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From Chaos to Clarity: Making Hospital Ops Make Sense

- **Clinical Outcomes**
- **Reports –** Comprehensive Performance Report, PEM Report, Profile Report
- FOM Rounding – scoring reports, bladder and bowel, comprehensive performance report and monthly summary trends
- PEM Performance
- Marketing – Profile Reports
- **Financial Outcomes**
  - CMI
  - Admission coding
  - LOS
    - Early Transfers
  - Daily UR
- Therapy/Nursing impact on financial performance

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Clinical Outcomes

W. Edwards Deming said, “In God we trust. All others must bring data.”

“Without data, you are blind and deaf and in the middle of a freeway.”
— Geoffrey Moore

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What reports are going to help me?

- Comprehensive Performance Report
- Admit/DC FOMS
  - Admission Functional Status report and Admission Frequency report
  - Discharge Functional Status report and Discharge Frequency report
  - Case Listing – Patient-specific scores compared to CMG Risk Adjusted
  - Discharge Function Score Report
- Performance Evaluation Model
- FOM Education
  - EDU/Training/Consultation- IRF-PAI Manual- FAQ about IRF PAI QI
  - EDU/Training/Consultation- Clinical (different resources to download or order)
- Profile Reports – use as part of visual education
- Bladder and Bowel
  - Reports- software on demand- quality measurement- bladder and bowel
- FOM Credentialing
  - Reference “clinicians” tab for history of test scores
  - QI credentialing- dashboard- shows where we are “lacking” and should focus education- if less than 80%
- PEM Report: impacted by D/C FOMS, change in admit and D/C FOMS, DC location (ACT or community), Functional Attainment
- Monthly Summary Trends report

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The Challenge

- Experts in accuracy of care
  - FOM coding
  - B&B
  - Medical Comorbidities
  - Documentation
  - Right Resources at the right time
- How do we Engage, Educate, and Empower Our Staff to be extensions of us??

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Determine which indicator is lagging

- Generate the scoring Report (any rating inaccuracies?)
- Can you identify FOM items whose average values are different from the expected National/Corporation averages? (Admission Scoring Report)
- Scoring differently than the expected for a specific FOM category (Admission Frequency Report)
- Are you doing this on admission and discharge patients? (Both on Admission and on Discharge)

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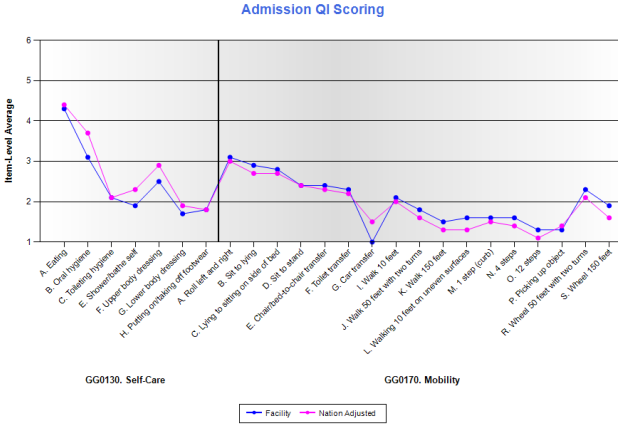
Admission and DC Functional Scoring Report

- Blue = Facility admission FOM (or DC depending on report)
- Pink = Adjusted admission and discharge FIM® ratings



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Admission and DC Frequency Reports

Facility: [redacted] - UDS-PRO® Admission Frequency of Section GG Report: Current Year (01/01/2025–12/31/2025)

Date Type: Admission Primary Payer: All

	Facility	Region	Nation
Total Cases	457	29,044	296,014

GG0130. Self-Care

A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.

	Admission			
	#	%	Region % Adjusted	Nation % Adjusted
06. Independent	1	0.2	6.7	9.4
05. Setup or clean-up assistance	130	28.4	30.9	36.5
04. Supervision or touching assistance	115	25.2	31.0	28.2
03. Partial/moderate assistance	97	21.2	15.9	12.3
02. Substantial/maximal assistance	29	6.3	5.5	4.9
01. Dependent	62	13.6	5.5	4.5
07. Patient refused	0	0.0	0.2	0.2
09. Not applicable	0	0.0	0.2	0.2
10. Not attempted due to environmental limitations	0	0.0	0.0	0.1
88. Not attempted due to medical condition or safety concerns	23	5.0	4.1	3.8
- Dash	0	0.0	0.0	0.1
Blank	0	0.0	0.0	0.0

B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.

	Admission			
	#	%	Region % Adjusted	Nation % Adjusted
06. Independent	0	0.0	1.9	2.0
05. Setup or clean-up assistance	36	7.9	21.0	24.0
04. Supervision or touching assistance	132	28.9	32.3	32.8
03. Partial/moderate assistance	145	31.7	24.2	21.0

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Determine which indicator is lagging

- Are you utilizing the Case Listing Quality Indicators to compare to CMS Risk Adjusted Self Care and Mobility values?
- It determines whether less-than-expected results exist
- Real-time education
- Real-time intervention

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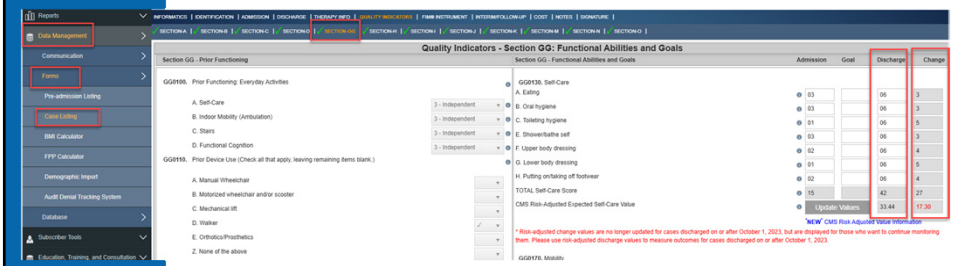
Quality Indicators – Section GG

Comparing scores to CMS Risk Adjusted Expected Scores



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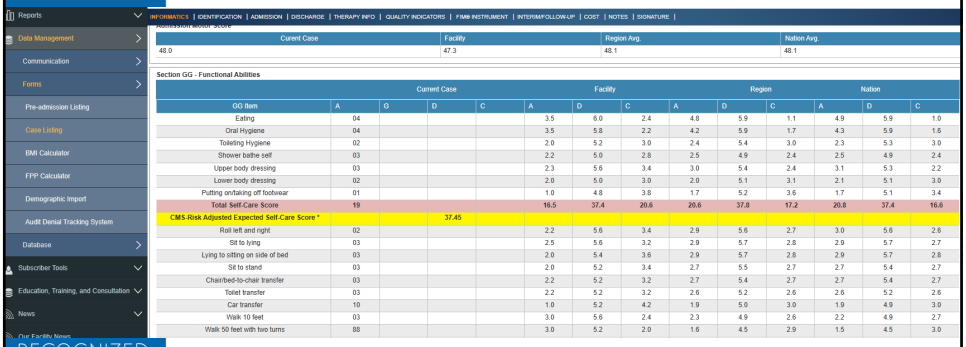
Informatics Tab

Evaluating your admission GG scores compared to Facility/Region/Nation



Current Case	Facility	Region Avg.	Nation Avg.
48.0	47.3	48.1	48.1

Section GG - Functional Abilities

	Current Case				Facility			Region			Nation		
GG Item	A	G	D	C	A	D	C	A	D	C	A	D	C
Eating	04				3.5	6.0	2.4	4.8	5.9	1.1	4.9	5.9	1.0
Oral Hygiene	04				3.5	5.8	2.2	4.2	5.9	1.7	4.3	5.9	1.6
Toileting Hygiene	02				2.0	5.2	3.0	2.4	5.4	3.0	2.3	5.3	3.0
Shower bathe self	03				2.2	5.0	2.8	2.5	4.9	2.4	2.5	4.9	2.4
Upper body dressing	03				2.3	5.6	3.4	3.0	5.4	2.4	3.1	5.3	2.2
Lower body dressing	02				2.0	5.0	3.0	2.9	5.1	3.1	2.1	5.1	3.0
Putting on/taking off footwear	01				1.0	4.8	3.8	1.7	5.2	3.6	1.7	5.1	3.4
Total Self-Care Score	19				16.5	37.4	20.6	20.6	37.8	17.2	20.8	37.4	16.6
CMS-Risk Adjusted Expected Self-Care Score *			37.45										
Roll left and right	02				2.2	5.6	3.4	2.9	5.6	2.7	3.0	5.6	2.6
Sit to lying	03				2.5	5.6	3.2	2.9	5.7	2.8	2.9	5.7	2.7
Lying to sitting on side of bed	03				2.0	5.4	3.6	2.9	5.7	2.8	2.9	5.7	2.8
Sit to stand	03				2.0	5.2	3.4	2.7	5.5	2.7	2.7	5.4	2.7
Chair/bed-to-chair transfer	03				2.2	5.2	3.2	2.7	5.4	2.7	2.7	5.4	2.7
Toilet transfer	03				2.2	5.2	3.2	2.6	5.2	2.6	2.6	5.2	2.6
Car transfer	10				1.0	5.2	4.2	1.9	5.0	3.0	1.9	4.9	3.0
Walk 10 feet	03				3.0	5.6	2.4	2.3	4.9	2.6	2.2	4.9	2.7
Walk 50 feet with two turns	88				3.0	5.2	2.0	1.6	4.5	2.9	1.5	4.5	3.0

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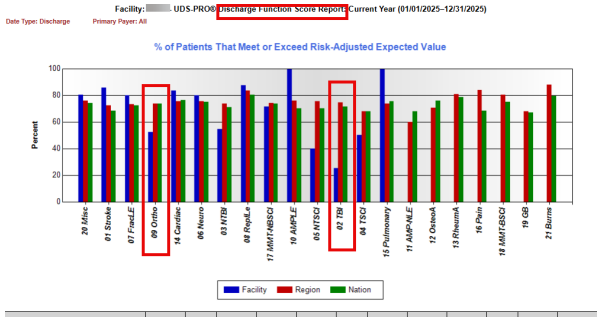
Discharge Function Score Report

Comparing discharge scores by RIC to CMS Risk Adjusted Expected Scores



RIC Group / CMG	Facility # Cases	Facility Obs. Avg.	Facility Risk-Adj. Expected Avg.	Facility Pct. Meet or Exceed	Region # Cases	Region Obs. Avg.	Region Risk-Adj. Expected Avg.	Region Pct. Meet or Exceed	Nation # Cases	Nation Obs. Avg.	Nation Risk-Adj. Expected Avg.	Nation Pct. Meet or Exceed
All	209	49.09	43.92	75.6%	61,383	52.62	50.12	74.6%	290,420	52.66	50.67	72.2%
⊞ 20 Miscellaneous (Misc)	46	51.27	45.18	80.4%	7,577	54.16	51.81	75.9%	35,566	54.10	52.24	73.9%
⊞ 01 Stroke (Stroke)	35	46.75	39.68	85.7%	11,160	49.29	46.15	72.3%	63,286	49.70	47.54	68.3%
⊞ 07 Fracture of LE (FracLE)	30	48.24	42.08	80.0%	6,487	52.84	50.42	73.3%	29,172	53.19	51.07	72.4%
⊞ 09 Other Orthopedic (Ortho)	21	48.36	48.34	52.4%	4,637	53.91	51.81	73.6%	21,630	54.28	52.42	73.5%
⊞ 14 Cardiac (Cardiac)	18	54.32	47.52	83.3%	2,582	55.01	53.39	75.3%	13,068	55.34	53.69	76.0%

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Determine which indicator is lagging

- For facility-level indicators:
  - ✓ % DISCHARGE TO COMMUNITY:

    What barriers prevented the patient from being discharged to the community?
  - ✓ % DISCHARGE TO ACUTE CARE:

    What are the characteristics of patients discharged to acute care?

    Are some of these instances preventable?

  (Comprehensive Performance Report/Monthly Trend Report)

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Comprehensive Performance Report

Facility [redacted] - UDS-PRO® Comprehensive Performance Report: Current Year (01/01/2025–12/31/2025)

Date Type: Discharge Primary Payer: All

	Facility	Region	Nation
Total Cases	463	29,699	301,912
Financial Metrics			
	Facility	**Region**	**Nation**
Case Mix Index	1.7628	1.4428	1.4287
Avg. Admission Relative Weight	1.7759	1.4690	1.4560
Short Stay % *	0.9%	0.6%	0.6%
Early Transfer % *	10.0%	16.3%	18.1%
Avg. Adjusted FPP	$0.00	$28,309.58	$23,611.48
Avg. Admission Motor Score *	35.5	38.5	38.5
Avg. LOS *	16.3	15.8	15.3
Patient Characteristics			
	Facility	**Region**	**Nation**
Avg. Age *	68.6	69.5	70.9
Tier Capture % *			
Tier A % *	32.2%	32.3%	30.5%
Tier B % *	4.3%	5.7%	5.4%
Tier C % *	8.2%	9.7%	9.2%
Tier D % *	54.9%	51.9%	54.5%
Unassigned Tier % *	0.4%	0.4%	0.4%
Discharge Locations			
	Facility	**Region Adjusted**	**Nation Adjusted**
Discharge to Community %	**78.8%**	**75.5%**	**72.2%**
01 - Home	13.4%	20.2%	20.0%
06 - Home with home health	65.0%	54.3%	51.4%
50 - Hospice (Home)	0.4%	0.9%	0.9%
Discharge to LTCF %	**10.6%**	**12.1%**	**14.9%**
03 - Skilled Nursing Facility	10.6%	11.7%	14.3%
04 - Intermediate Care	0.0%	0.2%	0.2%
51 - Hospice (Facility)	0.0%	0.1%	0.2%
61 - Swing bed	0.0%	0.0%	0.2%
63 - Long-Term Care Hospital	0.0%	0.1%	0.0%
64 - Medicaid Nursing Facility	0.0%	0.0%	0.1%
Discharge to Acute %	**10.2%**	**11.4%**	**11.9%**
02 - Short-term General Hospital	10.2%	11.3%	11.8%
65 - Inpatient Psychiatric Facility	0.0%	0.0%	0.0%
66 - Critical Access Hospital	0.0%	0.0%	0.0%
Discharge to All Other %	**0.2%**	**0.4%**	**0.3%**
62 - Another IRF	0.2%	0.1%	0.2%
99 - Not Listed	0.0%	0.3%	0.1%

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Monthly Trending Report

Monthly Summary Trend Report (For IRF-PAI v4.2 or Later)

	2024						2025						
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total All Months
Cases Discharged													
Total Discharged Count	0	0	0	37	27	24	35	45	31	32	40	32	303
Discharge Characteristics													
Discharge to Community %	0.0%	0.0%	0.0%	78.4%	92.6%	83.3%	74.3%	80.0%	87.1%	75.0%	82.5%	81.3%	81.2%
Discharge to Acute %	0.0%	0.0%	0.0%	5.4%	3.7%	0.0%	0.0%	4.4%	3.2%	9.4%	5.0%	6.3%	4.3%
Discharge to SNF %	0.0%	0.0%	0.0%	16.2%	3.7%	12.5%	25.7%	13.3%	9.7%	12.5%	12.5%	12.5%	13.5%
Discharge to LTCF %	0.0%	0.0%	0.0%	0.0%	0.0%	4.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
Discharge to All Others %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Discharge Self-Care Quality Measure													
Cases Included in Measure	0	0	0	35	25	24	35	38	29	28	38	22	274
Discharge Self-Care Score Avg.	0.0	0.0	0.0	37.1	37.0	35.6	34.6	36.3	35.0	37.9	36.2	37.0	36.2
CMS Risk-Adj. Exp. Discharge Avg.	0.0	0.0	0.0	33.0	32.5	32.8	31.5	31.7	29.7	31.3	30.2	32.4	31.6
% that meet or exceed expectation	0.0%	0.0%	0.0%	85.7%	88.0%	83.3%	74.3%	94.7%	93.1%	89.3%	89.5%	81.8%	86.9%
Change in Self-Care Quality Measure													
Cases Included in Measure	0	0	0	35	25	24	35	38	29	28	38	22	274
Change in Self-Care Score Avg.	0.0	0.0	0.0	19.1	19.8	17.7	17.5	18.8	18.7	20.5	20.5	19.6	19.1
CMS Risk-Adj. Exp. Change Avg.	0.0	0.0	0.0	14.3	14.4	14.0	13.3	13.1	12.3	13.0	13.5	14.1	13.5
Observed to Expected Ratio	0.00	0.00	0.00	1.34	1.38	1.26	1.31	1.43	1.51	1.58	1.52	1.40	1.41

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Determine which indicator is lagging

- ❑ FOM ratings
  - ❑ Are you using an interdisciplinary approach and documenting all episodes within the first 3 days
  - ❑ FOM rounding/**real time education with staff**
  - ❑ Accountability of leadership and staff
  - ❑ Review interdisciplinary documentation with FOM scores
  - ❑ House wide education (UDSMR provides education materials on FOM scoring and competency testing)
  - ❑ Review admission AND discharge FOM to ensure accuracy
  - ❑ Discharge FOM and LOS management

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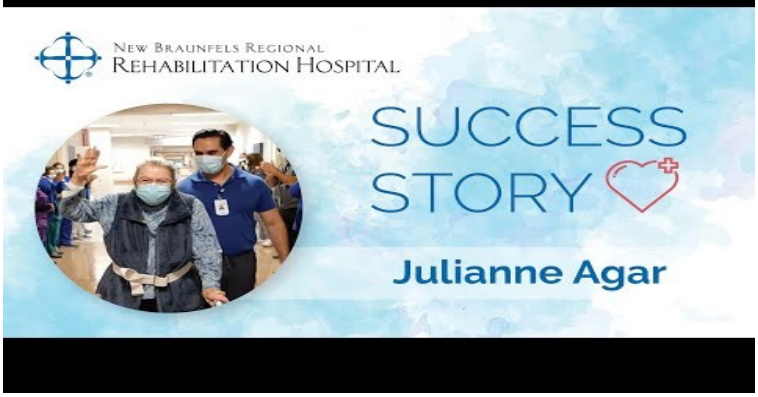
The Right Bucket = The Right Ending



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BEST PRACTICES

- Since the inception of the PEM program, 84.2% of EH hospitals have been in the top 10% since the inception of the program
- IDENTIFY BEST PRACTICES to drive clinical outcomes
- Daily FOM Rounds
  - Visit & Paperwork/Audit →Educate!!!
    - Customer Service
    - Quality Check – clinical discernment
    - **Real-time correction & Education**
- Documenting and taking credit for what we are treating/managing
- Patient Advocacy – Critical Thinking
  - Say Something!

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CCRH – from 16th to 90th

- Scoring on day 3
- Therapy only
- No intensive focus or review of scoring

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CCRH – from 16th to 90th

- But what did this do financially?
- What is the financial impact of FOM rounds?

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PEM – What is it?

- The UDSMR® Program Evaluation Model (PEM) is a facility report card to assess the quality and outcomes of your hospital's performance
- Top 10%
- Almost 900 Inpatient Rehabilitation Hospitals or over 80% of IRFs in the country
- October 1–September 30

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UDS Uniform Data System for Medical Rehabilitation

The Functional Assessment Specialists

Program Evaluation Model (PEM) Version 2 Percentiles

Indicator	Min	10%	20%	30%	40%	50%	60%	70%	80%	90%	Max
Discharge Self-Care	9.8%	40.2%	48.7%	54.0%	58.1%	62.2%	65.5%	69.0%	73.2%	77.5%	90.6%
Discharge Mobility	5.4%	35.1%	44.4%	48.9%	53.2%	56.4%	61.1%	64.9%	68.7%	73.3%	94.3%
Change in Self-Care	44.7%	84.0%	91.6%	96.2%	100.3%	103.8%	107.6%	111.4%	115.4%	121.1%	162.7%
Change in Mobility	44.3%	84.0%	92.0%	97.0%	100.8%	105.0%	109.9%	114.3%	119.4%	126.7%	180.7%
Functional Efficiency	10.4%	45.1%	52.9%	57.2%	61.3%	65.0%	68.4%	71.6%	75.3%	79.6%	96.1%
Discharge to Community	16.2%	88.2%	93.1%	96.0%	97.9%	99.7%	101.7%	103.9%	106.3%	110.0%	132.3%
Discharge to Acute Care	88.0%	96.8%	98.3%	99.1%	99.8%	100.5%	101.3%	101.9%	103.1%	104.4%	109.3%
PEM Version 2 Total Score	34.2	72.9	77.4	80.7	83.4	85.8	87.9	90.4	93.0	96.6	118.1

Subscore and Total Score values provided for comparison purposes.

For internal use only. Historical data and performance for FY 2019 utilizes payment system factors from FY 2020. This may cause performance to vary as IRFs adapt to the impact of new payment regulations. For questions or additional information, please contact UDSMR's Analytical Services Group by e-mail at asg@udsmr.org or by phone at 716-817-7870.

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PEM Pulse Calls

- Monthly for Trifecta/CEO if facility below cutoff for compliance period to date
- Brainstorm/collaboration on areas of opportunity and ideas to improve scores
- Expectation to show action and provide results!

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Marketing

- Targeted Sales Activity
  - Right Referral sources
- Tools – tell your story!
- Celebrating disease process months
- Ask for the business

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Profile Reports

"Data are just summaries of thousands of stories—tell a few of those stories to help make the data meaningful." — Dan Heath

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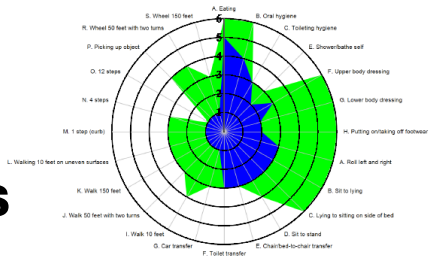
Profile Reports

Patient Profile For

Facility: Rehab Hospital Report Date: 06/19/2025



PATIENT SUMMARY

Patient ID:	
Age at Admission	
Gender:	

CASE SUMMARY

Admission Date:	
Admission Class:	Initial Rehabilitation
Admission Impairment Group Code:	16
Onset Date:	05/23/2025
Etiologic Diagnosis:	R40.
Discharge Date:	
Discharge Living Setting:	06-Home with home health
Reporting CMG:	D2003
CMG:	D2003
Special CMG:	
Actual Length of Stay:	15 days
CMG Expected LOS:	13 days
Primary Pay Source:	

CODING:

Activities may be completed with or without assistive devices.
06. Independent
05. Setup or clean-up assistance
04. Supervision or touching assistance
03. Partial/moderate assistance
02. Substantial/maximal assistance
01. Dependent

If activity was not attempted, code reason:
07. Patient refused
09. Not applicable
10. Not attempted due to environmental limitations
88. Not attempted due to medical condition or safety

Legend: Type: Admission Discharge Date: [redacted]

GG0130: Self-Care	Admission	Discharge
A. Eating	05	06
B. Oral hygiene	04	06
C. Toileting hygiene	03	03
E. Shower/bathe self	02	03
F. Upper body dressing	03	06
G. Lower body dressing	02	06
H. Putting on/taking off footwear	02	06
Total Self-Care Score	21	36
CMG Risk-Adjusted Expected Self-Care Score	Discharge:	37.07
	Change:	15.37

GG0170: Mobility		
A. Roll left and right	03	06
B. Sit to lying	03	06
C. Lying to sitting on side of bed	03	06
D. Sit to stand	03	04
E. Chair/bed-to-chair transfer	03	03
F. Toilet transfer	03	03
G. Car Transfer	88	03
I. Walk 10 feet	01	04
J. Walk 50 feet with two turns	88	03
K. Walk 150 feet	88	03
L. Walking 10 feet on uneven surfaces	88	03
M. 1 step (curb)	88	03

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Financial Outcomes

- How are we paid? The session will cover how clinical improvements translate into financial gains, influencing the budget and contributing to the financial performance of the hospital
- How to influence and optimize CMI through documentation and clinical practice
- FOM Rounding and utilizing reports to ensure accuracy
- Best practices for managing early transfers and reducing SNF/ACT usage
- Tools and reports that support accurate admission and discharge FOM scoring
- How clinical initiatives directly impact financial outcomes and budgeting

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Ensuring Revenue Accuracy

- Accurate Admission Coding
- FOM Rounds
- LOS Management/Daily UR Flash
- SNF Reduction
- ACT Reduction
- Physician Engagement
- Weekly UR → Meaningful
- Medical Record Reviews
- Marketing IP & OP Effectively

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Therapy Finance 101

1. How are we paid?
   a. Facility Base Rate X CMI
2. Impact of **FOM Rounds** Financially
   a. If you impact CMI by 0.05, it can be a difference of $750,000 a year
3. Impact to Budget
   a. If my budget is to make 5M, 1/6th can be from moving a CMI up by 0.05
4. **Cost PPD**
   a. Impact of CPPD reduction from 150 to 140 over a month and a year
   b. 1,200 patient days in a month
   c. THUS, therapy cost per patient day is 1,200 x 140 = $168K in Therapy Spend
   d. 1,200 X 150 = $180K (12K more in expenses) Annualized that's $144K
5. TOTAL IMPACT
   a. Combine a CMI increase of 0.05 and a reduction in CPPD by $10, and you can make your hospital an additional $894,000 in a year

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CMI Made Simple

1. RIC
2. Unweighted Motor Index
3. Tiers

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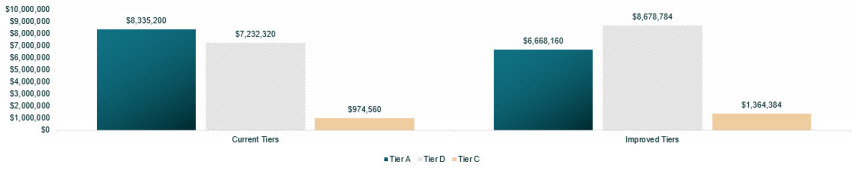
TIERS – JUST A CODE?

Tiers	Affect on CMI	Resource Affect
Tier B	.56 increase	+$8976 per DC
Tier C	.23 increase	+$3687 per DC
Tier D	.11 increase	+$1763 per DC
Tier A (No Tiering Comorbids)	---	---

**Example – based on EH average base rate $16,029 and 800 MC/MR discharges. Starting tiers – 50% A; 40% D; 5% C. Reducing A Tiers by 10% - increase D (8%), increase C (2%). Nearly $200,000 increased reimbursement!!



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Key Considerations for Managing LOS

- Functional Improvement & Discharge Planning
- Interdisciplinary Team Conferences
- Daily "Flash" UR
- Patient and Family Engagement

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Key Considerations for Managing LOS

- Medical and Therapy Management
- Regulatory and Payer Expectations
- Barriers to Discharge
- Data Monitoring and Benchmarking

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Example of Daily UR Flash

ERNEST HEALTH *We are passionate patient caregivers* **IRF DAILY UR FLASH REVIEW**

RECOMMENDED TIME

- ☐ Immediately Following Morning Ops

RECOMMENDED ATTENDEES

- ☐ Required: DPO, DTO, DNO, DOC, CEO
- ☐ As Needed: DMBD, Case Managers/PRS, Provider

RECOMMENDED AGENDA:

- ☐ LOS/ALOS management:
  - o PPS > Patients > 4 days past ALOS – Right bucket? Efficiencies/planning/ communication among team?
  - o PPS > Patients > 4 days before ALOS – maximizing outcomes in every way? Community re-integration, high level activities; family/patient education/ training to prevent readmission
  - o Per Diem – Projecting out correctly and requesting continued auth with right supporting documentation/justification? Tailoring POC to their individual goals and asking for authorization appropriately?
  - o Discharges spread out based on patient need & census/volume
- ☐ SNF alerts, Potential Acute Care Transfers, and Medical Necessity
- ☐ Current medical issues that need a priority visit based off what was learned at morning huddle
- ☐ Outside Services/Appointments
- ☐ Discharge planning challenges/calendar revisions
- ☐ Review TOP enrollment/New Readmissions
- ☐ CMGs present for all patients on day 4 of admission or after (exception Mondays)
- ☐ Level of Care (Category 3) validated for all applicable payors
- ☐ CMS-13 in house
- ☐ IP to OP Conversion – barriers?

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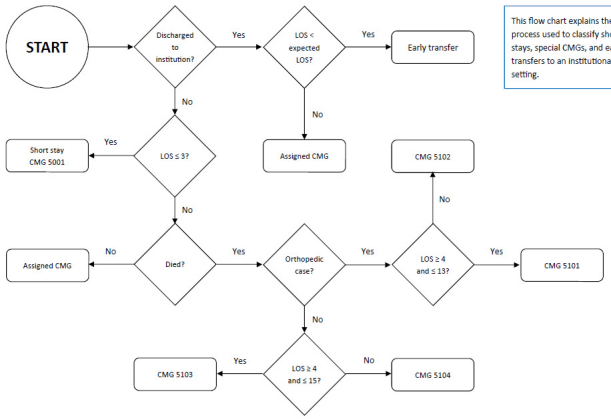
Early Transfers & Short Stays (PPS)

Short Stays, Special CMGs, and Early Transfers to an Institutional Setting



This flow chart explains the process used to classify short stays, special CMGs, and early transfers to an institutional setting.

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Questions?

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