INSTRUCTIONS FOR COMPLETION OF THE
2021 INPATIENT REHABILITATION PATIENT ORIGIN SURVEY DATA SUPPLEMENT
Form SNFDD1Retro

These instructions for the 2021 Inpatient Rehabilitation Patient Origin Survey Data Supplement are intended to assist in the completion and submission of accurate data. To ensure data integrity, and determine utilization rates of services provided by skilled nursing facilities, information reported must be consistent from all facilities throughout the state. These instructions are intended to assist in the collection of data and to minimize the number of errors. Should these instructions not address a particular concern, please request additional assistance by contacting the State Health Planning and Development Agency (SHPDA), Bradford L. Williams, Health Planning Administrator, at (334) 242-4103, or bradford.williams@shpda.alabama.gov.

The records to be submitted for this report should be for only those patients who have completed their course of therapy and have been discharged from care during the time period 7/1/2020 – 6/30/2021. There should be only one record per patient discharged, and the data reported should reflect totals for the duration of the patient's stay, including total length of stay from admission to discharge, total therapy minutes and days administered, etc. **Only those patients admitted for inpatient rehabilitation services should be reported in this survey.**

FacilityID#: The agency identification number is assigned by SHPDA. This number may be referenced at www.shpda.alabama.gov /Health Care Data /ID Codes..

PatientNumber: Provide a *unique* identification number for each patient. This number may be a blind number assigned in sequential order, but cannot be duplicated.

Age: Provide the age in years of the patient.

Sex: Provide the sex of the patient using the following values: Male = 1, Female = 2, Other/Unknown = 9.

Race: Provide the racial demographic of the patient using the code defined in the data dictionary.

ZipCode: Provide the patient's residential zip code, using only the 5-digit zip code where possible.

LengthOfStay: Provide the patient's length of stay in days, calculated from the date of admission through the date of *final* discharge from care.

DateOfDischarge: Provide the date of discharge of the patient in MM/DD/YYYY format.

Service: All service codes for patients receiving inpatient rehabilitation services should be assigned a service code of '8'.

HIPPS: Provide the primary HIPPS code for the patient at admission, as reported on the MDS form, line Z0100.

Payor: Provide the primary payor source for the patient using the code defined in the data dictionary.

ICD-10Primary: Provide the patient's primary ICD-10 Diagnosis Code on admission as reported on the MDS, line I0020B.

ICD-10Secondary – ICD10Secondary10: Provide all additional ICD-10 Diagnosis Codes reported on the MDS, lines I8000A-I8000J at time of admission. For any field where there is no value, leave that field blank.

Condition: Provide the patient's primary medical condition category as reported on the MDS, line I0020.

Admit: Provide the 2-digit code for the facility type from which the patient was admitted as reported on the MDS, line A1800.

Discharge: Provide the 2-digit code for the facility type to which the patient was discharged as reported on the MDS, line A2100.

Cancer: Provide whether the patient had a cancer diagnosis, as reported on the MDS, line I0100, in Yes/No format.

Anemia: Provide whether the patient had a diagnosis of anemia (e.g. aplastic, iron deficiency, pernicious, and sickle cell, as reported on the MDS, line I0200), in Yes/No format.

Atrial: Provide whether the patient had a diagnosis of atrial fibrillation or other dysrhythmias, as reported on the MDS, line I0300, in Yes/No format.

Coronary: Provide whether the patient had a diagnosis of coronary heart disease (CAD) (e.g. angina, myocardial infarction, and atherosclerotic heart disease (ASHD)), as reported on the MDS, line I0400, in Yes/No format.

DVT: Provide whether the patient had a diagnosis of deep venous thrombosis (DVT), pulmonary embolus (PE) or Pulmonary Thrombo-Embolism (PTE), as reported on the MDS, line I0500, in Yes/No format.

Heart: Provide whether the patient had a diagnosis of heart failure (e.g. congestive heart failure (CHF) and pulmonary edema, as reported on the MDS, line I0600, in Yes/No format.

Hypertension: Provide whether the patient had a diagnosis of hypertension, as reported on the MDS, line I0700, in Yes/No format.

Orthostatic: Provide whether the patient had a diagnosis of orthostatic hypotension, as reported on the MDS, line I0800, in Yes/No format.

PVD: Provide whether the patient had a diagnosis of peripheral vascular disease (PVD) or peripheral arterial disease (PAD), as reported on the MDS, line I0900, in Yes/No format.

Cirrhosis: Provide whether the patient had a diagnosis of cirrhosis, as reported on the MDS, line I1100, in Yes/No format.

GERD: Provide whether the patient had a diagnosis of gastroesophageal reflux disease (GERD) or ulcer (e.g. esophageal, gastric, and peptic ulcers), as reported on the MDS, line I1200, in Yes/No format.

Colitis: Provide whether the patient had a diagnosis of ulcerative colitis, Crohn's disease, or inflammatory bowel disease, as reported on the MDS, line I1300, in Yes/No format.

BPH: Provide whether the patient had a diagnosis of benign prostatic hyperplasia (BPH), as reported on the MDS, line I1400, in Yes/No format.

ESRD: Provide whether the patient had a diagnosis of renal insufficiency, renal failure, or end-stage renal disease, as reported on the MDS, line I1500, in Yes/No format.

Bladder: Provide whether the patient had a diagnosis of neurogenic bladder, as reported on the MDS, line I1550, in Yes/No format.

Uropathy: Provide whether the patient had a diagnosis of obstructive uropathy, as reported on the MDS, line I1650, in Yes/No format.

MDRO: Provide whether the patient had a diagnosis of multi-drug resistant organism, as reported on the MDS, line I1700, in Yes/No format.

Pneumonia: Provide whether the patient had a diagnosis of pneumonia, as reported on the MDS, line I2000, in Yes/No format.

Septicemia: Provide whether the patient had a diagnosis of septicemia, as reported on the MDS, line I2100, in Yes/No format.

Tuberculosis: Provide whether the patient had a diagnosis of tuberculosis, as reported on the MDS, line I2200, in Yes/No format.

UTI: Provide whether the patient had a diagnosis of urinary tract infection (UTI) (last 30 days), as reported on the MDS, line I2300, in Yes/No format.

Hepatitis: Provide whether the patient had a diagnosis of viral hepatitis (e.g. Hepatitis A, B, C, D and E), as reported on the MDS, line I2400, in Yes/No format.

Infection: Provide whether the patient had a diagnosis of wound infection (other than foot), as reported on the MDS, line I2500, in Yes/No format.

Diabetes: Provide whether the patient had a diagnosis of diabetes mellitus (DM) (e.g. diabetic retinopathy, nephropathy and neuropathy), as reported on the MDS, line I2900, in Yes/No format.

Hyponatremia: Provide whether the patient had a diagnosis of hyponatremia, as reported on the MDS, line I3100, in Yes/No format.

Hyperkalemia: Provide whether the patient had a diagnosis of hyperkalemia, as reported on the MDS, line I3200, in Yes/No format.

Hyperlipidemia: Provide whether the patient had a diagnosis of hyperlipidemia, as reported on the MDS, line I3300, in Yes/No format.

Thyroid: Provide whether the patient had a diagnosis of thyroid disorder (e.g. hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis), as reported on the MDS, line I3400, in Yes/No format.

Arthritis: Provide whether the patient had a diagnosis of arthritis (e.g. degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA)), as reported on the MDS, line I3700, in Yes/No format.

Osteoporosis: Provide whether the patient had a diagnosis of osteoporosis, as reported on the MDS, line I3800, in Yes/No format.

Hip: Provide whether the patient had a diagnosis of hip fracture (any hip fracture that has a relationship to current status, treatments, monitoring (e.g. sub-capital fractures and fractures of the trochanter and femoral neck)), as reported on the MDS, line I3900, in Yes/No format.

Fracture: Provide whether the patient had a diagnosis of other fracture, as reported on the MDS, line I4000, in Yes/No format.

Alzheimers: Provide whether the patient had a diagnosis of Alzheimer's disease, as reported on the MDS, line I4200, in Yes/No format.

Aphasia: Provide whether the patient had a diagnosis of aphasia, as reported on the MDS, line I4300, in Yes/No format.

Palsy: Provide whether the patient had a diagnosis of cerebral palsy, as reported on the MDS, line I4400, in Yes/No format.

CVA: Provide whether the patient had a diagnosis of cerebrovascular accident (CVA), transient ischemic attack (TIA) or

Stroke, as reported on the MDS, line I4500, in Yes/No format.

Dementia: Provide whether the patient had a diagnosis of non-Alzheimer's dementia (e.g. Lewy body dementia, vascular or multi-infarct dementia, mixed dementia, frontotemporal dementia such as Pick's disease, and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases), as reported on the MDS, line I4800, in Yes/No format.

Hemiplegia: Provide whether the patient had a diagnosis of hemiplegia or hemiparesis, as reported on the MDS, line I4900, in Yes/No format.

Paraplegia: Provide whether the patient had a diagnosis of paraplegia, as reported on the MDS, line I5000, in Yes/No format.

Quadriplegia: Provide whether the patient had a diagnosis of quadriplegia, as reported on the MDS, line I5100, in Yes/No format.

MS: Provide whether the patient had a diagnosis of multiple sclerosis, as reported on the MDS, line I5200, in Yes/No format.

Huntingtons: Provide whether the patient had a diagnosis of Huntington's disease, as reported on the MDS, line I5250, in Yes/No format.

Parkinsons: Provide whether the patient had a diagnosis of Parkinson's disease, as reported on the MDS, line I5300, in Yes/No format.

Tourettes: Provide whether the patient had a diagnosis of Tourette's syndrome, as reported on the MDS, line I5350, in Yes/No format.

Epilepsy: Provide whether the patient had a diagnosis of seizure disorder or epilepsy, as reported on the MDS, line I5400, in Yes/No format.

TBI: Provide whether the patient had a diagnosis of traumatic brain injury (TBI), as reported on the MDS, line I5500, in Yes/No format.

Malnutrition: Provide whether the patient had a diagnosis of malnutrition (protein or calorie) or at risk for malnutrition, as reported on the MDS, line I5600, in Yes/No format.

Anxiety: Provide whether the patient had a diagnosis of anxiety disorder, as reported on the MDS, line I5700, in Yes/No format.

Depression: Provide whether the patient had a diagnosis of depression (other than bipolar), as reported on the MDS, line I5800, in Yes/No format.

Bipolar: Provide whether the patient had a diagnosis of bipolar disorder, as reported on the MDS, line I5900, in Yes/No format.

Psychotic: Provide whether the patient had a diagnosis of psychotic disorder (other than schizophrenia), as reported on the MDS, line I5950, in Yes/No format.

Schizophrenia: Provide whether the patient had a diagnosis of schizophrenia (e.g. schizoaffective and schizophreniform disorders), as reported on the MDS, line I6000, in Yes/No format.

PTSD: Provide whether the patient had a diagnosis of post-traumatic stress disorder (PTSD), as reported on the MDS, line I6100, in Yes/No format.

Asthma: Provide whether the patient had a diagnosis asthma, chronic obstructive pulmonary disease (COPD), or chronic lung disease (e.g. chronic bronchitis and restrictive lung diseases such as asbestosis), as reported on the MDS, line I6200, in Yes/No format.

Respiratory: Provide whether the patient had a diagnosis of respiratory failure, as reported on the MDS, line I6300, in Yes/No format.

Cataracts: Provide whether the patient had a diagnosis of cataracts, glaucoma or macular degeneration, as reported on the MDS, line I6500, in Yes/No format.

None: Provide whether the patient had none of the above active diagnoses, as reported on the MDS, line I7900, in Yes/No format.

PITherapyDischarge: The total number of physical therapy individual therapy minutes provided since the date of admission, as reported on the MDS, line O0425 C1.

PCTherapyDischarge: The total number of physical therapy concurrent therapy minutes provided since the date of admission, as reported on the MDS, line O0425 C2.

PGTherapyDischarge: The total number of physical therapy group therapy minutes provided since the date of admission, as reported on the MDS, line O0425 C3.

PTTherapyDischarge: The total number of physical therapy co-treatment therapy minutes provided since the date of admission, as reported on the MDS, line O0425 C4.

PTherapyDaysDischarge: The total number of days physical therapy were administered since the date of admission, as reported on the MDS, line O0425 C5.

OITherapyDischarge: The total number of occupational therapy individual therapy minutes provided since the date of admission, as reported on the MDS, line O0425 B1.

OCTherapyDischarge: The total number of occupational therapy concurrent therapy minutes provided since the date of admission, as reported on the MDS, line O0425 B2.

OGTherapyDischarge: The total number of occupational therapy group therapy minutes provided since the date of admission, as reported on the MDS, line O0425 B3.

OTTherapyDischarge: The total number of occupational therapy co-treatment therapy minutes provided since the date of admission, as reported on the MDS, line O0425 B4.

OTherapyDaysDischarge: The total number of days occupational therapy were administered since the date of admission, as reported on the MDS, line O0425 B5.

SITherapyDischarge: The total number of speech-language pathology and audiology services individual therapy minutes provided since the date of admission, as reported on the MDS, line O0425 A1.

SCTherapyDischarge: The total number of speech-language pathology and audiology services concurrent therapy minutes provided since the date of admission, as reported on the MDS, line O0425 A2.

SGTherapyDischarge: The total number of speech-language pathology and audiology services group therapy minutes provided since the date of admission, as reported on the MDS, line O0425 A3.

STTherapyDischarge: The total number of speech-language pathology and audiology services co-treatment therapy minutes provided since the date of admission, as reported on the MDS, line O0425 A4.

STherapyDaysDischarge: The total number of days speech-language pathology and audiology services were administered since the date of admission, as reported on the MDS, line O0425 A5.

REMINDERS

- All requests for therapy minutes or days should be for the total number administered from the

date of admission through the date of final discharge. If the patient had a length of stay long enough to require multiple MDS forms, the values reported should be the totals for that variable across all forms.

- Keep a copy of the completed report for the facility's records before submitting to SHPDA.

- This report **MUST** be submitted electronically to: data.submit@shpda.alabama.gov Faxed and mailed copies of the report **CANNOT** be accepted.