BACKGROUND AND OBJECTIVES
In an inpatient rehabilitation facility (IRF), the Individualized Overall Plan of Care (iPOC) is a CMS-mandated document that composites information from the preadmission screen, the post-admission physician evaluation (PAPE), and other information gathered from the assessments of all therapy disciplines to support a physician’s overall iPOC for a patient. The iPOC must be generated within a well-defined timing requirements: (1) after the pre-admission screening, which is due 48 hours immediately preceding IRF admission; (2) after the PAPE, which is due within the first 24 hours of IRF admission; (3) before midnight on the 4th day after IRF admission. If these requirements are not met, then reimbursement for the entire admission may be retracted if audited. Before our intervention, the VMC IRF’s compliance rate averaged 96.41%, denoting a significant risk of lost revenue. The aim of the project was to improve iPOC average compliance rate to 100%.

METHODS
There was a multifaceted approach to our project: the iPOC interface was streamlined, a generic template was created to offset the need for therapy initial evaluation notes, and a personalized notification system was implemented. First, the iPOC interface was streamlined to reduce the number clicks and/or keystrokes by one fourth. Next, a generic template of therapy discipline assessments acceptable by CMS standards was implemented. Finally, an effective notification system was implemented informing the resident and attending of the pending iPOC due date.

RESULTS/OUTCOMES
Rate of Compliance Per Month 1 Year Pre-Study vs 1 Year Study

Above: Comparison of the iPOC rate of compliance from 1 year prior to the study and 1 year of the study. The project resulted in an increased average compliance rate from 96.41% to 99.12%

CONCLUSIONS
A system is only as effective as its users. The most comprehensive way to implement positive changes is by making the process as easy as possible and providing a safety net. By simplifying the preexisting user interface for physicians and helping to prevent overdue iPOCs, we were able to alleviate redundant steps and delays in submissions, thus increasing the average compliance rate from 96.41% to 99.12%. Multiple challenges were encountered during the study: (1) higher turnover in resident/attending coverage during Christmas and New Years weeks, (2) new PM&R residents in July learning the iPOC system, and (3) high turnover in resident/attending coverage during the early months of the COVID-19 pandemic. These challenges were overcome by our intervention without significant drop in compliance rate.

REFERENCES
2. Required Documentation

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