Quality Improvement Indicators for Physiatric Care in Inpatient Rehabilitation Facilities

The purpose of this document is to recommend patient care review screens that may be utilized as quality improvement indicators for the physician in the practice of inpatient acute rehabilitation medicine. They are not intended to be used as inpatient standards of care (see "Inpatient Guidelines of Care For the Physiatrist," 1989, AAPM&R).

The patient care indicators identified are intended to be utilized as screens. There may be instances whereby the manner in which services rendered falls outside of these screens. It is up to the individual medical staffs to determine if those services were clinically appropriate in each individual case. Documented justification for not adhering to a screen should be interpreted as having met the screen.

Individual staffs may determine that this document needs to be complemented by additional screens. They may also determine that only parts of this document are appropriate for their needs. These screens are subject to revision from time to time, as warranted by the evolution of technology and practice.

I. Quality Improvement departments of rehabilitation facilities/units should perform chart review to determine if the following have been documented (justification for not adhering to a screen should be interpreted as having met the screen):

- history and physical within 24 hours of admission
- routine monitoring and adjustment of lab testing for medications, including but not limited to anticoagulants, antiepileptics, and antiarrhythmics, in which levels are necessary for safety and optimal therapeutic benefit
- assessment of skin integrity, including preventive skin ulcer care for patients with documented wounds
- DVT risk assessment
- assessment of risk of aspiration and malnutrition
- assessment of pain and development of a follow-up plan
- mental health assessment
- assessment of an appropriate bowel and bladder management program
- physician involvement in team meetings as appropriate

II. Quality Assurance departments of rehabilitation facilities/units should perform chart review to assess the appropriateness of care when one of the following complications occur:

- A sentinel event, which is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof
- acute myocardial infarction
- cardiopulmonary arrest
• pulmonary embolism
• neurological deficit not present on admission
• intraabdominal bleed or perforation
• deep venous thrombosis/thrombophlebitis
• fracture
• dislocation of prosthetic device
• surgical wound infection
• progression or enlargement of pressure ulcer

III. Quality Improvement departments of rehabilitation facilities/units should perform chart review to assess the frequency of the following:

• readmissions into an acute hospital within 24 hours of discharge
• discharges with a lesser level of patient functional independence than upon admission (excluding 10 day evaluations)
• discharges to an intermediate care or skilled nursing facility
• unplanned transfer or discharge, including against medical advice of the patient including discharges to an acute care facility
• acute care transfer rate
• patient satisfaction with physician care

(BOG 3/90-20)
Medical Practice Committee
Reviewed 02/2006
Approved 8/2012
870310