

Continuous Clinical Improvement

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Operational Excellence



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Learning Objectives

- At the end of this presentation, you should be able to:
 - Establish clinical goals
 - Complete deep dive of program's current state
 - Implement a multi-faceted performance improvement plan

Overview of Standard Clinical Operating Procedures

Standard Operating Procedures



Standard Operating Procedures

Acute Rehab Operating Standards		Program Assessment
1	Presumptive Compliance Threshold Goal: Total Presumptive Compliance target is 60%. (UDS Compliance: Presumptive Eligibility Estimation Report)	
2	IRF PAI Data Completeness Goal: 95.5% completion (UDS Data Completeness Report, All Payers)	
3	PEM v3 Goal: 100.0 (UDS PEM v3 Tracking Report, Quarterly and Annual Published PEM Reports)	
4	CMI (All Payers) Goal: Meet or exceed the National average of 1.42. (UDS Comprehensive Performance Report [CPR], All Payers)	
5	Patient Experience (Overall Rating of Care) Goal: 86.6	
6	30 Day Readmission Goal: Less than 8.9% (National average) (CMS Care Compare "Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF")	
7	Patient Mix Composition goals: <ul style="list-style-type: none"> Neuro (RIC 1-6, 18, 19 subcategories) = 54% or higher Orthopedic (RIC 7, 8, 9, 12, 13, 17 subcategories) = 20% or lower All other RIC categories = 26% or higher. (UDS Rehab CPR, All Payers and UDS Etiologic and ICD Pairing Report)	
8	Short Stay, Expired, Early Transfer and Interruptions Goal: Less than National Adjusted (UDS Special Characteristics Reports)	

Presumptive Compliance Threshold

1

Presumptive Compliance
 Goal: Total Presumptive Compliance (UDS Compliance: Pass)

Acute Rehab Operating Standards

Program Assessment
Compliance: Medicare Presumptive Eligibility Estimation Report
 For compliance review periods beginning on or after October 1, 2015

Comments / Follow-up

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Cases with Qualifying IGC:
 Admission or Discharge IGC is listed as qualifying Impairment Group Code and is not coded with any of the excluded Etiologic Diagnoses, if applicable.

Cases with Qualifying MMT Fracture Code(s):
 Does not meet any of the qualifications above, and there are MMT Fracture codes listed as qualifying in the Etiologic Diagnosis and/or Comorbid Condition(s).

Cases with Qualifying Etiologic Diagnosis Code(s):
 Does not meet any of the qualifications above and Etiologic Diagnosis is listed as qualifying ICD-CM Code.

Cases with Qualifying Comorbid Condition(s):
 Does not meet any of the qualifications above, and one or more Comorbid Condition(s) is listed as qualifying ICD-CM Code. While these cases will presumptively qualify, to meet medical record review qualification standards please review the Comorbid Condition criteria in section 140.1.2 of the Medicare Claims Processing Manual, Revision 938, 05-05-06.

	#	%
Cases with Qualifying IGC:	200	60.1
Cases with Qualifying MMT Fracture Code(s):	4	1.2
Cases with Qualifying Etiologic Diagnosis Code(s):	4	1.2
Cases with Qualifying Comorbid Condition(s):	20	6.0
Total Presumptively Qualifying Cases:	228	68.5
Total Non-Qualifying Cases:	105	31.5
Total Cases:	333	

All

User-defined Date Range

Yes

No

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IRF-PAI Data Completeness

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IRF PAI Data Completeness
 Goal: 95.5% completion (UDS Data Completeness: Pass)

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IRF PAI Data Completeness
 IRF's must submit all required IRF-PAI information for 95% or more of their records to avoid a potential 2% payment penalty for all cases in the next fiscal year. This report will summarize the use of dashes (count and percentage) in the Quality Indicator fields for cases to ensure data completeness and monitor progress towards the 95% threshold.

	#	%
Total Cases in Report:	502	
"COMPLETE" cases:	502	100.00
"INCOMPLETE" (dash value(s) on quality items) cases:	0	0

* Applies to discharges prior to October 1, 2018

† Applies to discharges on or after October 1, 2018

‡ Applies to discharges on or after January 1, 2022

§ Applies to discharges on or after October 1, 2022

¶ Applies to discharges on or after October 1, 2022 but prior to October 1, 2023

** Applies to discharges on or after October 1, 2024

	#	%
Medical Information - Admission		
‡ 25A - Height (in inches)	0	0
‡ 26A - Weight (in pounds)	0	0
Section A - Administrative Information - Admission		
‡ A1110A. Language: What is your preferred language?	0	0
Section B - Hearing, Speech, and Vision - Admission		
‡ B0200. Hearing	0	0
‡ B1000. Vision	0	0
Section C - Cognitive Patterns - Admission		
‡ C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?	0	0
‡ C0200. Repetition of Three Words	0	0
‡ C0300A. Temporal Orientation: Able to report correct year	0	0
‡ C0300B. Temporal Orientation: Able to report correct month	0	0
‡ C0300C. Temporal Orientation: Able to report correct day of the week	0	0
‡ C0400A. Recall: Able to recall "sock"	0	0

Primary Payer: All

Facility Type: All

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PEM v3

Acute Rehab Operating Standards

Program Assessment

Comments / Follow-up

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PEM v3

Goal

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Program Evaluation Model (PEM) Version 3 Tracking Report

Indicator	Total Cases	Cases In Measure	Patients that Meet or Exceed Target	Observed Score	Expected Score	SubScore	Weight	Weighted Subscore
Discharge Self-Care	40	33	24			72.7%	15	10.9
Discharge Mobility	40	33	27			81.8%	15	12.3
Self-Care Attainment	40	33		104.6%		104.6%	10	10.5
Mobility Attainment	40	33		113.0%		113.0%	10	11.3
Functional Attainment	40	33		1.25		125.1%	10	12.5
Discharge to Community	40	39		76.9%	82.8%*	92.9%	30	27.9
Discharge to Acute Care	40	39		12.8%	9.3%*	96.1%	10	9.6
Facility PEM Version 3 Total Score								95.0

CMD Targets Date Range: FY2024

Run Report

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ystem 3 score

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CMI (All Pay

CMI (All Payers)

Goal: Meet or exceed the (UDS Comprehensive Performance)

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QUALITY MEASURES

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DISCHARGE

PEM VERSION

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PATIENT SAT

COMPREHENSIVE

DISCHARGE

DISCHARGE

DISCHARGE

Acute Rehabilitation Operating Standards				
		Facility	Region	Nation
Total Cases		187	23,997	470,460
Financial Metrics				
		Facility	Region	Nation
Case Mix Index		1.2288	1.3685	1.4259
Avg. Admission Relative Weight		1.2422	1.3951	1.4519
Short Stay % *		0.0%	1.3%	1.4%
Early Transfer % *		7.0%	10.0%	8.8%
Avg. Adjusted FPP		\$0.00	\$21,475.84	\$23,112.33
Avg. Admission Motor Score *		55.2	55.1	54.9
Avg. LOS *		11.5	11.0	11.1
Patient Characteristics				
		Facility	Region	Nation
Avg. Age *		75.4	75.7	76
Tier Capture % *				
Tier A % *		40.6%	39.1%	40.7%
Tier B % *		0.5%	3.9%	4.0%
Tier C % *		10.7%	6.6%	6.8%
Tier D % *		48.1%	50.5%	48.6%
Unassigned Tier % *		0.0%	0.0%	0.0%
Rehabilitation Impairment Category (RIC) %				
01 Stroke (Stroke)		20.9%	21.9%	20.2%
02 Traumatic Brain (TBI)		5.3%	4.0%	3.8%
03 Nontraumatic Brain (NTBI)		9.6%	7.7%	8.2%
04 T Spinal Cord (TSCI)		0.0%	1.0%	0.8%
05 NT Spinal Cord (NTSCI)		3.2%	4.5%	3.9%
06 Neurological (Neuro)		4.3%	9.3%	14.5%
07 Fracture of LE (FracLE)		17.6%	10.6%	10.8%
08 Replacement of LE (ReplLe)		1.1%	3.7%	3.5%
09 Other Orthopedic (Ortho)		17.1%	7.4%	7.6%
10 Amputation, LE (AMPLE)		4.8%	2.8%	2.1%
11 Amputation, other (AMP-NLE)		1.1%	0.1%	0.1%
12 Osteoarthritis (OsteoA)		0.0%	0.1%	0.2%
13 Rheumatoid, other (RheumA)		0.0%	0.2%	0.2%
14 Cardiac (Cardiac)		1.1%	5.4%	5.0%
15 Pulmonary (Pulmonary)		0.0%	1.6%	1.3%
16 Pain Syndrome (Pain)		0.0%	0.1%	0.2%
17 MMT/Trauma noBSCL (MMT/NBSCL)		2.7%	3.4%	3.3%

Key measures utilizing clinical, financial, quality and demographic indicators.

Comments / Follow-up

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Patient Experience (Overall Rating of Care)

Acute Rehab Operating Standards			Program Assessment	Comments / Follow-up
5	Patient Experience (Overall Rating of Care) Goal: 86.6			

HCA Rank (Out of 45)	All Press Ganey DB Percentile (N=391)	Current Qtr Total Number of Completes	Response Rates	Inpatient Rehab Overall Rating % Top Box											
				Current Qtr	Previous Qtr	Qtr Over Qtr Change	Same Qtr Previous Year	Current Qtr vs Same Qtr Prev Year	Previous 4 Qtr % Top Box	Current Qtr vs Previous 4 Qtr % Top Box Change	Previous Qtr HCA Rank	5 Quarter Trend			
1	99	19	22.7%	94.7	85.7	9.0	95.2	-0.5	87.7	7.0	12				
2	99	15	20.3%	93.3	100.0	-6.7	93.3	0.0	95.2	-1.9	1				
3	96	19	31.9%	89.5	64.7	24.8	90.5	-1.0	73.8	15.7	41				
4	95	17	22.6%	88.2	n<15	n<15	n<15		89.6	-1.4					
5	93	39	28.7%	87.2	80.6	6.6	81.6	5.6	80.8	6.4	25				
6	93	31	38.1%	87.1	76.2	10.9	90.5	-3.4	84.5	2.6	30				

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30-Day Readmission

Acute Rehab Operating Standards			Program Assessment	Comments / Follow-up
6	30 Day Readmission Goal: Less than 8.9% (National average) (CMS Care Compare "Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF")			

Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF ↓ Lower percentages are better	8.42% National average: 8.90%	▼
Rate of potentially preventable hospital readmissions during the IRF stay ↓ Lower percentages are better	4.43% National average: 4.75%	▼

[Care Compare Website](#)

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Patient Mix Composition

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Facility: Etiologic Diagnosis by Impairment Group Code Listing - Cases Discharged: Current Month (10/01/2024-10/31/2024)

Sort By: Impairment Code and Etiologic Code Direction: Ascending

Cases Included: 24

IGC Description	Et Dx A Description	Et Dx B Description	Et Dx C Description	Count
1.1 LEFT BODY INVOLVEMENT(RIGHT BRAIN)	I63.89 Other cerebral infarction			1
	I63.9 Cerebral infarction, unspecified			2
1.2 RIGHT BODY INVOLVEMENT(LEFT BRAIN)	I63.9 Cerebral infarction, unspecified			1
2.1 NON-TRAUMATIC	G40.909 Epilepsy, unsp, not intractable, without status epilepticus	I61.1 Nontraumatic intracerebral hemorrhage in hemisphere, cortical		1
	I62.01 Nontraumatic acute subdural hemorrhage			1
2.22 CLOSED INJURY	S06.5XAA	S06.36AA		1
3.1 MULTIPLE SCLEROSIS	G35. Multiple sclerosis			1
3.9 OTHER NEUROLOGIC	G35. Multiple sclerosis			1
5.3 SINGLE LOWER EXTREMITY (AK)	E11.52 Type 2 diabetes w diabetic peripheral angiopathy w gangrene			1
8.11 POST UNILATERAL HIP FRACTURE	S72.111A Disp fr of greater trochanter of right femur, init	S72.141A Displaced intertrochanteric fracture of right femur, init		1
8.4 STATUS POST MAJOR MULT FRAC	S42.211A Unsp disp fr of surgical neck of right humerus, init	S32.591A Oth fracture of right pubis, init enroute for closed fracture		1
8.9 OTHER ORTHOPAEDIC	M00.861 Arthritis due to other bacteria, right knee			1
	S12.100A Unsp disp fr of second cervical vertebra, init for disc fr.			1

Comments / Follow-up

All

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Short Stay, Expired, Early Transfers, Interruptions

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Short Stay, Expired, Early Transfers, Interruptions

Goal: Less than National Adjusted (UDS Special Characteristics Report)

5001 - Short Stay

Expired* (discharge setting = 11)

Early Transfer

Interruption

Facility # Cases: 1,220

Special Cases Category	Facility # Special Cases	Facility %	Corp # Special Cases	Corp %	Corp Adjusted %	Nation # Special Cases	Nation %	Nation Adjusted %
5001 - Short Stay	6	0.49	418	0.92	0.63	6,805	1.11	0.65
5101 - Expired, Ortho, LOS <=13	0	0.00	6	0.01		64	0.01	
5102 - Expired, Ortho, LOS >=14	0	0.00	0	0.00		12	0.00	
5103 - Expired, Non-Ortho, LOS <=15	5	0.41	37	0.08	0.13	534	0.09	0.14
5104 - Expired, Non-Ortho, LOS >=16	0	0.00	10	0.02		86	0.01	
Expired* (discharge setting = 11)	5	0.41	73	0.16	0.26	954	0.16	0.26
Early Transfer	113	9.26	4,779	10.49	16.65	74,790	12.23	20.56
Interruption	5	0.41	507	1.11		10,097	1.65	

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Deep-Dive Evaluation of Program Current Status

Evaluation of Current Status

Rehab Unit / Hospital Name:		General Hospital Rehab	
		Date: July 15, 2024, Mid-Year Review	
	Acute Rehab Operating Standards	Program Assessment	Comments / Follow-up
1	Presumptive Compliance Threshold – Total Presumptive Compliance target is 60%. (UDS Compliance: Presumptive Eligibility Estimation Report)	6 months into compliance year, total presumptive is 70% based on admissions.	Occupancy 60% for same period as of compliance report. Action: Meet with Rehab Medical Director and Liaison to review non-admit log for possible opportunities to expand access to rehab.




Evaluation of Current Status

Rehab Unit / Hospital Name:		General Hospital Rehab	
		Date: July 15, 2024, Mid-Year Review	
	Acute Rehab Operating Standards	Program Assessment	Comments / Follow-up
3	PEM v3 Goal: 100.0 (UDS PEM v3 Tracking Report, Quarterly and Annual Published PEM Reports)	Overall raw score 90.0, greatest opportunity appears to be discharge to acute.	Meet with Rehab Medical Director and nursing leadership to review trends and identify opportunities.

Evaluation of Current Status

Rehab Unit / Hospital Name:		General Hospital Rehab	
		Date: July 15, 2024, Mid-Year Review	
	Acute Rehab Operating Standards	Program Assessment	Comments / Follow-up
5	Patient Experience (Overall Rating of Care) Goal: 86.6	Press Ganey reports show Overall Rating of Care at 76 percentile.	Schedule staff luncheon to celebrate wins and thank you notes to individuals with multiple comments.

Evaluation of Current Status

Rehab Unit / Hospital Name: <i>General Hospital Rehab</i>		
Date: <i>July 15, 2024, Mid-Year Review</i>		
Acute Rehab Operating Standards	Program Assessment	Comments / Follow-up
7  Patient Mix composition goals: <ul style="list-style-type: none"> Neuro (RIC 1-6, 18, 19 subcategories) = 54% or higher Orthopedic (RIC 7, 8, 9, 12, 13, 17 subcategories) = 20% or lower All other RIC categories = 26% or higher. (UDS Rehab CPR, All Payers and UDS Etiologic and IGC Pairing Report)	Neuro: 44.6% Ortho: 31.5% Other: 23.9%	During meeting with Medical Director and Liaison review number of hip fx we are admitting (ortho % and compliance high), are we missing opportunities with stroke? Complex cardiac or debility (other low, occupancy low and compliance high?)
	 	

Targeting Case-Mix Index (CMI)

CMI Tool

- Use to evaluate program opportunities surrounding CMI
- Using CPR, cut and paste
- Produces snapshot of strengths and opportunities

CMI Evaluation Tool							
Rehab Unit Name:		#VALUE!		#VALUE!			
Total Number of Beds:		#VALUE!		#VALUE!			
Enter Timeframe - All Payers							
RIC	Diagnostic Mix	#VALUE!		Corporate		Nation	
		Case #	%	Case #	%	Case #	%
1	CVA	0	0.0%	0	0.0%	0	0.00%
2	Traumatic BI	0	0.0%	0	0.0%	0	0.0%
3	Non-Trauma BI	0	0.0%	0	0.0%	0	0.0%
4	Traumatic Sp. Cord	0	0.0%	0	0.0%	0	0.0%
5	Non-Trauma Sp. Cord	0	0.0%	0	0.0%	0	0.0%
6	Neurological	0	0.0%	0	0.0%	0	0.0%
7	Hip Fracture	0	0.0%	0	0.0%	0	0.0%
8	Knee/Hip Replacement	0	0.0%	0	0.0%	0	0.0%
9	Other Ortho	0	0.0%	0	0.0%	0	0.0%
10	Amputation - Lower	0	0.0%	0	0.0%	0	0.0%
11	Amputation - Other	0	0.0%	0	0.0%	0	0.0%
12	Osteoarthritis	0	0.0%	0	0.0%	0	0.0%
13	Rheumatoid Arthr.	0	0.0%	0	0.0%	0	0.0%
14	Cardiac	0	0.0%	0	0.0%	0	0.0%
15	Pulmonary/Resp.	0	0.0%	0	0.0%	0	0.0%
16	Pain Syndrome	0	0.0%	0	0.0%	0	0.0%
17	HI-trauma - no IIR or SCI	0	0.0%	0	0.0%	0	0.0%
18	HI-trauma - w/ IIR or SCI	0	0.0%	0	0.0%	0	0.0%
19	Guillain Barre	0	0.0%	0	0.0%	0	0.0%
20	Misc.	0	0.0%	0	0.0%	0	0.0%
21	Blank	0	0.0%	0	0.0%	0	0.0%
Total		0	0.0%	0	0.0%	0	0.0%
Neuro		0	0.0000	0	0.0000	0	0.0000
Ortho		0	0.0000	0	0.0000	0	0.0000
Other		0	0.0000	0	0.0000	0	0.0000
High CMI IGCs (01,02,04,05,18,19)		0	0.0000	0	0.0000	0	0.0000
Case Mix Index							
CMI		0.00		0.00		0.00	
Average Admission Motor Score							
Average Admission Motor Score		0.0		0.0		0.0	
Comorbidity Rate							
B - Highest		0.0%		0.0%		0.0%	
C		0.0%		0.0%		0.0%	
D		0.0%		0.0%		0.0%	
A - No Tier		0.0%		0.0%		0.0%	
Short Stay Cases							
# Short Stay Cases		0		N/A		N/A	
% Short Stay Cases		0.00%		0.00%		0.00%	
Early Transfers							
% Early Transfer		0.0%		0.0%		0.0%	

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Step 1: Identifying Opportunity

Diagnostic Mix

Facility: MF76 - Etiologic Diagnosis by Impairment Group Code Listing - Cases Discharged: Current Year (01/01/2025-12/31/2025)

Sort By: Impairment Code and Etiologic Code Direction: Ascending

Cases Included: 430		
3.4 GUILLAIN-BARRE	G62.9 Polyneuropathy, unspecified	1
	G61.0 Guillain-Barre syndrome	1
3.8 NEUROMUSCULAR DISORDERS	G72.81 Critical illness myopathy	11
	G82.50 Quadriplegia, unspecified	1
	G09.2 Myelopathy in diseases classified elsewhere	1
3.9 OTHER NEUROLOGIC	G81.94 Hemiplegia, unspecified affecting left nondominant side	1
	G83.41 Isolated occipitalopathy	1
	M47.25 Other spondylosis with radiiculopathy, thoracolumbar region	1
	M47.26 Other spondylosis with radiiculopathy, lumbar region	3
	M51.16 Intervertebral disc disorders w radiiculopathy, lumbar region	1
	M51.17 Intervertebral disc disorders w radiiculopathy, lumbosacral region	1
	M54.19 Radiculopathy, lumbar region	5
4.111 PARAPLEGIA INCOMPLETE (Non-Trauma)	G95.89 Other specified diseases of spinal cord	1
	M51.54 Intervertebral disc disorders w myelopathy, thoracic region	1
4.12 QUADRIPLEGIA (Non-Trauma)	G09.2 Myelopathy in diseases classified elsewhere	1

Is this a SCI, how is 3.8 supported in record?

Is this a late effects stroke? NTBI?

CMI Evaluation Tool							
Rehab Unit Name:		40					
Total Number of Beds:		40					
RIC	Diagnostic Mix	1/1/2025-5/31/2025 - All Payers					
		Facility		Region		Nation	
		Case #	%	Case #	%	Case #	%
1	CVA	66	14.6%	6,284	23.7%	58,834	21.73%
2	Traumatic BI	27	6.0%	1,160	4.38%	10,022	3.7%
3	Non-Trauma BI	46	10.2%	2,452	9.26%	22,476	8.3%
4	Traumatic Sp. Cord	0	0.0%	394	1.45%	3,017	1.1%
						4,352	14.02%
						9,525	3.02%
						3,082	7.02%
						2,552	0.22%
						10,122	0.1%
						4,622	1.33%
						1,332	0.1%
						3,322	1.22%
						8,422	12.42%
						55,022	32.62%
						23,722	21.32%
						21,322	21.32%
						32,622	32.62%
						0	0.0%
						0	0.0%
						0	0.0%
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Step 1: Identifying Opportunity

Is CMI lower than nation?

CMI Evaluation Tool							
Rehab Unit Name:		40					
Total Number of Beds:		40					
1/1/2025-5/31/2025 - All Payers							
RIC	Diagnostic Mix	Facility		Region		Nation	
		Case #	%	Case #	%	Case #	%
1	CVA	66	14.6%	6,284	23.7%	58,834	21.73%
2	Traumatic IB	27	6.0%	1,160	4.36%	10,122	3.7%
3	Non-Trauma IB	46	10.2%	2,452	9.26%	22,476	8.3%
4	Traumatic Sp. Cord	0	0.0%	394	1.43%	3,017	1.1%
5	Non-Trauma Sp. Cord	15	3.3%	1,457	5.50%	11,653	4.3%
6	Neurological	43	9.5%	2,720	10.27%	37,820	14.0%
7	Hip Fracture	75	16.6%	2,675	10.10%	25,524	9.5%
8	Knee/Hip Replacement	14	3.1%	768	2.90%	8,177	3.0%
9	Other Ortho	41	9.1%	1,063	7.63%	8,663	7.6%
10	Amputation - Lower	1	0.2%	544	2.05%	6,836	2.5%
11	Amputation - Other	1	0.2%	23	0.09%	181	0.1%
12	Osteoarthritis	0	0.0%	21	0.08%	384	0.1%
13	Rheumatoid Arth	1	0.2%	42	0.16%	497	0.2%
14	Cardiac	18	4.0%	1,057	3.93%	12,351	4.6%
15	Pulmonary/Resp.	15	3.3%	313	1.18%	3,642	1.3%
16	Pain Syndrome	0	0.0%	58	0.22%	395	0.1%
17	Multi-trauma - no IB or SC	11	2.4%	1,112	4.20%	10,643	3.9%
18	Multi-trauma - w/ IB or SC	3	0.7%	540	2.04%	3,258	1.2%
19	Gillian Barre	1	0.2%	149	0.56%	1,194	0.4%

	Facility	Region	Nation
Case Mix Index	1.28	1.44	1.43
CMI (ICD 01.02.04.05.18.19)	1.28	1.44	1.43
Average Admission Motor Score	52.5	52.3	52.4
Comorbidity Rate	2.4%	4.0%	4.1%
B - Highest	2.4%	4.0%	4.1%
C	8.2%	9.7%	9.0%
D	38.4%	48.4%	50.4%
A - No Tier	43.7%	36.7%	35.2%
# Short Stay Cases	5	NA	NA
% Short Stay Cases	1.12%	1.48%	1.48%
Early Transfers	14.2%	10.0%	10.3%

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Step 1: Identifying Opportunity

Is Admission Motor Scoring higher than nation?

CMI Evaluation Tool							
Rehab Unit Name:		40					
Total Number of Beds:		40					
		1/1/2025-5/31/2025 - All Payers					
RIC	Diagnostic Mix	Facility		Region		Nation	
		Case #	%	Case #	%	Case #	%
1	CVA	66	14.6%	6,284	23.7%	58,834	21.73%
2	Traumatic IB	27	6.0%	1,160	3.38%	10,122	3.7%
3	Non-Trauma IB	46	10.2%	2,452	9.26%	22,476	8.3%
4	Traumatic Sp. Cord	0	0.0%	394	1.43%	3,017	1.1%
5	Non-Trauma Sp. Cord	15	3.3%	1,457	5.50%	11,653	4.3%
6	Neurological	43	9.5%	2,720	10.27%	37,820	14.0%
7	Hip Fracture	75	16.6%	2,675	10.10%	25,524	9.5%
8	Knee/Hip Replacement	14	3.1%	768	2.90%	8,177	3.0%
9	Other Ortho	41	9.1%	1,063	7.63%	8,663	7.6%
10	Amputation - Lower	1	0.2%	544	2.05%	6,836	2.5%
11	Amputation - Other	1	0.2%	23	0.09%	181	0.1%
12	Osteoarthritis	0	0.0%	21	0.08%	384	0.1%
13	Rheumatoid Arth	1	0.2%	42	0.16%	497	0.2%
14	Cardiac	18	4.0%	1,057	3.93%	12,351	4.6%
15	Pulmonary/Resp.	15	3.3%	313	1.18%	3,642	1.3%
16	Pain Syndrome	0	0.0%	58	0.22%	395	0.1%
17	Multi-trauma - no IB or SC	11	2.4%	1,112	4.20%	10,643	3.9%
18	Multi-trauma - w/ IB or SC	3	0.7%	540	2.04%	3,258	1.2%
19	Gillian Barre	1	0.2%	149	0.56%	1,194	0.4%

	Facility	Region	Nation
Average Admission Motor Score	52.5	52.3	52.4
CMI	1.28	1.44	1.43
Average Admission Motor Score	52.5	52.3	52.4
Comorbidity Rate	2.4%	4.0%	4.1%
B - Highest	2.4%	4.0%	4.1%
C	8.2%	9.7%	9.0%
D	38.4%	48.4%	50.4%
A - No Tier	43.7%	36.7%	35.2%
# Short Stay Cases	5	NA	NA
% Short Stay Cases	1.12%	1.48%	1.48%
Early Transfers	14.2%	10.0%	10.3%

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Step 1: Identifying Opportunity

Are Tiering cases lower than nation?

		Facility	Region	Nation
Tier B - Highest		2.4%	4.0%	4.1%
Tier C		8.2%	9.7%	9.0%
Tier D		38.4%	48.4%	50.4%
A - No Tier		49.7%	36.7%	35.2%

Case Mix Index			
CMI	1.28	1.44	1.43
Average Admission Motor Score	52.5	52.3	52.4
Comorbidity Rate			
B - Highest	2.4%	4.0%	4.1%
C	8.2%	9.7%	9.0%
D	38.4%	48.4%	50.4%
A - No Tier	49.7%	36.7%	35.2%
Short Stay Cases			
# Short Stay Cases	1	NA	NA
% Short Stay Cases	1.12%	1.48%	1.48%
Early Transfers			
% Early Transfer	14.2%	10.0%	10.3%

Short Stay CMI = 0.121 (FY 2022)			
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Step 1: Identifying Opportunity

Are Early Transfers higher than nation?

CMI Evaluation Tool							
Rehab Unit Name: _____							
Total Number of Beds: 40							
1/1/2025-5/31/2025 - All Payers							
RIC	Diagnostic Mix	Facility		Region		Nation	
		Case #	%	Case #	%	Case #	%
1	CVA	66	14.6%	6,284	23.7%	58,834	21.7%
2	Traumatic IB	27	6.0%	1,160	4.3%	10,122	3.7%
3	Non-Trauma IB	46	10.2%	2,452	9.2%	22,476	8.3%
4	Traumatic Sp. Cord	0	0.0%	394	1.4%	3,017	1.1%
5	Non-Traumatic Sp. Cord	15	3.3%	1,457	5.5%	11,653	4.3%
6	Neurological	43	9.5%	2,720	10.2%	37,820	14.0%
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9	Other Ortho	41	9.1%	1,063	7.0%	18,663	7.0%
10	Amputation - Lower	1	0.2%	544	2.0%	6,838	2.5%
11	Amputation - Other	1	0.2%	23	0.0%	181	0.1%
12	Osteoarthritis	0	0.0%	21	0.0%	384	0.1%
13	Rheumatoid Arth	1	0.2%	42	0.1%	497	0.2%
14	Cardiac	18	4.0%	1,057	3.9%	12,351	4.6%
15	Pulmonary/Resp.	15	3.3%	313	1.1%	3,642	1.3%
16	Pain Syndrome	0	0.0%	58	0.2%	335	0.1%

	Facility	Region	Nation
% Early Transfer	14.2%	10.0%	10.3%

Neuro	201	44.6%	15,158	57.2%	148,374	55.0%
Ortho	142	31.5%	6,481	24.5%	64,688	23.7%
Other	108	23.9%	4,846	18.3%	57,523	21.3%
High CMI IGCs (01,02,04,05,18,19)	112	24.8%	9,984	37.7%	88,078	32.6%

Case Mix Index		1.44	1.43
Average Admission Motor Score		52.5	52.3
Average Admission Motor Score		52.5	52.4
Comorbidity Rate		2.4%	4.0%
B - Highest		8.2%	9.7%
C		38.4%	50.4%
D		49.7%	36.7%
A - No Tru		5	NA
# Short Stay Cases		5	NA
% Short Stay Cases		1.12%	1.48%
Early Transfers		14.2%	10.0%
% Early Transfer		14.2%	10.3%

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Develop Multi-faceted Performance Improvement Plan

Step 2: Facility Action Plan

Step 1: Identify opportunity –
is CMI lower than nation?

Step 2: Determine next steps

Rehab Unit Comprehensive PI Plan			*** Required Action Items			In Progress: 13% Complete: 33%		Today's Date: 5/30/2025 Target Finish: 9/30/2025			
Domain	Action Item	Task Status	Planned Start Date	Planned Finish Date	Actual Finish Date	Responsible Party	Status	Comments	Tools/Resources		
CMI	PD, or designee, to complete current chart reviews of H&P and initial consult notes, focusing on completeness and specificity to support coding and medical necessity	In Progress, On Track	3/15/2025	6/15/2025		PD		Ongoing opportunities noted during team conference and in documentation. Additional education required for MD			
CMI	BDD to complete onsite assessment focusing on CRS screening of hospital census for medically complex pts, specificity of documentation and bedside assessment	Complete	3/15/2025	4/15/2025	4/15/2025	BDD		Complete and Q3 return assessment to occur	BDD sharepoint		
CMI	PPSC escalate questions on IGC/ED pairing to preceptor prior to finalizing IRF PAI	In Progress, At Risk	3/15/2025	9/30/2025		PPSC		Program was initially covered by PRN pol until 4/1/2025 FT PPSC is novice and still leans in on preceptor- working toward proficiency at end of 6 months, September	IGC ED pairing healthstream, PPSC DL, Preceptor, PPSC Educator		
CMI	PPSC complete monthly IGC/ED pairing report focusing on appropriate pairing, specificity of codes and comorbidities listed as an Et Dx	In Progress, At Risk	3/30/2025	9/30/2025		PPSC		Program was initially covered by PRN pol until 4/1/2025 FT PPSC is novice and still leans in on preceptor- working toward proficiency at end of 6 months, September			
CMI	Establish process for therapist and nursing observations to assess competency with the use of Eval then Treat model	In Progress, Past Due	3/15/2025	4/30/2025		Therapy and Nurse Manager		Unable to assess primary weekend PRN staff due to leadership availability	Sharepoint Education resources on CARE scoring		
CMI	Establish interdisciplinary communication/collaboration using iMobile during admission assessment of CARE tasks to capture true burden of care	Complete	3/15/2025	5/15/2025	5/30/2025	All Leaders		Educated all on use of iMobile and instituted bedside handoff between nursing and therapy and therapy to therapy			

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Step 3: Data Assessment

Step 1: Identify opportunity

Step 2: Determine next steps

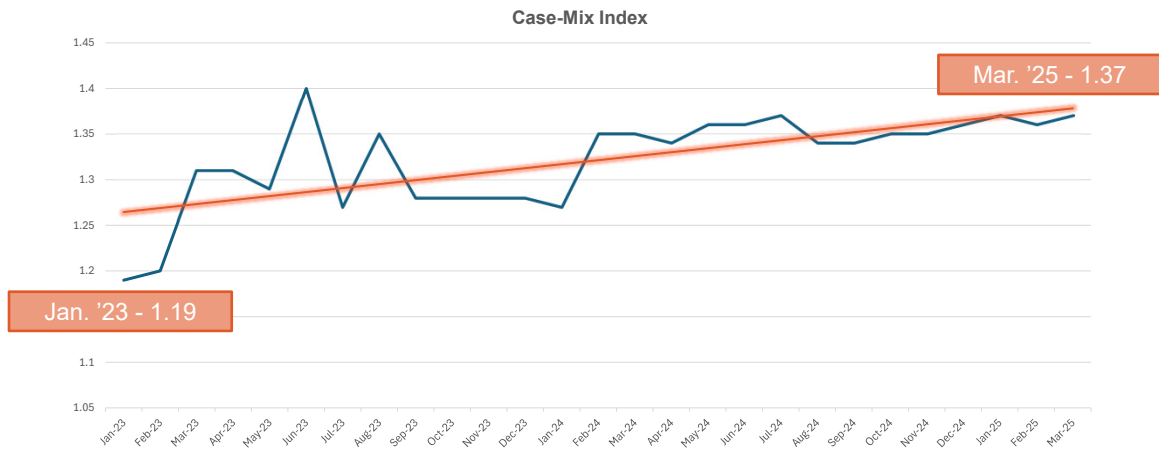
Step 3: Data monitoring to
refine opportunity



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Clinical Operational Excellence



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Thank You and Questions

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