

INPATIENT REHAB FACILITY RESOURCE



Additions to the Inpatient Rehabilitation Facility Patient Assessment Instrument

Use this checklist to ensure your unit/hospital and EHR are ready for significant changes to the IRF-PAI.

For a deeper dive into the changes, attend “**The 2022 IRF-PAI, What’s New?**” at the [ARN 2022 Rehabilitation Nursing Conference](#).

Added?

Timing
Admission

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

Added?

Timing
Admission

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

Added?

Timing
Admission

A1110. Language

A. What is your preferred language?

B. Do you need or want an interpreter to communicate with a doctor or healthcare staff?

- 0.** No
- 1.** Yes
- 9.** Unable to determine

Is an interpreter needed?

Added?

Timing

Admission
and Discharge

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

Added?

Timing

Discharge

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?

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

Added?

Timing

Discharge

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. Check all that apply.

A. Electronic Health Record

B. Health Information Exchange Organization

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)

Added?

Timing

Discharge

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?

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

Added?

Timing
Discharge

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.

Check all that apply.

- A.** Electronic Health Record (e.g., electronic access to patient portal)
- B.** Health Information Exchange Organization
- 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)

Added?

Timing
Admission

B0200. Hearing

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

Added?

Timing
Discharge

B1000. Vision

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

Added?

Timing
Discharge

B1300. Health Literacy

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

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

Added?

Timing

Admission
and Discharge

Add Brief Interview for Mental Status to Discharge

Added?

Timing

Admission and
Discharge

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 Medical Status Change: Is there evidence of an acute change in mental status from the patient's baseline?

0. No

1. Yes

For the following questions, enter codes in boxes:

0. Behavior not present

1. Behavior continuously present, does not fluctuate

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?

- **vigilant** - startled easily to any sound or touch
- **lethargic** - repeatedly dozed off when being asked questions, but responded to voice or touch
- **stuporous** - very difficult to arouse and keep aroused for the interview
- **comatose** - could not be aroused

Added?

Timing

Admission
and Discharge

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

1. Symptom Presence

- 0. No (enter 0 in column 2)
- 1. Yes (enter 0–3 in column 2)
- 9. No response (leave column 2 blank)

2. Symptom Frequency

- 0. Never or 1 day
- 1. 2–6 days (several days)
- 2. 7–11 days (half or more of the days)
- 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

Added?

Timing

Admission
and Discharge

D0700. Social Isolation

How often do you feel lonely or isolated from those around you?

0. Never

1. Rarely

2. Sometimes

3. Often

4. Always

8. Patient unable to respond

Added?

J0510. Pain Effect on Sleep

Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"

Timing

Admission
and Discharge

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

Added?

J0520. Pain Interference with Therapy Activities

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

Timing

Admission
and Discharge

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

Added?

J0530. Pain Interference with Day-to-Day Activities

Ask patient: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"

Timing

Admission
and Discharge

1. Rarely or not at all

2. Occasionally

3. Frequently

4. Almost constantly

8. Unable to answer

Added?

K0520. Nutritional Approaches

Check all of the following nutritional approaches that apply on admission.

Timing

Admission,
discharge, and 7 days
before discharge

A. Parenteral/IV feeding [TPN]

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

Added?

Timing

Admission
and Discharge

N0415. High-Risk Drug Classes: Use and Indication

1. Is taking

Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes.

Check all that apply:

- A.** Antipsychotic
- E.** Anticoagulant
- F.** Antibiotic

2. Indication noted

If column 1 is checked, check if there is an indication noted for all medications in the drug class.

- H.** Opioid
- I.** Antiplatelet
- J.** Hypoglycemic (including insulin)
- Z.** None of the above

Added?

Timing

Admission
and Discharge

Cancer Treatments

- A1.** Chemotherapy
- A2.** IV
- A3.** Oral **A10.** Other
- B1.** Radiation

Added?

Timing

Admission
and Discharge

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

Added?

Timing

Admission
and Discharge

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 IV
- O3.** Midline
- O4.** Central line (e.g., PICC, tunneled, port)
- None of the Above**
- Z1.** None of the above

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