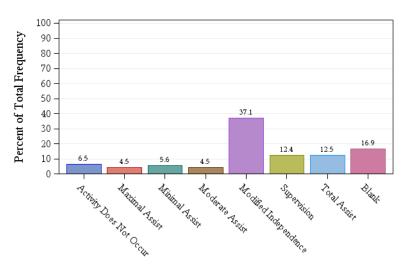
## **Discharge - Bladder Frequency of Accidents**



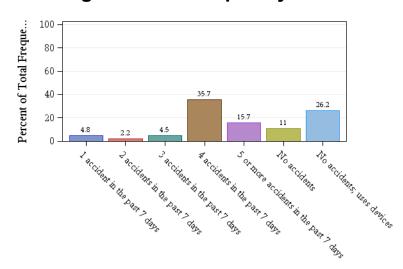
**Discharge - Bladder Management** 



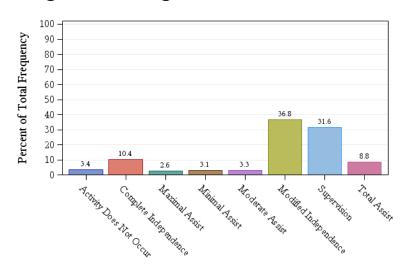
## **Discharge - Bladder Level of Assistance**



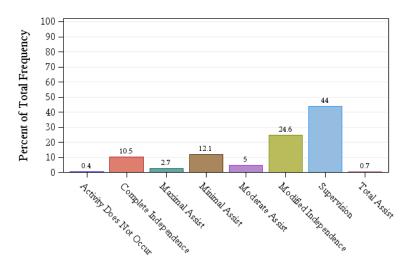
#### **Discharge - Bowel Frequency of Accidents**



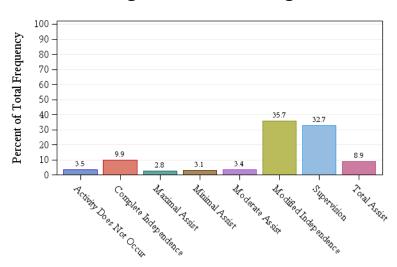
**Discharge - Discharge - Bowel Level of Assistance** 



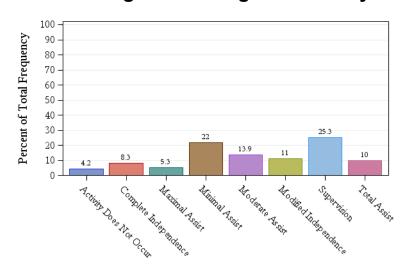
**Discharge - Comprehension** 



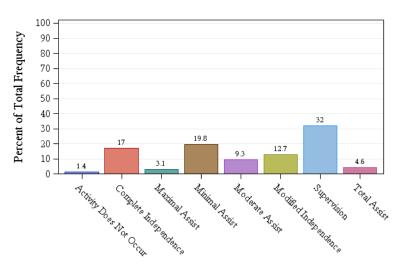
#### **Discharge - Bowel Management**



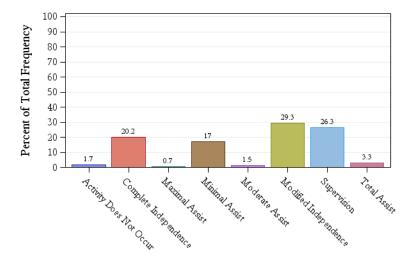
**Discharge - Dressing Lower Body** 



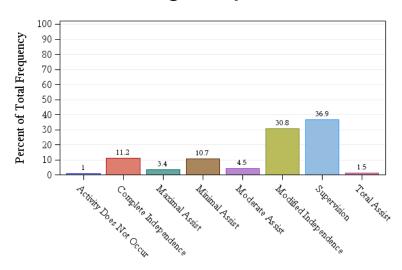
**Discharge - Dressing Upper Body** 



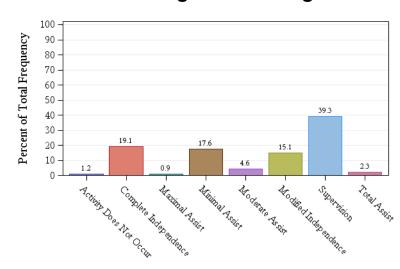
**Discharge - Feeding** 



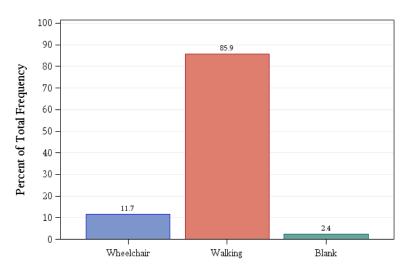
### **Discharge - Expression**



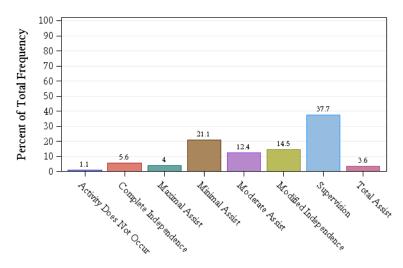
**Discharge - Grooming** 



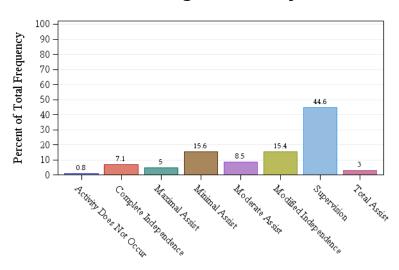
**Discharge - Locomotion Mode** 



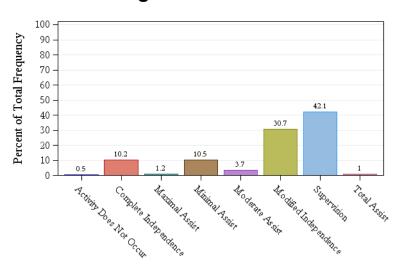
**Discharge - Problem Solving** 



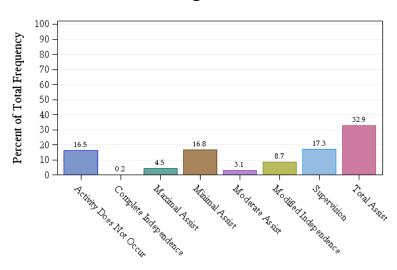
**Discharge - Memory** 



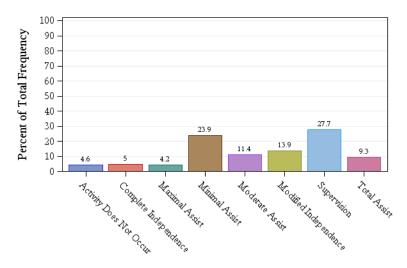
**Discharge - Social Interaction** 



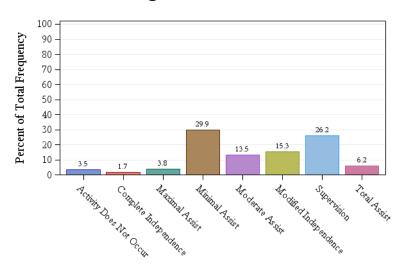
**Discharge - Stairs** 



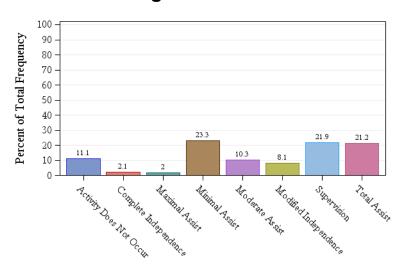
**Discharge - Toileting** 



### **Discharge - Toilet Transfers**

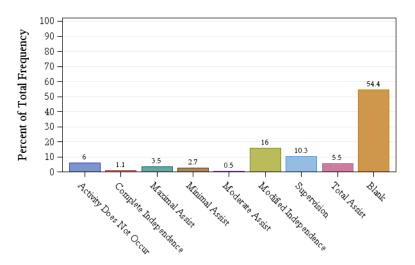


**Discharge - Tub or Shower** 

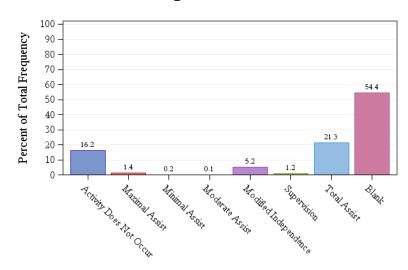


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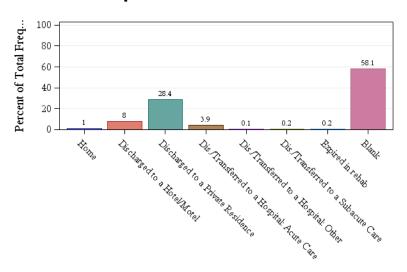
**Discharge - Walking** 



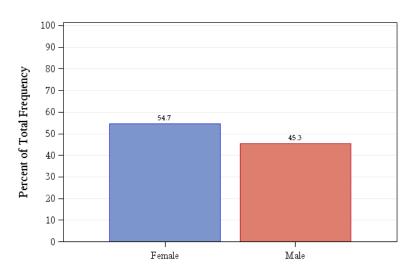
## **Discharge - Wheelchair**



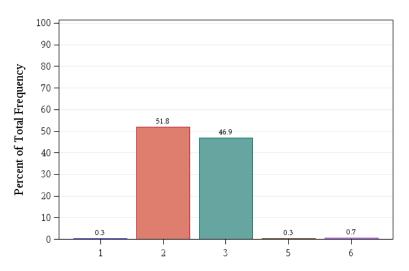
## **Disposition from Rehab**



#### **Patient Gender**



## **Facility Name**



## **Date Discharged**

