Recommended Test Revised IRF-PAI Form **07/15**

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*) _____
9. Race/Ethnicity *(Check all that apply)*

American Indian or Alaska Native A. _____
Asian B. _____
Black or African American C. _____
Hispanic or Latino D. _____
Native Hawaiian or Other Pacific Islander E. _____
White F. _____

10. Marital Status _____
(*1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced*)
11. Zip Code of Patient's Pre-Hospital Residence: _____

Admission Information*

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)*
15. Admit From _____
(*01 - Home; 02 - Board & Care; 03 - Transitional Living; 04 - Intermediate Care/Long Term Care; 05 - Skilled Nursing Facility; 06 - Acute Unit of Own Facility; 07 - Acute Unit of Another Facility; 08 - Chronic Hospital; 09 - Rehabilitation Facility; 10 - Other; 12 - Alternate Level of Care Unit; 13 - Subacute Setting; 14 - Assisted Living Residence*)

Prior to Hospitalization

N16. Pre-Admission Residence ** _____
(*1 - Patient's owned/rented residence; 2 - Family member's residence; 3 - Boarding home/rented room; 4 - Board and care or assisted living facility; 5 - Long Term Care Facility; 6 - Other*)
N17. Patient lives with** _____
(*1 – Lives alone; 2 – With spouse or significant other; 3 – With other family member; 4 – With a friend; 5 – With paid help (other than home care agency staff); 6 - Other*)
N18A. Assisting Person(s) *(check all that apply)***

0. _____ *No Care Needed;*
1. _____ *Relatives, friends or neighbors living outside the home;*
2. _____ *Person residing in the home (excluding paid help);*
3. _____ *Paid help;*
4. _____ *None of the above;*
5. _____ *Unknown*

N18B. Type of primary caregiver assistance in the 3 months prior to the onset *(Check all that apply)*

0. _____ *No Care Needed;*
1. _____ *ADL assistance (e.g. bathing, dressing, toileting, bowl/bladder, eating/feeding)*
2. _____ *IADL assistance (e.g. meds, meals, housekeeping, laundry, telephone, shopping, finances)*
3. _____ *Environmental support (housing, maintain home)*
4. _____ *Psychosocial support (socialization, companion)*
5. _____ *Advocates or facilitates patient's participation in appropriate medical care*
6. _____ *Financial agent, power of attorney, or conservator of finance*
7. _____ *Health care agent, conservator of person, or medical power of attorney*
8. _____ *Unknown*

Admission Information (continued)

Expectations at Admission and Discharge

N19A. Primary Caregiver likely to take **lead** responsibility for providing or managing the patient's care (after discharge):

Admission _____ Discharge _____
(*0 - Self; 1 – Spouse or significant other; 2 – Daughter or son; 3 – Other family member; 4 – Friend/neighbor/community /church member; 5 – Paid help; 6 – More than one person; 7 - Unknown; 8 – No care needed*)

N19B. How often could patient receive assistance from their caregivers (after discharge)**

Admission _____ Discharge _____
(1 - Several times during day and night; 2 - Several times during day; 3 - Once daily; 4 - 3 or more times a week; 5 - 1 to 2 times per week; 6 - Less often than weekly; 7 - unknown; 8 – No care needed)

Payer Information*

20. Payment Source
   A. Primary Source _____
   B. Secondary Source _____
(01 – Blue Cross; 02 – Medicare non-MCO; 03 – Medicaid non-MCO; 04 – Commercial Insurance; 05 – MCO HMO; 06 – Workers Compensation; 07 – Crippled Children's Service; 08 – Developmental Disabilities Service; 09 – State Vocational Rehabilitation; 10 – Private Pay; 11 – Employee Courtesy; 12 – Unreimbursed; 13 – CHAMPUS; 14 – Other; 15 – None; 16 – No Fault Auto Insurance; 51 – Medicare MCO; 52 – Medicaid MCO)

Medical Information*

21. Impairment Group _____ _____
Admission Discharge
Condition requiring admission to rehabilitation; code according to Appendix A, attached.
22. Etiologic Diagnosis: _____
(*Use an ICD-9 code to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation*)
23. Date of Onset of Impairment _____/_____/_____
MM / DD / YYYY
24. Comorbid Conditions; Use ICD-9 Codes to enter up to ten medical conditions

A. _____ B. _____
C. _____ D. _____
E. _____ F. _____
G. _____ H. _____
I. _____ J. _____

Medical Needs

At Admission

N25A. Is patient oriented to self (i.e., knows his/her name)? _____
(0 - No, 1 – Yes)
N25B. Is patient oriented to place (i.e. knows he/she is in a rehab setting/hospital)? _____
(0 - No, 1 – Yes)
N25C. Is patient oriented to time (i.e. the day of the week, month and year)? _____
(0 - No, 1 – Yes)

27. Swallowing Status.
Admission _____ Discharge _____
3 - Regular Food: solids and liquids swallowed safely without supervision or modified food consistency
2 - Modified Food Consistency/Supervision: subject requires modified food consistency and/or needs supervision for safety
1 - Tube/Parenteral Feeding: tube/parenteral feeding used wholly or partially as a means of sustenance

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Function Modifiers*

Complete the following specific functional items prior to scoring the FIM™ Instrument:

	ADMISSION	DISCHARGE
29. Bladder Level of Assistance (Score using FIM Levels 1 - 7)	_____	_____
30. Bladder Frequency of Accidents (Score as below)	_____	_____

7 - No Accidents
6 - No Accidents; uses device such as catheter
5 - One Accident in the past 7 days
4 - Two accidents in the past 7 days
3 - Three accidents in the past 7 days
2 - Four accidents in the past 7 days
1 - Five accidents in the past 7 days

Enter in Item 39G (Bladder) the lower (more dependent) score from Items 29 and 30 above.

	ADMISSION	DISCHARGE
31. Bowel Level of Assistance (Score using FIM Levels 1 - 7)	_____	_____
32. Bowel Frequency of Accidents. (Score as below)	_____	_____

7 - No Accidents
6 - No Accidents; uses device such as ostomy
5 - One Accident in the past 7 days
4 - Two accidents in the past 7 days
3 - Three accidents in the past 7 days
2 - Four accidents in the past 7 days
1 - Five accidents in the past 7 days

Enter in Item 39H (Bowel) the lower (more dependent) score of Items 31 and 32.

	ADMISSION	DISCHARGE
33. Tub Transfer	_____	_____
34. Shower Transfer	_____	_____

(Score items 33 and 34 using FIM Levels 1 - 7; use 0 if activity does not occur) See training manual for scoring of Item 39K (Tub/Shower Transfer)

	ADMISSION	DISCHARGE
35. Distance Walked (feet)	_____	_____
36. Distance Traveled in Wheelchair (feet)	_____	_____

(Code Items 35 and 36 using: 3 – 150 feet; 2 - 50 to 149 feet; 1 - Less than 50 feet or unable; 0 – Activity does not occur)

	ADMISSION	DISCHARGE
37. Walk	_____	_____
38. Wheelchair	_____	_____

(Score Items 37 and 38 using FIM Levels 1 - 7; 0 if activity does not occur) See training manual for scoring of item 39L (Walk/Wheelchair)

39. FIM™ Instrument*

	3 MONTHS PRIOR ACUTE ADM	GOALS	ADMISSION	DISCHARGE
SELF-CARE				
A. Eating.	_____	_____	_____	_____
B. Grooming	_____	_____	_____	_____
C. Bathing	_____	_____	_____	_____
D. Dressing - Upper	_____	_____	_____	_____
E. Dressing - Lower	_____	_____	_____	_____
F. Toileting	_____	_____	_____	_____
SPHINCTER CONTROL				
G. Bladder (level of assistance only)	_____	_____	_____	_____
H. Bowel (level of assistance only)	_____	_____	_____	_____
TRANSFERS				
I. Bed, Chair Wheelchair	_____	_____	_____	_____
J. Toilet	_____	_____	_____	_____
K. Tub, Shower	_____	_____	_____	_____
LOCOMOTION	Score / Mode	Score / Mode	Score / Mode	
L. Walk/Wheelchair Mode: W-Walk/C-wheelChair/B-Both	____ ____	____ ____	____ ____	
M. Stairs	_____	_____	_____	
COMMUNICATION	Score / Mode	Score / Mode	Score / Mode	
N. Comprehension Mode: A- Auditory/V-Visual/B-Both	____ ____	____ ____	____ ____	
O. Expression Mode: V-Vocal/N-Nonvocal/B-Both	____ ____	____ ____	____ ____	
SOCIAL COGNITION				
P. Social Interaction	_____	_____	_____	
Q. Problem Solving	_____	_____	_____	
R. Memory	_____	_____	_____	

FIM LEVELS

No Helper
7 Complete Independence (Timely, Safely)
6 Modified Independence (Device)

Helper - Modified Dependence
5 Supervision (Subject = 100%)
4 Minimal Assistance (Subject = 75% or more)
3 Moderate Assistance (Subject = 50% or more)

Helper - Complete Dependence
2 Maximal Assistance (Subject = 25% or more)
1 Total Assistance (Subject less than 25%)

0 Activity does not occur; Use this code only at admission

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Discharge Information*

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

41. Patient discharge against medical advice _____
(0 - No; 1 - Yes)

42. Program Interruptions _____
(*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

44A. Discharge to Living Setting: _____
(01 - Home; 02 - Board and Care; 03 - Transitional Living; 04 - Intermediate Care/Long Term Care; 05 – SNF; 06 - Acute unit of own facility; 07 - Acute unit of another facility; 08 - Chronic Hospital; 09 - Rehabilitation Facility; 10 - Other; 11 - Died; 12 - Alternate Level of Care Unit; 13 - Subacute Setting; 14 - Assisted Living Residence)

44B. Was patient discharged with Home Health Services? _____ *(0 - No; 1 - Yes)*
(Code only if Item 44A is 01 - Home, 02 - Board and Care, 03 - Transitional Living, or 14 - Assisted Living Residence)

45. Discharge to Living with: _____
(*Code only if Item 44A 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-9-CM code)

47. Complications during rehabilitation stay
(*Use ICD-9-CM codes to specify up to six conditions that began with this rehabilitation stay*)
A. _____ B. _____
C. _____ D. _____
E. _____ F. _____

Quality Indicators

RESPIRATORY STATUS
(Score Items 48 to 50 as 0 – No; 1 – Yes) Admission Discharge
48. Shortness of breath with exertion _____ _____
49. Shortness of breath at rest _____ _____

PAIN
51. Rate the highest level of pain reported by the patient within the assessment period: _____ _____
(*Score using the scale below; report whole numbers only)*

0 1 2 3 4 5 6 7 8 9 10
No Pain … *Moderate Pain* … *Worst Possible Pain*

N51B. Does pain limit the patient's ability to participate in the therapeutic process?
0. _____ Never
1. _____ Part of the time
2. _____ All of the time

PRESSURE ULCERS
52B. Number of current pressure ulcers
Admission _____ Discharge _____
(If 51A is 1 or more at admission OR discharge, answer question 51B)

52A. Highest current pressure ulcer stage
Admission _____ Discharge _____
(*Score as: 1 - Any area of persistent skin redness (Stage 1); 2 - Partial loss of skin layers (Stage 2); 3 - Deep craters in the skin (Stage 3); 4 - Breaks in skin exposing muscle or bone (Stage 4); 5 - Not stageable (necrotic eschar predominant; no prior staging available*)

Quality Indicators (continued)

PUSH Tool v. 3.0 ©
SELECT THE CURRENT LARGEST PRESSURE ULCER TO CODE THE FOLLOWING. Calculate three components (C through E) and code total score in F.

52C. Length multiplied by width (open wound surface area)
Admission _____ Discharge _____
(Score as: 0 - 0 cm^2; 1 - <0.3 cm^2; 2 - 0.3 to 0.6 cm^2; 3 - 0.7 to 1.0 cm^2; 4 -1.1 to 2.0 cm^2 ; 5 - 2.1 to 3.0 cm^2; 6 - 3.1 to 4.0 cm^2; 7 - 4.1 to 8.0 cm^2; 8 - 8.1 to 12.0 cm^2; 9 - 12.1 to 24.0 cm^2; 10 - > 24 cm^2)

52D. Exudate amount
Admission _____ Discharge _____
0 - None; 1 - Light; 2 - Moderate; 3 - Heavy

52E. Tissue Type
Admission _____ Discharge _____
0 - Closed/resurfaced: The wound is completely covered with epithelium (new skin); 1 - Epithelial tissue: For superficial ulcers, new pink or shiny tissue (skin) that grows in from the edges or as islands on the ulcer surface. 2 - Granulation tissue: Pink or beefy red tissue with a shiny, moist, granular appearance. 3 - Slough: Yellow or white tissue that adheres to the ulcer bed in strings or thick clumps or is mucinous. 4 - Necrotic tissue (eschar): Black, brown or tan tissue that adheres firmly to the wound bed or ulcer edges

52F. TOTAL PUSH SCORE (Sum of above three items - C, D and E)
Admission _____ Discharge _____

MOOD/DEPRESSION****
(Check boxes below: Y - Yes N - No)

	Admission / Discharge			
	Y	N	Y	N
N55. Do you often feel sad or depressed?		/		

ENGAGEMENT****

N56. Score the patient's cognitive and emotional resources to comprehend hospital environment, tolerate typical frustrations of the setting, and participate actively in the program during the assessment period.
Admission _____ Discharge _____
Score using the scale below:

7 – No Problem; Participates in therapies; appreciates value of therapies; places frustrations in perspective.

6- Minimal Problem; Participates in therapies; infrequently questions value of therapies/infrequent difficulty w/ frustrations.

5 – Mild Problem; Requires occasional encouragement; occasionally questions value of therapies/occasional difficulty w/ frustrations; occasionally late for classes.

4 – Mild to Moderate Problem; Requires ongoing encouragement; often questions value of therapies/difficulty dealing w/ frustrations; frequently arrives late for classes.

3 – Moderate Problem; Requires frequent encouragement; frequently questions value of therapies/difficulty dealing w/ frustrations; much time spent explaining goals/rationale rather than executing treatment plan.

2 – Moderate to Severe problem; Requires consistent encouragement; does not value therapies; continuous difficulty dealing w/ frustrations. Misses classes daily.

1 – Severe Problem; Refuses to participate, even with interventions; requests discharge.

0 – Not assessed

** Adapted from the *Living Arrangements* and *Supportive Assistance* items on the Outcome and Assessment Information Set (OASIS-B1) © 2002, Center for Health Services Research, UCHSC, Denver, CO.

*** Swallowing Functional Communication Measure (FCM) from ASHA's National Outcomes Measurement System (NOMS)

**** Adapted from the *Depression* and *Cooperation/Adjustment to the Rehab Setting* items on the RIC-FAS, Version V © 1987, 1989, 1992, 1996, 1998, Rehabilitation Institute of Chicago.