



IRF and LTCH Virtual Training Program – Part 1

Section J. Health Conditions

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Objectives

- Identify the new and revised assessment items in Section J.
- Discuss guidance changes for Section J standardized data elements.



Section J: Health Conditions – Implications

- The pain data elements are **new** to the inpatient rehabilitation facility (IRF) and the long-term care hospital (LTCH) settings.
 - J0510. Pain Effect on Sleep.
 - J0520. Pain Interference with Therapy Activities.
 - J0530. Pain Interference with Day-to-Day Activities.
- Minor **revisions** were made to the fall items, J1750–J1900:
 - Slight revision of wording throughout this section.
 - Fall definition revised to incorporate a reference to the anticipated loss of balance resulting from a supervised therapeutic intervention.
 - Coding examples enhanced for clarity and gender-neutral language added.



J0510–J0530

Pain Interview

J0510–J0530: Intent

Pain Interview

- The intent of the pain interview items is to assess the effect of pain on sleep, pain interference with therapy activities, and pain interference with day-to-day activities.



J0510–J0530: Item Rationale

- The effects of unrelieved pain impact the individual in terms of function, complications of immobility, skin breakdown, and infections.
- Pain significantly adversely affects a person's quality of life and is tightly linked to depression, diminished self-confidence, and self-esteem, as well as an increase in behavior problems, particularly for cognitively impaired patients.
- People may limit their activities to avoid having pain.
 - Their report of lower pain frequency may reflect their avoidance of activity more than it reflects adequate pain management.

J0510–J0530: Item Rationale (cont. 1)



- The assessment of pain is not associated with any particular approach to pain management.
- Since the use of opioids is associated with serious complications, an array of successful non-pharmacologic and non-opioid approaches to pain management may be considered.

J0510–J0530: Item Rationale (cont. 2)

There are a range of pain management strategies that can be utilized, including but not limited to:

- Nonnarcotic analgesic drugs.
- Transcutaneous electrical nerve stimulation (TENS) therapy.
- Supportive devices.
- Acupuncture.
- Biofeedback.
- Application of heat/cold.
- Massage.
- Physical therapy.
- Nerve block.
- Stretching/strengthening exercises.
- Chiropractic.
- Electrical stimulation.
- Radiotherapy.
- Ultrasound.

J0510–J0530: Definition

Pain



Definition of pain:

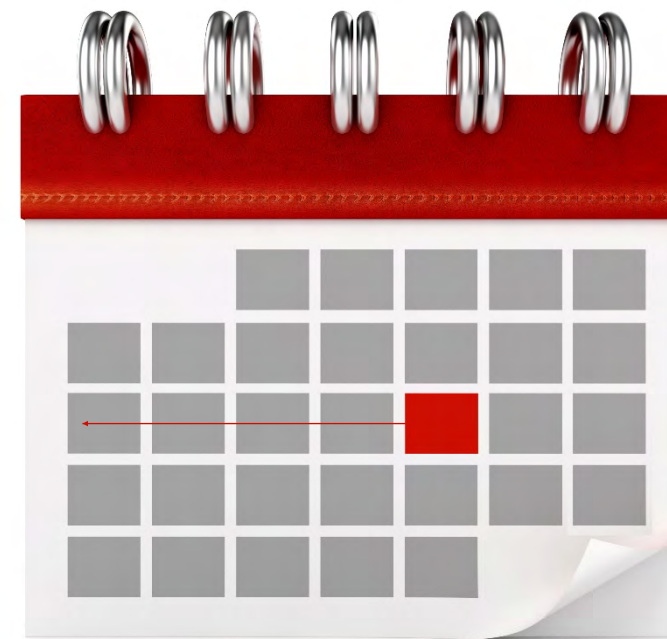
- Any type of physical pain or discomfort in any part of the body.
- May be localized to one area or may be more generalized.
- May be acute or chronic, continuous or intermittent, or occur at rest or with movement.
- Pain is very subjective.
- Pain is whatever the experiencing person says it is and exists whenever they say it does.

J0510–J0530: Steps for Assessment

1. Directly ask the patient each item in J0510, Pain Effect on Sleep through J0530, Pain Interference with Day-to-Day Activities in the order provided.
 - Use other terms for pain or follow-up discussion if the patient seems unsure or hesitant.
 - Some patients avoid use of the term “pain” but may report that they “hurt.”
 - Patients may use other terms such as “aching” or “burning” to describe pain.
2. If a patient chooses not to answer a particular item, accept their refusal, **code 8, Unable to answer**, and move on to the next item.

J0510–J0530: Steps for Assessment (cont.)

3. If the patient is unsure about whether the pain effect or interference occurred in the 5-day time interval, prompt the patient to think about the most recent episode of pain and try to determine whether it occurred within the look-back period.



J0510–J0530: Pain Interview Coding Tips



- These items should be coded based on the patient's interpretation of the provided response options for frequency.
- If the patient is unable to decide between two options, then the assessor should code for the option with the *higher frequency*.

J0510

Pain Effect on Sleep

J0510. Pain Effect on Sleep



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 setting-specific item*
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**

NOTE:

IRF-PAI 4.0 and
LCDS 5.0 have
different skip
patterns for J0510.

J0510: Steps for Assessment



1. Read the question and response choices as written.
2. No predetermined definitions are offered to the patient. The response should be based on the patient's interpretation of frequency response options.
3. If the patient's response does not lead to a clear answer, repeat the patient's response and then try to narrow the focus of the response with additional follow-up questions.

J0510: Steps for Assessment – Example

- For J0510, the assessor asks the patient, ***“Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?”*** and reads the response choices.
 - The patient responds by saying, *“I always have trouble sleeping.”*
 - Then the assessor might reply, *“You always have trouble sleeping. Is it your pain that makes it hard for you to sleep?”*
- In this example, the patient’s response did not lead to a clear answer. The assessor repeated the patient’s response and proceeded to narrow down the focus of the response with an additional follow-up question.



J0510: Coding Instructions

IRF and LTCH: For the admission assessment, complete as close to the time of admission as possible, and for the discharge assessment, complete as close to the time of discharge as possible.

For LTCH Only: Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.

J0510: Coding Instructions (cont. 1)

- **Code 0, Does not apply**, if the patient responds that they did not have any pain or hurting in the past 5 days.
- **Code 1, Rarely or not at all**, if the patient responds that pain has been present and the pain rarely or not at all made it hard to sleep in the past 5 days.
- **Code 2, Occasionally**, if the patient responds that pain has occasionally made it hard to sleep in the past 5 days.



J0510: Coding Instructions (cont. 2)

- **Code 3, Frequently**, if the patient responds that pain has frequently made it hard to sleep in the past 5 days.
- **Code 4, Almost constantly**, if the patient responds that pain has almost constantly made it hard to sleep in the past 5 days.
- **Code 8, Unable to answer**, if the patient is unable to answer the question, does not respond, or gives a nonsensical response.

J0520

Pain Interference with Therapy Activities

J0520. Pain Interference with Therapy Activities



J0520. Pain Interference with Therapy Activities

Enter Code

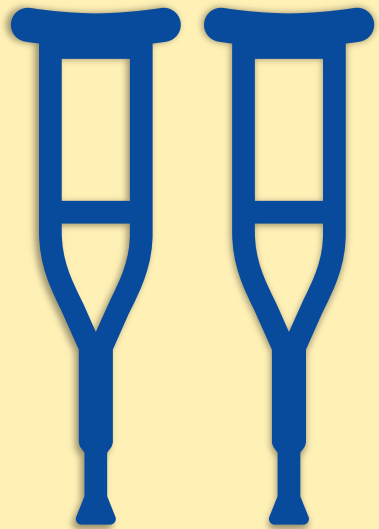
Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"

- 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**



J0520: Definition

Rehabilitation Therapy



Definition of rehabilitation therapy:

- Special healthcare service or programs that help a person regain physical, mental, and/or cognitive (thinking and learning) abilities that have been lost or impaired as a result of disease, injury, or treatment.
- Can include, for example, physical therapy, occupational therapy, speech therapy, and cardiac and pulmonary therapies.

J0520: Steps for Assessment



1. Read the question and response choices as written.
2. Confirm that the patient has been offered rehabilitation therapies during the reference timeframe.
 - Rehabilitation therapies may include treatment supervised in person by a therapist, nurse, other staff, or the patient carrying out a prescribed therapy program without staff present.

J0520: Coding Instructions

IRF and LTCH: For the admission assessment, complete as close to the time of admission as possible, and for the discharge assessment, complete as close to the time of discharge as possible.

For LTCH Only: Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.

J0520: Coding Instructions (cont. 1)

- **Code 0, Does not apply**, if the patient responds that they did not participate in rehabilitation therapy for reasons unrelated to pain (e.g., therapy not needed, unable to schedule) in the past 5 days.
- **Code 1, Rarely or not at all**, if the patient responds that pain has rarely or not at all limited participation in rehabilitation therapy sessions in the past 5 days.
- **Code 2, Occasionally**, if the patient responds that pain has occasionally limited participation in rehabilitation therapy sessions in the past 5 days.



J0520: Coding Instructions (cont. 2)

- **Code 3, Frequently**, if the patient responds that pain has frequently limited participation in rehabilitation therapy sessions in the past 5 days.
- **Code 4, Almost constantly**, if the patient responds that pain has almost constantly limited participation in rehabilitation therapy sessions in the past 5 days.
- **Code 8, Unable to answer**, if the patient is unable to answer the question, does not respond, or gives a nonsensical response.

J0530

Pain Interference with Day-to-Day Activities

J0530. Pain Interference with Day-to-Day Activities

J0530. Pain Interference with Day-to-Day Activities	
Enter Code <input type="text"/>	<p>Ask patient: “Over the past 5 days, how often have you limited your day-to-day activities (<u>excluding</u> rehabilitation therapy sessions) because of pain?”</p> <ol style="list-style-type: none">1. Rarely or not at all2. Occasionally3. Frequently4. Almost constantly8. Unable to answer

Steps for assessment:

- Read the question and response choices as written.



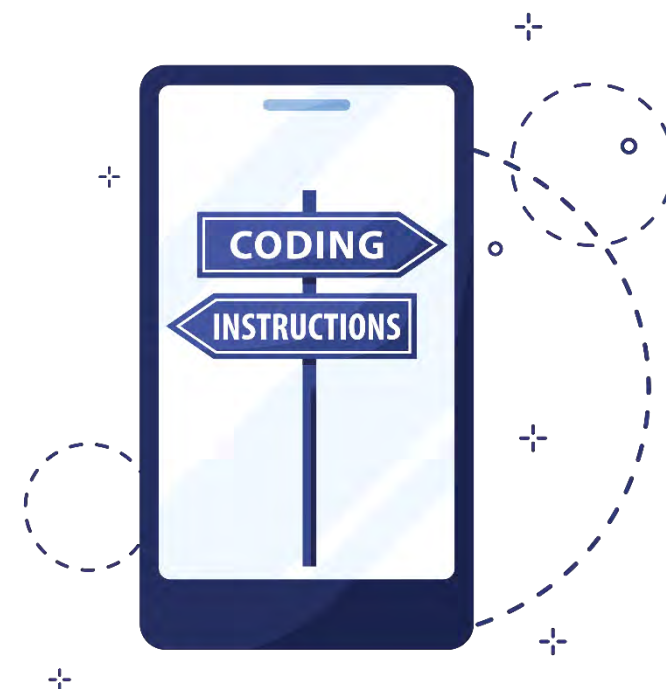
J0530: Coding Instructions

IRF and LTCH: For the admission assessment, complete as close to the time of admission as possible, and for the discharge assessment, complete as close to the time of discharge as possible.

For LTCH Only: Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.

J0530: Coding Instructions (cont.)

- **Code 1, Rarely or not at all**, if the patient responds that pain has rarely or not at all limited day-to-day activities (excluding rehabilitation therapy sessions) in the past 5 days.
- **Code 2, Occasionally**, if the patient responds that pain has occasionally limited day-to-day activities (excluding rehabilitation therapy sessions) in the past 5 days.
- **Code 3, Frequently**, if the patient responds that pain has frequently limited day-to-day activities (excluding rehabilitation therapy sessions) in the past 5 days.
- **Code 4, Almost constantly**, if the patient responds that pain has almost constantly limited day-to-day activities (excluding rehabilitation therapy sessions) in the past 5 days.
- **Code 8, Unable to answer**, if the patient is unable to answer the question, does not respond, or gives a nonsensical response.



J1750–J1900

Falls

J1750–J1900: Fall Items



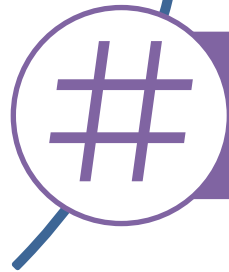
J1750. History of Falls.

NOTE:

J1750 is not collected by LTCH.



J1800. Any Falls Since Admission.



J1900. Number of Falls Since Admission.

J1750–J1900: Overview of Changes to the Fall Items

- General revisions to the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) and Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS):
 - Intent of the fall items was revised slightly to clarify the specific data elements collected.
 - IRF: J1750, J1800, and J1900.
 - LTCH: J1800 and J1900.
 - Fall definition clarified with the addition of a reference to the anticipated loss of balance resulting from a supervised therapeutic intervention.
 - This new additional language was previously a coding tip.



J1750–J1900: Fall Definition Revised

Fall



Definition of fall:

- Unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair, or bedside mat).
- The fall may be witnessed, reported by the patient or an observer, or identified when a patient is found on the floor or ground.
- Falls are not a result of an overwhelming external force (e.g., a patient pushes another patient).

J1750–J1900: Fall Definition Revised (cont.)



Fall



- An intercepted fall is considered a fall.
- An intercepted fall occurs when a patient would have fallen if they had not caught themselves or had not been intercepted by another person.
- However, an anticipated loss of balance resulting from a supervised therapeutic intervention where the patient's balance is being intentionally challenged during balance training is not considered a fall.

J1750. History of Falls – Updates

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?
<input type="text"/>	0. No
	1. Yes
	8. Unknown



- For IRF only:
 - The patient interview reference in the steps for assessment was revised slightly to enhance clarity.
 - Interview the patient and/or speak with family members or significant others to obtain the patient's fall history, as appropriate.
 - Coding examples were updated with gender-neutral language.
- **NOTE: J1750 is not collected on the LCDS.**

J1800. Any Falls Since Admission – Updates

J1800. Any Falls Since Admission	
Enter Code <input type="text"/>	Has the patient had any falls since admission? 0. No → <i>Skip to K0520, Nutritional Approaches</i> 1. Yes → <i>Continue to J1900, Number of Falls Since Admission</i>

- Updates to J1800 for IRF and LTCH:
 - Skip pattern revised for response option “No.”
 - Item now skips to K0520. Nutritional Approaches instead of M0210. Unhealed Pressure Ulcers/Injuries as in the previous version.
 - Coding tip removed and added to the fall definition.
 - Coding examples revised for clarity and updated with gender-neutral language.

J1900. Number of Falls Since Admission – Updates

J1900. Number of Falls Since Admission		
Coding:	↓ Enter Codes in Boxes	
	0. None	
	1. One	
	2. Two or more	
	<input type="checkbox"/>	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
	<input type="checkbox"/>	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
	<input type="checkbox"/>	C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

- For IRF and LTCH:
 - Coding examples revised for clarity and updated with gender-neutral language.

J1900. Number of Falls Since Admission – Updates (cont. 1)



- IRF:
 - Item rationale for falls added.
 - Falls are a leading cause of morbidity and mortality.
 - Fear of falling can limit an individual's activity and negatively impact quality of life.
 - Coding tip revised to clarify program interruption.
 - For item J1900, include all falls that occurred since the time of admission. This would include any falls that occurred during a program interruption.



J1900. Number of Falls Since Admission – Updates (cont. 2)



- LTCH:
 - Coding instructions enhanced to include a reminder to complete J1900 at the time of discharge.
 - New coding tip added regarding program interruption.
 - For item J1900, include all falls that occurred since the time of admission. This would include any falls that occurred during a program interruption.



Summary



- Section J contains new Pain Interview items for IRF and LTCH:
 - J0510. Pain Effect on Sleep.
 - J0520. Pain Interference with Therapy Activities.
 - J0530. Pain Interference with Day-to-Day Activities.
- General revisions were made to the guidance for the Section J fall items to enhance clarity and include gender-neutral language.

Submitting Questions

- If you have questions about this presentation, please submit them to PACTraining@Econometricalnc.com by June 3, 2022.
- Select questions will be answered in a Q&A session during the June 2022 virtual live event.

