CAH Swing Bed QAPI Project

Outcome Management Qtr. 2 of 2021
Option 1 & 2 Data Collection Forms
(Zoom Meeting)

August 3, 2021

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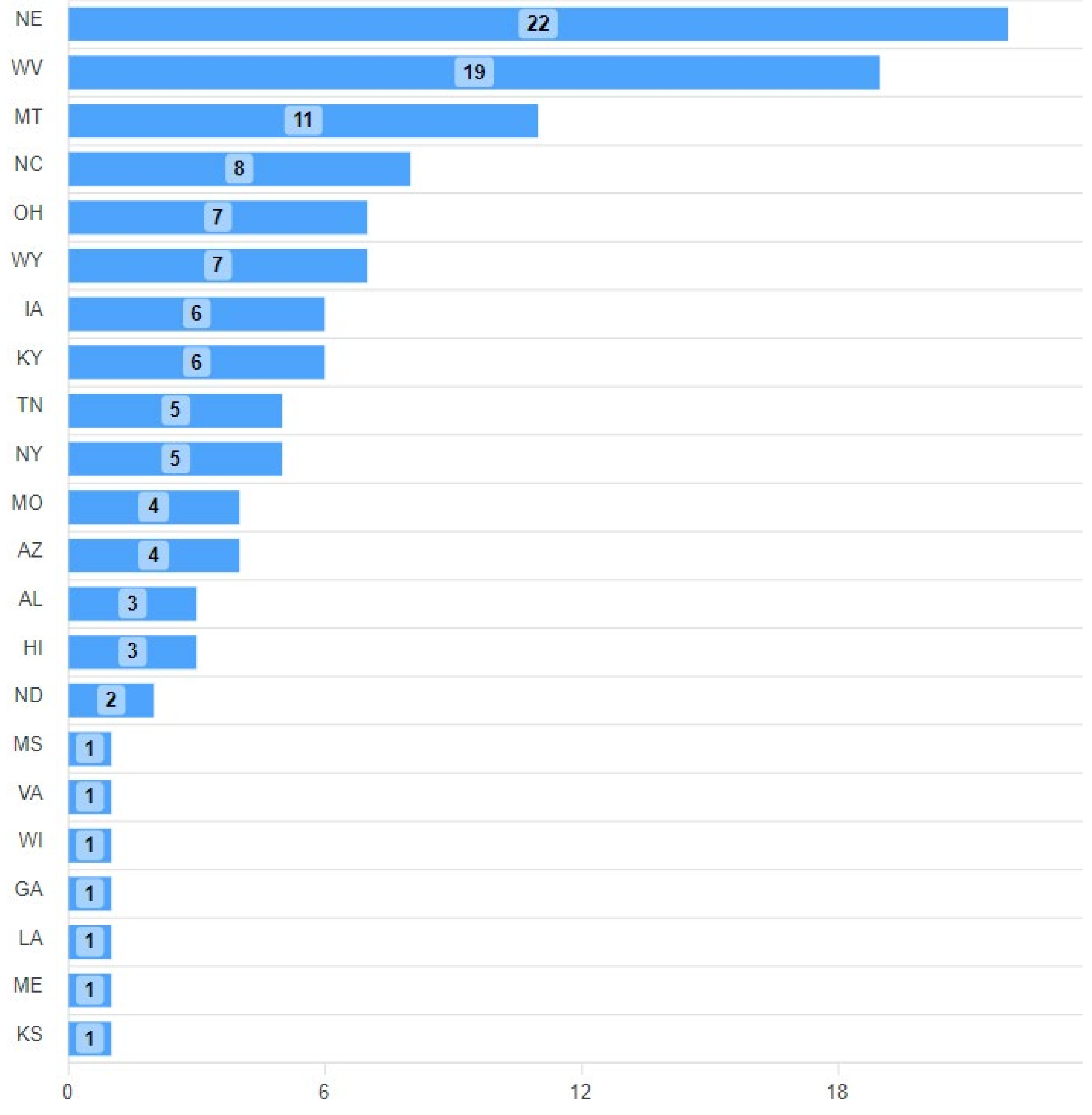
119 Hospitals Participating in Swing Bed PI/QI Project for Q2 2021 (Comparison Group Size)

STROUDWATER



Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

WV Participating CAH Hospitals (Q2, 2021)

You ALL deserve a STAR

WV Participating CAHs (as of Q4 2020)	
Boone Memorial Hospital	2
Braxton Community Health Ctr - WVU	2
Broaddus Hospital - Davis Health	2
Grafton City Hospital	2
Grant Memorial Hospital	2
Hampshire Memorial Hospital	2
Jackson General Hospital - WVU Medicine	2
Jefferson Med. Ctr. - WVU Medicine	2
Minnie Hamilton Health System	2
Montgomery General Hospital	1
Pocahontas Memorial Hospital	2
Potomac Valley Hospital - WVU Medicine	2
Preston Memorial Hospital	2
Roane General Hospital	2
Sistersville General Hospital (MHS)	1
St Joseph's Hospital - WVU Medicine	2
Summersville Regional Medical Center (WVU Medicine)	2
War Memorial Hospital	2
Webster Memorial Hospital	2
Bath Community Hospital (VA)	1

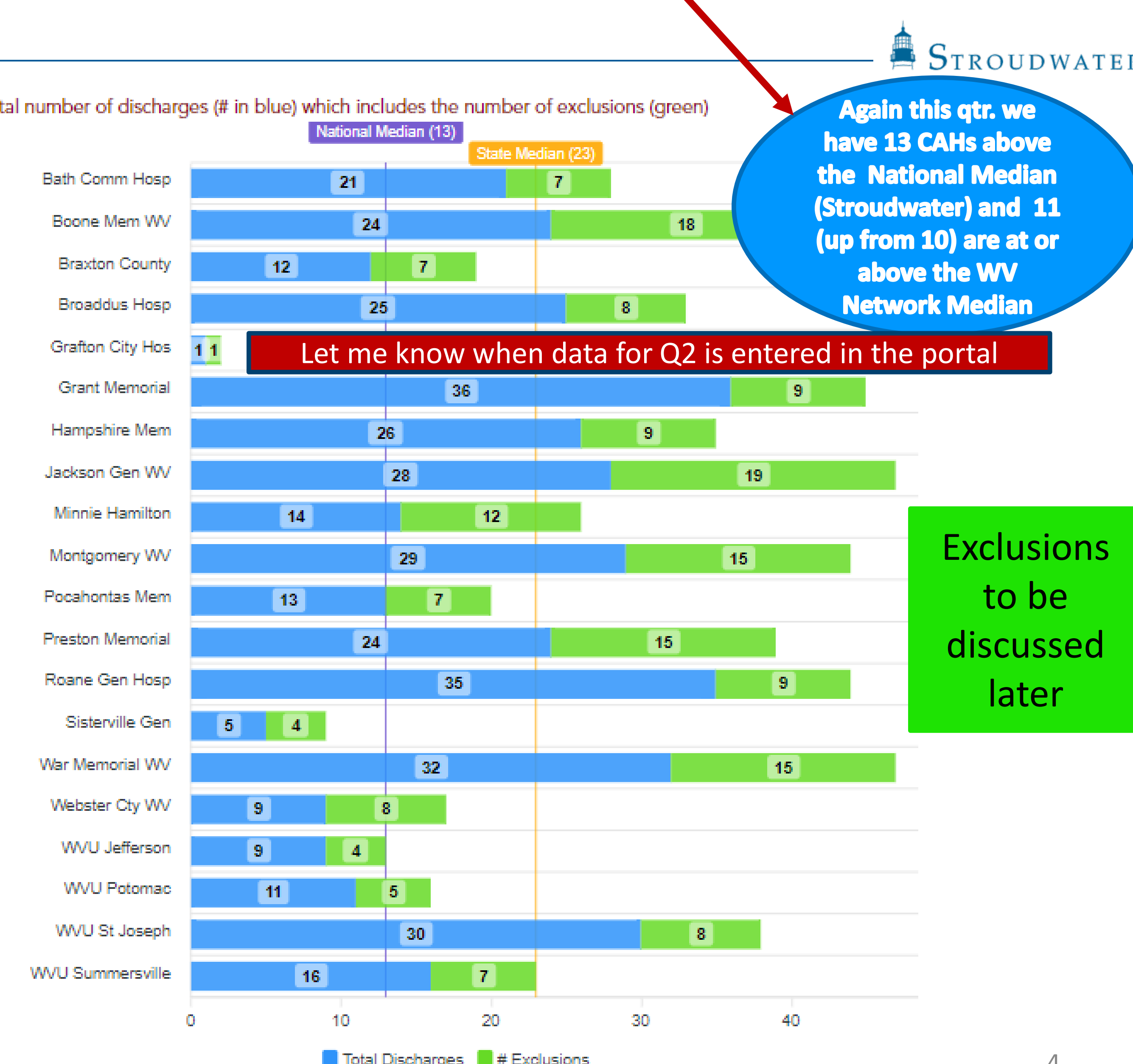
- 19 of 21 WV CAHs are still participating in the QAPI project and Bath from VA is still with us
- Montgomery, Sistersville and Bath are the 3 hospitals still using Option 1 for data reporting. May want to consider changing to Option 2 effective 7/1/21 since you had paper form only for July – would be easy to add the extra questions – this would allow you to the 5 Key Performance Report for the Choice letter. Let me know if interested and/or if you want to discuss further offline.
- Please notify me when you have changes (name, title, email, key contact, those access to portal) so that you all can be on the email list.
- Contact Paula (pknowlton@stroudwster.com) if you have a change in those with Portal access. Must have signed in with her.
- Thank you all for those who were able to join the Stroudwater webinar last week. Let me know if you did not get the recording

Discharges and Exclusions

Stroudwater

Total number of patients discharged from swing bed for time period being looked at

Note: the blue # is the Total number of patients discharged and the green is the # from the total that were excluded from the Self-Care & Mobility calculations



Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Total Swing Bed Discharges (Q2, 2020 to Q2, 2021)

- A decrease of 0.5% in Q2, 2021 vs Q1 for all CAHs with data in both qtrs.
- Good to compare yourself with same qtr the previous year – external forces are more alike (for instance you would not want to compare Jan (flu season) with July.
- 10 CAHs increased utilization in Q2 vs Q1 2021 and 9 CAHs increased in Q2, 2021 vs Q2, 2020!
- Jefferson – why the fluctuation downward again? Busy Acute?
- Same for Pocahontas & Potomac
- St Joseph – what do you attribute the increase to?
- Summersville - ?? Decrease over last 3 qtrs.

# of D/Cs by Qtr. for past 5 quarters	Q2, 2020	Q3, 2020	Q4, 2020	Q1, 2021	Q2, 2021
Boone Memorial Hospital	21	19	22	17	24
Braxton Community Health Ctr - WVU	No data	No data	18	10	12
Broaddus Hospital - Davis Health	16	29	27	24	25
Grafton City Hospital	15	19	36	10	No Data
Grant Memorial Hospital	39	39	62	46	36
Hampshire Memorial Hospital	27	12	24	24	26
Jackson General Hospital - WVU Medicine	19	No data	53	34	28
Jefferson Med. Ctr. - WVU Medicine	20	14	8	2	9
Minnie Hamilton Health System	14	14	13	15	14
Montgomery General Hospital	19	44	28	33	29
Pocahontas Memorial Hospital	22	12	21	16	13
Potomac Valley Hospital - WVU Medicine	21	19	16	10	11
Preston Memorial Hospital	No data	No data	31	30	24
Roane General Hospital	22	29	20	36	35
Sistersville General Hospital (MHS)	2	7	4	3	5
St Joseph's Hospital - WVU Medicine	19	22	20	24	30
Summersville Regional Medical Center (WVU Medicine)	No data	No data	28	21	16
War Memorial Hospital	31	25	35	36	32
Webster Memorial Hospital	No data	No data	??	4	9
Bath Community Hospital	No data	No data	21	12	21
Total for WV CAH Network Reporting Participants	307	304	487	403	391

SB Number of Days (Q2, 2021)

Total number of days patients in swing bed for time period

14 CAHs are above the National Median of 160 days and 10 are at or above the WV State Median

- A minimum goal for an ADC = 4
- Q2 = there are 91 days total
- 91 days x 4/day = 364 days (if per diem is $1,100 = $400,400 gross revenue!
- WV Network has 7 CAHs close or well above that goal !!
- When paid per diem, the # of days, not admissions is what counts.

Total number of days with patients in swing bed

National Median (160)

State Median (254)

Hospital	Days
Bath Comm Hosp	256
Boone Mem WV	486
Braxton County	186
Broaddus Hosp	370
Grafton City Hos	9
Grant Memorial	375
Hampshire Mem	270
Jackson Gen WV	425
Minnie Hamilton	201
Montgomery WV	454
Pocahontas Mem	126
Preston Memorial	243
Roane Gen Hosp	424
Sisterville Gen	70
War Memorial WV	492
Webster Cty WV	67
WVU Jefferson	87
WVU Potomac	113
WVU St Joseph	287
WVU Summersville	251

0 100 200 300 400 500

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Total Swing Bed Days (Q2, 2020 – Q2, 2021)

- A decrease of 6.5% in Q2, 2021 vs Q1 for all CAHs with data in both qtrs.
- Q2, 2021 vs Q2, 2020 saw an increase of days by 5.7% for all CAHs with data in both qtrs.
- 12 CAHs increased utilization of days in Q2, 2021 vs the earlies qtr. they had data for !
- Boone – what do you attribute the increase of days by 222 in Q2 vs Q1, 2021
- Bath – increase in days by 109 in Q2 vs Q1, 2021 – what do you attribute this to?

# of SB Days by Qtr. for past 5 quarters	Q2, 2020	Q3, 2020	Q4, 2020	Q1, 2021	Q2, 2021
Boone Memorial Hospital	354	424	321	264	486
Braxton Community Health Ctr - WVU	No data	No data	130	136	186
Broaddus Hospital - Davis Health	209	401	287	484	370
Grafton City Hospital	253	589	280	109	No data
Grant Memorial Hospital	382	419	502	427	375
Hampshire Memorial Hospital	240	118	331	333	270
Jackson General Hospital - WVU Medicine	199	??	454	603	425
Jefferson Med. Ctr. - WVU Medicine	152	127	27	28	87
Minnie Hamilton Health System	200	286	136	165	201
Montgomery General Hospital	499	603	594	673	454
Pocahontas Memorial Hospital	248	212	231	148	126
Potomac Valley Hospital - WVU Medicine	265	181	251	86	113
Preston Memorial Hospital	No data	No data	399	262	243
Roane General Hospital	263	545	326	604	424
Sistersville General Hospital (MHS)	17	51	31	12	70
St Joseph's Hospital - WVU Medicine	247	274	181	279	287
Summersville Regional Medical Center (WVU Medicine)	No data	No data	285	245	251
War Memorial Hospital	404	471	471	616	492
Webster Memorial Hospital	No data	No data	No data	33	67
Bath Community Hospital	No data	No data	228	147	256
Total for WV CAH Network Reporting Participants	3932	4701	5465	5654	5183

- Financially very good for the network as a whole – if your per diem is $1,100/day average for WV x 24935 days over the last 5 qtrs. = $27,428,500 gross revenue
- Hope you track your gross revenue for motivation to increase your utilization and celebrate with the staff when meeting goals

Average Daily Census (Q2, 2021)

Total swing bed days divided by calendar days in period

14 CAHs are at or above the Stroudwater National Median ADC of 1.8 and 11 are at or above the WV State Median of 2.8

- 7 CAHs are above the goal of a minimum ADC of 4

- Just imagine if all 20 CAHs in the WV Network had an ADC of 4 in Q2!!
- 364 calendar days x 4 ADC = 1,456 days x 20 CAHs = 29,120 SB days x $1,100/day = $32,032,000 gross revenue !!!!!

ADC is total swing bed days divided by calendar days

National Median (1.8)

State Median (2.8)

Hospital	ADC
Bath Comm Hosp	2.8
Boone Mem WV	5.3
Braxton County	2
Broaddus Hosp	4.1
Grafton City Hos	0.1
Grant Memorial	4.1
Hampshire Mem	3
Jackson Gen WV	4.7
Minnie Hamilton	2.2
Montgomery WV	5
Pocahontas Mem	1.4
Preston Memorial	2.7
Roane Gen Hosp	4.7
Sisterville Gen	0.8
War Memorial WV	5.4
Webster Cty WV	0.7
WVU Jefferson	1
WVU Potomac	1.2
WVU St Joseph	3.2
WVU Summersville	2.8

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Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Average Daily Census (ADC) (Q4, 2020 – Q2, 2021)

- This is a new report for now 3 qtrs.
- ADC nationally (USA) is reported at 4 with many more opportunities
- Stroudwater 's project participating hospital is at a median ADC of 1.8 and at 2.8 for WV Network
- 11 CAHs saw an increase in their ADC
- Let's continue working at this to end the calendar year on a high note.

- WV Network ADC was calculated by adding the ADC from all hospitals and dividing by the # of hospitals who had data.

ADC by Qtr. for past 2 quarters	Q4, 2020	Q1, 2021	Q2, 2021
Boone Memorial Hospital	3.5	2.9	5.3
Braxton Community Health Ctr - WVU	1.4	1.5	2
Broaddus Hospital - Davis Health	3.1	5.4	4.1
Grafton City Hospital	3	1.2	No data
Grant Memorial Hospital	5.5	4.7	4.1
Hampshire Memorial Hospital	3.6	3.7	3
Jackson General Hospital - WVU Medicine	4.9	6.7	4.7
Jefferson Med. Ctr. - WVU Medicine	0.3	0.3	1
Minnie Hamilton Health System	1.5	1.8	2.2
Montgomery General Hospital	6.5	7.5	5
Pocahontas Memorial Hospital	2.5	1.6	1.4
Potomac Valley Hospital - WVU Medicine	2.7	1	1.2
Preston Memorial Hospital	4.3	2.9	2.7
Roane General Hospital	3.5	6.7	4.4
Sistersville General Hospital (MHS)	0.3	0.1	0.8
St Joseph's Hospital - WVU Medicine	2	3.1	3.2
Summersville Regional Medical Center (WVU Medicine)	3.1	2.7	2.8
War Memorial Hospital	5.1	6.8	5.4
Webster Memorial Hospital	No data	0.4	0.7
Bath Community Hospital	2.5	1.6	2.8
Total for WV CAH Network Reporting Participants	3.29	3.29	2.99

Average Length of Stay (ALOS) (Q2, 2021)

LOS is calculated for each patient (discharge date – admission date) then is averaged for the ALOS

- The median LOS for WV is 12.1 and Stroudwater National is 12.3
- This has been pretty consistent for WV.
- National ALOS is 10-14 depending on the types of patients admitted

- The questions to ask of your programs are:
- Do we all feel comfortable that we are managing our days to have the most improvement within national average?
- Is the documentation there to support longer or shorter LOS
- Does our ALOS jive with the Clinical Programs we are admitting them to? Is the ITP team on the same page?
- Is our discharge date based on goals set within 3 days of admission?
- Does our LOS reflect the Self-Care and Mobility measure outcome?

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

LOS is calculated for each patient (discharge date - admission date) then is averaged for the ALOS

National Median (12.3)
State Median (12.1)

Hospital	ALOS
Bath Comm Hosp	12.3
Boone Mem WV	20.3
Braxton County	15.5
Broaddus Hosp	14.8
Grafton City Hos	9
Grant Memorial	10.4
Hampshire Mem	10.4
Harrison Comm OH	11.5
Jackson Gen WV	15.2
Minnie Hamilton	15.5
Montgomery WV	15.8
Pocahontas Mem	9.7
Preston Memorial	10.1
Roane Gen Hosp	12.1
Sisterville Gen	14
War Memorial WV	15.9
Webster Cty WV	7.4
WVU Jefferson	10
WVU Potomac	10.3
WVU St Joseph	9.6
WVU Summersville	15.7

0 5 10 15 20

Look at your ALOS especially if below 10 days or above 14 and review based on types of patients admitted (see future slides)

Discharges by Entered From (Q2, 2021)

% of discharges by where they entered from (immediately before SB)

- Following hospitals to comment on
  - Bath (16% from community and 5% NH
  - Hampshire (4% Psych)
  - Jackson (4% community)
  - Montgomery (100% community ???)
  - Pocahontas (8% community)
  - Sistersville (20% community)
  - War (3% community)
  - Jefferson (88% community & 13% other ???)
  - St Joseph (3% community)
  - Summerville (6% Intermediate Care??) – ID/DD ???

- Please make corrections this week if you had data entry errors – I want to pull a 4 qtr. SORH report. – Thank you

Percent of discharges by where they were admitted from immediately before their admission to swing bed

Hospital	Values (left to right)
Bath Comm Hosp	16%, 5%, 79%
Boone Mem WV	100%
Braxton County	100%
Broaddus Hosp	100%
Grafton City Hos	100%
Grant Memorial	100%
Hampshire Mem	4%, 96%
Harrison Comm OH	100%
Jackson Gen WV	4%, 96%
Minnie Hamilton	100%
Montgomery WV	100%
Pocahontas Mem	8%, 92%
Preston Memorial	100%
Roane Gen Hosp	100%
Sisterville Gen	20%, 80%
War Memorial WV	3%, 88%, 9%
Webster Cty WV	100%
WVU Jefferson	88%, 13%
WVU Potomac	100%
WVU St Joseph	3%, 97%
WVU Summersville	94%, 6%

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Home/Community · Nursing home · SNF · Short-Term General Hospital · LTCH · IP Rehabilitation Facility · IP Psychiatric Facility · Intermediate Care Facility · Hospice · Home under care of organized HHS · Not listed (ie: VA,prison,other)

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Discharges by Primary Payor (Q2, 2021)

% of discharges by the type of payor

- Generic Medicare continues to have highest %
- But Medicare Advantage continues to grow. All but Sistersville had MA
- Any update on your experience for pre-cert and continued stay approval with MA?
- 12 CAHs has commercial insurance payor – up from 7 in Q1. Any thing new to share? How did they pay? Cost-based or per diem? Easy or difficult to get approval?
- 8 CAHs were paid by Medicaid - still cost-based? How are they to work with?
- 3 CAHs paid by "Other" – all VA??

Percent of discharges by type of payor

Hospital	Bar segments (left to right)
Bath Comm Hosp	84% · 11% · 5%
Boone Mem WV	71% · 17% · 13%
Braxton County	50% · 42% · 8%
Broaddus Hosp	64% · 12% · 20% · 4%
Grafton City Hos	100%
Grant Memorial	64% · 33% · 3%
Hampshire Mem	65% · 23% · 4% · 4% · 4%
Harrison Comm OH	50% · 38% · 13%
Jackson Gen WV	68% · 32%
Minnie Hamilton	71% · 14% · 14%
Montgomery WV	63% · 38%
Pocahontas Mem	62% · 38%
Preston Memorial	46% · 38% · 4% · 13%
Roane Gen Hosp	69% · 29% · 3%
Sisterville Gen	80% · 20%
War Memorial WV	44% · 31% · 13% · 13%
Webster Cty WV	33% · 22% · 22% · 22%
WVU Jefferson	50% · 25% · 13% · 13%
WVU Potomac	82% · 18%
WVU St Joseph	63% · 17% · 10% · 10%
WVU Summersville	50% · 31% · 13% · 6%

Axis: 0, 30, 60, 90

Legend: Medicare, Medicare Advantage, Medicaid, Commercial, Self Pay, Other, Missing

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Discharge by Age Group (Q2, 2021)

% of discharges by age grouping

- 20 CAHs had patients less than 65 yrs. Old
- Is that for real or do ages have to be corrected? If corrections are required, please do so this week.

Percent of discharges by specific age group

Hospital	less than 50 y.o.	50 to 64	65 to 74	75 to 84	85 and above
Bath Comm Hosp		5%	11%	58%	26%
Boone Mem WV		4%	38%	38%	21%
Braxton County	8%	8%	8%	17%	58%
Broaddus Hosp	8%	16%	24%	24%	28%
Grafton City Hos		100%			
Grant Memorial	3%	6%	17%	31%	44%
Hampshire Mem	4%	4%	35%	42%	15%
Harrison Comm OH		25%	38%		38%
Jackson Gen WV		7%	21%	39%	32%
Minnie Hamilton		7%	29%	29%	36%
Montgomery WV		8%	29%	29%	33%
Pocahontas Mem			54%	38%	8%
Preston Memorial	4%	13%	21%	33%	29%
Roane Gen Hosp		20%	43%	29%	9%
Sisterville Gen		20%		40%	40%
War Memorial WV		13%	41%	13%	34%
Webster Cty WV		56%		33%	11%
WVU Jefferson	25%	13%	50%	13%	
WVU Potomac	9%	18%	36%	18%	18%
WVU St Joseph	3%	20%	23%	37%	17%
WVU Summersville	13%	13%	19%	25%	31%

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Discharges by Primary Medical Condition (Q2, 2021)

% of discharges by Primary Medical Condition Groups

- CAHs with Ortho at 20% or above. Went from 11 in Q1 to 15 CAHs in Q2 and the %s per hospitals are up.
- ?? Due to surgery back in line and lower fear of staying as IP post Covid? Is the Delta Variant expected to impact you again?
- Medically Complex went up from 16 CAHs in Q1 to 20 in Q2 and Debility has decreased. For real or learning to code better?

Percent of discharges by Primary Medical Condition groups

	Neuro Group (1-7)	Ortho Group (8-11)	Debility,Cardiorespiratory Conditions	Medically Complex Conditions
Bath Comm Hosp	21%	32%	11%	37%
Boone Mem WV	8%	21%	50%	21%
Braxton County		25%	58%	17%
Broaddus Hosp		44%	24%	32%
Grafton City Hos				100%
Grant Memorial		19%		81%
Hampshire Mem		27%	54%	19%
Harrison Comm OH	13%	38%	13%	38%
Jackson Gen WV	7%	43%	25%	25%
Minnie Hamilton		36%		64%
Montgomery WV	8%	13%	79%	
Pocahontas Mem	8%	8%	62%	23%
Preston Memorial	8%	42%	17%	33%
Roane Gen Hosp	9%	29%	43%	20%
Sisterville Gen		60%		40%
War Memorial WV	9%	25%	9%	56%
Webster Cty WV		33%	11%	56%
WVU Jefferson		13%	25%	63%
WVU Potomac	9%	18%	27%	45%
WVU St Joseph	7%	33%	53%	7%
WVU Summersville		25%	25%	50%

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Neuro Group (1-7) | Ortho Group (8-11) | Debility,Cardiorespiratory Conditions | Medically Complex Conditions | Missing Data

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Medical Condition/Reason for Admission - Definition

- **Code 01, Stroke** = if the patient's primary medical condition category is due to stroke. Examples include ischemic stroke, subarachnoid hemorrhage, cerebral vascular accident (CVA), and other cerebrovascular disease.

- **Code 02, Non - Traumatic Brain Dysfunction** = if the patient's primary medical condition category is non-traumatic brain dysfunction. Examples include Alzheimer's disease, dementia with or without behavioral disturbance, malignant neoplasm of brain, and anoxic brain damage.

- **Code 03, Traumatic Brain Dysfunction** = if the patient's primary medical condition category is traumatic brain dysfunction. Examples include traumatic brain injury, severe concussion, and cerebral laceration and contusion.

- **Code 04, Non - Traumatic Spinal Cord Dysfunction** = if the patient's primary medical condition category is non-traumatic spinal cord injury. Examples include spondylosis with myelopathy, transverse myelitis, spinal cord lesion due to spinal stenosis, and spinal cord lesion due to dissection of aorta.

- **Code 05, Traumatic Spinal Cord Dysfunction** = if the patient's primary medical condition category is due to traumatic spinal cord dysfunction. Examples include paraplegia and quadriplegia following trauma.

- **Code 06, Progressive Neurological Conditions** = if the patient's primary medical condition category is a progressive neurological condition. Examples include multiple sclerosis and Parkinson's disease.

Medical Condition/Reason for Admission - Definition

- **Code 07, Other Neurological Conditions** = if the patient's primary medical condition category is other neurological condition. Examples include cerebral palsy, polyneuropathy, and myasthenia gravis.

- **Code 08, Amputation** = if the patient's primary medical condition category is an amputation. An example is acquired absence of limb, toes

- **Code 09, Hip and Knee Replacement** = if the patient's primary medical condition category is due to a hip or knee replacement. An example is total knee replacement. If hip replacement is secondary to hip fracture, code as fracture.

- **Code 10, Fractures and Other Multiple Trauma** , if the patient's primary medical condition category is fractures and other multiple trauma. Examples include hip fracture, pelvic fracture, and fracture of tibia and fibula.

- **Code 11, Other Orthopedic Conditions** = if the patient's primary medical condition category is other orthopedic condition. An example is unspecified disorders of joint.

- **Code 12, Debility, Cardiorespiratory Conditions** = if the patient's primary medical condition category is debility or a cardiorespiratory condition. Examples include chronic obstructive pulmonary disease (COPD), asthma, and other malaise and fatigue.

- **Code 13, Medically Complex Conditions** = if the patient's primary medical condition category is a medically complex condition. Examples include diabetes, pneumonia, chronic kidney disease, open wounds, pressure ulcer/injury, infection, and disorders of fluid, electrolyte, and acid-base balance.

ALOS by Primary Medical Condition (Q2, 2021)

LOS is calculated for each patient (discharge date – admission date) for each Primary Medical Condition then is averaged for the ALOS

- Provided for you to compare your ALOS to others and reach out to others if you feel you have difficulty in certain groupings.
- For instance, Ortho is between 4 to 25.2 ALOS and Medically Complex has an ALOS of 4.8 to 21.6 !
- Again, what is important is that your documentation supports a team approach to LOS, and why the longer and shorter LOS.

LOS is calculated for each patient (discharge date - admission date) for each Primary Medical Condition and then is averaged for the ALOS

	Neuro Group (1-7)	Ortho Group (8-11)	Debility Group (12)	Medically Complex (13)	Missing Data
Bath Comm Hosp	16	18	7.5	6.7	
Boone Mem WV	13	25.2	18.8	21.6	
Braxton County		22	13.4	13	
Broaddus Hosp		15.8	16.3	12.3	
Grafton City Hos				9	
Grant Memorial		15		9.3	
Hampshire Mem		8	9.9	15	
Harrison Comm OH	9	9	12	14.7	
Jackson Gen WV	8.5	16.9	16.1	13.1	
Minnie Hamilton		6.8		20.9	
Montgomery WV	11	17.3	16.1		
Pocahontas Mem	11	14	8.6	10.7	
Preston Memorial	9.5	6.9	10	14.4	
Roane Gen Hosp	12.7	9.8	9.7	20.4	
Sisterville Gen		12		17	
War Memorial WV	16.3	18.3	19	14.1	
Webster Cty WV		11.7	9	4.6	
WVU Jefferson		7	8.5	11.2	
WVU Potomac		4	7.3	16.4	
WVU St Joseph	10	12.1	8.4	5.5	
WVU Summersville		10	15.3	18.8	

0 20 40 60

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Discharges by Clinical Program (Q2, 2021)

% of discharges by clinical program

4% Post Stroke
4% PN Mgmt
4% Neuro Muscular

8% Cardiac Rehab
4% Post Stroke
4% Long Term IV

3% Cardia Rehab
3% Wound Mgmt

Percent of discharges by specific clinical program

Bath Comm Hosp
Boone Mem WV: 4% 4% 4% 17% 54% 17%
Braxton County: 8% 8% 25% 58%
Broaddus Hosp: 4% 8% 36% 52%
Grafton City Hos
Grant Memorial: 3% 11% 3% 19% 8% 56%
Hampshire Mem: 4% 15% 4% 8% 69%
Harrison Comm OH
Jackson Gen WV: 4% 7% 4% 43% 43%
Minnie Hamilton: 7% 14% 21% 50% 7%
Montgomery WV
Pocahontas Mem: 8% 8% 15% 8% 62%
Preston Memorial: 8% 4% 4% 25% 4% 46% 8%
Roane Gen Hosp: 17% 6% 6% 3% 29% 3% 29% 9%
Sisterville Gen
War Memorial WV: 9% 3% 25% 9% 38% 16%
Webster Cty WV: 11% 56% 33%
WVU Jefferson: 13% 38% 25% 13% 13%
WVU Potomac: 36% 18% 36% 9%
WVU St Joseph: 3% 3% 7% 33% 53%
WVU Summersville: 6% 6% 6% 31% 19% 6% 13% 13%

0 30 60 90 120

Cardiac Rehabilitation; Pulmonary Rehabilitation; Post Stroke Rehabilitation; Pneumonia Management and Rehabilitation; Short Term Medical Management; Wound Care Management; Long term IV Management; Management of Newly Diagnosed Specific Conditions; Neuro Muscular Disease Specific Rehabilitation; Orthopedic Rehabilitation; Short term New Tracheostomy Care; Short term Ventilation Rehabilitation; Post Bariatric Surgery Rehabilitation; Short term Nutritional Support; Short term Pain Management; General Malaise and/or Debility Rehabilitation; Post cute Kidney Disease Management; Medically Complex/Multiple Trauma; Missing Data

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Clinical Program Definition Cheat Sheet

Cardiac Rehab	Pulmonary Rehab	Post-Stroke Rehab	Pneumonia Management & Rehab	Short-Term Medical Management	Wound Care Management
• Post- acute cardiac event such as MI, • Heart failure, • Intracoronary artery procedures, or • Cardiac surgical procedures such as coronary artery bypass and valve surgery	• COPD, • Emphysema, and • Chronic bronchitis. • May include BiPAP or CPAP as part of the treatment plan for acute exacerbation and/or learning to use these for home discharge.	• For residual impact of a stroke (mobility, ADLs, communication, cognitive and social skills) as well as • Determining the most appropriate discharge plan based on available community support	• Aimed at continuing the medical management initiated in acute care to prevent the high risk of complication • Allows the patient time to regain strength and ensure a successful recovery as well as prevent an unforeseen relapse. • May include BiPAP or CPAP	• Usually consists of a 2 to 4-day extension of an acute • Provider needs more time for observation & management to identify and evaluate the need for treatment modification or initiation of additional medical procedures. • Examples are new antiarrhythmic, blood thinner, disorders of fluid electrolyte and acid-base balance, etc)	• Post-surgical incision complication, • Nonhealing wound or • Pressure/venous ulcers/injury.

Long-term IV Management	Management of Newly Diagnosed Specific Conditions	Neuro-Muscular Disease Specific Rehab	Orthopedic Rehab	Short-Term New Tracheostomy Care	Short-Term Ventilation Rehab
• IV therapy (such as long-term course of antibiotic via catheter or • PICC Line and IV port) for the patient requiring such on an IP basis due to their personal situation not being conducive to a safe return home.	• To provide education towards self-management of a newly diagnosed condition such as: o Newly diagnosed diabetes or o New ostomy	• For newly diagnosed or worsening neuro-muscular diseases such as: o Parkinson or o Multiple Sclerosis.	• Post major joint replacement, • Major fractures, • Major joint disorders, and • Post-amputation rehab.	• Temporary trach care management (for instance while patient is awaiting neck surgery) or • Care of the permanent trach to teach the patient/family on self-care with goal of a discharge to a lesser level of care.	• Weaning program from a tracheostomy or a ventilator (may include non-invasive ventilator weaning). • May also consist of a program to teach patient/family with planned vent-care at home for the ventilator-dependent patient (invasive or non-invasive).

Clinical Program Definition Cheat Sheet (cont')

Post Bariatric Surgery Rehab	Short-Term Nutritional Support	Short-Term Pain Management	General Malaise and/or Debility Rehab	Post-Acute Kidney Disease Management	Medically Complex/Multiple Trauma
• Physical rehab program to strengthen the heart & lungs hence improving circulation, reducing the risk of blood clots, promoting wound healing and improving bowel function as well as maximizing ADLs and further education on optimal nutrition.	• Via TPN (may be up to 6-8 weeks) or • Via a tube feeding that addresses specific reversible feeding problems at which point they may be weaned from or it consists of working with the patient/family to learn on managing their tube feeding at home once discharged.	• Short-term (1-2 weeks) end-of life pain management or • Post-acute patient where the provider is attempting to find the right level of pain relief while working with therapy on decreasing physical pain.	• Specific needs with mobility and ADLs due to debility post long illness of any type or longer acute hospitalization with the goal to return home.	• Rehabilitation after an acute renal episode which required acute hospitalization to recover physical strength, continue to receive kidney disease management, and to learn how to manage their disease. • May also include peritoneal dialysis on the unit or community hemodialysis.	• Extended medical care due to more complex systems issues such as slow to resolve pneumothorax, • Post-acute care of the patient with liver failure, • Post-accident with multiple trauma etc while regaining or maintaining physical conditioning. • These patients are more complex

- There are 18 potential Clinical programs for SB/SNF.
- Roane & Summersville hospitals have the most programs (8) with Preston at 7
- On the other hand, Webster only has 3 programs and Braxton, Broadus & Potomac at 4
- 12 CAHs are at 5 or 6 programs

- Having a good understanding of potential Clinical Programs is a must:
  - to be better able to describe the types of patients you can or want to accept in your program,
  - To develop more programs and better meet the service area residents' needs
  - to promote your program (part of your marketing plan)
  - to increase utilization

- Any of you have met with leadership to discuss what needs to happen to increase what we offer?

ALOS by Clinical Program (Q2, 2021)

LOS is calculated for each patient (discharge date - admission date) for each specific Clinical Program and then is averaged for the ALOS

- Principles for analysis are the same as assessing your ALOS for the admissions based on Primary Condition grouping.

LOS is calculated for each patient (discharge date - admission date) for each specific Clinical Program and then is averaged for the ALOS

Bath Comm Hosp
Boone Mem WV: 15, 5, 11, 18.5, 22.1, 23.5
Braxton County: 20, 6, 22, 13.4
Broaddus Hosp: 17, 9.5, 14.8, 15.5
Grafton City Hos
Grant Memorial: 17, 10.8, 6, 15, 9, 8.9
Hampshire Mem: 9, 15.3, 16, 8.5, 9.3
Harrison Comm OH
Jackson Gen WV: 17, 8.5, 4, 16.9, 15.3
Minnie Hamilton: 4, 16.5, 5.3, 18.9, 14
Montgomery WV
Pocahontas Mem: 7, 11, 14, 14, 8.3
Preston Memorial: 11.5, 8, 22, 6.5, 4, 10.9, 13.5
Roane Gen Hosp: 7.5, 14.5, 8, 39, 9.8, 10, 11.7, 23.3
Sisterville Gen
War Memorial WV: 16.3, 14, 18.3, 13.3, 31.3, 7.2
Webster Cty WV: 9, 4.6, 11.7
WVU Jefferson: 8, 6.7, 18, 7, 9
WVU Potomac: 18.8, 4, 4.8, 11
WVU St Joseph: 7, 6, 7.5, 11.8, 8.8
WVU Summersville: 24, 33, 16.6, 12.7, 15, 19

0 30 60 90 120 150

Cardiac Rehabilitation, Pulmonary Rehabilitation, Post Stroke Rehabilitation, Pneumonia Management and Rehabilitation, Short Term Medical Management, Wound Care Management, Long term IV Management, Management of Newly Diagnosed Specific Conditions, Neuro Muscular Disease Specific Rehabilitation, Orthopedic Rehabilitation, Short term New Tracheostomy Care, Short term Ventilation Rehabilitation, Post Bariatric Surgery Rehabilitation, Short term Nutritional Support, Short term Pain Management, General Malaise and/or Debility Rehabilitation, Post cute Kidney Disease Management, Medically Complex/Multiple Trauma, Missing Data

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Discharges by Therapy Received (Q2, 2021)

% of total discharges that received therapy

Food for Thought

- Do you all feel comfortable that all patients had skill therapy needs?
- And if so, does documentation support it?
- If the MAC questioned you on the therapy cost, would we be able to support this?
- Is nursing staff trained in maintaining or improving functional status when the functional need is not a therapy skill need?
- Are we mostly only admitting patients who need therapy? Are there medical patients with skilled nursing therapy that we could add to those we serve?

Percent of discharges that received therapy

National Median (95.0)
State Median (93.0)

Hospital	%
Bath Comm Hosp	89%
Boone Mem WV	96%
Braxton County	92%
Broaddus Hosp	96%
Grafton City Hos	0%
Grant Memorial	86%
Hampshire Mem	96%
Harrison Comm OH	100%
Jackson Gen WV	71%
Minnie Hamilton	93%
Montgomery WV	100%
Pocahontas Mem	100%
Preston Memorial	100%
Roane Gen Hosp	100%
Sisterville Gen	80%
War Memorial WV	91%
Webster Cty WV	67%
WVU Jefferson	88%
WVU Potomac	91%
WVU St Joseph	93%
WVU Summersville	94%

0 30 60 90

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Discharges by Type of Therapy Received (Q2, 2021)

% of discharges that received therapy by type of therapy

- PT is provided from 76% to 100%
- OT is provided from 57% to 100% except for Boone, Jackson & Webster who offered no OT
- Do you all feel comfortable that all patients had skill therapy needs for both PT & OT disciplines? - And it so, does documentation support it?
- Is this amount of PT and OT reflected in self-care and mobility improvement?
- 9 of the CAHs had some SLP - ?? Type?
- Others - Limited in availability or not admitting patients with SLP needs?
- Sistersville – no therapy??

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Percent of discharges that received therapy by type of therapy

	Physical Therapy	Occupational Therapy	Speech Therapy
Bath Comm Hosp	100%	94%	18%
Boone Mem WV	96%		17%
Braxton County	100%	91%	
Broaddus Hosp	92%	83%	33%
Grant Memorial	100%	77%	
Hampshire Mem	76%	76%	16%
Harrison Comm OH	100%	100%	
Jackson Gen WV	100%		
Minnie Hamilton	92%	100%	15%
Montgomery WV	100%	100%	4%
Pocahontas Mem	100%	100%	8%
Preston Memorial	96%	96%	
Roane Gen Hosp	83%	83%	26%
Sisterville Gen			
War Memorial WV	100%	97%	14%
Webster Cty WV	100%		
WVU Jefferson	100%	57%	
WVU Potomac	110%	100%	
WVU St Joseph	100%	96%	
WVU Summersville	100%	87%	

Axis: 0, 50, 100, 150, 200

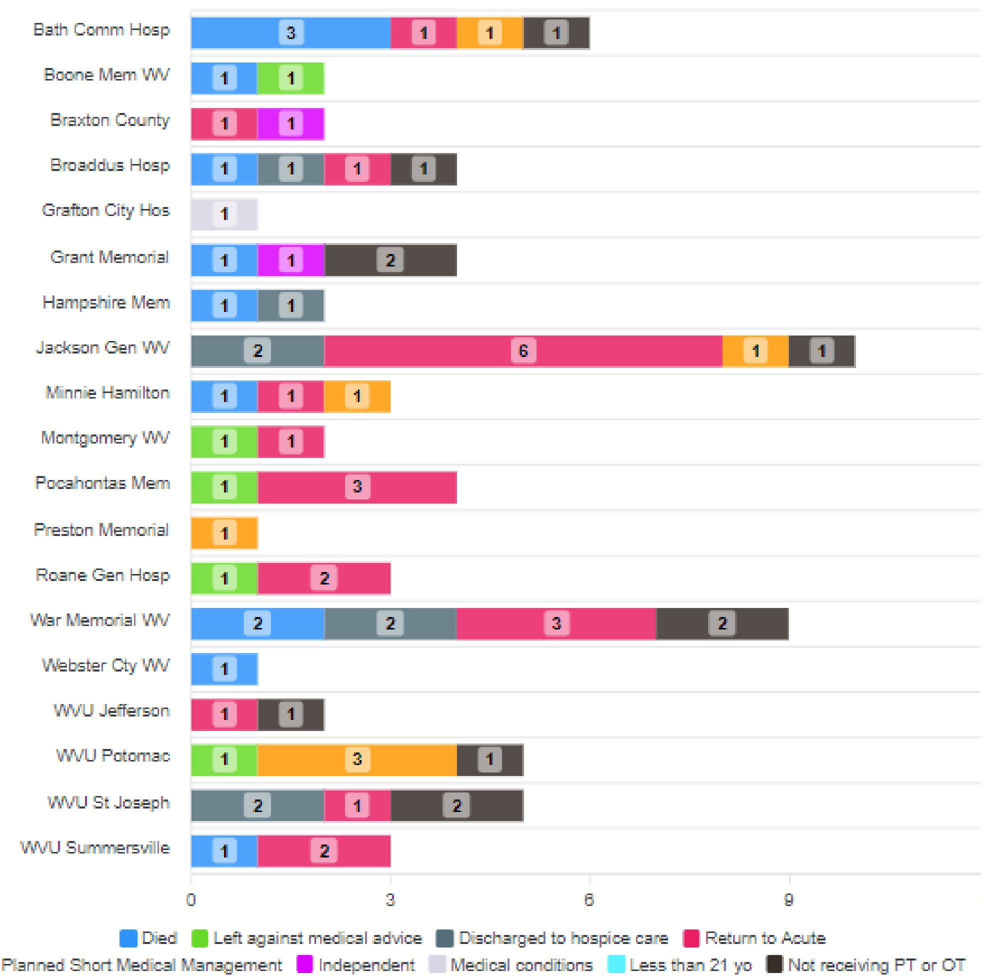
Legend: Physical Therapy, Occupational Therapy, Speech Therapy

Exclusions (Q2, 2021)

- 9 CAHs had 1 to 3 deaths - ?? Expected
- 5 CAHs had a patient who LAMA? Could this have been prevented?
- 12 CAHs had 1 to 6 return to acute!! Jackson – what conditions do you return them to acute?
- 5 CAHs D/C to Hospice – were they identified as needing hospice once in SB?
- 5 CAHs with planned 3 days or less stay – please share examples
- 2 functionally independent on admission – did they meet IP skilled needs?
- 8 CAHs from 1 to 3 not receiving PT or OT
- Grafton – Medical condition for Exclusion = coma/persistent vegetative state; complete tetraplegia; locked-in syndrome; severe anoxic brain damage, cerebral edema, or compression of brain

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

STROUDWATER

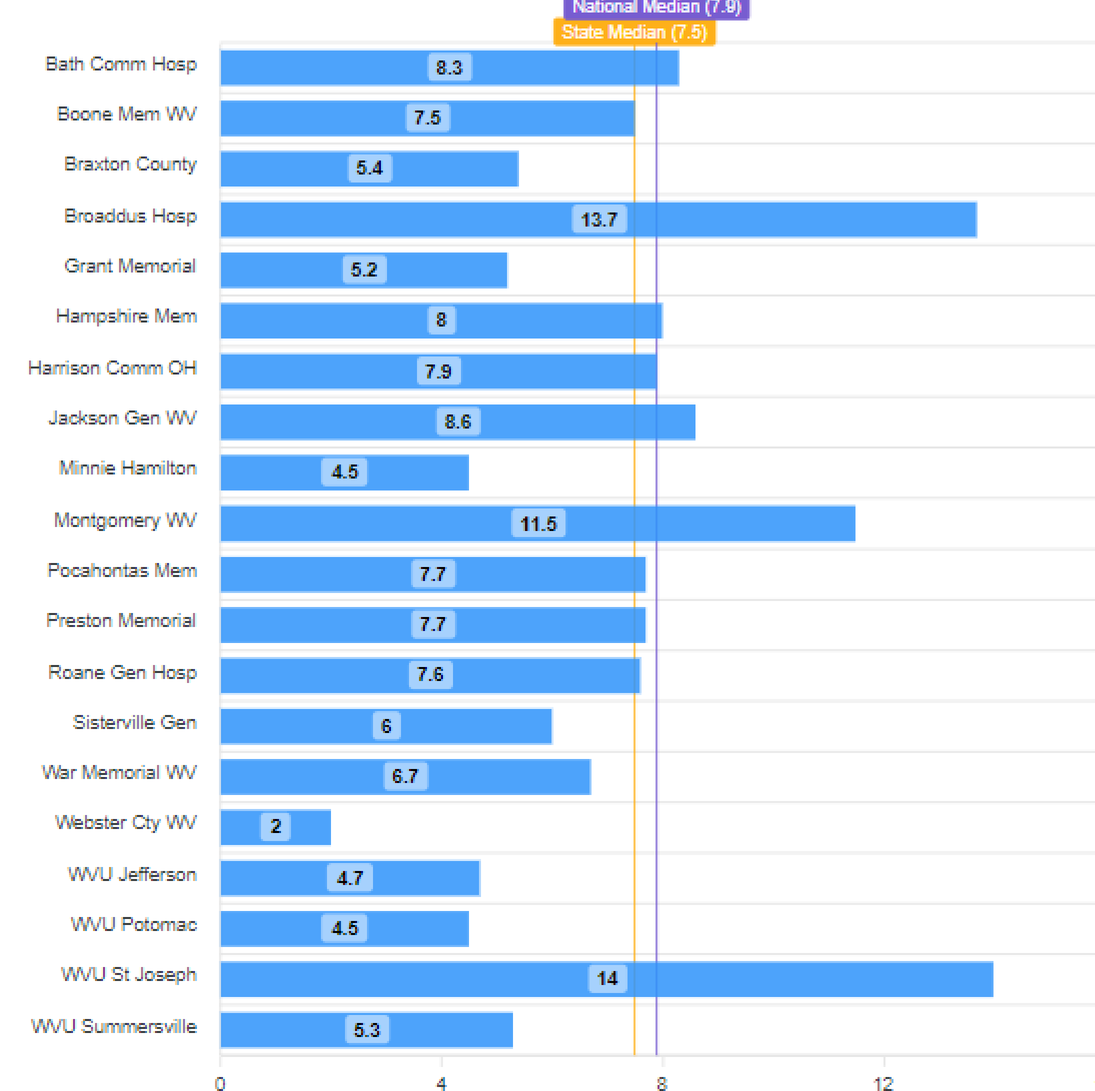


Performance Improvement Score – Self-Care (Q2, 2021)

Score is the difference between admission and discharge scores for each activity summed and divided by number of discharges without excluded patients

- The median score for WV in Q2 is 7.5 vs 7.2 in Q1 and 7.4 in Q4, 2020 – all lower than the Stroudwater National at 7.9 (up from 7.5 in Q1
- These are still not risk adjusted but will be from 7/1/2021
- 13 CAHs are below the Stroudwater National median (up from 7 CAHs last quarter!!
- Broadus, Montgomery and St Joseph have highest scores of 11.5 to 14 – we need to consider a special project re: Self-Care improvement next year – we would ask you to share processes ☺
- Webster – lowest at 2 – was also low at 0.5 in Q1 – anything being done for this?

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021



Self-care Improvement by Primary Medical Condition (Q2, 2021)

Score is the difference between admission and discharge scores for each self-care activity summed and divided by number of discharges without excluded patients for each primary medical condition

Score is the difference between admission and discharge scores for each activity summed and divided by number of discharges without excluded patients for each primary medical condition

- Provided for your information to add another set of data to compare with other CAHs – should be part of your self-assessment.
- Without chart review, only you can decide how this is compared to others and where you may have opportunities.

Hospital	Neuro Group (1-7)	Ortho Group (8-11)	Debility Group (12)	Medically Complex (13)	Missing Data
Bath Comm Hosp	8.3	11.3	5	5.3	
Boone Mem WV	7	7.8	8.3	5.4	
Braxton County		1.7	7.5	4	
Broaddus Hosp		13.7	9.4	16.9	
Grant Memorial		9.4		4	
Hampshire Mem		8.4	8.8	5.4	
Harrison Comm OH	-2	7.7	13	9.7	
Jackson Gen WV		10.2	6.3	8.5	
Minnie Hamilton		6		3.7	
Montgomery WV	7.5	16.5	11.4		
Pocahontas Mem	17	12	6.3	2	
Preston Memorial	12	7.4	11.3	5.8	
Roane Gen Hosp	12.5	7.3	6.7	8.5	
Sisterville Gen		9.7			
War Memorial WV	7	9	1.7	6.2	
Webster Cty WV		5.3			
WVU Jefferson			12	4	
WVU Potomac		7	6	2.7	
WVU St Joseph	13.5	14.4	13.9		
WVU Summersville		4.3	6	5.4	

-10 0 10 20 30 40

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Self-care Improvement by Clinical Program (Q2, 2021)

Score is the difference between admission and discharge scores for each activity summed and divided by number of discharges without excluded patients for each clinical program

- Again, provided for your information to add another set of data to compare with other CAHs – should be part of your self-assessment.

Score is the difference between admission and discharge scores for each self-care activity summed and divided by number of discharges without excluded patients for each Clinical Program

Bath Comm Hosp
Boone Mem WV 7 7 8.3 7.5 6.8
Braxton County 4 7.5
Broaddus Hosp 3 14.5 15.3 13.5
Grant Memorial -1 15 6 9.4 8.3 3.6
Hampshire Mem 7 5.5 4 8 8.9
Harrison Comm OH
Jackson Gen WV 7 10.2 7.2
Minnie Hamilton 5 6.5 4.3 6
Montgomery WV
Pocahontas Mem 12 17 2 12 5.2
Preston Memorial 14.5 17 7.3 8 6.2 9
Roane Gen Hosp 5.3 13 11 18 7.3 4.2 15.7
Sisterville Gen
War Memorial WV 7 9 3.4 10
Webster Cty WV 5.3
WVU Jefferson 2 10 12
WVU Potomac 7 7.5 2
WVU St Joseph 16 18 14.7 13.2
WVU Summersville -14 9 9.6 6.5 6

-20 0 20 40 60

Cardiac Rehabilitation | Pulmonary Rehabilitation | Post Stroke Rehabilitation | Pneumonia Management and Rehabilitation | Short Term Medical Management | Wound Care Management | Long term IV Management | Management of Newly Diagnosed Specific Conditions | Neuro Muscular Disease Specific Rehabilitation | Orthopedic Rehabilitation | Short term New Tracheostomy Care | Short term Ventilation Rehabilitation | Post Bariatric Surgery Rehabilitation | Short term Nutritional Support | Short term Pain Management | General Malaise and/or Debility Rehabilitation | Post cute Kidney Disease Management | Medically Complex/Multiple Trauma | Missing Data

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Performance Improvement Score – Mobility (Q2, 2021)

Score is the difference between admission and discharge scores for each activity summed and divided by number of discharges without excluded patients

- The median score for WV decreased to 18.8 in Q2 vs 19.7 in Q1, 2021 and 18.8 in Q4, 2020 - Stroudwater median is 20.1
- Risk adjustment will be from 7/1/2021 also
- Scores range from 8.1 to 36.5!!
- 4 CAHs are below 15
- Grant went from 6.9 in Q4, 2020 to 15.1 in Q1, 2021! New process?
- Potomac went from 9.8 in Q4, 2020 to 14.7 in Q1, 2021! – what's different?
- 11 CAHs are at or well above Nat. Median Why do you think that is?
- See next slide for comparisons between Q2 vs Q1

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Score is the difference between admission and discharge scores for each Mobility activity summed and divided by number of discharges without excluded patients

National Median (20.3)
State Median (21.0)

Hospital	Score
Bath Comm Hosp	18.2
Boone Mem WV	8.7
Braxton County	25
Broaddus Hosp	29.6
Grant Memorial	15.8
Hampshire Mem	25.6
Jackson Gen WV	46
Minnie Hamilton	9.5
Montgomery WV	22.4
Pocahontas Mem	25.5
Preston Memorial	17.3
Roane Gen Hosp	27.1
Sisterville Gen	28
War Memorial WV	21.9
Webster Cty WV	13
WVU Jefferson	18
WVU Potomac	13
WVU St Joseph	20.3
WVU Summersville	21

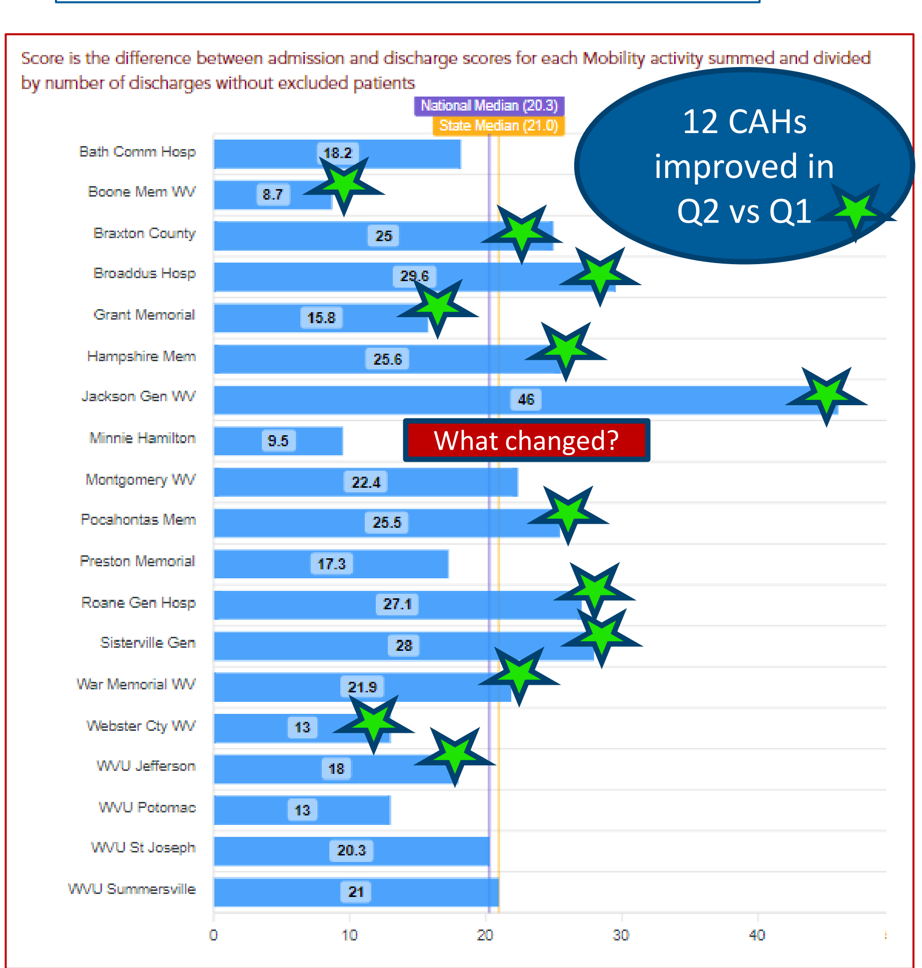
0 10 20 30 40

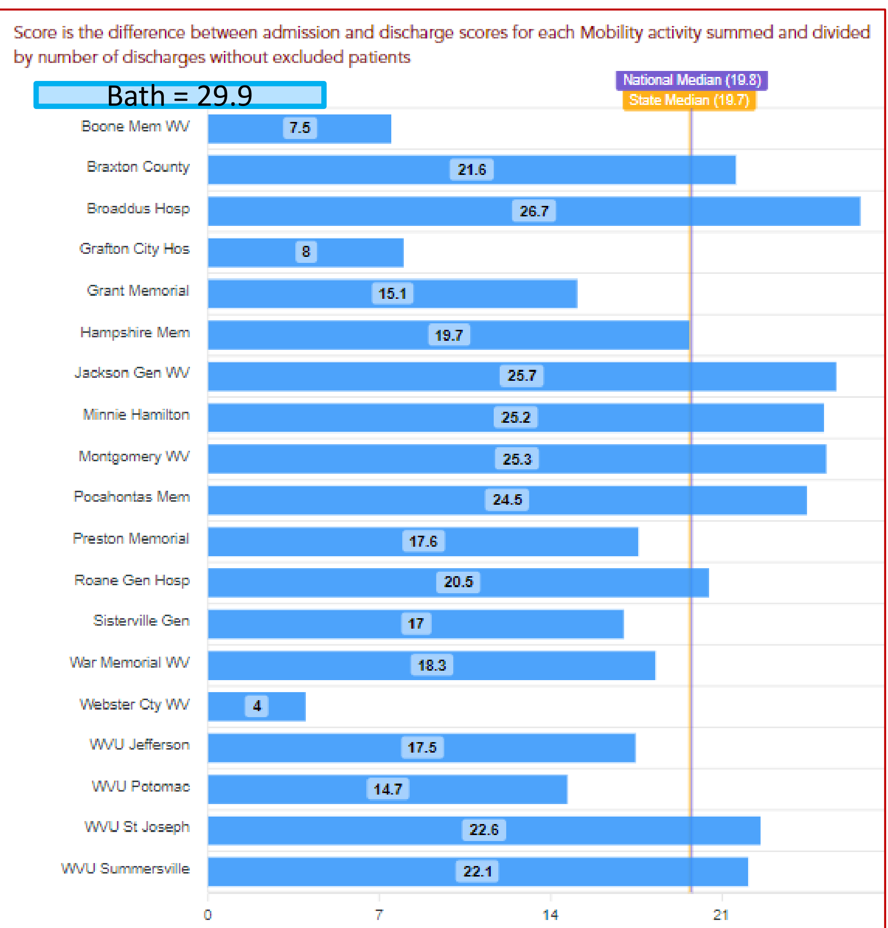
Performance Improvement Score – Mobility (Q2, 2021)

- This data is from Q2, 2021

VS

- This was your data from Q1, 2021





Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Mobility Improvement by Primary Medical Condition (Q2, 2021)

Score is the difference between admission and discharge scores for each mobility activity summed and divided by number of discharges without excluded patients for each primary medical condition

Hospital	Neuro Group (1-7)	Ortho Group (8-11)	Debility Group (12)	Medically Complex (13)
Bath Comm Hosp	13.7	25.7	11	10
Boone Mem WV	7	8.8	9.5	6.6
Braxton County		14.3	25.7	5
Broaddus Hosp		32.8	24.6	29.1
Grant Memorial		23.9		11.2
Hampshire Mem		27.9	31.3	17.8
Harrison Comm OH	15	18.3	15	18.7
Jackson Gen WV		32	46.5	33.5
Minnie Hamilton		27		10
Montgomery WV	10.5	25	21.1	
Pocahontas Mem	21	39	23	22
Preston Memorial	13.5	15	25.7	14.9
Roane Gen Hosp	23	25.7	29.6	18.5
Sisterville Gen		20.3		
War Memorial WV	17.7	26.6	26	18.6
Webster Cty WV		16.7		3
WVU Jefferson		18	13	14.8
WVU Potomac		11	19	9.7
WVU St Joseph	15	21.8	19.4	
WVU Summersville		14.7	12.3	25.7

0 30 60 90 120

Neuro Group (1-7) Ortho Group (8-11) Debility Group (12) Medically Complex (13) Missing Data

Score is the difference between admission and discharge scores for each activity summed and divided by number of discharges without excluded patients for each primary medical condition

- Provided for your information to add another set of data to compare with other CAHs – should be part of your self-assessment.
- Without chart review, only you can decide how this is compared to others and where you may have opportunities.

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Mobility Improvement by Clinical Program (Q2, 2021)

Score is the difference between admission and discharge scores for each activity summed and divided by number of discharges without excluded patients for each clinical program

- Again, provided for your information to add another set of data to compare with other CAHs – should be part of your self-assessment.

Score is the difference between admission and discharge scores for each mobility activity summed and divided by number of discharges without excluded patients for each primary medical condition

Bath Comm Hosp
Boone Mem WV 7 9 9 8.6 8.3
Braxton County 14.3 25.7
Broaddus Hosp 38.1 31.9
Grant Memorial 16 23.9 11 14.1
Hampshire Mem -1 15.5 35 20.5 32.7
Harrison Comm OH
Jackson Gen WV 33 32 42.2
Minnie Hamilton 19 26 11.2 40
Montgomery WV
Pocahontas Mem 32 21 22 39 21.2
Preston Memorial 25.5 32 25 15.3 18 8.9 33
Roane Gen Hosp 28.5 26 46 33 25.7 18.9 26.3
Sisterville Gen
War Memorial WV 17.7 26.6 21.7 16.7
Webster Cty WV 16.7
WVU Jefferson 9.7 30 18 13
WVU Potomac 8.5 11 20.5 9
WVU St Joseph 30 19 21 18.6
WVU Summersville 15 7 30.8 22 19 11

-50 0 50 100 150 200 250

Cardiac Rehabilitation, Pulmonary Rehabilitation, Post Stroke Rehabilitation, Pneumonia Management and Rehabilitation, Short Term Medical Management, Wound Care Management, Long term IV Management, Management of Newly Diagnosed Specific Conditions, Neuro Muscular Disease Specific Rehabilitation, Orthopedic Rehabilitation, Short term New Tracheostomy Care, Short term Ventilation Rehabilitation, Post Bariatric Surgery Rehabilitation, Short term Nutritional Support, Short term Pain Management, General Malaise and/or Debility Rehabilitation, Post cute Kidney Disease Management, Medically Complex/Multiple Trauma, Missing Data

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

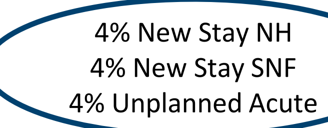
Discharges by Discharge Disposition (Q2, 2021)

Percent of all discharges by disposition

- Bath Comm Hosp: 42%, 5%, 5%, 32%, 16%
- Boone Mem WV: 4%, 4%, 4%, 79%, 4%, 4%
- Braxton County: 8%, 8%, 8%, 75%
- Broaddus Hosp: 8%, 12%, 12%, 4%, 4%, 56%, 4%
- Grafton City Hos: 100%
- Grant Memorial: 17%, 6%, 6%, 8%, 6%, 56%, 3%
- Hampshire Mem: 42%, 8%, 4%, 12%, 4%, 27%, 4%
- Harrison Comm OH: 50%, 13%, 38%
- Jackson Gen WV: 7%, 7%, 11%, 11%, 7%, 57%
- Minnie Hamilton: 64%, 21%, 7%, 7%
- Montgomery WV: 83%, 13%, 4%
- Pocahontas Mem: 62%, 23%, 15%
- Preston Memorial: 13%, 8%, 4%, 63%, 13%
- Roane Gen Hosp: 37%, 6%, 3%, 6%, 49%
- Sisterville Gen: 60%, 20%, 20%
- War Memorial WV: 22%, 16%, 9%, 9%, 38%, 6%
- Webster Cty WV: 89%, 11%
- WVU Jefferson: 75%, 25%
- WVU Potomac: 91%, 9%
- WVU St Joseph: 27%, 3%, 3%, 7%, 60%
- WVU Summersville: 25%, 13%, 6%, 50%, 6%

0 30 60 90 120

Community · New Stay at a Nursing Home · Returned to a Nursing Home · New Stay at a SNF · Returned to a SNF · Planned Return to Acute Hospital · Unplanned Return to Acute Hospital · LTCH · IP Rehabilitation Facility · IP Psychiatric Facility · Intermediate Care Facility (ID/DD) · Hospice · Home under care of organized HHS · Deceased · Not listed (ie,VA,prison)



- There will be a separate report for true D/C to Community which will be Home/Community + Home with Home Health and ID/DD going forward
- Returned to acute as per discussion in Exclusion section

3% New Stay SNF
3% Unplanned Acute
7% Hospice

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Clinical Post-Discharge Follow-up (Q2, 2021)

% of all discharges that received a clinical post-follow within 24-72 hours

- Why so many not followed-up with post discharge?
- These calls are to Home/Community, Home w/HH, Hospice & ID/DD
- Stroudwater Option 2 users is 25% "No Attempt" which is 7 of you are contributing to that total
- Stroudwater Option 2 users is 17% "Attempt x 3 w/no response" made which is 6 of you are contributing to that total
- Please put some thoughts in your process as discussed in the past
  - Part of D/C instructions, assigned trained staff, decision of w/in 24, 48 or 72 hrs made at D/C mtg. etc
- I am rechecking with Stroudwater to ensure that this is calculated correctly – should be a % of those who met criteria for a call (see 2nd bullet)

Source: Stroudwater Swing Bed Portal
4/1/2021 – 6/30/2021 pulled on 7/21/2021

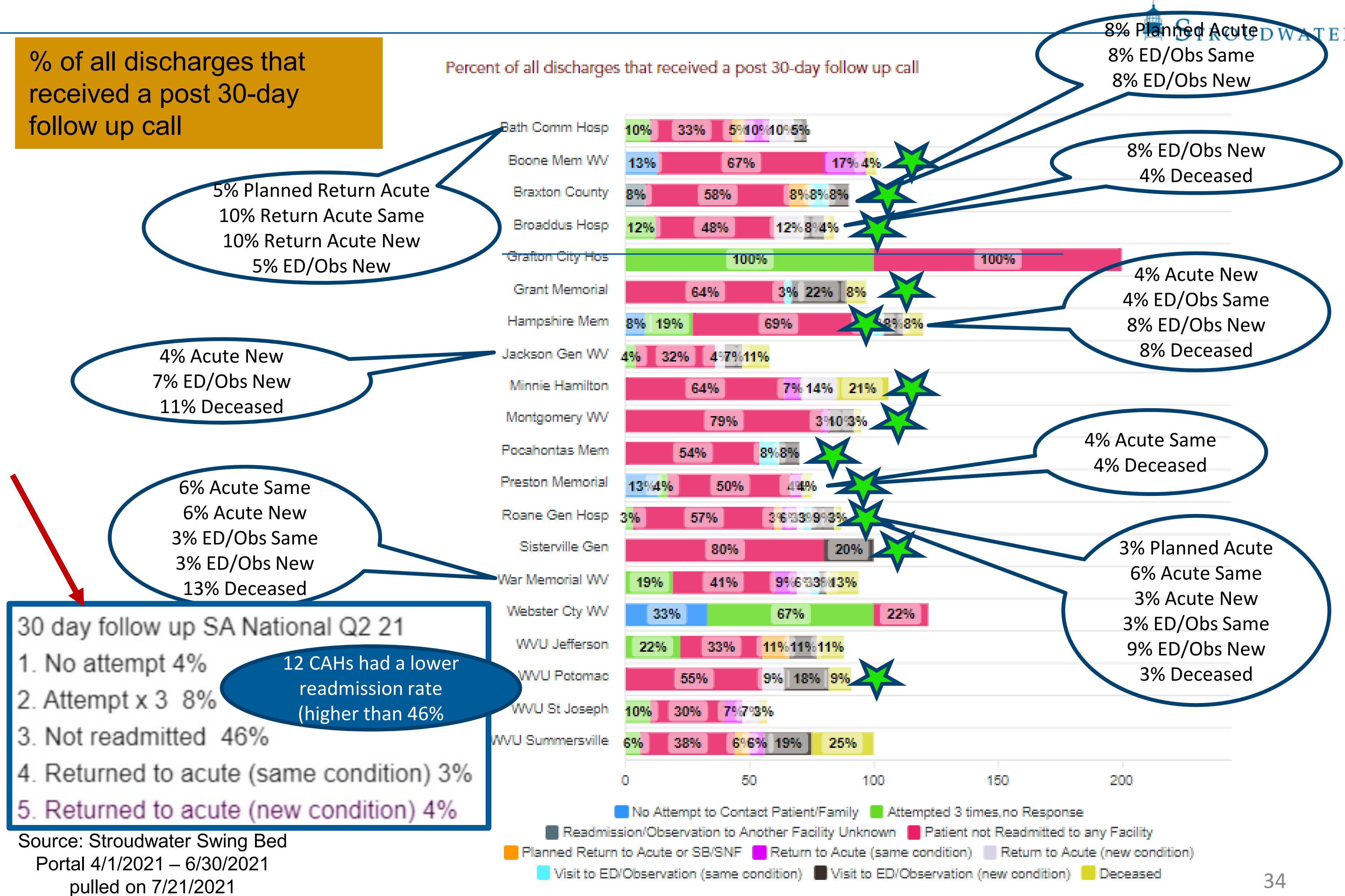
Percent of all discharges that received a clinical post-discharge follow-up within 24-72 hours

Hospital	No Attempt	Attempted 3 times,no Response	Yes
Bath Comm Hosp			
Boone Mem WV	21%	4%	75%
Braxton County		8%	92%
Broaddus Hosp	80%		16%
Grafton City Hos			100%
Grant Memorial	19%		81%
Hampshire Mem	27%	31%	42%
Jackson Gen WV	4%		61%
Minnie Hamilton	14%	7%	79%
Montgomery WV			
Pocahontas Mem	38%		62%
Preston Memorial	25%	25%	50%
Roane Gen Hosp	43%	46%	11%
Sisterville Gen			
War Memorial WV	22%	6%	72%
Webster Cty WV	11%	78%	11%
WVU Jefferson	78%		22%
WVU Potomac	18%	18%	64%
WVU St Joseph	7%	27%	23%
WVU Summersville	25%	44%	31%

Axis: 0, 30, 60, 90

Legend: No Attempt, Attempted 3 times,no Response, Yes

Post Swing Bed 30-Day Discharge Follow-up



Fall Rate (Q2, 2021)

(# of falls/number of days in period) * 1,000
Thus, number of falls per 1,000 patient days

- 9 of 18 CAHs w/Option 2 had no falls in Q2 as it was in Q1
- 8 of those with Falls were at 1.5 to 3.5 /1000 pt. days
- 3 were at 4 to 5.4 falls/1000 days
- 1 at 12.5 – Jefferson, what was your # of Falls - you had 0 in Q1 - ? Due to low # of days? Which gives a higher %
- Pocahontas & Roane – you had 6.8 & 8.3 falls/1000 days respectively in Q1 - what changed to improve?

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

(# of falls/number of days in period)*1,000. Thus, number of falls per 1,000 swing bed patient days

National Median (0.0)
State Median (0.0)

Hospital	Fall Rate
Bath Comm Hosp	0
Boone Mem WV	4.1
Braxton County	5.4
Broaddus Hosp	0
Grafton City Hos	0
Grant Memorial	2.7
Hampshire Mem	3.7
Harrison Comm OH	0
Jackson Gen WV	0
Minnie Hamilton	0
Montgomery WV	0
Pocahontas Mem	0
Preston Memorial	0
Roane Gen Hosp	2.4
Sistersville Gen	0
War Memorial WV	1.5
Webster Cty WV	0
WVU Jefferson	12.5
WVU Potomac	0
WVU St Joseph	3.5
WVU Summersville	4

Axis: 0, 3, 6, 9, 12

- Potential opportunities to identify such as:
  - Risk identification
  - Routine offer of bathroom use
  - Hourly rounds
  - Rounds before shift reports
  - Coverage during shift reports
  - Special pt. bracelet
  - Door notification such as falling star
  - Other??

Medication Reconciliation (Q2, 2021)

% of total discharges that had medications reconciled on admission and at discharge

- 13 of 18 CAHs w/Option 2 had 100% medication reconciliation on admission
  - The others were at 66% to 92%
  - Stroudwater Nat at 94.1%
- What are the causes of less than 100% - this is becoming important for surveyors! and PPS quality measure
- 9 of the 18 had 100% medication reconciliation at discharge – again a quality measure with PPS skilled program
  - Stroudwater Nat at 92.5%
- What are the reasons for not doing this on discharge? Requirement for transition of care
- Is this what you would want for your loved ones?

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Percent of total discharges with documented medications reconciled on admission and at discharge

Hospital	Medication Reconciliation on Admission	Medication Reconciliation on Discharge
~~Bath Comm Hosp~~	0%	0%
Boone Mem WV	96%	92%
Braxton County	100%	100%
Broaddus Hosp	92%	92%
Grafton City Hos	100%	100%
Grant Memorial	100%	97%
Hampshire Mem	96%	96%
Harrison Comm OH	0%	0%
Jackson Gen WV	68%	68%
Minnie Hamilton	100%	93%
~~Montgomery WV~~	0%	0%
Pocahontas Mem	100%	100%
Preston Memorial	100%	100%
Roane Gen Hosp	100%	100%
~~Sisterville Gen~~	0%	0%
War Memorial WV	100%	88%
Webster Cty WV	100%	100%
WVU Jefferson	88%	100%
WVU Potomac	100%	100%
WVU St Joseph	100%	100%
WVU Summersville	100%	94%

Axis: 0, 30, 60, 90

Vaccines (Q2, 2021)

Influenza: Includes those patients that received vaccine or patients was not a SB patient or Received vaccine outside of this SB stay or Not eligible as a % of total discharges

Pneumococcal: Includes those patients that received vaccine or were not eligible as a % of total discharges

Planning a discussion on how to report this in a more meaningful way ! Am rechecking with Stroudwater that these are reported correctly.

Source: Stroudwater Swing Bed Portal 4/1/2021 – 6/30/2021 pulled on 7/21/2021

Influenza: Includes those patients that received vaccine or patients was not a SB patient during flu season or Received vaccine outside of this SB stay or Not eligible as a % of total discharges
Pneumococcal: Includes those patients that received vaccine or were not eligible as a % of total discharges

Hospital	Influenza Vaccine	Pneumococcal Vaccine
Bath Comm Hosp	0%	0%
Boone Mem WV	96%	79%
Braxton County	83%	92%
Broaddus Hosp	92%	76%
Grafton City Hos	0%	100%
Grant Memorial	75%	75%
Hampshire Mem	46%	0%
Harrison Comm OH	0%	0%
Jackson Gen WV	57%	64%
Minnie Hamilton	93%	64%
Montgomery WV	0%	0%
Pocahontas Mem	92%	8%
Preston Memorial	21%	54%
Roane Gen Hosp	100%	100%
Sistersville Gen	0%	0%
War Memorial WV	91%	3%
Webster Cty WV	0%	0%
WVU Jefferson	100%	88%
WVU Potomac	91%	45%
WVU St Joseph	90%	43%
WVU Summersville	88%	75%

0 30 60 90 120

Influenza Vaccine Pneumococcal Vaccine

Next Step

- **I cannot emphasize enough the importance of keeping up to date with data inputting, review weekly for errors and no less than monthly during PI meeting to discuss status and opportunities - PLEASE set up a process where you enter data on a concurrent basis if not doing so already - at least on a weekly basis - monthly or quarterly entry does not work!**

- When looking for records to correct, do not waste a lot of time unless readily available – email Paula to ask her to give you what you are looking for.

- Paula Knowlton (pknowlton@stroudwater.com) request that you please notify her with changes of who should be able to access the portal so that they may be registered as well as names who no longer should have access.

- Dianna and I need to know if there are any changes on your team to ensure updated contact list. A team should be SB Coordinator, SB project manager (if different), a nursing manager and therapy rep as well as PI coordinator as much as possible. Include clerical name of people entering data in portal if you use such.

- Review this report with your team (will be sent to you later today or in am) and discuss. As always, this cannot be a once a quarter affair – the team must be on board to review opportunities for improvement and discuss action plans. This is not to test your data entry skill but rather your SB PI/QI program.

- **Are there any questions regarding the new form effective 7/1/2021. Do you all have the slides re: coding the new form I provided in June through Stroudwater - if not, speak now or email me.**

- **Grafton has had changes in responsibilities - We are looking at a 2-part training for them. Part 1 (Aug 17 from 1:00 to 2:30 ET) is Coding the form Option 2 and Part 2 (Aug 18 from 3:30 to 4:30 PM) is Coding Function level of care. Please let me know ASAP if you have staff you would like to orient/re-orient including yourselves.**

- **Any questions regarding data entry in the updated portal and pulling reports? Please reach out to Paula if needing assistance in pulling your monthly PI reports**

- **Stay tuned for the next step - we are in the process of discussing the scope of work for next year. Meanwhile, do not take your foot off the pedal. - Remember to make data entry correction by this Friday.**

STAY SAFE & HEALTHY

WE ARE NOT OUT OF THE WOODS YET!

HAVE A GOOD REST OF THE SUMMER