HealthTech

Swing Bed Survey Readiness One Step At A Time 3:00 – 4:00

Carolyn St.Charles
Chief Clinical Officer, HealthTech

| October 2024

Presenter

Carolyn St. Charles is the Chief Clinical Officer for HealthTech. Carolyn has extensive experience working with rural hospitals. St. Charles earned a master's degree in Business Administration from the Foster School of Business at the University of Washington and a Bachelor's Degree in Nursing from Northern Arizona University.

Carolyn St.Charles, RN, BSN, MBA
Chief Clinical Officer
Carolyn.stcharles@health-tech.us
360.584.9868

Disclaimer

HealthTech hopes that the information contained herein will be informative and helpful on industry topics. However, please note that this information is not intended to be definitive.

HealthTech and its affiliates expressly disclaim any and all liability, whatsoever, for any such information and for any use made thereof.

HealthTech does not and shall not have any authority to develop substantive billing or coding policies for any hospital, clinic or their respective personnel, and any such final responsibility remains exclusively with the hospital, clinic or their respective personnel.

HealthTech recommends that hospitals, clinics, their respective personnel, and all other third-party recipients of this information consult original source materials and qualified healthcare regulatory counsel for specific guidance in healthcare reimbursement and regulatory matters.

Objectives

Objective 1: Attendees will describe at least two (2) approaches for engaging the Swing Bed team in continuous survey readiness.

Objective 2: Attendees will discuss the importance of audit tools and how to use them.

Objective 3: Attendees will recognize the value of a Swing Bed audit tool.

.

Agenda

Frequent Findings

Strategy 1: Keep up with regulatory changes

Strategy 2: Collect and share Swing Bed data

Strategy 3: Educate

Strategy 4: Define roles and responsibilities

Strategy 5: Establish clear expectations/time frames for Swing Bed processes

Strategy 6: Conduct audits

Strategy 7: Focus on high-risk areas or areas of non-compliance

Strategy 8: Ask WHY 5 times for areas of non-compliance

Strategy 9: Inclusion

Strategy 10: Set goals for improvement

Strategy 11: Celebrate

Strategy 12: Systems not people

Frequent Findings

1. Same findings as identified for acute care patients
   - Medication Management
     - Pain assessment/reassessment
     - Dual range orders – unclear orders
     - Missing oxygen orders

   - Care Plan does not reflect patient needs – Care Plan not current

Frequent Findings

2. Patient disclosures

3. Comprehensive assessment

4. Interdisciplinary care plan meeting/documentation and required attendance

5. Activities

HealthTech

Strategies

Strategy 1: Keep up with regulatory changes

1. Check periodically by searching
   Appendix W (Critical Access Hospitals)
   Appendix A (Hospital)
   Appendix PP (Long Term Care)

2. CMS web site
   https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance

3. Sign up for alerts / notifications from CMS

4. Subscribe to Federal Register

https://public.govdelivery.com/accounts/USGPOOFR/subscriber/new

Strategy 2: Collect and share Swing Bed outcome data – Value of Swing Bed

Length of Stay

Readmissions

Return to prior residence

Satisfaction
- Consider post-discharge phone calls

Compliance with:
- Attendance at Team Mtgs.
- Timeliness of documentation
- Patient concurrence with Plan of Care
- Completion of Patient Disclosures

Strategy 3: Educate

Education about Swing Bed value and regulatory requirements is essential. **Does your staff and providers understand the regulatory requirements?**

Schedule, at a minimum, annual education. But better to provide quarterly education on selected topics.

Education should be organization-wide including providers

Tailor education to audience

Strategy 4: Define roles & responsibilities and include in job descriptions

Responsibilities

Responsibility	Primary or Required	Back-Up or Other	Responsibility	Primary or Required	Back-Up or Other
Maintain knowledge of current regulations and share with team			Discharge Summary		
Schedule periodic external or internal mock surveys			Discharge: Plan of Care		
Pre-Admission Screening and Insurance Verification			Discharge: Choice of PAC provider		
Admission Decision			Discharge: Medication Reconciliation		
Patient Notices at Admission			Discharge: Information to Next Provider of Care		
Comprehensive Assessment			Discharge: Notices to Patient		
IDT Coordinator – Schedule Mtgs / Notes			Discharge: Notice to Ombudsman		
IDT Attendees			Staff Job Descriptions, Education, Competency		
Interdisciplinary Plan of Care			Outcome Data (Collection, Analysis, Reporting)		
Communication with Patient About Plan of Care			Brand Marketing – Brochures, etc.		
			Daily outreach to referral hospitals		

Responsibilities – Example
More at end of presentation

Responsibility	Primary or Required	Back-Up or Others	Responsibility	Primary or Required	Back-Up or Other
Maintain knowledge of current regulations and share with team	Swing Bed Coordinator	SB Clinical Team	Discharge Summary	Provider	
Schedule periodic external or internal mock surveys	Swing Bed Coordinator	Quality Director	Discharge: Plan of Care	Patient IDT	
Pre-Admission Screening and Insurance Verification	Case Mang.	Nsg. Supv.	Discharge: Choice of PAC provider	Case Mang.	Nsg. Supv.
Admission Decision	Provider Case Mang.	Provider Nsg. Supv.	Discharge: Medication Reconciliation	Nsg.	
Patient Notices at Admission	Case Mang.	Nsg. Supv.	Discharge: Information to Next Provider of Care	Case Mang.	Nsg. Supv.
Comprehensive Assessment	Assign by element of assessment		Discharge: Notices to Patient	Case Mang.	Nsg. Supv.
IDT Coordinator – Schedule Mtgs / Notes	Swing Bed Coordinator		Discharge: Notice to Ombudsman	Case Mang.	Nsg. Supv.
IDT Attendees	Patient, Provider, RN, CNA, Dietary	Rehab Pharmacy	Staff Job Descriptions, Education, Competency	IDT HR	
Interdisciplinary Plan of Care	Patient IDT		Outcome Data (Collection, Analysis, Reporting)	IDT Quality	
Communication with Patient About Plan of Care	Case Mang	Provider	Brand Marketing – Brochures, etc.	Marketing	
			Daily outreach to referral hospitals	Swing Bed Coordinator	Case Mang.

Strategy 5: Establish clear expectations / time frames for Swing Bed processes

Time frames have been established and are measured for:

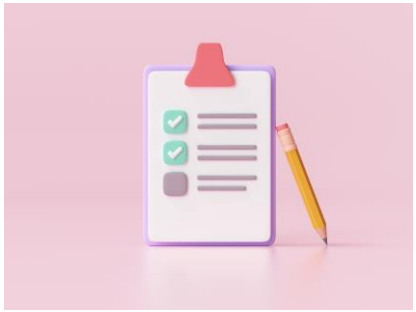
- Response to referrals
- Completion of initial assessment by each member multi-disciplinary team
- Development of the plan of care that is measurable and time limited
- Attendance at IDT meetings
- Communication with patient and concurrence with Plan of Care

There are set times each week for IDT conferences

Strategy 6: Conduct audits

1. Pre-Admission
2. Admission
3. Continued Stay
4. Transfer & Discharge
5. Outcome Measures

- Audits work best if done with IDT team and/or staff caring for patient(s)
- Start with a comprehensive audit of several charts – then drill down to areas of concern
- Implement corrective actions (look for root cause)
- Re-Audit



Audit Tool Provided as Handout

HealthTech

SWING-BED¶

Admission¤	C-1425¤
C1425¶ For·patients·in·the·same·facility·being·admitted·to·Swing·Bed,·documentation·that·Quality·and·Resource·information·was·provided,·and·the·patient·was·given·a·choice·of·Swing·Bed,·Swing·Bed·programs·in·other·CAHs,·and·SNFs.¶ ¶ *Note:··Can·be·limited·to·a·geographic·area·as·determined·in·hospital·policy.¤* ¶	
C-1600-Discharge-Order¶ Provider·discharge·order·from·inpatient·acute·care·if·in·the·same·facility.¤ ¶	C-1600¤
Admission:··Provider·Documentation¤	C-1600¤
1.→Admission·Order·to·Swing·Bed.¤ 2.→Orders·for·Swing·Bed·including·orders·for·PT,·OT,·Speech·if·applicable.¤	C-1600¤ Medicare·Benefits·Manual·Chapter·8,·40.0¶ Medicare·General·Information,·Eligibility,·and·Entitlement·Chapter·4,·40.3·and·40.4¤
3.→Attestation·for·Swing·Bed·Stay:·by·physician¶ •→Patient·requires·daily·skilled·care·for·an·ongoing·condition·for·which·he/she·was·receiving·inpatient·hospital·services·for·a·new·condition·that·arose·while·in·the·SNF·for·treatment·of·that·ongoing·condition);·and·¶ •→Will·require·skilled·care·on·a·daily·basis·which,·as·a·practical·matter,·can·only·be·provided·in·a·SNF·on·an·inpatient·basis.¶ ¶ **Note:·¶** •→*CMS·does·not·require·a·specific·form,·although·most·organizations·use·a·form·that·is·included·in·the·EMR·to·ensure·the·certification·is·not·missed.*¶ •→*Recertification·is·required·at·admission,·14·days·and·then·every·30·days·thereafter.¤* 4.→History·and·Physical·completed·within·the·time·frame·specified·in·hospital·bylaws.··¶ ¶ *Note:··A·new·H&P·is·required·for·Swing·Bed·admissions.¤*	¤

Strategy 7: Focus on high-risk areas or areas of non-compliance

1. Admission - Patient Disclosures
   - Admission packet includes all required patient information - and provided to every Swing Bed patient
   - Choice of providers
   - Provider contact information
   - Financial obligations include annual Medicare co-pay

2. Admission Assessment
   - Assessment(s) completed within the time frame specified in policy
   - Assessment includes ALL required elements including history of trauma and review of Pre-Admission Screening and Resident Review (PASARR)

3. Plan of Care
   - Required disciplines participate in development of plan of care
   - Plan of care includes measurable objectives and timeframes
   - Plan of care includes participation of patient
   - Plan of care updated as needed or when there is a significant change

4. Discharge
   - Choice of post-acute providers
   - Discharge notice to patient
   - Discharge notice to ombudsman
   - Required information to next provider of care

Strategy 8: Ask WHY for areas of non-compliance

Identifying an issue DOES NOT solve the problem or identify why it is occurring!

Ask WHY Five Times (or less) to get to Root Cause

Problem Statement: Dietary doesn't attend care conferences and does not assess Swing Bed patients

WHY: Only on-site once per month

WHY: Contract requires only once per month

WHY: The individual(s) writing the contract may not have known about Swing Bed requirements

WHY: The individual(s) writing contract were not aware of Swing Bed requirements and dietician requirements

Solution: Revise contract. The dietician will assess all Swing Bed patients within one week and ideally 3 days of admission. Dietician will attend multi-disciplinary conferences once per week, remote if needed.

Strategy 9: Inclusion

Involve the people directly working in a process to improve that process. These are the people who really know what happens at any point in the process. It is crucial to focus on organization-wide inclusion, not for the sake of inclusion, but to truly understand what is going on in any given process.

- GO TO *gemba* the place where value is created
- Involve providers and staff in identifying improvement opportunities and developing solutions
- Make performance improvement visible

Change no longer cascades solely top down within the firm & is best achieved through networks accommodating both formal and informal leaders as change agents

	Activities Provided	Why or Why Not?	What can we do tomorrow?
Mon			
Tues			
Wed			
Th			
Fri			
Sat			
Sun			

Charter performance improvement teams

Everyone should have an opportunity to participate

But……

- Staff won't come in on their days off
- Administration won't pay overtime
- Staff aren't interested – don't see the value/importance
- No one comes to meetings

Keep real-time data
Discuss at shift change - staff huddles

	Weights Done	Why	What can we do tomorrow?
Mon			
Tues			
Wed			
Th			
Fri			
Sat			
Sun			

Post in Department

Strategy 10: Set Goals for Improvement

Communicate Goals

Develop a Plan

Communicate progress

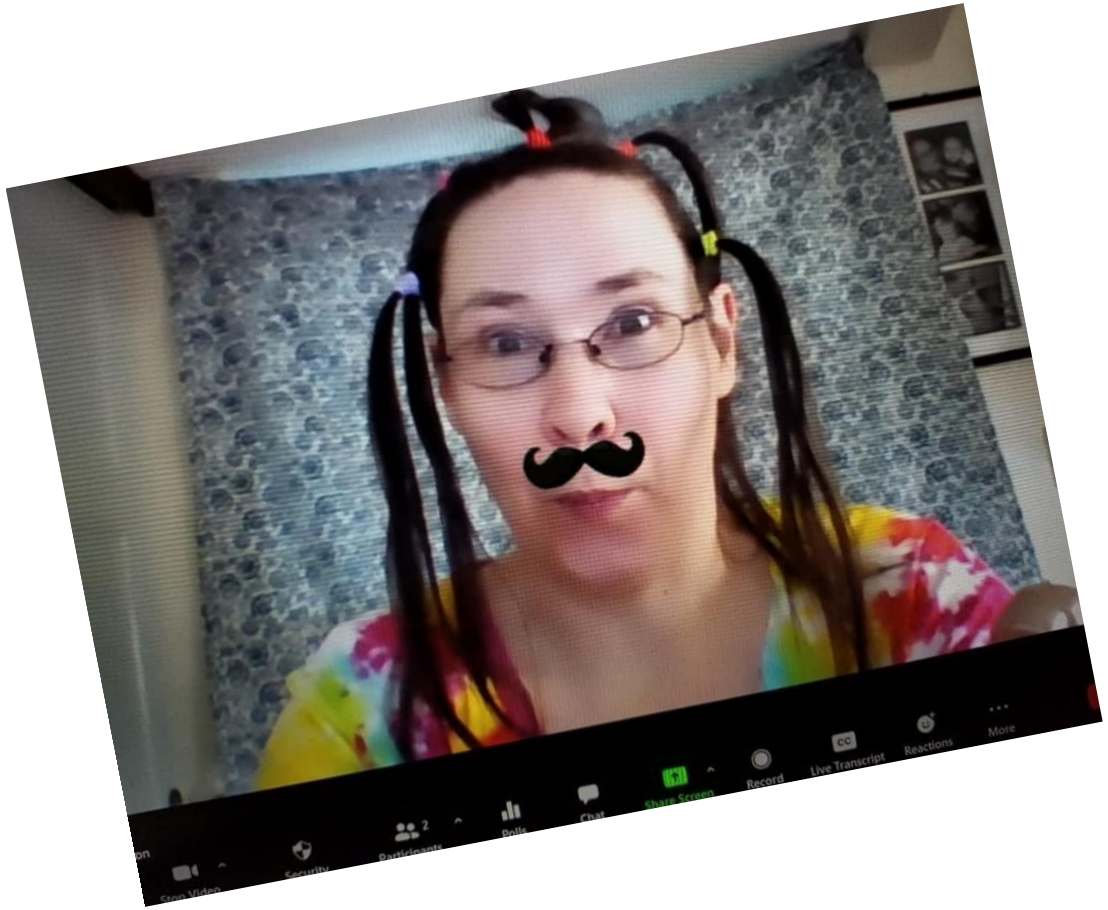
Strategy 11: Celebrate

Strategy 12: Systems -- Not People

Not always easy. We often have an inability to see systems in the first place due to pre-conceived ideas.

Shuffling deck chairs. A futile action in the face of impending catastrophe or one that contributes nothing to the solution of genuine problems.

A bad system will beat a good person every time. - *W Edward Deming*



Making change requires a multi-faceted approach

Culture

The under-the-surface set of beliefs, feelings, attitudes and patterns of assumptions that show up in “how we do things around here”.

Culture includes relationships, how power shows up, habits, institutional reactions to context and events, history, narratives, and norms that signal belonging, in-groups and out-groups.

HealthTech

Questions?

THANK YOU

Carolyn St.Charles, MBA, BSN, RN
Chief Clinical Officer
Carolyn.stcharles@health-tech.us
360.584.9868

HealthTech

Roles and Responsibilities

Roles and Responsibilities Provider

Pre-Admission

- Review patients for potential admission in collaboration with Case Management or Social Services

Admission

- Write admission orders
- Complete new H&P
- Complete initial certification
- Document that care can only be provided as a practical matter in an inpatient setting

Continued Stay

- See patient at the appropriate frequency based on patient needs
- Attend multi-disciplinary care conferences
- Complete re-certification at 14 days and every 30 days

Discharge

- Participate in discharge planning meeting
- Complete discharge summary

Roles and Responsibilities
Case Management

Pre-Admission

- Review patients for potential admission in collaboration with provider and others as needed
- Provide the patient with a choice of skilled nursing facilities (if a current inpatient)

Admission

- Complete trauma-informed care assessment
- Review required patient disclosures with patient or responsible individual
  - Review patient rights verbally
  - Review financial obligations verbally
  - Provide choice of providers and provider contact information

Continued Stay

- Facilitate multi-disciplinary care conferences at least weekly
- Document care conferences, including attendance
- Review care conference recommendations with the patient if not in attendance and provide a copy of care conference notes
- Develop a discharge plan

Discharge

- Facilitate discharge planning meeting and summary of multi-disciplinary goals
- Provide a choice of post-acute providers
- Provide NOMNC
- Provide discharge notice
- Notify the ombudsman of the discharge
- Ensure all discharge documents sent to next post-acute care provider

Roles and Responsibilities Nursing

Pre-Admission

- Review patients for potential admission in collaboration with provider and others as needed per facility policy

Admission

- Complete a Swing Bed assessment
- Complete an activities assessment (per facility policy)
- Develop an initial plan of care with measurable objectives and timelines

Discharge

- Attend discharge planning meeting
- Complete medication reconciliation
- Educate patient as needed for discharge

Continued Stay

- Attend multi-disciplinary care plan meetings (RN caring for the patient and CNA caring for the patient). Provide patient updates with goals that are measurable and time-limited.
- Provide and document activities as identified in the activities plan (per facility policy)
- Document patient weight and oral intake as ordered by the provider or per facility policy
- Provide all nursing care identified by provider order or by care plan goals
- Ensure patient is dressed and out of bed for meals
- Encourage patient to be as independent as possible

Roles and Responsibilities Rehabilitation

Pre-Admission

- Review patients for potential admission in collaboration with provider and others as needed per facility policy

Admission

- Complete a comprehensive assessment
- Develop measurable and time-limited goals based on the comprehensive assessment

Continued Stay

- Attend multidisciplinary care plan meetings. Provide patient updates including progress on goals.
- Provide therapy as required by assessment and document the patient's response

Discharge

- Attend discharge planning meeting
- Educate patient as needed for discharge

Roles and Responsibilities
Nutrition - Dietician

Admission

- Complete a comprehensive nutrition assessment (dietician)
- Develop measurable and time-limited goals based on the comprehensive assessment

Continued Stay

- Attend multidisciplinary care plan meetings. Provide patient updates, including progress on goals.
- Assess patient's at least weekly and document progress on goals

Discharge

- Attend discharge planning meeting
- Educate patient as needed for discharge

Roles and Responsibilities Pharmacy

Admission

- Complete a comprehensive assessment for any patient receiving IV antibiotic therapy and/or psychotropics or opioids
- Develop measurable and time-limited goals based on the comprehensive assessment

Continued Stay

- Attend multidisciplinary care plan meetings. Provide patient updates, including progress on goals.
- Assess patient's at least weekly and document progress on goals

Discharge

- Attend discharge planning meeting
- Educate patient as needed for discharge