Inter-Rater Reliability (IRR) Process
Swing Bed Performance Improvement/Quality Improvement Pilot Project

Person Completing Scoring Sheet	
Name:	
Title:	
Hospital:	
Email:	
Phone:	

Unique Patient Identifier																	

Please check one:		Write in Patient Name
☐	Scenario #1	
☐	Scenario #2	
☐	Scenario #3	

Swing Bed Pilot Project Data Collection Form

Unique Patient Identifier
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Patient Date of Birth		
Month	Day	Year
☐☐	☐☐	☐☐☐☐

Swing Bed Admission Date		
Month	Day	Year
☐☐	☐☐	20 ☐☐

Swing Bed Discharge Date		
Month	Day	Year
☐☐	☐☐	20 ☐☐

Patient's residence prior to the inpatient admission that preceded swing bed stay	
Choose one	
☐	**Private home/apartment**
☐	**Board/care**
☐	**Assisted living**
☐	**Group home facility**
☐	**Nursing home/SNF**

Patient's Discharge Status	
Choose one	
☐	**Private home/apartment**
☐	**Board/care**
☐	**Assisted living**
☐	**Group home facility**
☐	**Nursing home/SNF**
☐	**Higher Level of Care (e.g., acute care at the CAH or another**

Expected primary payer source for swing bed stay	
Choose one	
☐	**Medicare**
☐	**Medicare Advantage**
☐	**Medicaid**
☐	**Commercial Insurance (includes Blue Cross)**
☐	**Self-pay**
☐	**Other**

Readmission to Swing Bed within 30 Days	
Choose one	
☐	**No Attempt to Contact Patient**
☐	**Contact with Patient Attempted, no Response**
☐	**Patient not Readmitted to any Facility**
☐	**Readmitted to Our CAH Acute**
☐	**Readmitted to Our CAH Swing Bed**
☐	**Readmitted to Our CAH ED**
☐	**Readmitted to Other Facility (Acute)**
☐	**Readmitted to Other Facility (Swing Bed)**
☐	**Readmitted to Other Facility (ED)**

Risk Adjustment Elements

Primary Medical Condition: Indicate the patient's primary medical condition category included in provider's documentation

Enter Code [ ][ ]

Indicate the patient's primary medical condition category that best describes the primary reason for admission

01. **Stroke**
02. **Non-Traumatic Brain Dysfunction**
03. **Traumatic Brain Dysfunction**
04. **Non-Traumatic Spinal Cord Dysfunction**
05. **Traumatic Spinal Cord Dysfunction**
06. **Progressive Neurological Condition**
07. **Other Neurological Conditions**
08. **Amputation**
09. **Hip and Knee Replacement**
10. **Fractures and Other Multiple Trauma**
11. **Other Orthopedic Conditions**
12. **Debility, Cardiorespiratory Conditions**
13. **Medically Complex Conditions**
14. **Other Medical Conditions** If "Other Medical Condition," enter the ICD code in the boxes [ ][ ][ ][ ][ ][ ][ ][ ]

Prior Surgery: Indicate if patient has had prior surgery

Enter Code [ ]

Did the patient have major surgery during the **100 days prior to admission**?

0. **No**
1. **Yes**
8. **Unknown**

Risk Adjustment Elements: Prior Functioning

Prior Functioning: Everyday Activities. Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury

Coding:

3. Independent - Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper

2. Needed Some Help - Patient needed partial assistance from another person to complete activities

1. Dependent - A helper completed the activities for the patient

8. Unknown

9. Not Applicable

↓	Enter Codes in Boxes
☐	A. **Self-Care**: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury
☐	B. **Indoor Mobility (Ambulation)**: Code the patient's need for assistance with walking from room to room (with or without device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury
☐	C. **Stairs**: Code the patient's need for assistance with internal or external stairs (with or without a device such as a cane, crutch, or walker) prior to the current illness, exacerbation, or injury
☐	D. **Functional Cognition**: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury

Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury

↓	Check all that apply
☐	**A. Manual wheelchair**
☐	**B. Motorized wheelchair and/or scooter**
☐	**C. Mechanical lift**
☐	**D. Walker**
☐	**E. Orthotics/Prosthetics**
☐	**Z. None of the above**

Risk Adjustment Elements

Patient had one or more unhealed pressure ulcers/injuries at swing-bed admission	
☐	No (Skip to next section)
☐	Yes (Answer question below)
⬇	
☐	One or more Stage 1 pressure ulcers/injuries
☐	One or more Stage 2 pressure ulcers/injuries
☐	One or more Stage 3 pressure ulcers/injuries
☐	One or more Stage 4 pressure ulcers/injuries
☐	One or more unstageable pressure ulcers/injuries due to non-removable dressing, slough and/or eschar, or deep tissue injury

Communication Impairment: Ability of patient to express ideas and wants, consider both verbal and non-verbal expression	
Choose one	
☐	**Understood**
☐	**Usually understood** - difficulty communicating some words or thoughts but is able if prompted or given time
☐	**Sometimes understood** - ability is limited to making concrete requests
☐	**Rarely/never understood**
☐	**Not assessed/no information**
Communication Impairment: Ability of patient in understanding verbal content	
Choose one	
☐	**Understands**
☐	**Usually understands** - misses some part/intent of message but comprehends most
☐	**Sometimes understands** - responds adequately to simple, direct communication only
☐	**Rarely/never understands**
☐	**Not assessed/no information**

History of Falls: Did the patient have a fall anytime in the six (6) months prior to admission?	
Choose one	
☐	**Yes**
☐	**No**
☐	**Unable to determine**

Risk Adjustment Elements

Brief Interview for Mental Status (BIMS)

Should Brief Interview for Mental Status be Conducted? Attempt to conduct interview with all patients

Enter code	
☐	0. **No (**patient is rarely/never understood). **Go to Memory/Recall Ability section below** 1. **Yes**, continue to Repetition of Three Words below

Repetition of Three Words

Enter code	
☐	Ask patient: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are:* ***sock, blue,*** *and* ***bed*** *. Now tell me the three words."* **Number of words repeated after first attempt** 0. **None** 1. **One** 2. **Two** 3. **Three** After the patient's first attempt, repeat the words using cues *("sock, something to wear; blue, a color; bed, a piece of furniture")* . You may repeat the words up to two more times.

Temporal Orientation (orientation to year, month, and day)

Enter code	
☐	Ask patient: *"Please tell me what year it is right now."* **A. Able to report correct year** 0. **Missed by >5 years** or no answer 1. **Missed by 2-5 years** 2. **Missed by 1 year** 3. **Correct**
☐	Ask patient: *"What month are we in right now."* **B. Able to report correct month** 0. **Missed by >1 month** or no answer 1. **Missed by 6 days to 1 month** 2. **Accurate within 5 days**
☐	Ask patient: *"What day of the week is today?"* **C. Able to report correct day of the week** 0. **Incorrect** or no answer 1. **Correct**

Recall

Enter code	
☐	Ask patient: *"Let's go back to an earlier question. What were those three words that I asked you to repeat?"* If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. **A. Able to recall "sock"** 0. **No** - could not recall 1. **Yes, after cueing** ("something to wear") 2. **Yes, no cue required**
☐	**B. Able to recall "blue"** **0. No** - could not recall **1. Yes, after cueing** ("a color") **2. Yes, no cue required**
☐	**C. Able to recall "bed"** 0. **No** - could not recall 1. **Yes, after cueing** ("a piece of furniture") 2. **Yes, no cue required**
☐☐	What was the patient's BIMS Summary Score from questions above? *Values should be 00 to 15*

Memory/Recall Ability: please complete the below. Check all that patient is able to recall correctly if not able to perform BIMS.

☐	Current season	☐	That he or she is in a hospital swing bed
☐	Location of own room	☐	None of the above were recalled
☐	Staff names and faces	☐	Unable to test or Unresponsive to verbal communication

Risk Adjustment Elements

Choose one	Urinary Continence	Choose one	Bowel Continence
☐	**Continent**	☐	**Continent**
☐	**Occasionally incontinent**	☐	**Occasionally incontinent**
☐	**Frequently incontinent**	☐	**Frequently incontinent**
☐	**Always incontinent**	☐	**Always incontinent**
☐	**Catheter, ostomy, or no urine output**	☐	**Had ostomy**
☐	**Not assessed/no information**	☐	**Did not have a bowel movement for entire stay**
		☐	**Not assessed/no information**

Tube feeding or total parenteral nutrition

Choose one	
☐	**Yes**
☐	**No**

Comorbidities: Indicate the patient's comorbidities included in provider's documentation

Check all that apply	
☐	**Major infections:** Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock; and Other Infectious Diseases
☐	**Metastatic Cancer** and **Acute Leukemia**
☐	**Diabetes:** Diabetes with Chronic Complications; Diabetes without Complication; Type I Diabetes Mellitus
☐	**Other Significant Endocrine and Metabolic Disorders**
☐	**Delirium and Encephalopathy**
☐	**Dementia:** Dementia with Complications; Dementia without Complications
☐	**Tetraplegia** (excluding complete tetraplegia) and **Paraplegia**
☐	**Multiple Sclerosis**
☐	**Parkinson's** and **Huntington's Diseases**
☐	**Angina Pectoris**
☐	**Coronary Atherosclerosis/Other Chronic Ischemic Heart Disease**
☐	**Hemiplegia, Other Late Effects of Cerebrovascular Accident:** Hemiplegia/Hemiparesis; Late Effects of Cerebrovascular Disease, Except Paralysis
☐	**Dialysis Status and Chronic Kidney Disease - Stage 5**
☐	**Urinary Obstruction and Retention**
☐	**Amputations:** Traumatic Amputations and Complications; Amputation Status, Lower Limb/Amputation Complications; Amputation Status, Upper Limb

Functional Abilities - Admission

Self-Care at Admission: Assessment period is days 1 through 3

Code the patient's usual performance at the start of the SNF stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF stay (admission), code the reason.

Coding:

Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper
05. **Setup or clean-up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity

If activity was not attempted, code reason:

07. **Patient refused**
09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

Admission Performance Enter Codes ⬇ in Boxes ⬇	
☐☐	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient
☐☐	**B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): the ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment
☐☐	**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing the equipment
☐☐	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
☐☐	**F. Upper body dressing:** The ability to dress and undress above the waist, including fasteners, if applicable
☐☐	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear
☐☐	**H. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable

Functional Abilities - Admission (1 of 2 pages)

Mobility at Admission: Assessment period is days 1 through 3

Code the patient's usual performance at the start of the SNF stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF stay (admission), code the reason.

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88. **Not attempted due to medical condition or safety concerns**

Admission Performance Enter Codes ⬇ in Boxes ⬇	
☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed
☐☐	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support
☐☐	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed
☐☐	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair)
☐☐	**F. Toilet transfer:** The ability to get on and off a toilet or commode
☐☐	**G. Car transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt
☐☐	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space
☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns
☐☐	**K. Walk 150 feet**: Once standing, the ability to walk at least 150 feet in a corridor or similar space

Mobility at Admission: Assessment period is days 1 through 3

Code the patient's usual performance at the start of the SNF stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF stay (admission), code the reason.

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88. **Not attempted due to medical condition or safety concerns**

Admission Performance Enter Codes ↓ in Boxes ↓	
☐☐	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel
☐☐	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step
☐☐	**N. 4 steps:** The ability to go up and down four steps with or without a rail
☐☐	**O. 12 steps:** The ability to go up and down 12 steps with or without a rail
☐☐	**P. Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor
☐	**Q1. Does the patient use a wheelchair and/or scooter?** **0. No** ⟶ **Skip rest of questions** **1. Yes** ⟶ **Continue to Wheel 50 feet with two turns**
☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns
☐	**RR1. Indicate the type of wheelchair or scooter used** 1. **Manual** 2. **Motorized**
☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space
☐	**RR1. Indicate the type of wheelchair or scooter used** 1. **Manual** 2. **Motorized**

Functional Abilities - Discharge

Self-Care at Discharge: Assessment period is the last 3 days of the swing bed stay

Code the patient's usual performance at the end of the SNF stay (admission) for each activity using the 6-point scale. If activity was not attempted at the end of the SNF stay (admission), code the reason.

Coding:

Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

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09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

Discharge Performance Enter Codes ⬇ in Boxes ⬇	
☐☐	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient
☐☐	**B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): the ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment
☐☐	**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing the equipment
☐☐	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
☐☐	**F. Upper body dressing:** The ability to dress and undress above the waist, including fasteners, if applicable
☐☐	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear
☐☐	**H. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable

Functional Abilities - Discharge (1 of 2 pages)

Mobility at Discharge: Assessment period is the last 3 days of the swing bed stay

Code the patient's usual performance at the end of the SNF stay (admission) for each activity using the 6-point scale. If activity was not attempted at the end of the SNF stay (admission), code the reason.

Coding:
Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.
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10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

Discharge Performance Enter Codes ⬇ in Boxes ⬇	
☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed
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☐☐	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed
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☐☐	**G. Car transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt
☐☐	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space
☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns
☐☐	**K. Walk 150 feet**: Once standing, the ability to walk at least 150 feet in a corridor or similar space

Functional Abilities - Discharge (2 of 2 pages)

Mobility at Discharge: Assessment period is the last 3 days of the swing bed stay

Code the patient's usual performance at the end of the SNF stay (admission) for each activity using the 6-point scale. If activity was not attempted at the end of the SNF stay (admission), code the reason.

Coding:

Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

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Discharge Performance Enter Codes ↓ in Boxes ↓	
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☐☐	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step
☐☐	**N. 4 steps:** The ability to go up and down four steps with or without a rail
☐☐	**O. 12 steps:** The ability to go up and down 12 steps with or without a rail
☐☐	**P. Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor
☐	**Q1. Does the patient use a wheelchair and/or scooter?** **0. No** ⟶ **Skip rest of questions** **1. Yes** ⟶ **Continue to GG0170R, Wheel 50 feet with two turns**
☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns
☐	**RR1. Indicate the type of wheelchair or scooter used** 1. **Manual** 2. **Motorized**
☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space
☐	**RR1. Indicate the type of wheelchair or scooter used** 1. **Manual** 2. **Motorized**