September 14, 2023

Diane Rydrych
Health Policy Division Director
PO Box 64882
St. Paul, MN 55164-0882

Dear Ms. Rydrych,

On behalf of Nobis IRF Holdings, LLC, I submit responses to your August 31, 2023 request for additional information.

Please let me know if there are questions on these responses. I can be reached at 469- 640-6507 or gthomas@nobisrehabpartners.com.

Thank you for your assistance.

Sincerely,


Gina Thomas, RN
Chief Development & Public Relations Officer
Nobis IRF Holdings, LLC
450 Century Pkwy, Suite 220
Allen, TX 75013-8044

## Background Information

1. **The application notes that Nobis has opened 13 inpatient rehabilitation hospitals in the last two years and that there are an additional eight under development. Please provide a comprehensive list, location, years in operation, and number of beds for all Nobis inpatient rehabilitation hospitals currently open and those under development, as well as the same information for any such hospitals that have closed and the year they closed.**

A list of all Nobis rehabilitation hospitals is included in Table 1. Nobis has not had any hospitals that have closed. One hospital that Nobis developed but no longer operates is Reunion Rehabilitation Hospital Dublin in Dublin, Ohio. This facility opened in January 2021 and was sold in 2023.

| Table 1: Nobis Rehabilitation Facility List | | | | |
|---|---|---|---|---|
| **Hospital Name** | **City** | **State** | **Opening Date** | **# of Beds** |
| **Operational** | | | | |
| Indianapolis Rehabilitation Hospital | Carmel | IN | Feb-21 | 40 |
| Reunion Rehabilitation Hospital Denver | Denver | CO | Mar-21 | 40 |
| Reunion Rehabilitation Hospital Phoenix | Phoenix | AZ | Jan-22 | 48 |
| Shreveport Rehabilitation Hospital | Shreveport | LA | Jan-22 | 40 |
| Reunion Rehabilitation Hospital Inverness | Englewood | CO | Feb-22 | 40 |
| Milwaukee Rehabilitation Hospital | Greenfield | WI | Feb-22 | 40 |
| Johnson County Rehabilitation Hospital | Overland Park | KS | Jul-22 | 40 |
| Tulsa Rehabilitation Hospital | Tulsa | OK | Sep-22 | 40 |
| Oklahoma City Rehabilitation Hospital | Oklahoma City | OK | Oct-22 | 40 |
| Reunion Rehabilitation Hospital Peoria | Peoria | AZ | Mar-23 | 40 |
| Reunion Rehabilitation Hospital Arlington | Arlington | TX | Apr-23 | 40 |
| Reunion Rehabilitation Hospital Plano | Plano | TX | May-23 | 48 |
| | | | | |
| **Under Development** | | | | |
| San Antonio Rehabilitation Hospital | San Antonio | TX | Sep-23 | 48 |
| Reunion Rehabilitation Hospital Jacksonville | Jacksonville | FL | Oct-23 | 48 |
| Cincinnati Rehabilitation Hospital | Blue Ash | OH | Nov-23 | 40 |
| Bradenton Rehabilitation Hospital | Bradenton | FL | TBD | 60 |
| Tucson Rehabilitation Hospital | Tucson | AZ | TBD | 40 |
| Clarksville Rehabilitation Hospital | Clarksville | IN | TBD | 40 |
| Source: Applicant | | | | |

2. **Please describe any community engagement activities already undertaken related to the proposed 60-bed inpatient rehabilitation hospital.**

As described in our application, our local presence in the community is led by our Director of Business Development, the clinical liaison team, which includes the highest number of clinical liaisons per rehab hospital in the country, and our leadership team, all of whom are engaged with the

local healthcare providers, medical groups, and community in supporting local efforts from both a healthcare needs and a culture perspective. Outreach efforts have typically included the recognition of various rehabilitation organizations and societies such as the Minnesota Stroke Association, Minnesota Brain Injury Alliance, Spinal Cord Injury Awareness, Amputee Coalition, American Cancer Society, and the American Diabetes Association of Minnesota.

Given that Nobis currently has no facilities in Minnesota, these activities have not yet begun. We would commence these activities following Nobis' obtaining of an exception to the Minnesota hospital moratorium, which we expect in May 2024.

3. **Please share any details on the intent to obtain accreditation for the Minneapolis Rehabilitation Hospital by a national trade group such as the Joint Commission or another accrediting organization for inpatient rehabilitation services.**

Nobis will pursue accreditation by CIHQ (https://www.cihq.org/) for the proposed Minneapolis Rehabilitation Hospital, as it does for all its other hospitals. Nobis chose CIHQ versus other similar accreditation companies since CIHQ had a direct crosswalk to the Medicare Conditions of Participation and an excellent interactive education approach to the survey that we did not find with the other similar accreditation companies.

4. **Under new legislation, a new health care entity (including, possibly, the Minneapolis Rehabilitation Hospital, LLC) may be considered a transaction subject to notification to both the commissioner of health and attorney general in Minnesota. Please provide a statement on applicability of the law (MN Statutes 145D.01 or 145D.02 (HF 402 5th Engrossment - 93rd Legislature (2023 - 2024) Posted on 05/22/2023 11:36am, revisor.mn.gov) to this new hospital.**

Nobis is analyzing the language of this new statute to determine whether it appears to apply to this transaction. Nobis notes that the Minneapolis Rehabilitation Hospital, LLC, meets the definition of a "health care entity" under Minn. Stat. 145D.01, subd. 1(e)(1). In addition, the definition of a transaction subject to notice includes "the creation of a new health care entity." Id., subd. 1(j)(6). However, it is not yet clear to Nobis whether this transaction requires notice as defined under Minn. Stat. 145D.01, subd. 2. Nobis is reviewing the language of the statute and, if it determines that notice is required, Nobis will comply with those requirements and cooperate with the attorney general and the Commissioner accordingly.

## Need for project and new or improved services

5. **The Nobis bed need methodology in the application stratifies traditional Medicare (noted as fee-for-service) and Medicare Advantage. Please provide additional details on how this methodology estimates discharges in Table 18 on page 42 for these two programs specific to the distribution of coverage in the proposed primary service area.**

As noted on page 32 of the application, in CY 2022, 71 percent of all inpatient rehabilitation discharges nationally were comprised of Medicare patients, with 54 percent of those being Medicare Fee-For-Service patients and 17 percent being Medicare Advantage patients. Additionally, as noted

on page 33, 92 percent of all inpatient rehabilitation patients are admitted directly from the acute care setting upon patient discharge, with the remaining 8 percent admitted from Skilled Nursing Facilities (SNFs), Long Term Acute Care Hospitals (LTACH), home, and other miscellaneous sites. It is for this reason that the two primary drivers of the Nobis bed need methodology for the proposed primary service area include: 1) the Medicare utilization of inpatient rehabilitation services and, 2) the proportion of rehabilitation patients that are likely to be referred by acute care hospitals. This is because these two segments of the inpatient rehabilitation patient population will likely represent the lion's share of all admissions for the proposed Minneapolis Rehabilitation Hospital, as well as any other inpatient rehabilitation provider in the State.

As Figure 11 on page 33 highlights, in 2020 (the most recent year for which data is available), approximately 4.6 percent of all Medicare Fee-For-Service acute care patients nationally were discharged into the inpatient rehabilitation setting. In the Nobis bed need methodology, this 4.6 percent discharge rate to inpatient rehabilitation was applied to the actual number of Medicare Fee-For-Service acute care discharges for each county, to determine the estimated potential number of Medicare Fee-For-Service inpatient rehabilitation admissions from acute care referral sources that would be potentially expected in the Base Projection Year (2021). A similar analysis was completed for the Medicare Advantage patient population for each county utilizing the actual volume of Medicare Advantage acute care discharges and an adjusted percent of potential expected inpatient rehabilitation admissions, as the Medicare Advantage discharge rate to inpatient rehabilitation is generally one-third less than that of Medicare Fee-For-Service acute care discharges. For each county, the estimated potential admissions were then adjusted to account for non-Medicare admissions (29 percent nationally) and referrals for admissions from sources other than acute care hospitals (8 percent nationally).

The national average length-of-stay for inpatient rehabilitation, 13.2 days, was then applied to the total expected potential admissions to estimate potential ADC. A target occupancy rate of 80 percent was then applied to determine the estimated bed need for each county. Finally, age-adjusted growth rates were then applied to the baseline bed need projections to estimate bed need in five-year increments through the 2035 projection period.

As shown in Figure 18, the Nobis bed need methodology projects a total inpatient rehabilitation bed need of 334 beds for the primary service area in 2035. For comparison, this bed need converts to a Bed-to-Population ratio of 9.8 beds per 100K population for the primary service area, whereas nationally in 2020/2021 there were 11.9 inpatient rehabilitation beds per 100K population. As such, because the Nobis projected bed need for the primary service area results in an inpatient rehabilitation Bed-to-Population ratio that is actually less than the current Bed-to-Population ratio nationally, Nobis believes its bed need methodology is a reasonable estimate (if not conservative) of the long-term inpatient rehabilitation demand for the primary service area.

6. **The application mentioned in general terms the incidence rates of acute discharges that require additional inpatient rehabilitation beds. Please provide additional detail on the distribution of specific conditions treated and average lengths of stay at Nobis hospitals by diagnosis related group or major diagnostic category for the following: stoke, other neurological conditions, fracture**

**of the lower extremity, debility, brain injury, other orthopedic conditions, cardiac conditions, major joint replacement of lower extremity, spinal cord injury, and all other conditions.**

Inpatient Rehabilitation Facilities (IRFs) do not categorize patients by Diagnosis Related Groups (DRGs) or Major Diagnostic Categories (MDCs), which are acute care classification systems. Instead, IRFs utilize the Medicare-based classification systems of Case Mix Groups (CMGs) that are roughly comparable to DRGs, and Rehabilitation Impairment Categories (RICs) that are roughly comparable to MDCs. As such, the table below summarizes the 2022 utilization of all Nobis facilities by RIC compared to national data for the same period.

**Nobis and US 2022 IRF Utilization and ALOS by Rehabilitation Impairment Group (a)**

| | RIC Description | Nobis (b) | | National Utilization | |
|---|---|---|---|---|---|
| | | % Discharges | ALOS | % Discharges | ALOS |
| 1 | Stroke | 16.4% | 14.0 | 23.2% | 16.0 |
| 2 | Traumatic brain injury | 4.9% | 10.9 | 4.3% | 14.1 |
| 3 | Nontraumatic brain injury | 10.3% | 10.4 | 8.0% | 12.9 |
| 4 | Traumatic spinal cord injury | 1.4% | 17.8 | 2.0% | 23.4 |
| 5 | Nontraumatic spinal cord injury | 4.8% | 13.6 | 5.5% | 15.5 |
| 6 | Neurological | 10.9% | 11.9 | 11.1% | 12.8 |
| 7 | Fracture of LE | 7.3% | 12.0 | 7.9% | 12.7 |
| 8 | Replacement of LE joint | 4.3% | 9.6 | 2.9% | 10.6 |
| 9 | Other orthopedic | 9.3% | 10.8 | 5.7% | 11.9 |
| 10 | Amputation, lower extremity | 2.9% | 12.5 | 3.3% | 14.2 |
| 14 | Cardiac | 4.0% | 10.1 | 4.7% | 11.3 |
| 15 | Pulmonary | 1.3% | 9.7 | 1.2% | 11.8 |
| 17 | Major multiple trauma, no brain injury or spinal cord injury | 3.5% | 11.7 | 3.3% | 13.0 |
| 18 | Major multiple trauma, with brain or spinal cord injury | 2.2% | 13.4 | 2.1% | 16.7 |
| 19 | Guillain Barre | 0.3% | 13.9 | 0.6% | 18.6 |
| 20 | Miscellaneous | 15.8% | 10.7 | 13.7% | 12.0 |
| | All Other | 0.5% | 14.4 | 0.6% | 15.9 |
| | **Total** | **100.0%** | **11.8** | **100.0%** | **13.5** |

(a) Source: erehabdata.com, a subscription-based outcome database that includes Nobis and hundreds of other IRF providers.
(b) Includes eight Nobis facilities in six states.

As shown in the figure above, while the Nobis distribution of patients is fairly similar to the national distribution, several variances reflect the profile of the specific geographic locations of each facility as well as the diagnostic mix of the major referring hospitals. Specifically, in the aggregate, the Nobis facilities have fewer stroke patients as a percentage of the total, although they have a higher percentage of Traumatic and Nontraumatic Brain Injury Patients, Fracture of the Lower Extremity, and Other Orthopedic patients. Nobis anticipates that the diagnostic profile of the proposed Minneapolis Rehabilitation Hospital will be reasonably similar to the national distribution of patients as well, with potential variances based on the patient profile of each referring hospital.

Also as shown in the above figure, the Nobis ALOS tends to be 1 – 2 days less than the national ALOS for each RIC. Nobis generally manages its patients according to "Best Practices" clinical guidelines, achieving outcome metrics similar to peer providers with a shorter length-of-stay, and is able to discharge its patients back to their community 1 – 2 days quicker than the national benchmark.

7. **As a freestanding facility, there are likely limitations on specialty services that would be provided in a general acute care hospital. Please share any additional information on limitations of specialized services and how those care needs would be provided (e.g., cancer treatment or organ transplantation).**

While freestanding rehabilitation hospitals do not by definition include all of the services an acute care hospital might (such as an ER, MRIs, or surgical services), freestanding rehabilitation hospitals are generally able to create a broader array of specialty and subspecialty programs than most hospital-based rehabilitation units. This is achieved through staff training and specialty certifications, contracts with specialty physicians for consulting services, and specialized units to cluster unique patient populations that most smaller hospital-based units cannot do. In fact, in its most recent annual ranking of Top Hospitals, the U.S. News and World Report (the most commonly cited source of hospital rankings), eight of the Top Ten Inpatient Rehabilitation providers nationally are freestanding rehabilitation hospitals, with only two of the Top Ten rehabilitation providers being hospital-based rehabilitation programs (i.e., units).

The predominance of freestanding rehabilitation hospitals on this list of top rehabilitation providers speaks to the strength of freestanding rehabilitation hospitals. Unlike hospital-based programs, these freestanding rehabilitation hospitals have a singular focus on physical rehabilitation medicine and can create a continuum of rehabilitation services that is frequently more comprehensive than those of hospital-based rehabilitation units. A review of the scope of services listed on the websites of each of these providers confirms the commitment and ability of freestanding rehabilitation hospitals to offer a broad array of specialty and subspecialty programs, and the Nobis rehabilitation hospitals, including the proposed Minneapolis Rehabilitation Hospital, have the same commitment to specialty care.

To ensure continuity of care, Nobis will develop transfer agreements with acute care hospitals for patients in need of acute services not available in its rehabilitation hospital. With regards to oncology, we provide oncology rehabilitation to those patients who meet the admission criteria and can withstand intensive rehabilitation. With oncology patients we have not found that any lapse in treatment has typically occurred for patients following their cancer treatment regimen. Regarding transplant patients, once they are medically stable they may be admitted into an inpatient rehabilitation programs so that they can return to their highest level of functioning. At the time of the initial assessment before coming to our hospital, we would understand any special treatments or medications they may need to determine a rehabilitation plan. We currently acquire other specialty services from local hospitals, as necessary, such as special imaging and lab.

**2022 Top 10 Inpatient Rehabilitation Providers (a)**

| Rank | Hospital | Location | IRF Setting |
|---|---|---|---|
| 1 | Shirley Ryan AbilityLab | Chicago, IL | Freestanding |
| 2 | Spaulding Rehabilitation Hospital | Boston, MA | Freestanding |
| 3 | Kessler Institute for Rehabilitation | West Orange, NJ | Freestanding |
| 4 | TIRR Memorial Hermann | Houston, TX | Freestanding |
| 5 | Rusk Rehabilitation at NYU Langone Hospitals | New York, NY | Hospital-based |
| 6 | Moss Rehabilitation | Philidelphia, PA | Freestanding |
| 7 | UMPC Mercy | Pittsburgh, PA | Freestanding |
| 8 | UW-Medicine-Univ of WA Medical Center | Seattle, WA | Hospital-based |
| 9 | Atrium Health Carolinas Rehabilitation | Charlotte, NC | Freestanding |
| 10 | Mary Free Bed Rehabilitaton Hospital | Grand Rapids, MI | Freestanding |

Source: U.S. News & World Report Annual Hospital Rankings

## Potential impact on other hospitals' ability to maintain existing staff

8. **The application asserts that the new hospital's employees will not impact other existing Minnesota hospitals' ability to maintain staff. However, the current labor market for these positions is already competitive. Please share any additional details on future Nobis efforts to expanding this workforce, such as training programs or specific steps with local universities and schools to attract and retain additional rehabilitation professionals.**

At each of our hospitals, Nobis focuses on building a skilled, dedicated, and diverse team of caregivers and is committed to creating a workplace where all team members and patients are treated with respect and fairness. In each of its markets, Nobis develops relationships with local colleges that offer physical therapy, occupational therapy, speech therapy, and nursing programs to provide clinical settings and recruit caregivers highly trained in cutting-edge skills and techniques. Examples of relationships in current Nobis markets include LSU Health in Shreveport, Louisiana, and Concorde Career College in Aurora, Colorado. Discussions are currently underway in the neighboring state of Wisconsin, and we expect to partner with Minneapolis area colleges and universities in the same manner.

Nobis also collaborates with local community groups to help connect job-seeking caregivers, who desire an inpatient rehab hospital environment, with opportunities to help us build a team that can provide culturally competent care that meets the distinct needs of all our patients. Additionally, since our hospital is only inpatient rehabilitation, we have specific training for our team members that is geared to each discipline such as rehab nursing, physical therapy, occupational therapy, and speech language pathology. To promote educational learning and professional advancement, we recently implemented access to HealthStream[1], which provides free continuing education to obtain and

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[1] https://www.healthstream.com/

maintain professional licenses and clinical skills. This program provides free Continuing Education Units ("CEUs") and certification courses such as the Certified Rehabilitation Registered Nurse Certification ("CRRN").

For immediate staffing needs, Nobis maintains traveler programs for RNs and LPNs and will implement other specialty traveler programs as needed. We continue to post additional positions for our travel nurse teams as noted on our career website.[2] Additionally, we support our hospitals by hiring some positions at the corporate level that serve across multiple locations. For example, we have recently hired a Director of Pharmacy from the corporate office who provides support to individual hospital teams in streamlining medication delivery, safety, and efficiency.

In addition, we support our caregivers being able to work at the top of their license and focus on direct patient care. Our hospitals have several positions focused on improving the clinical quality of care delivered to patients and the clinical skills of the nursing care team. The Director of Patient Outcomes (DPO) completes the patient assessment instrument (PAI) to reduce administrative burdens from the nursing care team, and our Nurse Educator identifies, creates, and coordinates opportunities in departmental education to build competencies related to clinical delivery, programming, communication, and patient satisfaction.

Inpatient rehab care in a specialty hospital can be desirable to clinicians who may have left their respective profession due to burnout or entice people considering a healthcare career in post-acute care. There are currently no inpatient rehabilitation hospitals in Minneapolis, Minnesota, so the Minneapolis Rehab Hospital represents an opportunity to attract and retain additional rehabilitation professionals including an additional 100+ job opportunities across 40 professions for the Minneapolis community.

## Financial access for nonpaying or low-income patients

9. **The application noted that Nobis anticipates the type of health insurance to be mostly comprised of Medicare. Please provide aggregate admissions or discharges by payer mix data (including separate percentage for charity or discounted care) for all Nobis rehabilitation hospitals or a similar Nobis rehabilitation hospital for the most recent three years.**

We include admissions and discharges across all Nobis facilities for the January 1, 2021 to September 12, 2023 YTD period.

| Table 2: Distribution of discharges by payer, Nobis facilities, 2021 to September 12, 2023 YTD | |
| --- | --- |
| **Payer** | **% of Discharges** |
| Commercial | 12.2% |
| Medicare | 70.4% |
| Medicaid | 14.1% |

[2] See, for example, https://easyapply.co/a/4167eb3c-78fa-482b-8e71-21b8a4a287be

| | |
|---|---|
| Other Government | 2.1% |
| Self-Pay/Other | 1.1% |
| Total | 100.0% |

Source: Applicant

Notes: Includes discharges across the twelve
Nobis facilities listed in Table 1.

Consistent with Nobis' financial assistance policy, financial assistance can be provided for medically necessary care to any patient who qualifies, regardless of whether they have a primary (or any) payer. Over the January 2021 to September 2023 period, Nobis discharged a total of 10,053 individuals across its 12 rehabilitation hospitals. Of these, 131 received full or partial financial assistance. This represents about 1.3% of all discharges across Nobis facilities.

10. **While Nobis is not a tax-exempt organization, the Attorney General's agreement may be signed by for profit hospitals. Does Nobis intend to become a signatory of the agreement? More information on the hospital agreement can be found here: https://www.ag.state.mn.us/Consumer/Publications/MedicalBillingPointers.asp.**

Consistent with the tenets of Minnesota Attorney General Hospital Agreement and Nobis policy, all patients of the proposed Minneapolis Rehabilitation Hospital will have the opportunity to submit financial assistance applications, and no cases will be referred to collection agencies before patients or their payers have an opportunity to pay. However, while Nobis' policies and behaviors towards patient responsibilities to pay and debt collection are largely consistent with the Attorney General's agreement, we have yet to determine whether it would be appropriate for Nobis to sign as a tax-paying organization providing specialty rehabilitation services.

11. **Please provide additional details on the specific level of discounts afforded to patients per the financial assistance policy.**

Consistent with Nobis' Financial Assistance Policy, patients with a family income at or below 200% of the current year's Federal Poverty Guidelines (FPG) may qualify for free care. Patients with a family income between 201% and 400% will receive discounts equivalent to the rates negotiated with payers. While Nobis is a tax-paying organization, so it does not receive the subsidy available to non-profits, this commitment to provide uncompensated care is commensurate to that provided by tax-exempt organizations. As such, as we describe in our application and discuss above, consistent with Nobis' experience documented in our response to Question 9, we have planned for about 0.7 to 1 percent of discharges from the proposed Minneapolis Rehabilitation Hospital to receive financial assistance.

We would also emphasize that for inpatient rehabilitation, utilization is primarily driven by the senior patient populations. These individuals tend to be covered by Medicare FFS and Medicare Advantage. In Hennepin County, for example, less than one-half of one percent of persons aged 65 and over are

uninsured.[3] This represents fewer than 1,000 individuals in Hennepin County,[4] so there is simply not a large pool of uninsured individuals in need of specialty rehabilitation care.

## Patient experience of care

12. **The information provided in the application (Table 21) showed higher performance for Nobis hospitals relative to weighted national performance in a comparable market. Please share the specific data used including name of facility, time frame, and external validation.**

The quality metrics provided in Table 21 as an example of Nobis quality and outcome data were for the Nobis rehabilitation hospital Reunion Rehabilitation Hospital Denver, which opened in February 2021. (Data shown in Table 21 was for CY 2022). The data source for these metrics was the proprietary database erehabdata.com which Nobis and hundreds of other inpatient rehabilitation hospitals and units utilize to compare outcome and quality metrics. Nobis utilizes these data on a daily basis to compare clinical and quality metrics with peer providers and to implement performance improvement protocols where appropriate. These data, however, are not available for external validation, since erehabdata.com and other outcome systems are subscription-based services and only participating hospitals have access to the data.

The Centers for Medicare and Medicaid Services, however, does provide a limited amount of data quality data that is publicly available and able for external validation. These data are available to the public on the CMS Compare website, https://www.medicare.gov/care-compare/. As stated, the data that is publicly available is more limited than the erehabdata.com database, but the CMS data provided on this website for the same Nobis Denver facility also shows that the hospital performs as good or better than overall industry benchmarks for almost all quality metrics listed. (See below). Nobis is committed to providing the highest standard of patient care and will bring that same standard of care to the Minneapolis Rehabilitation Hospital.

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[3] US Census Bureau, American Community Survey. 2017-21.
[4] Estimate based on Hennepin 65+ population equal to 189,086, of which 0.47% are uninsured.

**Reunion Rehabilitation Hospital Denver CMS 2023 Quality Metrics (a)**

| CMS Metric | Nobis | US IRF Avg | Scale |
|---|---|---|---|
| Percentage of patients with pressure ulcers/pressure injuries that are new or worsened | 1.2% | 1.2% | Lower is better |
| Percentage of IRF patients who experience one or more falls with major injury during their IRF stay | 0.0% | 0.1% | Lower is better |
| Change in patients' ability to care for themselves | 13.1 | 13.2 | Higher is better |
| Change in patients' ability to move around | 32.2 | 32.0 | Higher is better |
| Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan | 99.3% | 99.9% | Higher is better |
| Percentage of patients who are at or above an expected ability to care for themselves at discharge | 62.8% | 62.2% | Higher is better |
| Percentage of patients who are at or above an expected ability to move around at discharge | 64.2% | 61.3% | Higher is better |
| Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified | 99.0% | 97.9% | Higher is better |
| Percentage of IRF healthcare personnel who completed COVID-19 primary vaccination series | 100.0% | 88.9% | Higher is better |
| Influenza vaccination coverage among healthcare personnel | 92.6% | 81.6% | Higher is better |

(a) Source: https://www.medicare.gov/care-compare/

13. **Provide a narrative description of steps taken to improve quality of care for issues such as pressure ulcers/pressure injuries that are new or worsened, falls with major injury during stay, change in patients' ability to care for themselves, patients' ability to move around, improvements in functional ability goals, medication reconciliation, catheter-associated urinary tract infections, clostridium difficile infections, vaccinations, readmissions, and return home rather than to acute care hospital.**

Nobis maintains a Quality Assurance Performance Improvement ("QAPI") plan which addresses our governance and process to ensure the quality of care for our patients is assessed, addressed, monitored, and reported. Our QAPI plan establishes a planned, systematic, and interdisciplinary approach to continually improve the care, treatment, and services provided. We include this QAPI plan in Attachment 1 to these responses.

As part of Nobis' QAPI, real time data is monitored and reported to the Quality Committee to the hospital Board through the Patient Assessment Instrument ("PAI"). We include the CMS PAI in Attachment 2. This instrument is used by Nobis to collect data for all patients at admission and discharge to provide data to establish a baseline level of performance, compare against regional and national benchmarks, and identify opportunities for improvement.

Nobis has adopted the Plan-Do-Study-Act (PDSA) performance improvement model to improve existing processes and outcomes and sustain performance. We focus on high-risk, high-volume, or problem-prone areas that can affect health outcomes, patient safety, or quality of care, and implement preventative actions and mechanisms including feedback and learning throughout the organization. The method of feedback and education will be appropriate for the specific quality issue and may range from 1:1 counseling or training for a specific provider or staff member to hospital-wide education.

# Attachment 1
# Nobis Quality Assurance and Performance Improvement Plan (QAPI)

**Quality Assurance and Performance Improvement Plan (QAPI)**

**I. Purpose:**
As a state-of-the-art Inpatient Rehabilitation Facility (IRF), the hospital team will provide high quality care that is safe, timely, effective, efficient, equitable and patient-centered to give patients with functional, occupational or cognitive disorders a positive outcome and an opportunity to return to their active lives.

The QAPI Plan is the hospital's blueprint for the development, implementation, and maintenance of an effective, ongoing, organization-wide, data-driven quality assessment and performance improvement program and establishes a planned, systematic, and interdisciplinary approach to continually improve the care, treatment and services provided.

**II. Scope:**
This organization-wide plan will be implemented over the 1st calendar quarter and maintained in an on-going manner from that point forward. It applies to all departments, care/treatment programs, and service settings including those services furnished under contract or arrangement. QAPI training appropriate for the job role will occur upon hire and annually as needed.

Once implemented, the plan will be reviewed for effectiveness at least annually to include impact of quality on patients and feasibility of reaching quality goals with current resources.

**III. Authority and Responsibility**

A. <u>Governing Body</u>
   1. The Governing Body authorizes the establishment of this performance improvement program. The Governing Body is responsible for assuring:
      a. That an ongoing program for quality improvement is defined, implemented, and maintained.
      b. That an ongoing program for patient safety, including the reduction of medical errors, is defined, implemented, and maintained.
      c. That the organization-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety and that all improvement actions are evaluated.
      d. That clear expectations for safety are established.
      e. That adequate resources are allocated for measuring, assessing, improving, and sustaining the hospital's performance and patient safety.
      f. That a determination of the number of distinct improvement projects is conducted annually.
      g. That the quality of care provided is considered when making decisions related to credentialling and privileging.

B.  Medical Executive Committee (MEC)
The MEC is responsible for assuring:
1.  That clinical care is overseen by an appropriately credentialed and privileged member of the organized medical staff.
2.  That the quality of clinical care provided by an actual or potential member of the organized medical staff is considered when making credentialling and privileging recommendations to the Governing Board.
3.  That the appropriate corrective action is taken to address problems, adverse events and inappropriate behavior of the medical staff including steps to minimize or prevent future similar issues.
4.  That the medical staff participates in organization-wide quality improvement activities as appropriate.
5.  That the medical staff adopts and supports a non-punitive approach to incident reporting and fosters a culture of continual learning and improvement.


C.  Quality Council
The Governing Body delegates the development, implementation, and evaluation of this program to the organization's Administration, Medical Director and Management team. The Administration, Medical Director and Management team are responsible for improving the quality of care, safety and services provided and have developed structures and processes to carry out this responsibility. The Quality Council will meet quarterly.  Quality goals will be listed monthly on the designated spreadsheet, updated in advance of each meeting and presented by the designated metric owner. Additional topics and reports will be added to the agenda via the Director of Quality according to the established schedule and via ad hoc request. Meeting minutes will be provided to the Governing Board and MEC at least quarterly. All departments will be represented on the Quality Council in order to provide bi-directional communication between the Quality Council and departmental staff and to promote organization-wide quality improvement. The Quality Council will promote a non-punitive response to incident reporting and promotes a culture of continual learning and improvement.

D. Further Delegation of Authority and Responsibility
The Director of Quality will serve as the primary coordinator of the Quality Council and will ensure that all federal, state and accrediting organization QAPI requirements are met and an appropriate flow of communication occurs between the Quality Council, Governing Board, MEC, medical and employed staff.

The CEO will ensure that all departments participate in meaningful quality improvement activities in accordance with this plan and that appropriate resources are allocated to achieve quality goals.

The Quality Council and hospital leadership may further delegate aspects of this program as necessary to carry out their responsibilities. As such, either body may delegate to existing entities in their respective organizational structure(s) or may formulate entities to achieve specific aims (e.g. Infection Prevention Committee).

**IV. Collecting Data on Performance**

A.  Scope of Data Collection
1.  The organization will collect and report unexpected or non-routine events including the following incidents, as applicable:
    a.  Abuse- Physical, Sexual, Verbal
    b.  Brain injuries
    c.  Burns
    d.  Death
    e.  Diverted drugs
    f.  Life-threatening transfusion errors or reactions
    g.  Malfunction or misuse of equipment
    h.  Misappropriation of patient property
    i.  Missing persons
    j.  Neglect
    k.  Spinal cord injuries

2.  The organization will collect additional data in the following areas as applicable:
    a.  Performance improvement priorities identified by leaders.
    b.  Adverse patient events
    c.  The use of blood and blood components
    d.  All confirmed transfusion reactions
    e.  The results of resuscitation
    f.  Significant medication errors
    g.  Significant adverse drug reactions
    h.  Processes that improve patient outcomes
    i.  Pain assessment and pain management
    j.  Discharge planning process
    k.  Processes as defined in the organizations Infection Control Program, Environment of Care Program, and Patient Safety Program
    l.  Medicare quality reporting and quality performance programs, including but not limited to data related to hospital readmissions and hospital-acquired conditions.
    m.  Patient grievances
    n.  Staff opinions and needs, willingness to report adverse events, suggestions for improving quality & safety

3.  Measurement of the above areas may be organization-wide in scope, targeted to specific areas, departments, and services, or focused on selected populations.

B.  Reporting Specific Safety Incidents
1.  Actual or potential (i.e. "near miss") safety events should be reported immediately by staff most directly involved in 2 manners.

a. First, staff should take immediate steps to address the issues as appropriate for patient safety and report the incident to their supervisor.  The supervisor will then notify leadership and involve others in the Chain-of-Command as needed to contain the incident and take any immediate mitigating steps to prevent patient harm

b. Second, staff should complete an incident form by the end of their shift. The incident report will be reviewed by department leadership within about 1 day and by Quality leadership within about 1 business day. The DQM and facility leadership will ensure appropriate external reporting (e.g. police, CDPHE) with the appropriate timeframe. The designated leader will ensure appropriate investigation is conducted, action is taken and documentation on paper or in the electronic incident reporting system (e.g. WellSky incident module) when operational.

c. Any sentinel event will not just have an incident report but will be communicated immediately to leadership and a call to corporate.

2. A non-punitive approach to incident reporting will be taken and an environment of continual learning and improvement will be fostered.

C. Frequency of Data Collection
1. By approval of this program, the Governing Body has defined the frequencies of data collection to be ongoing, time limited, episodic, intensive, or recurring. The duration, intensity, and frequency of data collection to measure a specific indicator shall be based on the needs of the organization, external requirements, and the result of data analysis.

D. Detail of Data Collection
1. By approval of this program, the Governing Body has determined that data shall be collected in sufficient detail to provide the user of that data with sufficient information to make timely, accurate, and data-driven decisions.
E. Annual review of trends of activities in the hospital will be reviewed in committees to evaluate needs for education or changes in policy.

**V. Aggregation and Analysis of Data**

A. Purpose
1. The purpose of data aggregation and analysis is to:
   a. Establish a baseline level of performance
   b. Determine the stability of process
   c. Determine the effectiveness of a process or desirability of an outcome as compared to internal or external targets (benchmarks)
   d. Identify opportunities for improvement
   e. Identify the need for more focused data collection
   f. Determine whether action plans have resulted in improvement and that improved performance has been sustained.

B. Measure Construction
   1. Performance measures should be constructed to assure that data is appropriately identified, collected, aggregated, displayed, and analyzed. In general, the construct should consist of:
      a. A definition of the measure (including both numerator & denominator definitions where applicable)
      b. The population to be measured (including, when appropriate, criteria for inclusion and/or exclusion)
      c. The type of measurement (i.e. rate based or event based)
      d. If rate based, a calculation formula (i.e. defined numerator / denominator)
      e. The minimum sampling size (where appropriate) to assure statistical validity
      f. The frequency and methodology by which the date will be collected and aggregated
      g. The entity primarily responsible for data collection.
      h. The manner in which aggregated data will be displayed.
      i. The entity(s) to which the aggregated data will be reported to for analysis and action.

C. Compilation of Data
   1. Data shall be compiled in a manner that is usable to those individuals and entities charged both with analyzing the data and taking action on the information derived from data analysis. Safety incident report date will include severity and impact to the patient.

   2. Where appropriate, statistical tools and techniques shall be used in data the display, to assist in appropriate analysis.

D. Analysis of Data
   1. Data on performance measures will be analyzed to:
      a. Monitor the effectiveness and safety of services and quality of care
      b. Identify opportunities for improvement and changes that will lead to improvement.

   2. Analysis of Aggregated Data
      a. Data on rate-based performance measures are aggregated to determine patterns, trends, and variation (common or special cause). Data may be aggregated for a single point in time or over time, depending on the needs of the organization and the reason for monitoring performance. In general, measurement designed to establish the desired stability of a process or a desired outcome will be measured over time until target levels of performance are met.

      b. Once a process is considered stable, and/or a desired level of performance has been achieved, then an analysis of performance measures may be conducted in a more episodic fashion.

      c. Data that is event based is analyzed in singular or aggregated form depending on the number of data elements in the performance measure. In general, event-based measurements are monitored on an ongoing basis.

d. Where appropriate and able, data shall be compared against internal and/or external benchmarks to allow for comparative performance over time.

3. Intensive Assessments
    a. Data will be intensively assessed when the organization detects or suspects a significant undesirable performance or variation or when a process may pose risks that potentially require a mitigation strategy.

    b. Retroactive Intense analysis (e.g. Root Cause Analysis) is called for when:
        1. Behaviors, performance, patterns, or trends vary significantly and undesirably from those expected.
        2. Performance varies significantly and undesirably from that of other organizations or recognized standards.
        3. A sentinel or other serious safety or near miss event has occurred.

    c. Proactive Intense Analysis (e.g. Failure Modes and Effects Analysis) is called for when:
        1. A process is being developed or modified and failure might have serious negative effects.
        2. When new services are added a mitigate of potential failures will be done with key state holders.

**VI. Improving Performance**

A. Efforts to Minimize Incidents

1. The following mechanisms will be used to minimize incidents.
    a. Education- Upon hire, and at least annually thereafter, staff will be oriented to the hospitals culture of safety and receive information regarding their obligation to report incidents, the QAPI plan, how to report quality & safety concerns. Staff will be informed of changes to the QAPI plan. Other educational methods such as Just-In-Time training will be used as appropriate to the specific situation. As needed, corrective action will be taken in accordance with the Progressive Discipline Policy and Medical Staff Bylaws and Rules and Regulations.
    b. Hospital Actions- Internal actions may be taken as a result of investigation and data compilation and will be in accordance with medical staff bylaws and hospital policy.
    c. Confidentiality- All specific reports, statements, memoranda, proceedings, findings, and records of such persons, committees, and amendments thereto will be confidential. Learning opportunities will be shared as appropriate to improve safety and the quality of care.
    d. Resource Allocation- In addition to the individuals previously described who will participate in the QAPI Plan, the hospital CEO will designate clerical or other staff support as may be required to comply with the provisions of the Plan.

B.  Performance Model
    1.  The organization will undertake efforts to improve existing processes and outcomes and then sustain the improved performance. To accomplish this, the organization has adopted the Plan-Do-Study-Act (PDSA) performance improvement model.

    2.  The performance improvement model is utilized – formally or informally – in improvement efforts throughout the organization.

C.  Prioritizing Performance Improvement Activities
    1.  The organization will prioritize those performance improvement activities that address processes that:
        a.  Focus on high-risk, high-volume, or problem-prone areas
        b.  Consider the incidence, prevalence, and severity of problems in those areas
        c.  Affect health outcomes, patient safety, and quality of care


D.  Performance Improvement Projects
    1.  As part of its quality assessment and performance improvement program, the organization must conduct performance improvement projects.
        a.  The number and scope of distinct improvement projects conducted annually shall be proportional to the scope and complexity of the hospital's services and operations.
        b.  Understanding that a degree of performance improvement is an integral part of day-to-day operations, the organization shall document the more formal quality improvement projects that are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects. This requirement is not intended to thwart routine daily improvement of a simple and low-risk nature.
        c.  While the organization is not required to participate in a CMS Quality Improvement Organization (QIO) cooperative project, the hospital's improvement projects shall be of comparable effort.
        d.  Feasibility of achieving desired goal with current resources will be evaluated.


E.  Performance Improvement Activities
    1.  Performance improvement activities shall –at a minimum – track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the organization. The method of feedback and education will be appropriate for the specific quality issue and may range from 1:1 counseling or training for a specific provider or staff member to hospital-wide education.

2. The organization shall take actions aimed at performance improvement and after implementing those actions; the organization shall measure its success, and track performance to ensure that improvements are sustained.

3. Action shall also be taken when planned improvements are not achieved or sustained.

F. <u>Reporting of Performance Improvement Activities</u>
   1. Reported problems, results of surveys or investigations, outcomes, corrective actions, follow-up and evaluations will be documented as appropriate on paper or in the designated electronic incident reporting system (e.g. WellSky incident module) or specifically designated spreadsheet (e.g. accreditation survey spreadsheet). Regular reports on the status and effectiveness of performance improvement activities shall be made to the Governing Body as well as to the Quality Council, the leadership of the organization and its medical staff.

_____

**Keywords**
*QAPI, Quality Assurance, Quality Improvement, Performance Improvement, Risk*

**References**:
CMS Conditions of Participation for Acute Care Hospitals, §482.21
CMS Conditions of Participation for Critical Access Hospitals §485.641(b)
Center for Improvement in Healthcare Quality, Standard QA-1, QA-2, QA-3, QA-4, MM-31
CDPHE Guidelines for complying with Chapter 2, Part 4 Revised 1/31/2020

# Attachment 2
# IRF Patient Assessment Instrument

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0842**, Expiration date: 12/31/2022. The time required to complete this information collection is estimated to average **105.8 minutes** per assessment, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **\*\*\*CMS Disclaimer\*\*\*Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Ariel Cress at [Ariel.Cress@cms.hhs.gov](mailto:Ariel.Cress@cms.hhs.gov) .**

# INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT

## Identification Information

1. Facility Information

   A. Facility Name

   _____

   _____

   _____

   _____

   B. Facility Medicare Provider Number _____

2. Patient Medicare Number _____

3. Patient Medicaid Number _____

4. Patient First Name _____

5A. Patient Last Name _____

5B. Patient Identification Number _____

6. Birth Date _____/_____/_____
   MM / DD / YYYY

7. Social Security Number _____

8. Gender (1 - Male; 2 - Female) _____

10. Marital Status _____
    (1 - Never Married; 2 - Married; 3 - Widowed;
    4 - Separated; 5 - Divorced)

11. Zip Code of Patient's Pre-Hospital Residence _____

12. Admission Date _____/_____/_____
    MM / DD / YYYY

13. Assessment Reference Date _____/_____/_____
    MM / DD / YYYY

14. Admission Class _____

    (1 - Initial Rehab; 2 - Evaluation; 3 - Readmission;
    4 - Unplanned Discharge; 5 - Continuing Rehabilitation)

15A. Admit From _____

    (01- Home (private home/apt., board/care, assisted living, group home,
    transitional living, other residential care arrangements); 02- Short-term
    General Hospital; 03 - Skilled Nursing Facility (SNF); 04 - Intermediate
    care; 06 - Home under care of organized home health service
    organization; 50 - Hospice (home); 51 - Hospice (medical facility); 61 -
    Swing bed; 62 - Another Inpatient Rehabilitation Facility;
    63 - Long-Term Care Hospital (LTCH); 64 - Medicaid Nursing Facility;
    65 - Inpatient Psychiatric Facility; 66 - Critical Access Hospital (CAH);
    99 - Not Listed)

16A. Pre-hospital Living Setting _____

    Use codes from 15A. Admit From

17. Pre-hospital Living With _____

    (Code only if item 16A is 01- Home: Code using 01 - Alone;
    02 - Family/Relatives; 03 - Friends; 04 - Attendant; 05 - Other)

## Payer Information

20. Payment Source
    (02 - Medicare Fee For Service; 51- Medicare-Medicare Advantage;
    99 - Not Listed)

    A. Primary Source _____

    B. Secondary Source _____

## Medical Information

21. Impairment Group* _____  _____
                        Admission      Discharge

   Condition requiring admission to rehabilitation; code according to Appendix A.

22. Etiologic Diagnosis                       A. _____
    (Use ICD codes to indicate the etiologic problem    B. _____
    that led to the condition for which the patient is   C. _____
    receiving rehabilitation)

23. Date of Onset of Impairment _____/_____/_____
    MM / DD / YYYY

24. Comorbid Conditions
    Use ICD codes to enter comorbid medical conditions

| | | |
|---|---|---|
| A. _____ | J. _____ | S. _____ |
| B. _____ | K. _____ | T. _____ |
| C. _____ | L. _____ | U. _____ |
| D. _____ | M. _____ | V. _____ |
| E. _____ | N. _____ | W. _____ |
| F. _____ | O. _____ | X. _____ |
| G. _____ | P. _____ | Y. _____ |
| H. _____ | Q. _____ | |
| I. _____ | R. _____ | |

24A. Are there any arthritis conditions recorded in items #21, #22, or #24 that meet
     all of the regulatory requirements for IRF classification (in 42 CFR
     412.29(b)(2)(x), (xi), and (xii))? _____
                                        (0 - No; 1 - Yes)

   Height and Weight
   (While measuring if the number is X.1-X.4 round down, X.5 or greater
   round up)

25A. Height on admission (in inches) _____

26A. Weight on admission (in pounds) _____

   Measure weight consistently, according to standard facility practice
   (e.g., in a.m. after voiding, with shoes off, etc.)

* The impairment codes incorporated or referenced herein are the property of U B Foundation Activities, Inc. ©1993, 2001 U B Foundation Activities, Inc

| Discharge Information | Therapy Information |
|---|---|

**Discharge Information**

40. Discharge Date ___/___/___
    MM / DD / YYYY

41. Patient discharged against medical advice? _____
    *(0 - No; 1 - Yes)*

42. Program Interruption(s) _____
    *(0 - No; 1 - Yes)*

43. Program Interruption Dates
    *(Code only if item 42 is 1 - Yes)*

    A. 1st Interruption Date
    [_____]
    MM / DD / YYYY

    B. 1st Return Date
    [_____]
    MM / DD / YYYY

    C. 2nd Interruption Date
    [_____]
    MM / DD / YYYY

    D. 2nd Return Date
    [_____]
    MM / DD / YYYY

    E. 3rd Interruption Date
    [_____]
    MM / DD / YYYY

    F. 3rd Return Date
    [_____]
    MM / DD / YYYY

44C. Was the patient discharged alive? _____
    *(0 - No; 1 - Yes)*

44D. Patient's discharge destination/living setting, using codes below: (answer only if 44C = 1; if 44C = 0, skip to item 46) _____

    *(01- Home (private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements); 02- Short-term General Hospital; 03 - Skilled Nursing Facility (SNF); 04 - Intermediate care; 06 - Home under care of organized home health service organization; 50 - Hospice (home); 51 - Hospice (medical facility); 61 - Swing bed; 62 - Another Inpatient Rehabilitation Facility; 63 - Long-Term Care Hospital (LTCH); 64 - Medicaid Nursing Facility; 65 - Inpatient Psychiatric Facility; 66 - Critical Access Hospital (CAH); 99 - Not Listed)*

45. Discharge to Living With _____
    *(Code only if item 44C is 1 - Yes and 44D is 01 - Home; Code using 1 - Alone; 2 - Family / Relatives; 3 - Friends; 4 - Attendant; 5 - Other)*

46. Diagnosis for Interruption or Death _____
    *(Code using ICD code)*

47. Complications during rehabilitation stay
    *(Use ICD codes to specify up to six conditions that began with this rehabilitation stay)*

    A. _____    B. _____
    C. _____    D. _____
    E. _____    F. _____

**Therapy Information**

**O0401. Week 1: Total Number of Minutes Provided**

O0401A: Physical Therapy
a. Total minutes of individual therapy _____
b. Total minutes of concurrent therapy _____
c. Total minutes of group therapy _____
d. Total minutes of co-treatment therapy _____

O0401B: Occupational Therapy
a. Total minutes of individual therapy _____
b. Total minutes of concurrent therapy _____
c. Total minutes of group therapy _____
d. Total minutes of co-treatment therapy _____

O0401C: Speech-Language Pathology
a. Total minutes of individual therapy _____
b. Total minutes of concurrent therapy _____
c. Total minutes of group therapy _____
d. Total minutes of co-treatment therapy _____

**O0402. Week 2: Total Number of Minutes Provided**

O0402A: Physical Therapy
a. Total minutes of individual therapy _____
b. Total minutes of concurrent therapy _____
c. Total minutes of group therapy _____
d. Total minutes of co-treatment therapy _____

O0402B: Occupational Therapy
a. Total minutes of individual therapy _____
b. Total minutes of concurrent therapy _____
c. Total minutes of group therapy _____
d. Total minutes of co-treatment therapy _____

O0402C: Speech-Language Pathology
a. Total minutes of individual therapy _____
b. Total minutes of concurrent therapy _____
c. Total minutes of group therapy _____
d. Total minutes of co-treatment therapy _____

# INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT QUALITY INDICATORS

## ADMISSION

| Section A | Administrative Information |
|---|---|

**A1005. Ethnicity**
Are you of Hispanic, Latino/a, or Spanish origin?

↓ Check all that apply

| | |
|---|---|
| ☐ | A.   No, not of Hispanic, Latino/a, or Spanish origin |
| ☐ | B.   Yes, Mexican, Mexican American, Chicano/a |
| ☐ | C.   Yes, Puerto Rican |
| ☐ | D.   Yes, Cuban |
| ☐ | E.   Yes, another Hispanic, Latino, or Spanish origin |
| ☐ | X.   Patient unable to respond |
| ☐ | Y.   Patient declines to respond |

**A1010.  Race**
What is your race?

↓ Check all that apply

| | |
|---|---|
| ☐ | A.   White |
| ☐ | B.   Black or African American |
| ☐ | C.   American Indian or Alaska Native |
| ☐ | D.   Asian Indian |
| ☐ | E.   Chinese |
| ☐ | F.   Filipino |
| ☐ | G.   Japanese |
| ☐ | H.   Korean |
| ☐ | I.    Vietnamese |
| ☐ | J.    Other Asian |
| ☐ | K.   Native Hawaiian |
| ☐ | L.   Guamanian or Chamorro |
| ☐ | M.  Samoan |
| ☐ | N.   Other Pacific Islander |
| ☐ | X.  Patient unable to respond |
| ☐ | Y.  Patient declines to respond |
| ☐ | Z.  None of the above |

| A1110. Language | |
|---|---|
| **Enter Code**<br><br>☐ | **A. What is your preferred language?**<br>☐☐☐☐☐☐☐☐☐☐<br><br>**B. Do you need or want an interpreter to communicate with a doctor or health care staff?**<br>0. **No**<br>1. **Yes**<br>9. **Unable to determine** |

**A1250. Transportation (from NACHC©)**

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

↓ Check all that apply

| | |
|---|---|
| ☐ | **A. Yes, it has kept me from medical appointments or from getting my medications** |
| ☐ | **B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need** |
| ☐ | **C. No** |
| ☐ | **X. Patient unable to respond** |
| ☐ | **Y. Patient declines to respond** |

## ADMISSION

| Section B | Hearing, Speech, and Vision |
|---|---|

### B0200. Hearing

**Enter Code** ☐

**Ability to hear** (with hearing aid or hearing appliances if normally used)
0. **Adequate** - no difficulty in normal conversation, social interaction, listening to TV
1. **Minimal difficulty** - difficulty in some environments (e.g., when person speaks softly or setting is noisy)
2. **Moderate difficulty** - speaker has to increase volume and speak distinctly
3. **Highly impaired** - absence of useful hearing

### B1000. Vision

**Enter Code** ☐

**Ability to see in adequate light** (with glasses or other visual appliances)
0. **Adequate** - sees fine detail, such as regular print in newspapers/books
1. **Impaired** - sees large print, but not regular print in newspapers/books
2. **Moderately impaired** - limited vision; not able to see newspaper headlines but can identify objects
3. **Highly impaired** - object identification in question, but eyes appear to follow objects
4. **Severely impaired** - no vision or sees only light, colors or shapes; eyes do not appear to follow objects

### B1300. Health Literacy (from Creative Commons©)
How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

**Enter Code** ☐

0. **Never**
1. **Rarely**
2. **Sometimes**
3. **Often**
4. **Always**
7. **Patient declines to respond**
8. **Patient unable to respond**

*The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.*

### BB0700. Expression of Ideas and Wants (3-day assessment period)

**Enter Code** ☐

**Expression of ideas and wants** (consider both verbal and non-verbal expression and excluding language barriers)
4. Expresses complex messages **without difficulty** and with speech that is clear and easy to understand
3. Exhibits some **difficulty** with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear
2. **Frequently** exhibits difficulty with expressing needs and ideas
1. **Rarely/Never** expresses self or speech is very difficult to understand

### BB0800. Understanding Verbal and Non-Verbal Content (3-day assessment period)

**Enter Code** ☐

**Understanding verbal and non-verbal content** (with hearing aid or device, if used, and excluding language barriers)
4. **Understands:** Clear comprehension without cues or repetitions
3. **Usually understands:** Understands most conversations, but misses some part/intent of message. Requires cues at times to understand
2. **Sometimes understands:** Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand
1. **Rarely/never understands**

## ADMISSION

| Section C | Cognitive Patterns |
|---|---|

**C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?** (3-day assessment period)
Attempt to conduct interview with all patients.

Enter Code ☐
- 0. **No** (patient is rarely/never understood) ➝ *Skip to C0900, Memory/Recall Ability*
- 1. **Yes** ➝ *Continue to C0200, Repetition of Three Words*

**Brief Interview for Mental Status (BIMS)**

**C0200. Repetition of Three Words**

Enter Code ☐

Ask patient: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue** and **bed**. Now tell me the three words."*

**Number of words repeated after first attempt**
- 3. **Three**
- 2. **Two**
- 1. **One**
- 0. **None**

After the patient's first attempt, repeat the words using cues ("*sock, something to wear; blue, a color; bed, a piece of furniture*"). You may repeat the words up to two more times.

**C0300. Temporal Orientation** (orientation to year, month, and day)

Enter Code ☐

Ask patient: *"Please tell me what year it is right now."*

**A. Able to report correct year**
- 3. **Correct**
- 2. **Missed by 1 year**
- 1. **Missed by 2 - 5 years**
- 0. **Missed by > 5 years** or no answer

Enter Code ☐

Ask patient: *"What month are we in right now?"*

**B. Able to report correct month**
- 2. **Accurate within 5 days**
- 1. **Missed by 6 days to 1 month**
- 0. **Missed by > 1 month** or no answer

Enter Code ☐

Ask patient: *"What day of the week is today?"*

**C. Able to report correct day of the week**
- 1. **Correct**
- 0. **Incorrect** or no answer

**C0400. Recall**

Enter Code ☐

Ask patient: *"Let's go back to an earlier question. What were those three words that I asked you to repeat?"* If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

**A. Able to recall "sock"**
- 2. **Yes, no cue required**
- 1. **Yes, after cueing** ("something to wear")
- 0. **No** - could not recall

Enter Code ☐

**B. Able to recall "blue"**
- 2. **Yes, no cue required**
- 1. **Yes, after cueing** ("a color")
- 0. **No** - could not recall

Enter Code ☐

**C. Able to recall "bed"**
- 2. **Yes, no cue required**
- 1. **Yes, after cueing** ("a piece of furniture")
- 0. **No** - could not recall

# ADMISSION

| Section C | Cognitive Patterns |
|---|---|

**Brief Interview for Mental Status (BIMS)** – Continued

**C0500. BIMS Summary Score**

Enter Score ▢

**Add scores** for questions C0200-C0400 and fill in total score (00-15)
**Enter 99 if the patient was unable to complete the interview**

**C0600. Should the Staff Assessment for Mental Status (C0900) be Conducted?**

Enter Code ▢

0. **No** (patient was able to complete Brief Interview for Mental Status) ➝ *Skip to C1310, Signs and Symptoms of Delirium*
1. **Yes** (patient was unable to complete Brief Interview for Mental Status) ➝ *Continue to C0900, Memory/Recall Ability*

**Staff Assessment for Mental Status**

Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed.

**C0900. Memory/Recall Ability** (3-day assessment period)

↓ **Check all that the patient was normally able to recall**

▢ A. Current season
▢ B. Location of own room
▢ C. Staff names and faces
▢ E. That they are in a hospital/hospital unit
▢ Z. None of the above were recalled

**C1310. Signs and Symptoms of Delirium (from CAM©)**

Code **after completing** Brief Interview for Mental Status or Staff Assessment, and reviewing medical record.

**A. Acute Onset Mental Status Change**

Enter Code ▢

**Is there evidence of an acute change in mental status** from the patient's baseline?
 0. **No**
 1. **Yes**

| Coding: | ↓ **Enter Code in Boxes** |
|---|---|
| 0. **Behavior not present** <br> 1. **Behavior continuously present, does not fluctuate** <br> 2. **Behavior present, fluctuates** (comes and goes, changes in severity) | ▢ **B. Inattention** - Did the patient have difficulty focusing attention, for example being easily distractible or having difficulty keeping track of what was being said? |
| | ▢ **C. Disorganized thinking** - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? |
| | ▢ **D. Altered level of consciousness** - Did the patient have altered level of consciousness as indicated by any of the following criteria? <br> • **vigilant** - startled easily to any sound or touch <br> • **lethargic** - repeatedly dozed off when being asked questions, but responded to voice or touch <br> • **stuporous** - very difficult to arouse and keep aroused for the interview <br> • **comatose** - could not be aroused |

*Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.*

Patient _____  Identifier _____  Date _____

## ADMISSION

| Section D | Mood |
|---|---|

### D0150. Patient Mood Interview (PHQ-2 to 9) (from Pfizer Inc.©)

**Say to patient: *"Over the last 2 weeks, have you been bothered by any of the following problems?"***

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the patient: *"About **how often** have you been bothered by this?"*
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

| | | 1. Symptom Presence | 2. Symptom Frequency |
|---|---|---|---|
| **1. Symptom Presence**<br>0. **No** (enter 0 in column 2)<br>1. **Yes** (enter 0-3 in column 2)<br>9. **No response** (leave column 2 blank) | **2. Symptom Frequency**<br>0. **Never or 1 day**<br>1. **2-6 days** (several days)<br>2. **7-11 days** (half or more of the days)<br>3. **12-14 days** (nearly every day) | ↓ Enter Scores in Boxes ↓ | |
| **A. *Little interest or pleasure in doing things*** | | | |
| **B. *Feeling down, depressed, or hopeless*** | | | |
| **If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.** | | | |
| **C. *Trouble falling or staying asleep, or sleeping too much*** | | | |
| **D. *Feeling tired or having little energy*** | | | |
| **E. *Poor appetite or overeating*** | | | |
| **F. *Feeling bad about yourself – or that you are a failure or have let yourself or your family down*** | | | |
| **G. *Trouble concentrating on things, such as reading the newspaper or watching television*** | | | |
| **H. *Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual*** | | | |
| **I. *Thoughts that you would be better off dead, or of hurting yourself in some way*** | | | |

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### D0160. Total Severity Score

| Enter Score | **Add scores for all frequency responses in column 2**, Symptom Frequency. Total score must be between 00 and 27.<br>Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items) |
|---|---|

### D0700. Social Isolation
How often do you feel lonely or isolated from those around you?

| Enter Code | 0. **Never**<br>1. **Rarely**<br>2. **Sometimes**<br>3. **Often**<br>4. **Always**<br>7. **Patient declines to respond**<br>8. **Patient unable to respond** |
|---|---|

## ADMISSION

| Section GG | Functional Abilities and Goals |
|---|---|

**GG0100. Prior Functioning: Everyday Activities.** Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

**Coding:**
   3. **Independent** - Patient completed all the activities by themself, with or without an assistive device, with no assistance from a helper.
   2. **Needed Some Help** - Patient needed partial assistance from another person to complete any activities.
   1. **Dependent** - A helper completed all the activities for the patient.
   8. **Unknown**
   9. **Not Applicable**

↓ **Enter Codes in Boxes**

| | |
|---|---|
| ☐ | **A. Self-Care:** Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury. |
| ☐ | **B. Indoor Mobility (Ambulation):** Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. |
| ☐ | **C. Stairs:** Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. |
| ☐ | **D. Functional Cognition:** Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury. |

**GG0110. Prior Device Use.** Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.

↓ **Check all that apply**

| | |
|---|---|
| ☐ | **A. Manual wheelchair** |
| ☐ | **B. Motorized wheelchair and/or scooter** |
| ☐ | **C. Mechanical lift** |
| ☐ | **D. Walker** |
| ☐ | **E. Orthotics/Prosthetics** |
| ☐ | **Z. None of the above** |

## ADMISSION

| Section GG | Functional Abilities and Goals |
|---|---|

**GG0130. Self-Care** (3-day assessment period)

**Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s).**

**Coding:**
**Safety** and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** - Patient completes the activity by themself with no assistance from a helper.

05. **Setup or clean-up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**
07. **Patient refused**
09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

| 1. Admission Performance | 2. Discharge Goal | |
|---|---|---|
| ↓ Enter Codes in Boxes ↓ | | |
| | | **A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. |
| | | **B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. |
| | | **C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. |
| | | **E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. |
| | | **F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable. |
| | | **G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear. |
| | | **H. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. |

Patient _____  Identifier _____  Date _____

## ADMISSION

| Section GG | Functional Abilities and Goals |
|---|---|

**GG0170. Mobility** (3-day assessment period)

Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s).

**Coding:**
**Safety** and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** - Patient completes the activity by themselves with no assistance from a helper.

05. **Setup or clean-up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**
07. **Patient refused**
09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

| 1. Admission Performance | 2. Discharge Goal | |
|---|---|---|
| ↓ Enter Codes in Boxes ↓ | | |
| | | **A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed. |
| | | **B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed. |
| | | **C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with no back support. |
| | | **D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. |
| | | **E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair). |
| | | **F. Toilet transfer:** The ability to get on and off a toilet or commode. |
| | | **G. Car transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. |
| | | **I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)* |
| | | **J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns. |
| | | **K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space. |

Patient _____  Identifier _____  Date _____

## ADMISSION

| Section GG | Functional Abilities and Goals |
|---|---|

**GG0170. Mobility** (3-day assessment period) - Continued

Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s).

**Coding:**
**Safety** and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** - Patient completes the activity by themselves with no assistance from a helper.

05. **Setup or clean-up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**
07. **Patient refused**
09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

| 1. Admission Performance | 2. Discharge Goal | |
|---|---|---|
| ↓ **Enter Codes in Boxes** ↓ | | |
| ☐ | ☐ | **L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. |
| ☐ | ☐ | **M. 1 step (curb):** The ability to go up and down a curb or up and down one step. *If admission performance is coded 07, 09, 10, or 88* → *Skip to GG0170P, Picking up object* |
| ☐ | ☐ | **N. 4 steps:** The ability to go up and down four steps with or without a rail. *If admission performance is coded 07, 09, 10, or 88* → *Skip to GG0170P, Picking up object* |
| ☐ | ☐ | **O. 12 steps:** The ability to go up and down 12 steps with or without a rail. |
| ☐ | ☐ | **P. Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. |
| | ☐ | **Q1. Does the patient use a wheelchair and/or scooter?** 0. **No** → *Skip to H0350, Bladder Continence* 1. **Yes** → *Continue to GG0170R, Wheel 50 feet with two turns* |
| ☐ | ☐ | **R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. |
| | ☐ | **RR1. Indicate the type of wheelchair or scooter used.** 1. **Manual** 2. **Motorized** |
| ☐ | ☐ | **S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. |
| | ☐ | **SS1. Indicate the type of wheelchair or scooter used.** 1. **Manual** 2. **Motorized** |

## ADMISSION

| Section H | Bladder and Bowel |
|---|---|

### H0350. Bladder Continence (3-day assessment period)

Enter Code ▢

**Bladder continence -** Select the one category that best describes the patient.
- 0. **Always continent** (no documented incontinence)
- 1. **Stress incontinence only**
- 2. **Incontinent less than daily** (e.g., once or twice during the 3-day assessment period)
- 3. **Incontinent daily** (at least once a day)
- 4. **Always incontinent**
- 5. **No urine output** (e.g., renal failure)
- 9. **Not applicable** (e.g., indwelling catheter)

### H0400. Bowel Continence (3-day assessment period)

Enter Code ▢

**Bowel continence -** Select the one category that best describes the patient.
- 0. **Always continent**
- 1. **Occasionally incontinent** (one episode of bowel incontinence)
- 2. **Frequently incontinent** (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
- 3. **Always incontinent** (no episodes of continent bowel movements)
- 9. **Not rated,** patient had an ostomy or did not have a bowel movement for the entire 3 days

| Section I | Active Diagnoses |
|---|---|

### Comorbidities and Co-existing Conditions

↓ **Check all that apply**

- ▢ **I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)**
- ▢ **I2900. Diabetes Mellitus (DM)** (e.g., diabetic retinopathy, nephropathy, and neuropathy)
- ▢ **I7900. None of the above**

| Section J | Health Conditions |
|---|---|

### J0510. Pain Effect on Sleep

Enter Code ▢

Ask patient: *"Over the past 5 days, **how much of the time has pain made it hard for you to sleep at night?"***
- 0. **Does not apply – I have not had any pain or hurting in the past 5 days** ➝ *Skip to J1750, History of Falls*
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**

### J0520. Pain Interference with Therapy Activities

Enter Code ▢

Ask patient: *"Over the past 5 days, **how often have you limited your participation in rehabilitation therapy sessions due to pain?"***
- 0. **Does not apply – I have not received rehabilitation therapy in the past 5 days**
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**

## ADMISSION

| Section J | Health Conditions |
|---|---|

**J0530. Pain Interference with Day-to-Day Activities**

Enter Code [   ]

Ask patient: *"Over the past 5 days, **how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"***
1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

**J1750. History of Falls**

Enter Code [   ]

Has the patient had two or more falls in the past year or any fall with injury in the past year?
0. **No**
1. **Yes**
8. **Unknown**

**J2000. Prior Surgery**

Enter Code [   ]

Did the patient have major surgery during the **100 days prior to admission**?
0. **No**
1. **Yes**
8. **Unknown**

| Section K | Swallowing/Nutritional Status |
|---|---|

**K0520. Nutritional Approaches**
Check all of the following nutritional approaches that apply on admission.

| | 1. On Admission Check all that apply ↓ |
|---|---|
| **A. Parenteral/IV feeding** | ☐ |
| **B. Feeding tube** (e.g., nasogastric or abdominal (PEG)) | ☐ |
| **C. Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids) | ☐ |
| **D. Therapeutic diet** (e.g., low salt, diabetic, low cholesterol) | ☐ |
| **Z. None of the above** | ☐ |

| Section M | Skin Conditions |
|---|---|

### Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage

**M0210. Unhealed Pressure Ulcers/Injuries**

Enter Code [   ]

**Does this patient have one or more unhealed pressure ulcers/injuries?**
0. **No** → *Skip to N0415, High-Risk Drug Classes: Use and Indication*
1. **Yes** → *Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage*

Patient _____  Identifier _____  Date _____

## ADMISSION

| Section M | Skin Conditions |
|---|---|

> **Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage**

**M0300.  Current Number of Unhealed Pressure Ulcers/Injuries at Each  Stage**

| | |
|---|---|
| Enter Number ☐ | **A.  Stage 1:** Intact skin with non-blanchable redness of a localized area usually over a bony prominence.  Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.<br>　**1.  Number of Stage 1 pressure injuries** |
| Enter Number ☐ | **B.  Stage 2:** Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured  blister.<br>　**1.  Number of Stage 2 pressure ulcers** |
| Enter Number ☐ | **C.  Stage 3:** Full thickness tissue loss.  Subcutaneous fat may be visible but bone, tendon or muscle is not exposed.  Slough may be present but does not obscure the depth of tissue loss.  May include undermining and tunneling.<br>　**1.  Number of Stage 3 pressure ulcers** |
| Enter Number ☐ | **D.  Stage 4:** Full thickness tissue loss with exposed bone, tendon or muscle.  Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.<br>　**1.  Number of Stage 4 pressure ulcers** |
| Enter Number ☐ | **E.  Unstageable - Non-removable dressing/device:** Known but not stageable due to non-removable dressing/device<br>　**1.  Number of unstageable pressure ulcers/injuries due to non-removable dressing/device** |
| Enter Number ☐ | **F.  Unstageable - Slough and/or eschar:**  Known but not stageable due to coverage of wound bed by slough and/or eschar<br>　**1.  Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar** |
| Enter Number ☐ | **G.  Unstageable - Deep tissue injury**<br>　**1.  Number of unstageable pressure injuries presenting as deep tissue injury** |

# ADMISSION

| Section N | Medications |
|---|---|

## N0415. High-Risk Drug Classes: Use and Indication

| | 1.<br>Is taking | 2.<br>Indication noted |
|---|---|---|
| 1. **Is taking**<br>Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes<br>2. **Indication noted**<br>If column 1 is checked, check if there is an indication noted for all medications in the drug class | Check all that apply ↓ | Check all that apply ↓ |
| **A. Antipsychotic** | ☐ | ☐ |
| **E. Anticoagulant** | ☐ | ☐ |
| **F. Antibiotic** | ☐ | ☐ |
| **H. Opioid** | ☐ | ☐ |
| **I. Antiplatelet** | ☐ | ☐ |
| **J. Hypoglycemic** (including insulin) | ☐ | ☐ |
| **Z. None of the above** | ☐ | |

## N2001. Drug Regimen Review

Enter Code ☐  **Did a complete drug regimen review identify potential clinically significant medication issues?**
- 0. **No - No issues found during review** ➡ *Skip to O0110, Special Treatments, Procedures, and Programs*
- 1. **Yes - Issues found during review** ➡ *Continue to N2003, Medication Follow-up*
- 9. **Not applicable - Patient is not taking any medications** ➡ *Skip to O0110, Special Treatments, Procedures, and Programs*

## N2003. Medication Follow-up

Enter Code ☐  **Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/ recommended actions in response to the identified potential clinically significant medication issues?**
- 0. **No**
- 1. **Yes**

| Section O | Special Treatments, Procedures, and Programs |
|---|---|

## O0110. Special Treatments, Procedures, and Programs
Check all of the following treatments, procedures, and programs that apply on admission.

| | a.<br>On Admission<br>Check all that apply ↓ |
|---|---|
| **Cancer Treatments** | |
| **A1. Chemotherapy** | ☐ |
| **A2. IV** | ☐ |
| **A3. Oral** | ☐ |
| **A10. Other** | ☐ |
| **B1. Radiation** | ☐ |
| **Respiratory Therapies** | |
| **C1. Oxygen Therapy** | ☐ |
| **C2. Continuous** | ☐ |
| **C3. Intermittent** | ☐ |
| **C4. High-concentration** | ☐ |

## ADMISSION

| Section O | Special Treatments, Procedures, and Programs |
|---|---|

**O0110. Special Treatments, Procedures, and Programs - Continued**
Check all of the following treatments, procedures, and programs that apply on admission.

| | a. On Admission Check all that apply ↓ |
|---|---|
| **Respiratory Therapies (continued)** | |
| **D1. Suctioning** | ☐ |
| **D2. Scheduled** | ☐ |
| **D3. As Needed** | ☐ |
| **E1.  Tracheostomy care** | ☐ |
| **F1.  Invasive Mechanical Ventilator** (ventilator or respirator) | ☐ |
| **G1.   Non-Invasive Mechanical Ventilator** | ☐ |
| **G2. BiPAP** | ☐ |
| **G3. CPAP** | ☐ |
| **Other** | |
| **H1.  IV Medications** | ☐ |
| **H2. Vasoactive medications** | ☐ |
| **H3. Antibiotics** | ☐ |
| **H4. Anticoagulation** | ☐ |
| **H10. Other** | ☐ |
| **I1.   Transfusions** | ☐ |
| **J1.   Dialysis** | ☐ |
| **J2. Hemodialysis** | ☐ |
| **J3. Peritoneal dialysis** | ☐ |
| **O1.  IV Access** | ☐ |
| **O2. Peripheral** | ☐ |
| **O3. Midline** | ☐ |
| **O4. Central** (e.g., PICC, tunneled, port) | ☐ |
| **None of the Above** | |
| **Z1. None of the above** | ☐ |

## DISCHARGE

| Section A | Administrative  Information |
|---|---|

### A1250. Transportation (from NACHC©)
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

↓ **Check all that apply**

| | |
|---|---|
| ☐ | **A. Yes, it has kept me from medical appointments or from getting my medications** |
| ☐ | **B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need** |
| ☐ | **C. No** |
| ☐ | **X. Patient unable to respond** |
| ☐ | **Y. Patient declines to respond** |

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### A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge
At the time of discharge to another provider, did your facility provide the patient's current reconciled medication list to the subsequent provider?

Enter Code ☐

0. **No** – Current reconciled medication list not provided to the subsequent provider ➔ *Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge*

1. **Yes** – Current reconciled medication list provided to the subsequent provider

### A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider
Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.

| Route of Transmission | Check all that apply ↓ |
|---|---|
| A. **Electronic Health Record** | ☐ |
| B. **Health Information Exchange** | ☐ |
| C. **Verbal** (e.g., in-person, telephone, video conferencing) | ☐ |
| D. **Paper-based** (e.g., fax, copies, printouts) | ☐ |
| E. **Other Methods** (e.g., texting, email, CDs) | ☐ |

### A2123. Provision of Current Reconciled Medication List to Patient at Discharge
At the time of discharge, did your facility provide the patient's current reconciled medication list to the patient, family and/or caregiver?

Enter Code ☐

0. **No** – Current reconciled medication list not provided to the patient, family and/or caregiver ➔ *Skip to B1300, Health Literacy*

1. **Yes** – Current reconciled medication list provided to the patient, family and/or caregiver

### A2124. Route of Current Reconciled Medication List Transmission to Patient
Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver.

| Route of Transmission | Check all that apply ↓ |
|---|---|
| A. **Electronic Health Record** (e.g., electronic access to patient portal) | ☐ |
| B. **Health Information Exchange** | ☐ |
| C. **Verbal** (e.g., in-person, telephone, video conferencing) | ☐ |
| D. **Paper-based** (e.g., fax, copies, printouts) | ☐ |
| E. **Other Methods** (e.g., texting, email, CDs) | ☐ |

OMB No. 0938-0842

Patient            Identifier            Date

## DISCHARGE

| Section B | Hearing, Speech, and Vision |
|---|---|

**B1300. Health Literacy (from Creative Commons©)**
How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

| Enter Code | |
|---|---|
| ☐ | 0. **Never**<br>1. **Rarely**<br>2. **Sometimes**<br>3. **Often**<br>4. **Always**<br>7. **Patient declines to respond**<br>8. **Patient unable to respond** |

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| Section C | Cognitive Patterns |
|---|---|

**C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?** (3-day assessment period)
Attempt to conduct interview with all patients.

| Enter Code | |
|---|---|
| ☐ | 0. **No** (patient is rarely/never understood) → *Skip to C1310, Signs and Symptoms of Delirium*<br>1. **Yes** → *Continue to C0200, Repetition of Three Words* |

**Brief Interview for Mental Status (BIMS)**

**C0200. Repetition of Three Words**

| Enter Code | |
|---|---|
| ☐ | Ask patient: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue and bed**. Now tell me the three words."*<br><br>**Number of words repeated after first attempt**<br>3. **Three**<br>2. **Two**<br>1. **One**<br>0. **None**<br><br>After the patient's first attempt, repeat the words using cues (*"sock, something to wear; blue, a color; bed, a piece of furniture"*). You may repeat the words up to two more times. |

**C0300. Temporal Orientation** (orientation to year, month, and day)

| Enter Code | |
|---|---|
| ☐ | Ask patient: *"Please tell me what year it is right now."*<br>**A. Able to report correct year**<br>3. **Correct**<br>2. **Missed by 1 year**<br>1. **Missed by 2 - 5 years**<br>0. **Missed by > 5 years** or no answer |
| ☐ | Ask patient: *"What month are we in right now?"*<br>**B. Able to report correct month**<br>2. **Accurate within 5 days**<br>1. **Missed by 6 days to 1 month**<br>0. **Missed by > 1 month** or no answer |
| ☐ | Ask patient: *"What day of the week is today?"*<br>**C. Able to report correct day of the week**<br>1. **Correct**<br>0. **Incorrect** or no answer |

# DISCHARGE

| Section C | Cognitive Patterns |
|---|---|

## C0400. Recall

<table>
<tr>
<td>Enter Code<br><br>☐</td>
<td>Ask patient: <em>"Let's go back to an earlier question. What were those three words that I asked you to repeat?"</em> If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.<br><b>A. Able to recall "sock"</b><br>2. <b>Yes, no cue required</b><br>1. <b>Yes, after cueing</b> ("something to wear")<br>0. <b>No</b> - could not recall</td>
</tr>
<tr>
<td>Enter Code<br><br>☐</td>
<td><b>B. Able to recall "blue"</b><br>2. <b>Yes, no cue required</b><br>1. <b>Yes, after cueing</b> ("a color")<br>0. <b>No</b> - could not recall</td>
</tr>
<tr>
<td>Enter Code<br><br>☐</td>
<td><b>C. Able to recall "bed"</b><br>2. <b>Yes, no cue required</b><br>1. <b>Yes, after cueing</b> ("a piece of furniture")<br>0. <b>No</b> - could not recall</td>
</tr>
</table>

## C0500. BIMS Summary Score

| Enter Score<br><br>☐ | **Add scores** for questions C0200-C0400 and fill in total score (00-15)<br>**Enter 99 if the patient was unable to complete the interview** |
|---|---|

## C1310. Signs and Symptoms of Delirium (from CAM©)

Code **after completing** Brief Interview for Mental Status and reviewing medical record.

### A. Acute Onset Mental Status Change

| Enter Code<br><br>☐ | **Is there evidence of an acute change in mental status** from the patient's baseline?<br>0. **No**<br>1. **Yes** |
|---|---|

<table>
<tr>
<td rowspan="3"><b>Coding:</b><br>0. <b>Behavior not present</b><br>1. <b>Behavior continuously present, does not fluctuate</b><br>2. <b>Behavior present, fluctuates</b> (comes and goes, changes in severity)</td>
<td colspan="2">↓ <b>Enter Code in Boxes</b></td>
</tr>
<tr>
<td>☐</td>
<td><b>B. Inattention</b> - Did the patient have difficulty focusing attention, for example being easily distractible or having difficulty keeping track of what was being said?</td>
</tr>
<tr>
<td>☐</td>
<td><b>C. Disorganized thinking</b> - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td><b>D. Altered level of consciousness</b> - Did the patient have altered level of consciousness as indicated by any of the following criteria?<br>• <b>vigilant</b> - startled easily to any sound or touch<br>• <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch<br>• <b>stuporous</b> - very difficult to arouse and keep aroused for the interview<br>• <b>comatose</b> - could not be aroused</td>
</tr>
</table>

*Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.*

Patient _____  Identifier _____  Date _____

# DISCHARGE

| Section D | Mood |
|---|---|

**D0150. Patient Mood Interview (PHQ-2 to 9) (from Pfizer Inc.©)**

Say to patient: *"Over the last 2 weeks, have you been bothered by any of the following problems?"*

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the patient: *"About **how often** have you been bothered by this?"*
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

| 1. Symptom Presence | 2. Symptom Frequency | 1. Symptom Presence | 2. Symptom Frequency |
|---|---|---|---|
| 0. **No** (enter 0 in column 2)<br>1. **Yes** (enter 0-3 in column 2)<br>9. **No response** (leave column 2 blank) | 0. **Never or 1 day**<br>1. **2-6 days** (several days)<br>2. **7-11 days** (half or more of the days)<br>3. **12-14 days** (nearly every day) | ↓ Enter Scores in Boxes ↓ | |

| | 1. Symptom Presence | 2. Symptom Frequency |
|---|---|---|
| **A.** *Little interest or pleasure in doing things* | | |
| **B.** *Feeling down, depressed, or hopeless* | | |

**If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.**

| | 1. Symptom Presence | 2. Symptom Frequency |
|---|---|---|
| **C.** *Trouble falling or staying asleep, or sleeping too much* | | |
| **D.** *Feeling tired or having little energy* | | |
| **E.** *Poor appetite or overeating* | | |
| **F.** *Feeling bad about yourself – or that you are a failure or have let yourself or your family down* | | |
| **G.** *Trouble concentrating on things, such as reading the newspaper or watching television* | | |
| **H.** *Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual* | | |
| **I.** *Thoughts that you would be better off dead, or of hurting yourself in some way* | | |

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**D0160. Total Severity Score**

| Enter Score | **Add scores for all frequency responses in column 2**, Symptom Frequency. Total score must be between 00 and 27.<br>Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items) |
|---|---|

**D0700. Social Isolation**
How often do you feel lonely or isolated from those around you?

| Enter Code | 0. **Never**<br>1. **Rarely**<br>2. **Sometimes**<br>3. **Often**<br>4. **Always**<br>7. **Patient declines to respond**<br>8. **Patient unable to respond** |
|---|---|

## DISCHARGE

| Section GG | Functional Abilities and Goals |
|---|---|

**GG0130. Self-Care** (3-day assessment period)

Code the patient's usual performance at discharge for each activity using the 6-point scale. If activity was not attempted at discharge, code the reason. If the patient has an incomplete stay, skip discharge GG0130 items.

**Coding:**
**Safety** and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** - Patient completes the activity by themselves with no assistance from a helper.

05. **Setup or clean-up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**
07. **Patient refused**
09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

| 3. Discharge Performance<br><br>Enter Codes in Boxes ↓ | |
|---|---|
| | **A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. |
| | **B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. |
| | **C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. |
| | **E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. |
| | **F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable. |
| | **G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear. |
| | **H. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. |

# DISCHARGE

| Section GG | Functional Abilities and Goals |
|---|---|

**GG0170. Mobility** (3-day assessment period)

Code the patient's usual performance at discharge for each activity using the 6-point scale. If activity was not attempted at discharge, code the reason. If the patient has an incomplete stay, skip discharge GG0170 items.

**Coding:**

**Safety** and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** - Patient completes the activity by themself with no assistance from a helper.

05. **Setup or clean-up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**

07. **Patient refused**

09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury.

10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)

88. **Not attempted due to medical condition or safety concerns**

| 3. Discharge Performance | |
|---|---|
| **Enter Codes in Boxes** ↓ | |
| | **A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed. |
| | **B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed. |
| | **C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with no back support. |
| | **D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. |
| | **E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair). |
| | **F. Toilet transfer:** The ability to get on and off a toilet or commode. |
| | **G. Car transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. |
| | **I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.<br>*If discharge performance is coded 07, 09, 10, or 88* → *Skip to GG0170M, 1 step (curb)* |
| | **J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns. |
| | **K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space. |

# DISCHARGE

| Section GG | Functional Abilities and Goals |
|---|---|

**GG0170. Mobility** (3-day assessment period) - Continued

Code the patient's usual performance at discharge for each activity using the 6-point scale. If activity was not attempted at discharge, code the reason. If the patient has an incomplete stay, skip discharge GG0170 items.

**Coding:**
**Safety** and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** - Patient completes the activity by themselves with no assistance from a helper.

05. **Setup or clean-up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**
07. **Patient refused**
09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

| 3. Discharge Performance<br><br>Enter Codes in Boxes ↓ | | |
|---|---|---|
| ☐ | | **L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. |
| ☐ | | **M. 1 step (curb):** The ability to go up and down a curb or up and down one step.<br>*If discharge performance is coded 07, 09, 10, or 88* → *Skip to GG0170P, Picking up object* |
| ☐ | | **N. 4 steps:** The ability to go up and down four steps with or without a rail.<br>*If discharge performance is coded 07, 09, 10, or 88* → *Skip to GG0170P, Picking up object* |
| ☐ | | **O. 12 steps:** The ability to go up and down 12 steps with or without a rail. |
| ☐ | | **P. Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. |
| | ☐ | **Q3. Does the patient use a wheelchair and/or scooter?**<br>0. **No** → *Skip to J0510, Pain Effect on Sleep*<br>1. **Yes** → *Continue to GG0170R, Wheel 50 feet with two turns* |
| ☐ | | **R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. |
| | ☐ | **RR3. Indicate the type of wheelchair or scooter used.**<br>1. **Manual**<br>2. **Motorized** |
| ☐ | | **S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. |
| | ☐ | **SS3. Indicate the type of wheelchair or scooter used.**<br>1. **Manual**<br>2. **Motorized** |

OMB No. 0938-0842

## DISCHARGE

| Section J | Health Conditions |
|---|---|

### J0510. Pain Effect on Sleep

Enter Code ☐

*Ask patient: "Over the past 5 days, **how much of the time has pain made it hard for you to sleep at night?**"*
- 0. **Does not apply – I have not had any pain or hurting in the past 5 days** ➞ *Skip to J1800, Any Falls Since Admission*
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**

### J0520. Pain Interference with Therapy Activities

Enter Code ☐

*Ask patient: "Over the past 5 days, **how often have you limited your participation in rehabilitation therapy sessions due to pain?**"*
- 0. **Does not apply – I have not received rehabilitation therapy in the past 5 days**
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**

### J0530. Pain Interference with Day-to-Day Activities

Enter Code ☐

*Ask patient: "Over the past 5 days, **how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?**"*
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**

### J1800. Any Falls Since Admission

Enter Code ☐

Has the patient **had any falls since admission?**
- 0. **No** ➞ *Skip to K0520, Nutritional Approaches*
- 1. **Yes** ➞ *Continue to J1900, Number of Falls Since Admission*

### J1900. Number of Falls Since Admission

**Coding:**
- 0. **None**
- 1. **One**
- 2. **Two or more**

↓ **Enter Codes in Boxes**

| | |
|---|---|
| ☐ | **A. No injury:** No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall |
| ☐ | **B. Injury (except major):** Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain |
| ☐ | **C. Major injury:** Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma |

# DISCHARGE

| Section K | Swallowing/Nutritional Status |
|---|---|

## K0520. Nutritional Approaches

| | | 4. Last 7 Days | 5. At Discharge |
|---|---|:---:|:---:|
| **4. Last 7 Days**<br>Check all of the nutritional approaches that were received in the last 7 days<br><br>**5. At Discharge**<br>Check all of the nutritional approaches that were being received at discharge | | **Check all that apply**<br>↓ | ↓ |
| **A. Parenteral/IV feeding** | | ☐ | ☐ |
| **B. Feeding tube** (e.g., nasogastric or abdominal (PEG)) | | ☐ | ☐ |
| **C. Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids) | | ☐ | ☐ |
| **D. Therapeutic diet** (e.g., low salt, diabetic, low cholesterol) | | ☐ | ☐ |
| **Z. None of the above** | | ☐ | ☐ |

| Section M | Skin Conditions |
|---|---|

## Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage

### M0210. Unhealed Pressure Ulcers/Injuries

Enter Code ☐

**Does this patient have one or more unhealed pressure ulcers/injuries?**
0. **No** → *Skip to N0415, High-Risk Drug Classes: Use and Indication*
1. **Yes** → *Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage*

### M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Enter Number ☐

**A. Stage 1:** Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.

    **1. Number of Stage 1 pressure injuries**

Enter Number ☐

Enter Number ☐

**B. Stage 2:** Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.

    **1. Number of Stage 2 pressure ulcers**
      *If 0 → Skip to M0300C, Stage 3*

    **2. Number of these Stage 2 pressure ulcers that were present upon admission** - enter how many were noted at the time of admission

Enter Number ☐

Enter Number ☐

**C. Stage 3:** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

    **1. Number of Stage 3 pressure ulcers**
      *If 0 → Skip to M0300D, Stage 4*

    **2. Number of these Stage 3 pressure ulcers that were present upon admission** - enter how many were noted at the time of admission

Enter Number ☐

Enter Number ☐

**D. Stage 4:** Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.

    **1. Number of Stage 4 pressure ulcers**
      *If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device*

    **2. Number of these Stage 4 pressure ulcers that were present upon admission** - enter how many were noted at the time of admission

## DISCHARGE

| Section M | Skin Conditions |
|---|---|

> **Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage**

**M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued**

Enter Number [ ]

**E. Unstageable - Non-removable dressing/device:** Known but not stageable due to non-removable dressing/device

1. **Number of unstageable pressure ulcers/injuries due to non-removable dressing/device**
   *If 0 → Skip to M0300F, Unstageable - Slough and/or eschar*

Enter Number [ ]

2. **Number of <u>these</u> unstageable pressure ulcers/injuries that were present upon admission** - enter how many were noted at the time of admission

Enter Number [ ]

**F. Unstageable - Slough and/or eschar:** Known but not stageable due to coverage of wound bed by slough and/or eschar

1. **Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar**
   *If 0 → Skip to M0300G, Unstageable - Deep tissue injury*

Enter Number [ ]

2. **Number of <u>these</u> unstageable pressure ulcers that were present upon admission** - enter how many were noted at the time of admission

Enter Number [ ]

**G. Unstageable - Deep tissue injury**

1. **Number of unstageable pressure injuries presenting as deep tissue injury**
   *If 0 → Skip to N0415, High-Risk Drug Classes: Use and Indication*

Enter Number [ ]

2. **Number of <u>these</u> unstageable pressure injuries that were present upon admission** - enter how many were noted at the time of admission

| Section N | Medications |
|---|---|

**N0415. High-Risk Drug Classes: Use and Indication**

| | 1. Is taking | 2. Indication noted |
|---|---|---|
| 1. **Is taking** Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes<br>2. **Indication noted** If column 1 is checked, check if there is an indication noted for all medications in the drug class | Check all that apply ↓ | ↓ |
| A. Antipsychotic | ☐ | ☐ |
| E. Anticoagulant | ☐ | ☐ |
| F. Antibiotic | ☐ | ☐ |
| H. Opioid | ☐ | ☐ |
| I. Antiplatelet | ☐ | ☐ |
| J. Hypoglycemic (including insulin) | ☐ | ☐ |
| Z. None of the above | ☐ | |

**N2005. Medication Intervention**

Enter Code [ ]

**Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?**
   0. **No**
   1. **Yes**
   9. **Not applicable - There were no potential clinically significant medication issues identified since admission or patient is not taking any medications.**

Patient _____  Identifier _____  Date _____

## DISCHARGE

| Section O | Special Treatments, Procedures, and Programs | Page 28 |
|---|---|---|

**O0110. Special Treatments, Procedures, and Programs**
Check all of the following treatments, procedures, and programs that apply at discharge.

| | c. At Discharge |
|---|---|
| | **Check all that apply** ↓ |
| **Cancer Treatments** | |
| A1.   Chemotherapy | |
| A2. IV | ☐ |
| A3. Oral | ☐ |
| A10. Other | ☐ |
| B1.   Radiation | ☐ |
| **Respiratory Therapies** | |
| C1.  Oxygen Therapy | ☐ |
| C2. Continuous | ☐ |
| C3. Intermittent | ☐ |
| C4. High-concentration | ☐ |
| D1. Suctioning | ☐ |
| D2. Scheduled | ☐ |
| D3. As Needed | ☐ |
| E1.   Tracheostomy care | ☐ |
| F1.  Invasive Mechanical Ventilator (ventilator or respirator) | ☐ |
| G1.    Non-Invasive Mechanical Ventilator | ☐ |
| G2. BiPAP | ☐ |
| G3. CPAP | ☐ |
| **Other** | |
| H1.  IV Medications | ☐ |
| H2. Vasoactive medications | ☐ |
| H3. Antibiotics | ☐ |
| H4. Anticoagulation | ☐ |
| H10. Other | ☐ |
| I1.    Transfusions | ☐ |
| J1.    Dialysis | ☐ |
| J2. Hemodialysis | ☐ |
| J3. Peritoneal dialysis | ☐ |
| O1.  IV Access | ☐ |
| O2. Peripheral | ☐ |
| O3. Midline | ☐ |
| O4. Central (e.g., PICC, tunneled, port) | ☐ |

## DISCHARGE

| Section O | Special Treatments, Procedures, and Programs | Page |
|---|---|---|

**O0110. Special Treatments, Procedures, and Programs**
Check all of the following treatments, procedures, and programs that apply at discharge.

| | c. At Discharge — Check all that apply ↓ |
|---|---|
| **None of the Above** | |
| **Z1. None of the above** | ☐ |

| Section Z | Assessment Administration |
|-----------|---------------------------|

**Item Z0400A. Signature of Persons Completing the Assessment**

I certify that the accompanying information accurately reflects patient assessment information for this patient and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that patients receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information.

| Signature | Title | Date Information is Provided | Time |
|-----------|-------|-----------------------------|------|
| A. | | | |
| B. | | | |
| C. | | | |
| D. | | | |
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