

From the Office of Clinical Informatics Cerner Millennium IRF-PAI v4

September 14, 2022

Inpatient Rehab Providers are required to document an indication when ordering certain classifications of medications. IRF-PAI (Inpatient Rehab Facility-Patient Assessment Instrument) Quality Indicator Admission, BIMS, and Discharge PowerForms are updated to include version 4 requirements by CMS.

Medication Classifications Requiring an Indication

The following classifications of medications now require an indication to be entered upon ordering:

- Antipsychotic
- Anticoagulant
- Antibiotic (not a new requirement)
- Opioid
- Antiplatelet
- Hypoglycemic

The **Indication** field in Order Details will need to be documented even though for some medications, the field will not be yellow (indicating required).



NOTE: The following information is for Inpatient Rehab Nursing, Patient Assessment Coordinator, and PT/OT/SLP.

IRF-PAI Quality Indicators Admission Form

Note: Nsg has been added to the section names to indicate which sections nursing is responsible for documenting. This documentation MUST be documented within three (3) days of admission.

IRF-PAI Quality Indicators Admission form is tasked to Care Compass for nursing and to Rehab Therapies MPTL (Multipatient Task List) at AR Gould and EMMC. No changes occurred in the GG sections.

- Section A: Administrative Information
 - Preferred Spoken Language, Interpreter Wanted/Needed, and Transportation are covered in this new section.
 - AR Gould and EMMC Inpatient Rehab Nursing will complete this section.
- Section B: Hearing Speech and Vision
 - Hearing, Vision, and Health Literacy are new documentation additions to this section.
 - AR Gould and EMMC Therapies will complete this section.

Section R: Hearing Speech and Visior
Section D: Nsg-Mood
Section GG: Functional Abilities and G
Section GG: Self-Care Functional Abilities
Section GG: Self-Care Goals
Section GG: Mobility Functional Abilitie
Section GG: Mobility Continued
Section GG: Mobility Goals
Section GG: Walk/Wheelchair Goals
Section H: Nsg-Bladder and Bowel
Section J: Nsg-Admission Health Conc
Section K: Nsg-Swallowing Status
Section K: Nsg-Swallowing /Nutritional
Section N: Admission Medications
Section O: Nsg-Special Treatments, P

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- Section D: Mood
 - Patient Mood Interview (PHQ-2 to 9) and Social Isolation are covered in this section.
 - AR Gould and EMMC **Inpatient Rehab Nursing** will complete this section.
- Section J: Admission Health Conditions
 - Pain or Hurting in the Past 5 Days, Pain Effect on Sleep, Pain Interference with Therapy Activities, and Pain Interference with Day-to-Day Activities are documentation additions to this section.
 - AR Gould and EMMC **Inpatient Rehab Nursing** will complete this section.
- Section K: Swallowing Status (Current section with no changes for version 3 patients)
 - AR Gould and EMMC **Inpatient Rehab Nursing** will complete this section.
- > Section K: Swallowing/Nutritional Status (new section K)
 - Nutritional Approaches replaces Swallowing Status on Admission in IRF-PAI v3.
 - None should be selected if patient is on a regular diet.
 - AR Gould and EMMC Inpatient Rehab Nursing will complete this section.



NOTE: Both Section K Swallowing Status and Section K Swallowing/Nutritional Status will remain visible until all patients on IRF-PAI v3 are discharged.

- Section O: Special Treatments, Procedures, and Programs
 - New section to document Chemo, Radiation, Oxygen Therapy, Suctioning, Tracheostomy Care, and IV Access.
 - AR Gould and EMMC Inpatient Rehab Nursing will complete this section.

IRF-PAI Quality Indicators Cognitive Patterns Form

NOTE: This documentation MUST be documented within three (3) days of admission.

This form replaces the IRF-PAI Quality Indicators BIMS form.

- **Section C: BIMS** no changes to this section.
- Section C: Signs and Symptoms of Delirium
 - New section for the documentation of Delirium.

NOTE: Both AR Gould and EMMC Speech and Occupational Therapists will be tasked IRF-PAI Quality Indicators Cognitive Patterns form on the MPTL. OT will document the form if Speech Therapy is not involved with the patient.

IRF-PAI Quality Indicators Discharge

NOTE: A task will go to Care Compass for Nursing when the Discharge order is entered by the Provider. This form MUST be documented within three (3) days prior to the patient being discharged.

- ➤ The following sections have been added to the IRF-PAI Quality Indicators Discharge form:
 - Section A: Administrative Information
 - Section B: Hearing Speech and Vision
 - Section D: Mood
 - Section K: Swallowing/Nutritional Status
 - Section O: Special Treatments, Procedures, and Programs
- Section J: Discharge Health Conditions
 - Pain or Hurting in the Past 5 Days, Pain Effect on Sleep, Pain Interference with Therapy Activities, and Pain Interference with Day-to-Day Activities are new documentation additions to this section.

Pressure Injury Documentation

CMS is requesting that Pressure Injuries that have healed and then reopened during the same hospital stay be documented in the same Incision/Wound/Skin dynamic group, thus counting as one wound instead of two.

• Nursing should reactivate the dynamic group and document **Reopened** in **Status**.

IRF-PAI Report

Some important reminders when running the IRF-PAI Utility Report:

- ➤ Both IRF-PAI v3 and IRF-PAI v4 will be available initially.
- > Some patients may have an admission on IRF-PAI v3 and be discharged on IRF-PAI v4.
- After IRF-PAI v4 is implemented, patients who are discharged prior to October 1, 2022, should be discharged using IRF-PAI v3.
- No negative impact will occur If IRF-PAI v4 is documented and the patient is discharged prior to October 1, 2022.