

HealthTech

SWING BED IDT Documentation

DO NOT DISTRIBUTE BEYOND YOUR FACILITY

If you have any questions, please contact:

Carolyn St.Charles
Chief Clinical Officer
HealthTech
360-584-9868
Carolyn.stcharles@health-tech.us

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SWING BED CARE PLAN AND IDT NOTE

Admission Date

Reason for Admission:

SKILLED SERVICES	
Skilled Nursing <ul style="list-style-type: none"><input type="checkbox"/> IV therapy<input type="checkbox"/> Wound Care<input type="checkbox"/> Pain management<input type="checkbox"/> Teaching/Training<input type="checkbox"/> Management of Plan of Care<input type="checkbox"/> Observation and Assessment	Physical Therapy <ul style="list-style-type: none"><input type="checkbox"/> Mobility<input type="checkbox"/> Strengthening
Nutrition <ul style="list-style-type: none"><input type="checkbox"/> Weight gain<input type="checkbox"/> Weight loss<input type="checkbox"/> Nutritional status	Occupational Therapy <ul style="list-style-type: none"><input type="checkbox"/> Activities of daily living<input type="checkbox"/> Adaptive devices
Medication Management	Speech

<p>Patient's Discharge Goal (in patient's own words)</p> <p>Expected Length of Stay</p> <p>Expected Discharge Disposition</p> <p>Update Care Plan Meeting 2</p> <p>Update Care Plan Meeting 3</p>
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NURSING

Goal 1 (measurable and time-limited)		
Interventions (measurable and time-limited)		
Care Plan Meeting 1 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
RN		CNA
Care Plan Meeting 2 – Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments:		
RN		CNA
Care Plan Meeting 3 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
RN		CNA

Goal 2 (measurable and time-limited)		
Interventions (measurable and time-limited)		
Care Plan Meeting 1 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
RN		CNA
Care Plan Meeting 2 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments:		
RN		CNA
Care Plan Meeting 3 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
RN		CNA

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NUTRITION / DIETARY

Goal 1 (measurable and time-limited)		
Interventions (measurable and time-limited)		
Care Plan Meeting 1 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
Dietician	Dietary Manager	
Care Plan Meeting 2 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments:		
Dietician	Dietary Manager	
Care Plan Meeting 3 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
Dietician	Dietary Manager	

Goal 2 (measurable and time-limited)		
Interventions (measurable and time-limited)		
Care Plan Meeting 1 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
Dietician	Dietary Manager	
Care Plan Meeting 2 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments:		
Dietician	Dietary Manager	
Care Plan Meeting 3 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
Dietician	Dietary Manager	

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PHYSICAL THERAPY

Goal 1 (measurable and time-limited)		
Interventions (measurable and time-limited)		
Care Plan Meeting 1 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
PT	PTA	
Care Plan Meeting 2 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments - including any modifications to goal or interventions		
PT	PTA	
Care Plan Meeting 3 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
PT	PTA	

Goal 2 (measurable and time-limited)		
Interventions (measurable and time-limited)		
Care Plan Meeting 1 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
PT	PTA	
Care Plan Meeting 2 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments - including any modifications to goal or interventions		
PT	PTA	
Care Plan Meeting 3 - Date		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Progressing
Comments – including any modifications to goal or interventions		
PT	PTA	