

Compliance Today – April 2019 Inpatient rehabilitation facility monitoring

By John Falcetano

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A critical element of any effective compliance program is monitoring. As a service to our members, each month this column focuses on potential monitors for specific business lines.

To identify potential monitors, conduct a probe sample of your inpatient rehabilitation facility's (IRF) required documentation and select monitors for missing documentation identified. Required documentation includes:

1. Documentation at the time of admission that the patient:
 - a. Needs multiple active and ongoing therapies, one of which must be physical (PT) or occupational therapy (OT)
 - b. Requires supervision by a rehabilitation physician to assess, modify treatment to maximize the benefit
 - c. Is sufficiently stable to actively participate and benefit from an intensive rehabilitation therapy
2. Preadmission screening (PAS)
 - a. Completed within 48 hours preceding admission
 - b. Conducted by licensed or certified clinician within their scope of practice and training
 - c. Signed and dated by a physician with specialized training and experience in rehabilitation

Includes:

- i. Patient's medical and functional status
- ii. Prior level of function
- iii. Expected level of improvement and expected time frame to achieve improvement
- iv. Risk for clinical complications
- v. Conditions that caused need for rehab
- vi. Prior and current medical and functional conditions and comorbidities
- vii. Treatments needed e.g., (PT, OT, or speech therapy, prosthetics/orthotics)
- viii. Expected frequency/duration of treatment

- ix. Anticipated discharge destination
- x. Anticipated post-discharge treatment
- xi. Findings of PAS reviewed by physician

3. Post-admission physician evaluation

- a. Conducted within first 24 hours of admission

Includes:

- i. Changes or no changes since the preadmission screening
- ii. History and physical exam
- iii. Review of prior/current medical/functional conditions
- iv. If IRF criteria are not met, was placement sought in another setting within 3 days?

4. Overall plan of care

- a. Conducted within first four days of admission
- b. Synthesized by a rehabilitation physician

Includes:

- i. Prognosis, anticipated interventions, functional outcomes, and discharge destination
- ii. Expected intensity (at least 180 minutes/day)
- iii. Frequency of days/week (at least 5 days a week)
- iv. Duration of therapy days/IRF stay

5. Interdisciplinary team approach

- a. First meeting within seven days, then every seven days
- b. Individuals present: MD, RN, social worker/case manager, therapist with designation
- c. Assessment or progress toward goals
- d. Rehab physician conducts face-to-face visits with patient at least three days/week

6. Multiple therapies

- a. More than one type therapy (e.g., PT, OT, speech therapy)
- b. Started within 36 hours from midnight on the day of admission

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