

Page Number	Text as it appears in IRF-PAI Manual Version 2.0	Revisions to Text V2.0 R	Description of revision(s)
GG-10	For patients with incomplete stays, such as a patient with an emergency discharge, the self-care and mobility items are skipped. Patients with incomplete stays include patients who are unexpectedly discharged to an acute care setting (short-stay acute care hospital, critical access hospital, inpatient psychiatric facility, or long-term care hospital, because of a medical emergency); patients discharged to a hospice; patients discharged to another IRF; patients who die or leave the IRF against medical advice; and patients with a length of stay of less than 3 days.	For patients with incomplete stays, such as a patient with an emergency discharge, the self-care and mobility items are skipped. Patients with incomplete stays include patients who are unexpectedly discharged to an acute care setting (short-stay acute care hospital, critical access hospital, inpatient psychiatric facility, or long-term care hospital, because of a medical emergency); patients discharged to a hospice; patients discharged to another IRF; patients who die or leave the IRF against medical advice; and patients with a length of stay of less than 3 days.	Removed “patients discharged to a hospice” as this is a separate exclusion criterion for the functional outcome measures and is not part of the incomplete stay definition. Removed “patients discharged to another IRF” as this is an exclusion criterion for the functional outcome measures, but not the cross-setting function process measure.
GG-29	For patients with incomplete stays, such as a patient with an emergency discharge, the self-care and mobility items are skipped. Patients with incomplete stays include patients who are unexpectedly discharged to an acute care setting (short-stay acute care hospital, critical access hospital, inpatient psychiatric facility, or long-term care hospital, because of a medical emergency); patients discharged to a hospice; patients discharged to another IRF; patients who die or leave the IRF against medical advice; and patients with a length of stay of less than 3 days.	For patients with incomplete stays, such as a patient with an emergency discharge, the self-care and mobility items are skipped. Patients with incomplete stays include patients who are unexpectedly discharged to an acute care setting (short-stay acute care hospital, critical access hospital, inpatient psychiatric facility, or long-term care hospital, because of a medical emergency); patients discharged to a hospice; patients discharged to another IRF; patients who die or leave the IRF against medical advice; and patients with a length of stay of less than 3 days.	Removed “patients discharged to a hospice” as this is a separate exclusion criterion for the functional outcome measures and is not part of the incomplete stay definition. Removed “patients discharged to another IRF” as this is an exclusion criterion for the functional outcome measures, but not the cross-setting function process measure.

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M-7	<p>If a pressure ulcer/injury is documented as healed during the stay, but prior to discharge a pressure ulcer/injury is identified at the same anatomical location as the previously documented healed ulcer/injury, the facility staff, including the physician, should determine if the previous ulcer/injury reopened, or if it is a new pressure ulcer/injury. If it is determined that the previous ulcer/injury has reopened, it should not be considered as healed and should be staged at its previously identified highest numerical stage until it is fully healed. If the reopened pressure ulcer/injury was originally observed at the time of admission and has not worsened, it would still be considered present on admission when coding the discharge assessment. However, if the reopened pressure ulcer/injury has worsened (that is, the current stage of the reopened pressure ulcer/injury is a higher numerical stage than it was before it was considered healed), it must be at its new higher stage, and would no longer be considered present on admission when coding the discharge assessment. If the reopened pressure ulcer/injury does not heal before discharge, the facility must code the status of the pressure</p>	<p>If a patient is admitted to an IRF with a healed pressure ulcer/injury, and a pressure ulcer/injury occurs in the same anatomical area, and remains at discharge, it would be coded as observed at discharge and would not be coded as present on admission on the discharge assessment. Therefore, this pressure ulcer/injury would be considered new, or facility acquired.</p>	<p>Removed Coding Tip 7 and replaced with new guidance about coding a healed pressure ulcer/injury.</p>

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	ulcer/injury on the Discharge assessment according to the instructions in Section M. If it is determined that the pressure ulcer/injury is a new pressure ulcer, and does not heal before discharge, it should be staged and coded on the Discharge assessment according to the instructions in Section M as would be done for any new pressure ulcer/injury that develops during the stay.		