

**PHYSICAL MEDICINE AND REHABILITATION OUTCOMES FOR INPATIENT  
REHABILITATION UNITS**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy regarding the recording and tracking of medical rehabilitation outcomes following comprehensive inpatient rehabilitation.
- 2. SUMMARY OF MAJOR CHANGES:** This directive highlights the requirement for inpatient rehabilitation units to evaluate patients using the Functional Independence Measure and monitor outcomes using VA Functional Status and Outcomes Database (FSOD).
- 3. RELATED ISSUES:** VHA Handbook 1170.03.
- 4. RESPONSIBLE OFFICE:** The Director, Physical Medicine and Rehabilitation Service (10P4R), is responsible for contents of this directive. Questions are referred to 202-461-7444.
- 5. RESCISSION:** VHA Directive 2011-017, dated March 31, 2011, is rescinded.
- 6. RECERTIFICATIONS:** This VHA directive is scheduled for recertification on or before the last working day of February 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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## PHYSICAL MEDICINE AND REHABILITATION OUTCOMES FOR INPATIENT REHABILITATION UNITS

### 1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy regarding the recording and tracking of medical rehabilitation outcomes following comprehensive inpatient rehabilitation. **AUTHORITY:** Public Law (Pub. L.) 104-262, Section 104.

### 2. BACKGROUND

a. Pub. L. 104-262, Section 104, The Eligibility Reform Act, established the requirement that VHA maintain capacity to provide specialized rehabilitation treatments for Veterans with amputations, traumatic brain injury (TBI) and other conditions leading to disabilities. In Fiscal Year (FY) 1999, VHA began implementing measures of workload and outcomes (functional and quality) to address capacity related issues for rehabilitation services.

b. VHA Handbook 1170.04, Rehabilitation Continuum of Care, identifies inpatient treatment units focused on providing interdisciplinary rehabilitation care:

(1) **Physical Medicine and Rehabilitation Service (PM&RS).** Treating Specialty Code 20 is used to identify an admission for rehabilitation services in a PM&R bed section associated with acute hospital beds.

(2) **Community Living Center (CLC).** Treating Specialty Code 64 is used to identify an admission to a VA CLC bed when, on admission, the Veteran's expected length of stay is 90 days or less. The admission for short stay rehabilitation is time-limited, goal-directed, skilled care for the purpose of returning the Veteran to functioning as independently as possible.

(3) **Polytrauma Rehabilitation Center (PRC).** Treating specialty code 112 is used for PRC inpatient units providing the full continuum of inpatient rehabilitation services to seriously ill and injured Veterans and Service Members.

c. Medical rehabilitation outcomes of all patients discharged from inpatient medical rehabilitation bed units have been tracked by PM&RS Program Office through a national contract with Uniform Data System for Medical Rehabilitation (UDSmr) since 1993. In 2007, UDSmr began providing reports detailing inpatient rehabilitation outcomes for VHA continuum facilities. PM&RS continues to have the capability of tracking rehabilitation outcomes across the full continuum of care, including both acute inpatient units and CLCs, through the Functional Status and Outcomes Database (FSOD) for Rehabilitation located at the Austin Information and Technology Center (AITC).

d. VA utilizes the Functional Independence Measure (FIM) to assess the functional ability of Veteran patients at the onset and at discharge from inpatient rehabilitation, providing objective determination of functional gains made during the course of skilled rehabilitation treatment. On a quarterly basis, information regarding rehabilitation

outcomes across the full continuum of care is transferred electronically to the UDSmr for preparation of individual facility reports. Since incorporation of FSOD at the AITC, outcome data may now be tracked across the full continuum of rehabilitation care for any selected impairment group without regard to the bed unit or setting in which rehabilitative care is provided. FSOD also provides a resource from which data can be extracted to measure the Department's performance in meeting its capacity and other monitors related to the provision of rehabilitation services.

e. Since 2003, VHA has tracked utilization of FIM for all patients admitted to a VA facility with a diagnosis of stroke, amputation, or TBI as evidenced through FIM score entry into FSOD. Data entry monitored through the Office of Performance and Quality Service as either a performance measure or supporting indicator report. In FY 2014, only 58 percent of all inpatients with stroke, amputation, or TBI had an initial functional assessment utilizing the FIM tool to determine further rehabilitation needs. In order to more efficiently identify Veterans in need of inpatient rehabilitation, and allow for similar comparisons to community practices, a FIM assessment is required for all Veterans admitted to an inpatient unit with the potential to provide rehabilitation.

### 3. POLICY

It is VHA policy that all VA medical facilities with inpatient or CLC beds providing rehabilitation services must have connectivity to FSOD for rehabilitation at the AITC, and must use FSOD to measure and track the rehabilitation outcomes of patients admitted to VA inpatient units focused on providing rehabilitation care. These units are identified based on treating specialty codes, and include treating specialty code 20, 64, and 112.

### 4. RESPONSIBILITIES

a. **VHA PM&RS Program Office.** The VHA PM&RS Program Office is responsible for:

(1) Training in the local use and management of FSOD.

(2) Assigning a level of access to FSOD in collaboration with the AITC staff. Requests for access are to be directed to the PM&RS Office by emailing the [VHA PMRS Program Office](#) email group.

(3) Validating the data and reporting the performance measurement results in collaboration with the Offices of Performance and Quality Service and Policy and Planning.

b. **Veterans Integrated Service Network Director.** Each Veterans Integrated Service network (VISN) Director is responsible for ensuring that all VA medical facilities within their VISN with VA inpatient units focused on providing rehabilitation care comply with the criteria and guidance established in this directive.

c. **VA Medical Facility Director.** The VA medical facility Director is responsible for ensuring:

(1) The FSOD is utilized to enter and track rehabilitation outcomes on all patients admitted to a VA inpatient unit focused on providing rehabilitation care.

(2) The local Information Resources Management Office provides the necessary technical support for FSOD applications, e.g., connectivity and software downloads in collaboration with the Austin Service Desk at the AITC. **NOTE:** *The Austin Service Desk telephone number is 512-326-6780.*

(3) Appropriate staff is credentialed in the administration of the FIM assessment tool required by the UDSmr Offices in Buffalo, NY, and the PM&RS Program Office at VA Central Office.

(4) A FIM Credentialing Coordinator is designated to monitor the process and liaison with UDSmr.

(5) At least one person is designated to coordinate administration of the FIM software, data entry into the FSOD, and management of the facility's data (FSOD Coordinator). This designee is the primary liaison to the PM&RS Program Office for monitoring and tracking outcomes. **NOTE:** *It is recommended that the designee be a rehabilitation manager, clinician, TBI case manager, Preservation Amputation Care and Treatment (PACT) Coordinator, or quality management person actively involved in rehabilitation care management.*

d. **Functional Status and Outcomes Database Coordinator.** The Functional Status and Outcomes Database (FSOD) Coordinator is responsible for ensuring:

(1) Patients admitted to inpatient rehabilitation bed units (treating specialty code 112, 20, and 64) have a FIM assessment completed at admission and discharge.

(2) FIM assessments are entered into FSOD to track rehabilitation outcomes on all patients admitted to a VA inpatient unit focused on providing rehabilitation care.

(3) Reports are reviewed by the FSOD coordinator for patient outcomes that are tracked via FSOD.