CAH Swing Bed QAPI Project

Outcome Management Qtr. 3 of 2020 (Webinar)

December 2, 2020

HEALTHCARE EDUCATION FOUNDATION OF WEST VIRGINIA

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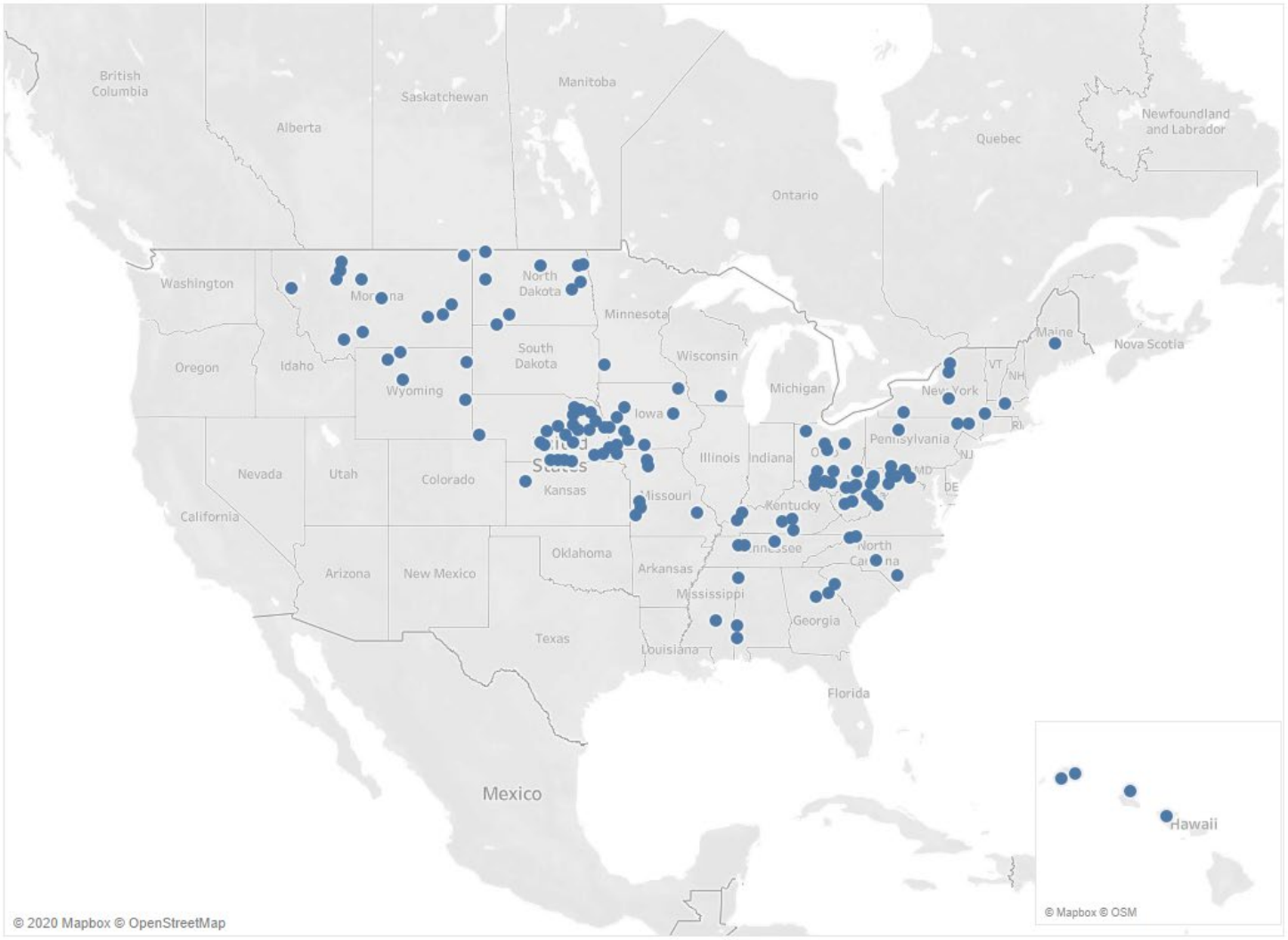
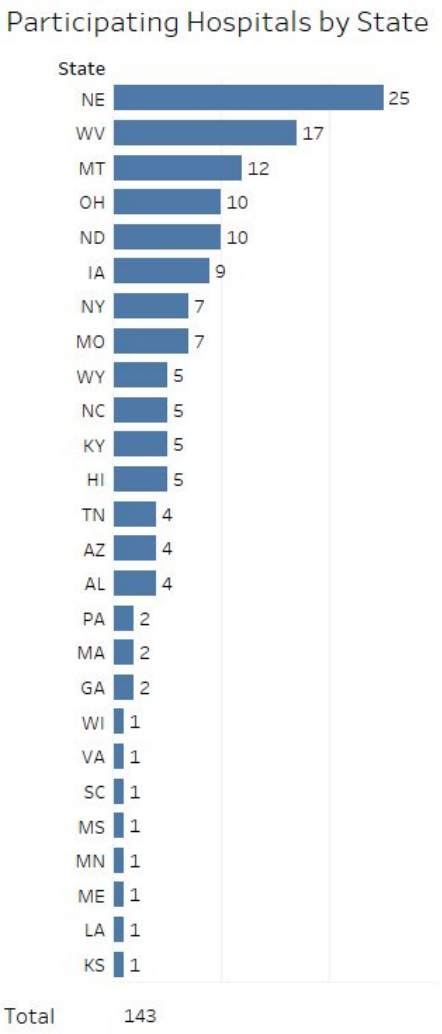
143 Hospitals Participating in Swing Bed PI/QI Project for Q1, Q2 & Q3 2020 (Comparison Group Size)

STROUDWATER





Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

143 Hospitals Participating in Swing Bed PI/QI Project for Q1, Q2 & Q3 2020 (Comparison Group Size)

Boone Memorial Hospital

Braxton Community Health Ctr - WVU

Broaddus Hospital - Davis Health

Grafton City Hospital

Grant Memorial Hospital

Hampshire Memorial Hospital

Jackson General Hospital - WVU Medicine

Jefferson Med. Ctr. - WVU Medicine

Minnie Hamilton Health System

Montgomery General Hospital

Plateau Medical Center

Pocahontas Memorial Hospital

Potomac Valley Hospital - WVU Medicine

Preston Memorial Hospital

Roane General Hospital

Sistersville General Hospital
Memorial Health System (OH Based)

St Joseph's Hospital - WVU Medicine

Summersville Regional Medical Center
WVU Medicine

War Memorial Hospital

Webster Memorial Hospital

19 of 21 CAHs say they are presently participating in the QAPI project but Stroudwater reports:

- Preston – no data since Dec 2019
- Summersville – no data entered yet
- Webster - only reported 1 case in Q1, 1 case in Q2 and didn't enter anything in Q3

- Preston, Summersville & Webster – what are your plans?

- What would you do if you worked for a PPS SB program where its mandatory or you lose $$ from Medicare?

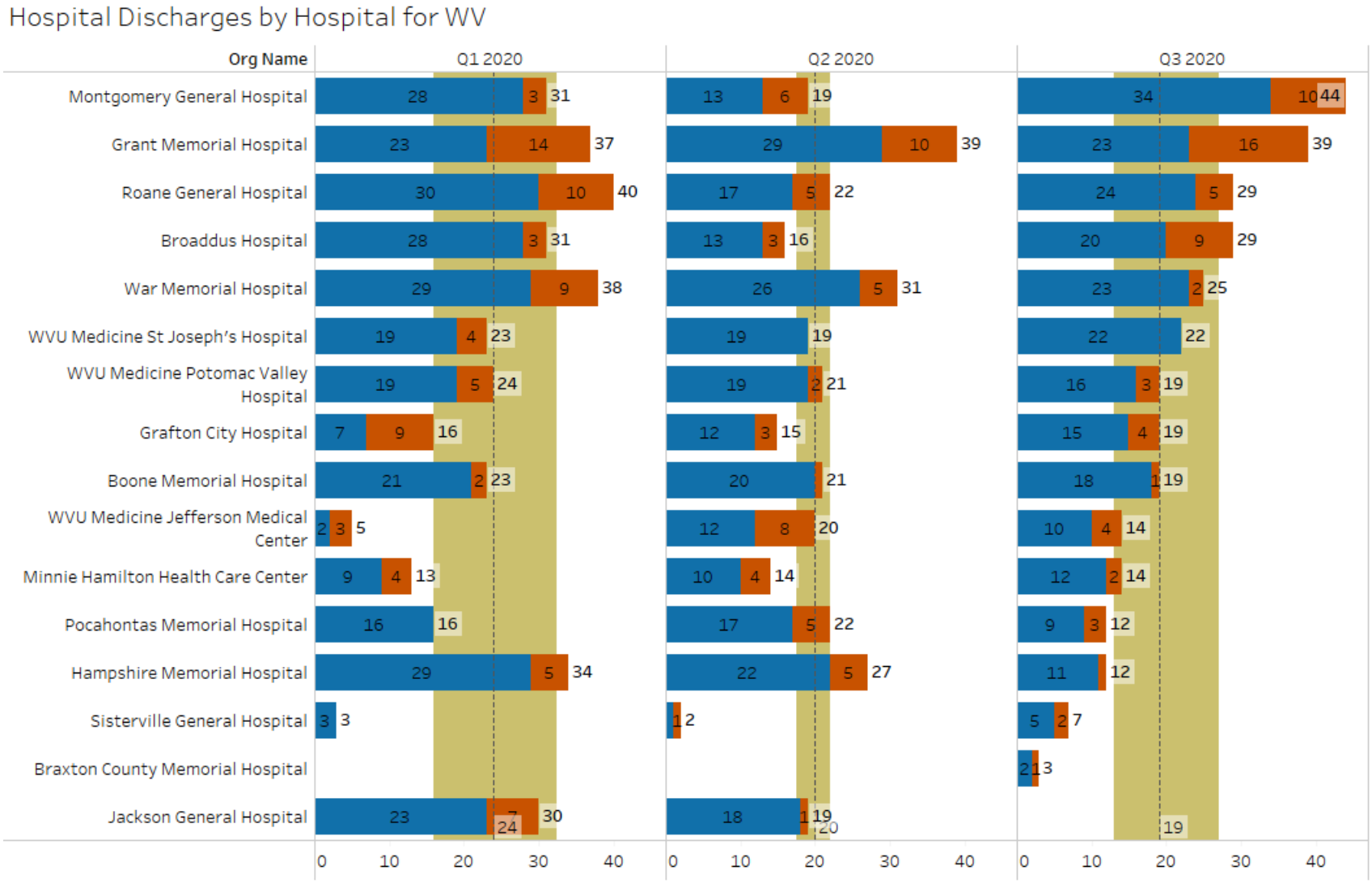
Plateau hoping to join us in January 2021

Total Swing Bed Discharges by Hospital

median

lower quartile upper quartile

STROUDWATER



excluded records added

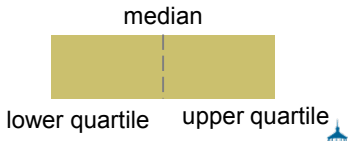
Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Total Swing Bed Discharges by Hospital

- Total CAH discharges went down
  - Q1 2020 had a Median of 24 down to 19 in Q2 2020 and remained at 19 in Q3, 2020 (Note that Jackson did not report in Q3 and Braxton was not reporting in Q 1 & 2)
  - WV (based on the 15 hospitals w/data) had 364 discharges in Q1 2020 (same as it was in Q4 of 2019), but down to 307 for both Q2 and Q3, 2020
  - Though the # of D/Cs were the same or better for 8 hospitals in Q3 of 2020 vs Q2 2020, the % decrease between Q3 2020 vs Q2 2020 was 15.7%
  - Based on 14 hospitals (not counting Braxton & Jackson due to lack of data), the average # of D/Cs per day was 3.67 in Q1 2020, which decreased to 3.16 in Q2 2020 and up to an average per diem of 3.30 in Q3 2020 = 0.37 ADC compared to Q1

- **Question:**
  - Montgomery – went from 19 to 44 – why the jump?
  - Grant – maintaining at 37-39-39 – what is your secret
  - Roane – went from 40 to 22 to 29 – why the dip?
  - Broadus – went from 31 to 16 to 29 – what happened in April/May/June
  - War – went from 38 to 31 to 25 – why the downward trend?
  - Jefferson – was Q1 all of your data (5) – up to 20 in Q2 and down to 14 in Q3 – why the fluctuation
  - Pocahontas – was at 22 in Q2 but down to 12 in Q3 – any specific reason
  - Hampshire – went from 34 in Q1 to 27 in Q2 to 12 in Q3 – what is going on?
  - Sistersville – went up from 2 in Q2 to 7 in Q3 – highest ever - ? due to new relationship
  - Braxton – did you really only have 3 discharges in Q3? If so, is that increasing since?

SB Number of Days



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Days by Hospital for WV

Org Name	Q1 2020			Q2 2020			Q3 2020		
Montgomery General Hospital	543	25	568	318	181	499	526	603	
Grafton City Hospital	123	183	306	206	47	253	509	589	
Roane General Hospital	506	1607		227	41	268	478	67	545
War Memorial Hospital	369	81	450	368	36	404	456	15	471
Boone Memorial Hospital	368	27	395	339	15	354	422	2	424
Grant Memorial Hospital	237	82	319	325	57	382	246	171	417
Broaddus Hospital	526	34	560	189	20	209	366	35	401
Minnie Hamilton Health Care Center	138	118	256	153	47	200	267	19	286
WVU Medicine St Joseph's Hospital	285	26	311	247		247	274		274
Pocahontas Memorial Hospital	218		218	225	23	248	148	64	212
WVU Medicine Potomac Valley Hospital	206	73	279	253	12	265	168	13	181
WVU Medicine Jefferson Medical Center		33		112	40	152	108	19	127
Hampshire Memorial Hospital	311	45	356	227	13	240	109	9	118
Sisterville General Hospital	45		45		17		44	7	51
Braxton County Memorial Hospital								37	
Jackson General Hospital	365	40	405	193	199	248			286

0 100 200 300 400 500 600 LOS

Excluded Records
Yes
No

excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

SB Number of Days

- WV median # of days over the 3 qtrs. fluctuated from 319 in Q1 to 248 in Q2 and up to 286 in Q3

- 7 CAHs (same # of hospitals as in the last report but different CAHs) had over 1000 days over the last 3 qtrs.:
  - Montgomery (1,670)
    - What do you attribute your larger # of days though average # of discharges (79)
  - Grafton (1,148)
  - Roane (1,420)
  - War (1,325)
  - Boone (1,173)
  - Grant (1,118)
  - Broadus (1,170)

- 10 CAHs should have seen an improved financial picture with an increased # of SB days this past quarter
  - Montgomery, Grafton, Roane, War, Boone, Grant, Broadus, Minnie Hamilton, St. Joseph & Sistersville

- Important to recognize that # of admissions by itself does not tell the full financial story
  - Financially, days trumps admissions with cost-based payors
  - Lower workload with less admissions
  - May have high admission rate with low # of days if under managed care
  - The more services/programs we have to offer/promote, the better chances we have for more admissions and days

SB Average Length of Stay (ALOS)

median

lower quartile upper quartile

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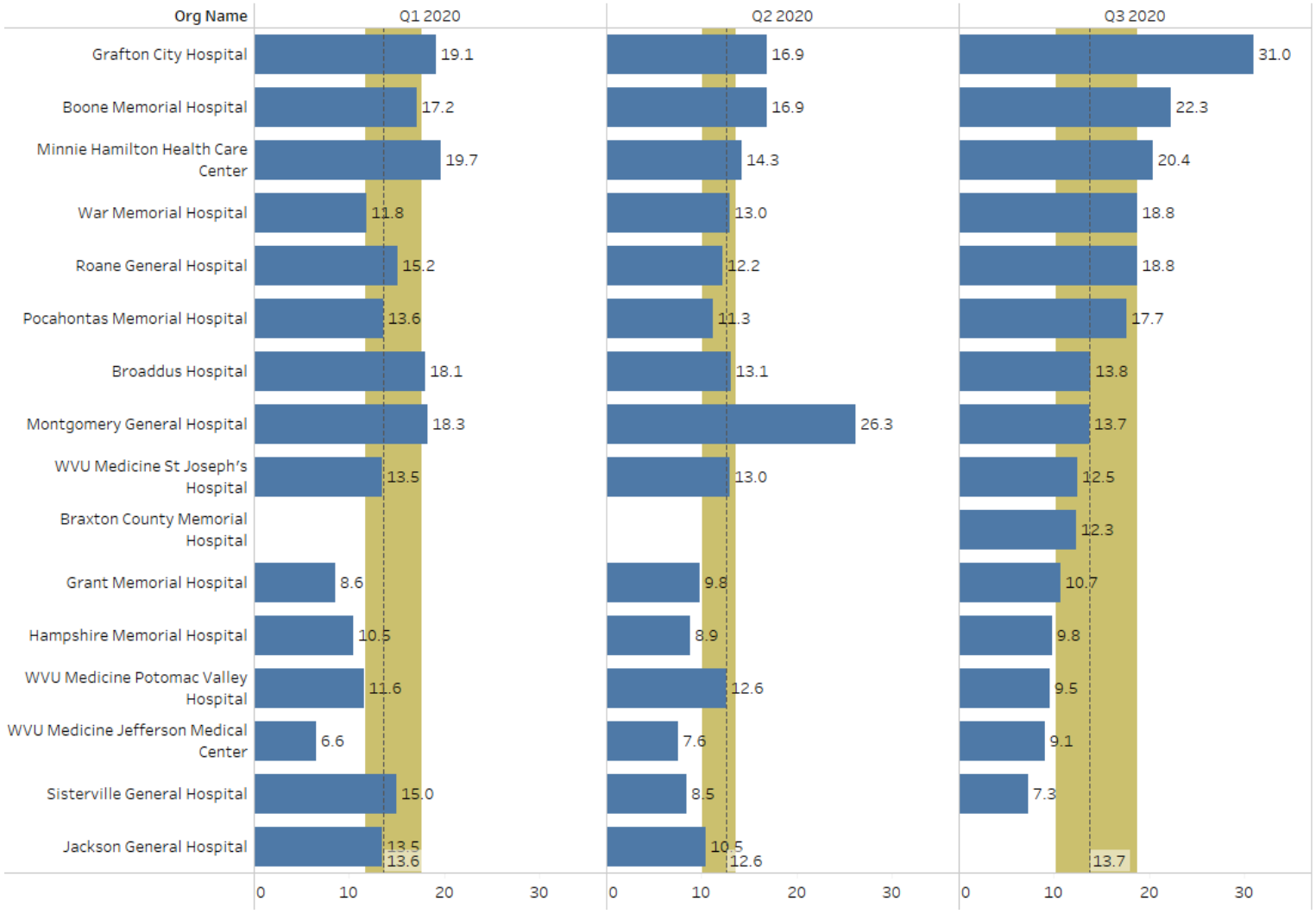
Hospital ALOS by Hospital for WV



excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

SB Average Length of Stay (ALOS)

- SB ALOS Median remained pretty much the same Q1-13.6, down in Q2-12.6 but back up in Q3 to 13.7

- 6 CAHs had quite an increase in ALOS between Q2 and Q3 - Did your chart review identify good documentation to support such?
  - Grafton – went from16.9 in Q2 to 31 in Q3
  - Boone - went from 16.9 in Q2 to 20.4 in Q3
  - Minnie Hamilton – went from 14.3 in Q2 to 20.4 in Q3
  - War – went from 13 in Q2 to 18.4 in Q3
  - Roane – went from 12.2 in Q2 to 18.8 in Q3
  - Pocahontas – went from 11.3 in Q2 to 17.7 in Q3

  - On the other hand, Montgomery went from 26.3 in Q2 down to 13.7 in Q3 which is even lower than Q1 which was at 18.3 – any special reason?

- Grant, Hampshire, Potomac, Jefferson & Sistersville – all have ALOS of less than 10 days - why continued lower ALOS 9.5, 9.1 & 7.3 respectively
  - In reviewing your LOSs, important to compare based on:
    - Are you limiting referrals we accept?
    - Payor (managed care) – Grant had 8 MA – is that the cause – all others had 0-2 only
    - Functional Improvement – any correlation between the lower LOS and functionnal improvement - For instance, if you have lower LOS and lower PI, could that be improved with working with them a bit longer
  - Longer LOS are great for finance
  - Long LOS may improve functional outcome scores
  - Long LOS may deter Managed Care companies, bundled payment etc…
  - In any case, let's make sure the documentation supports the LOS be it very long or very short

Percent of Total by Primary Payer

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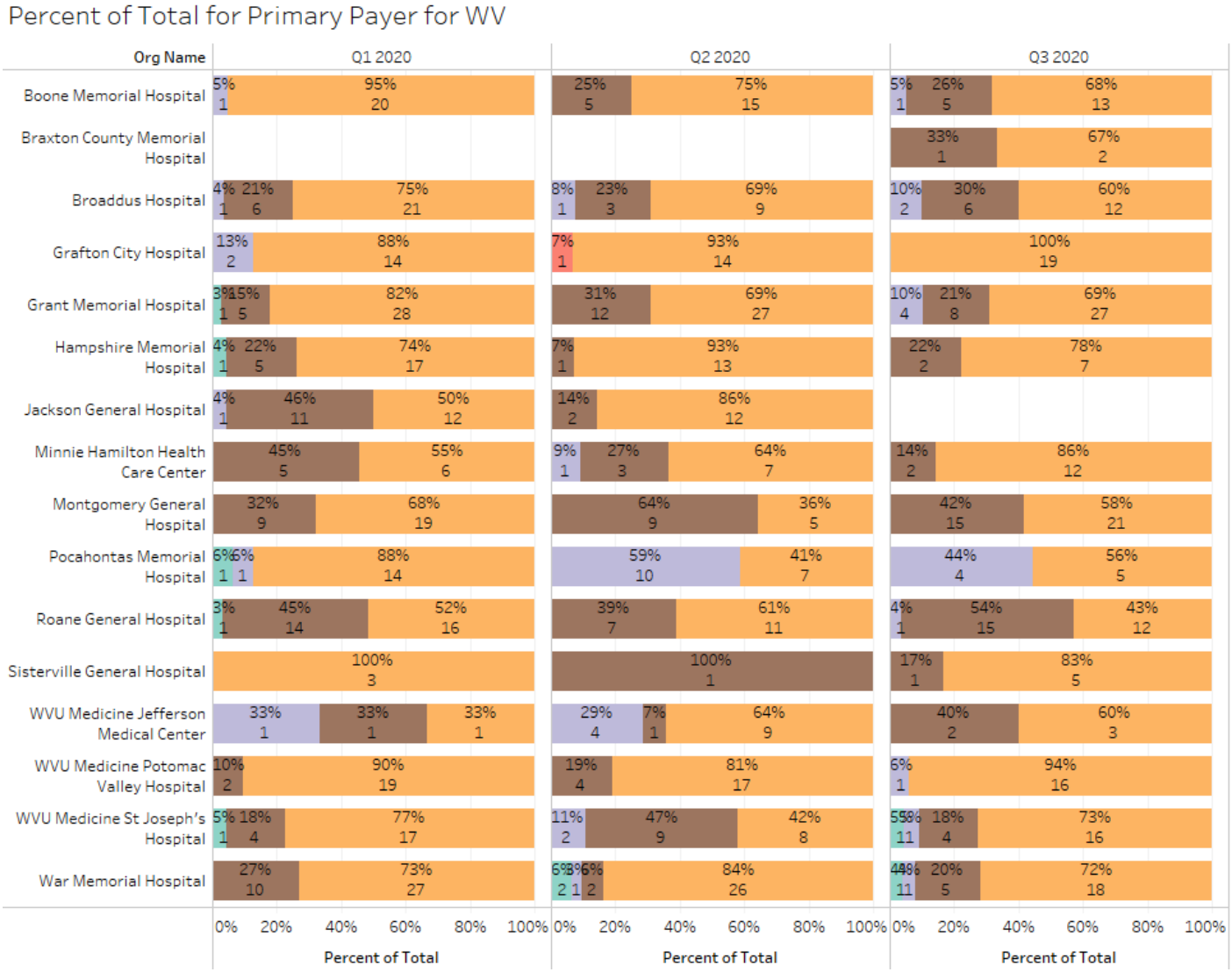

Consultant's Note

Montgomery, Roane & Grant – most with MA
Please share your experience with Managed Care

- Acceptance?
- Limit days?
- Still cost-based?
- Recommendation

Pocahontas – at 59% and 44% for the last 2 quarters with commercial payors – what is that like?

excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Percent of Total by Age Group

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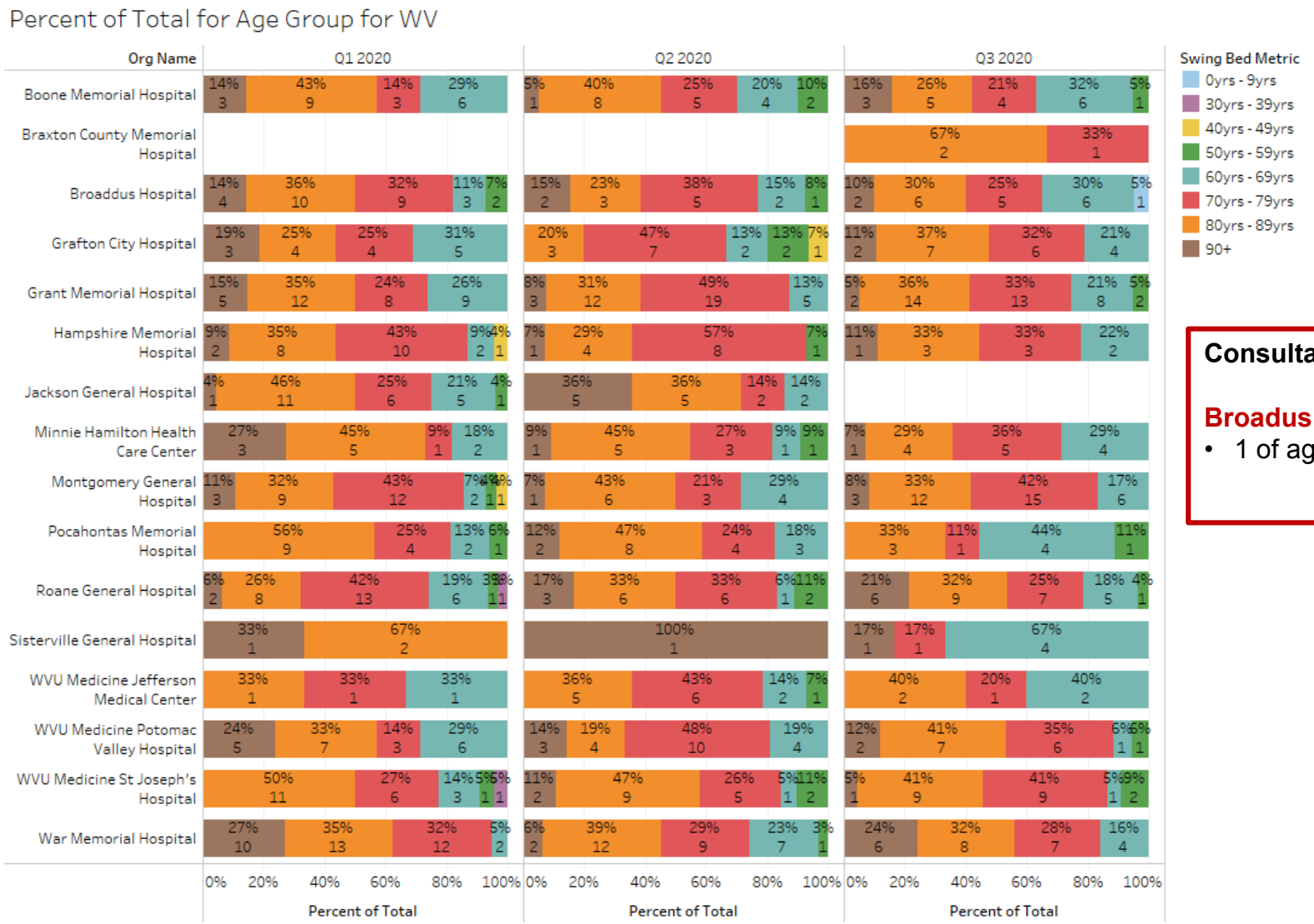

Consultant's Note

Broadus

- 1 of age 0-9 ???

excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Percent of Total by Primary Medical Condition

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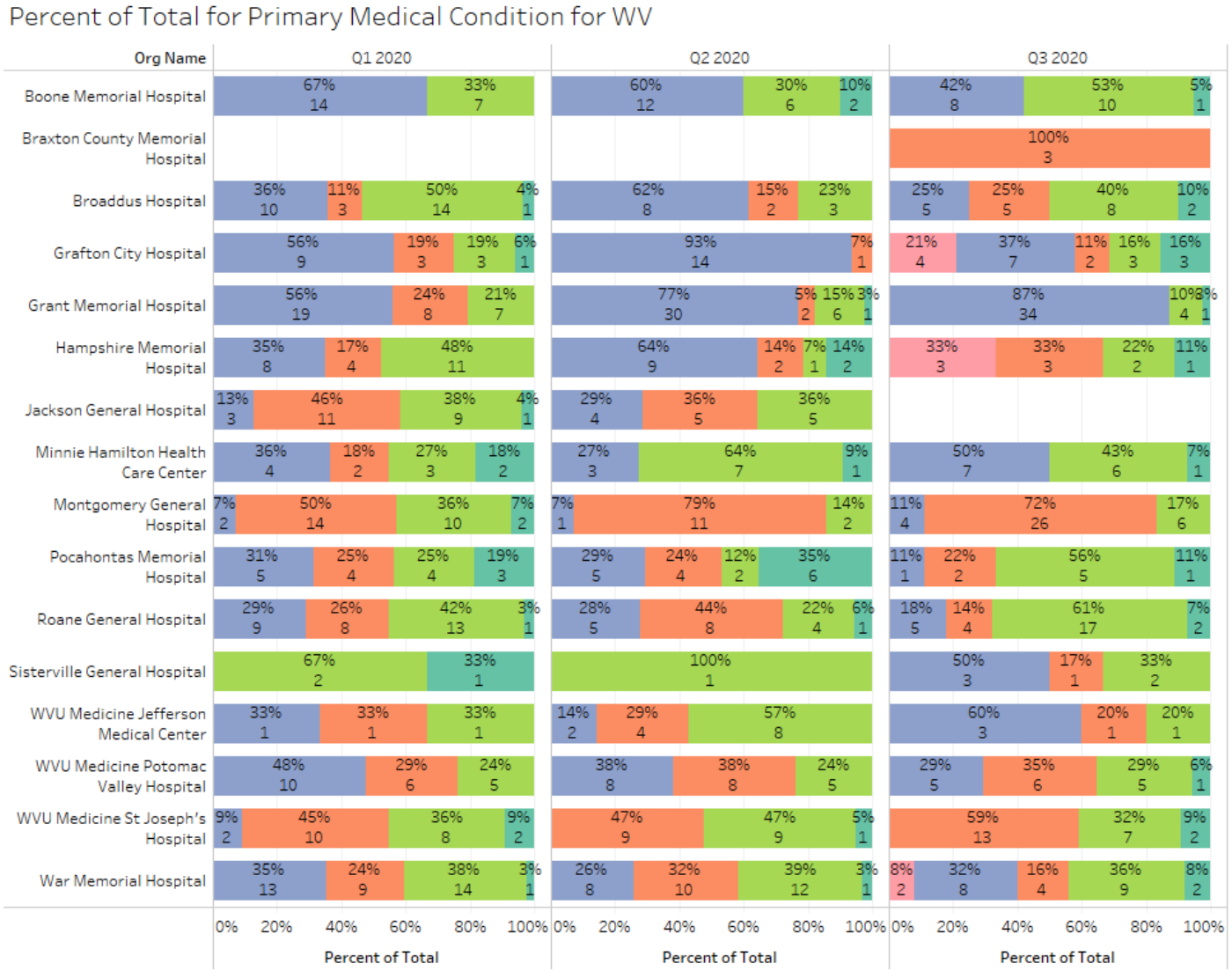

Consultant's Note

Why are we still have patients falling in the "Other" group??

Grafton
Hampshire
War

- What will you do now that there is no longer an "Other"
- What is your process to determine the Primary Medical Condition

excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

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

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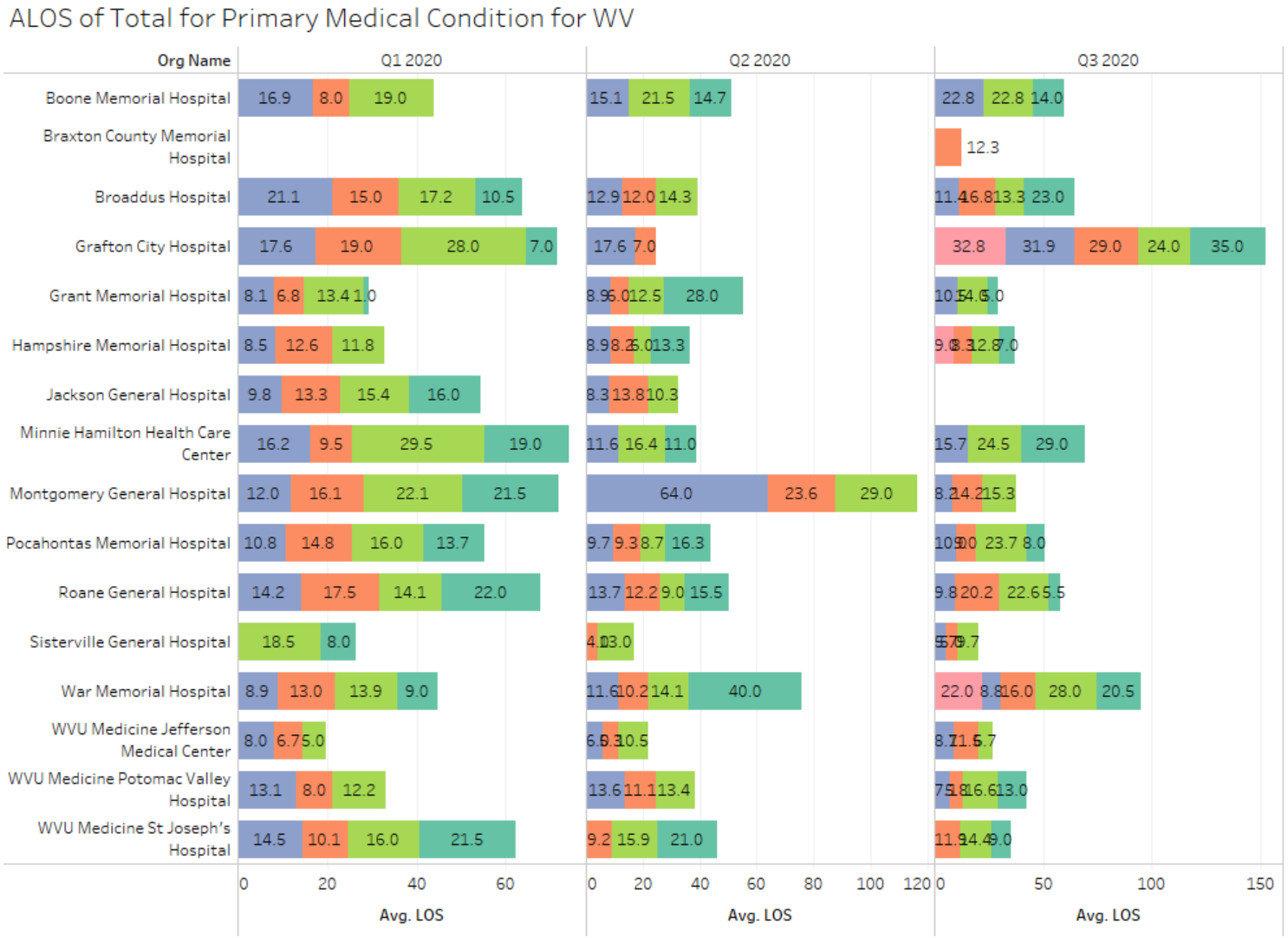

Consultant's Note

The following hospitals have an ALOS of 20 to 28 days for Ortho.

Boone
Grafton
Minnie Hamilton
Pocahontas
Roane
War

- Financially good but not for non-Medicare payors
- ALOS more like SNF and cost much less there
- Do not cut them short but do ensure you have a strong rehab program.

excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

ALOS by Primary Medical Condition

- The way to look at ALOS is to look at differences between groups – are there opportunities for improvement
  - If longer, can we explain why?
    - Did we have a complicated patient or 2 that distorted the ALOS in that group?
  - If shorter, how are we doing in function improvement in that group

- Again and most important, do we have documentation to explain the longer or short LOS?

Average BIMS Score

median
lower quartile upper quartile
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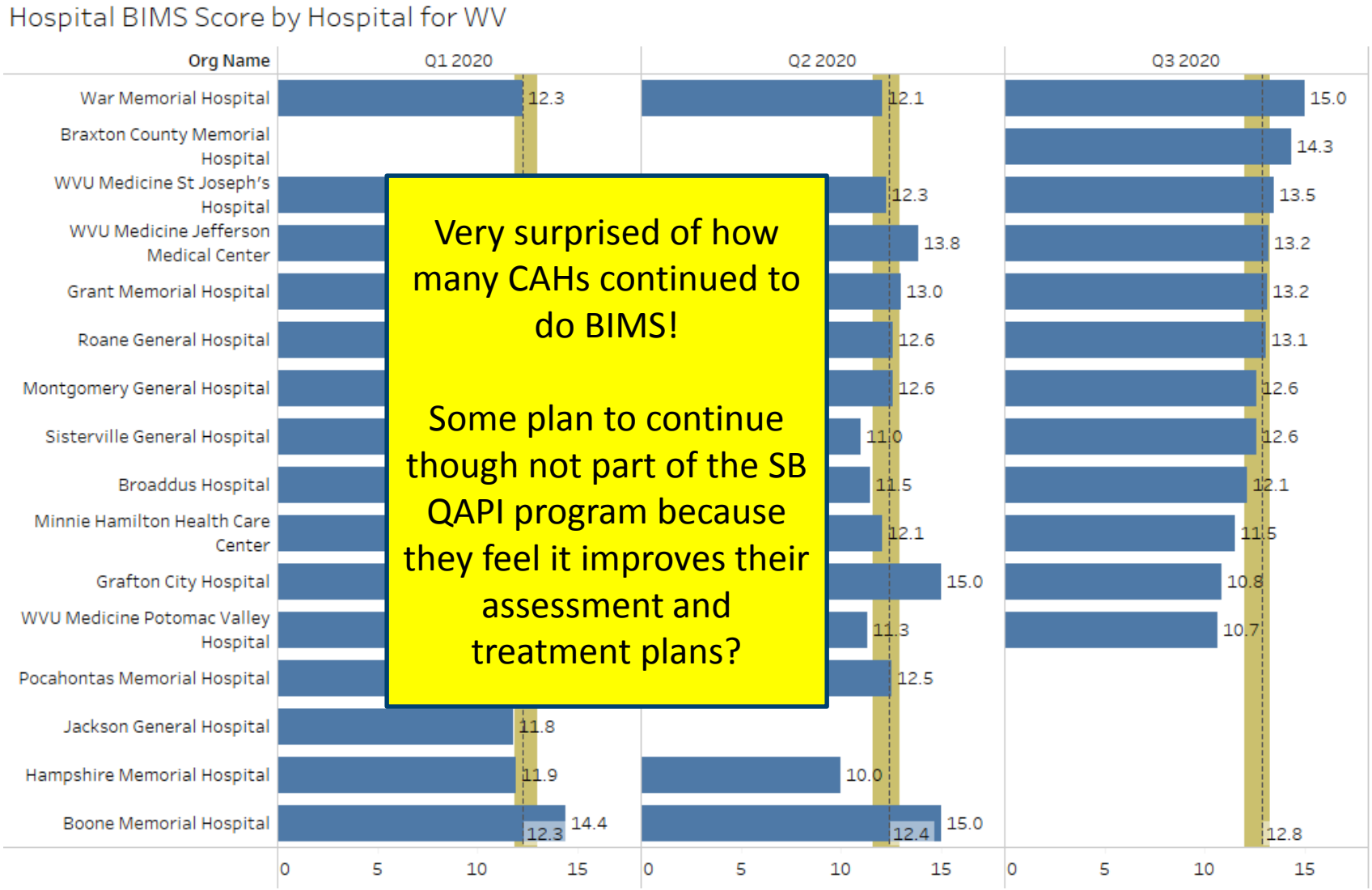

excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Number of Exclusions

median
lower quartile upper quartile

STROUDWATER

excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Number of Exclusions

- Over this past quarter (Q3) there were:

- 10 deaths (Q3) during the program vs 4 in Q2 and 8 in Q1 of 2020 but also lower census overall
  - Any unexpected deaths? – Any preventable deaths with better assessments?
  - Were they admitted for end-of-life or hospice?

- 3 CAHs had 9 patients who were excluded because they were independent on admission
  - Grant had 7 of those for a 2nd quarter – admitted for IV?
  - Again, may be very appropriate and a great way to increase utilization but do make sure you have good documentation as to why they still required an IP program as a practical matter

- 6 hospitals had a total of 7 pts with less than 3 MN stays: Boone, Braxton, Broadus, Roane, Jefferson & Sistersville
  - Please answer the following:
    - Was this planned such as medical management for a new drug, other treatment?? – good to meet more patients and providers needs and increases utilization
    - Were they unexpected and if so, why? Should they be in another group such as return to acute, LAMA, died…

- Montgomery – did you truly have 5 LAMA? If so, what's going on?

- Return to Acute: Q2 had 9 CAHs with 26 patients return to acute. Q3 was down to 5 CAHs and 16 return to acute. Out of the 16, Broadus had 9! Is that for real?

- Do any of you have questions regarding the exclusion list?

Performance Improvement Score for Self-Care

median
lower quartile upper quartile

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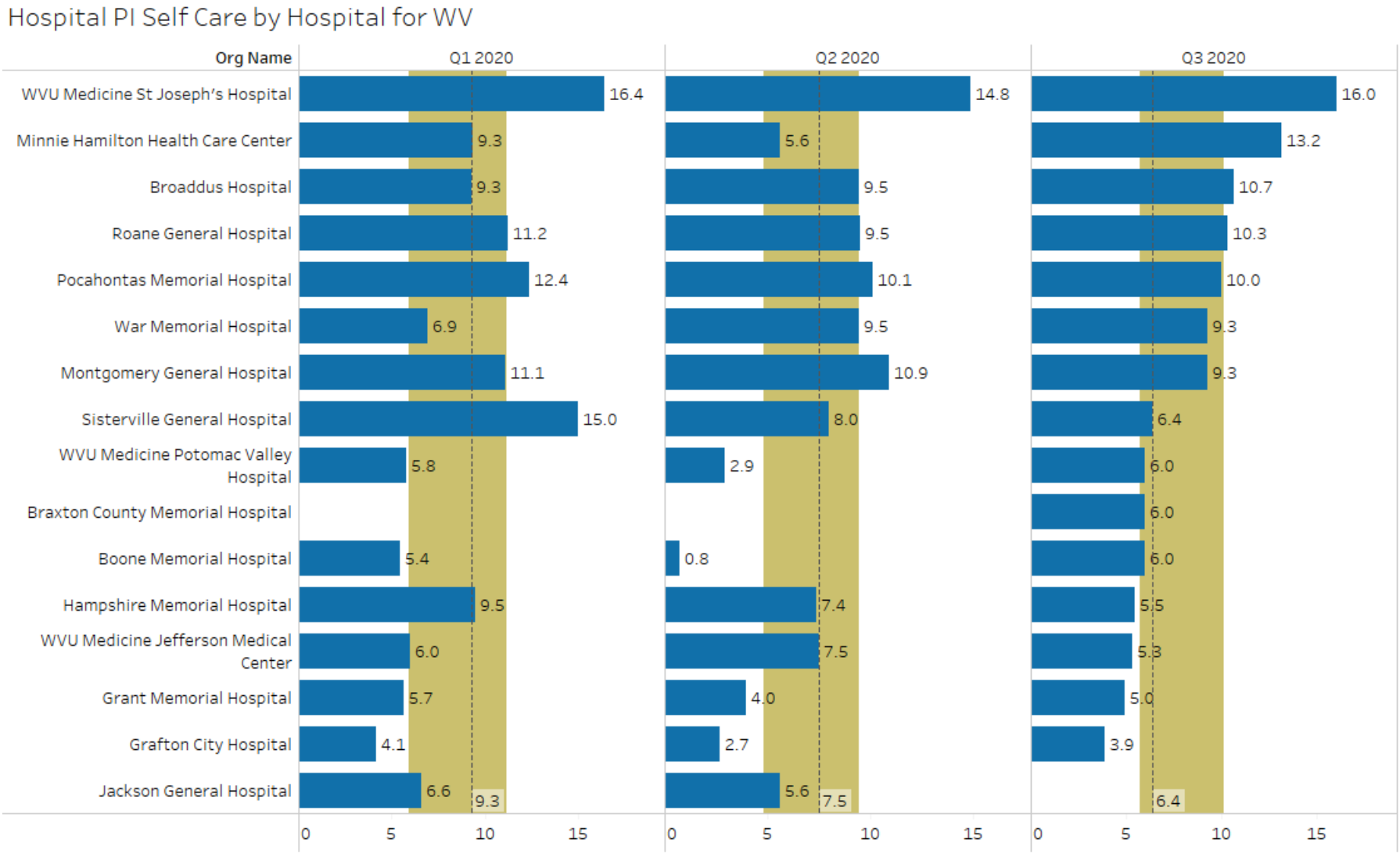

excluded records have been removed

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Performance Improvement Score for Self-Care by Primary Medical Condition

median
lower quartile upper quartile
STROUDWATER

excluded records have been removed

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Performance Improvement Scores (Self-Care)

- The Median improvement score for self-care decreased by 2.9 pts – went from 9.3 in Q1 down to 7.5 in Q2 and 6.4 in Q3 but remains slightly higher than national average over the 3 last qtrs.
  - 7 CAHs had an increase in self-care points of 9 or more (Minnie Hamilton, St Joseph, Broadus, Roane, Pocahontas, War & Montgomery)
  - Minnie Hamilton – went from 9.3 in Q1 to 5.6 in Q2 to 13.3 in Q3 – doing anything different?
  - 8 CAHs had a lower improvement score of 6.4 or less - what do you feel are the issues?
  - Grafton – Q1 = 4.1, Q2 = 2.7, Q3 = 3.9 - why so low
  - Sistersville – Q1 = 15, Q2 = 8, Q3 = 6.4 – why the downward?

- 4 CAHs have a negative value in certain Medical Condition: Grafton, Hampshire, Minnie Hamilton & Jefferson- any specific reason

- Looking at improvement scores by Medical Condition can help you to determine what you are good at and what conditions may require different treatment plans – Examples:
  - Hampshire – Ortho at 17 pts in Q3 vs 8.9 in Q1 and 7.4 in Q2
  - Minnie Hamilton – Ortho at 18.2 in Q3 from 4.3 in Q2
  - Jefferson – Debility was at 2.7 in Q2 up to 11.3 in Q3
  - St Joseph – Neuro was at 4 in Q1, 9 in Q2 and 19.5 in Q3

- Do you take the time to analyse the inconsistencies you may have?

Performance Improvement Scores (Self-Care)

- Any input on what is not working? Have you checked these possible issues
  - Compare the scores with ALOS,
  - Check it different by primary medical conditions,
  - What were their scores on admission – what was the room for improvement,
  - How much therapy (days, amount of time …) by discipline are they getting,
  - What is your nursing staff participation in day-to-day ADLs, ambulation, transfers etc…
  - Is it a certain type of patients that are keeping your scores down,
  - How do you differ between self-care vs mobility improvement,
  - What are our processes for mobility improvement vs self-care,
  - Has everybody (nursing and therapy) been trained to scoring functionality?
  - Is a team process used to agree on the admission and discharge scores

Performance Improvement Score for Mobility

median
lower quartile upper quartile

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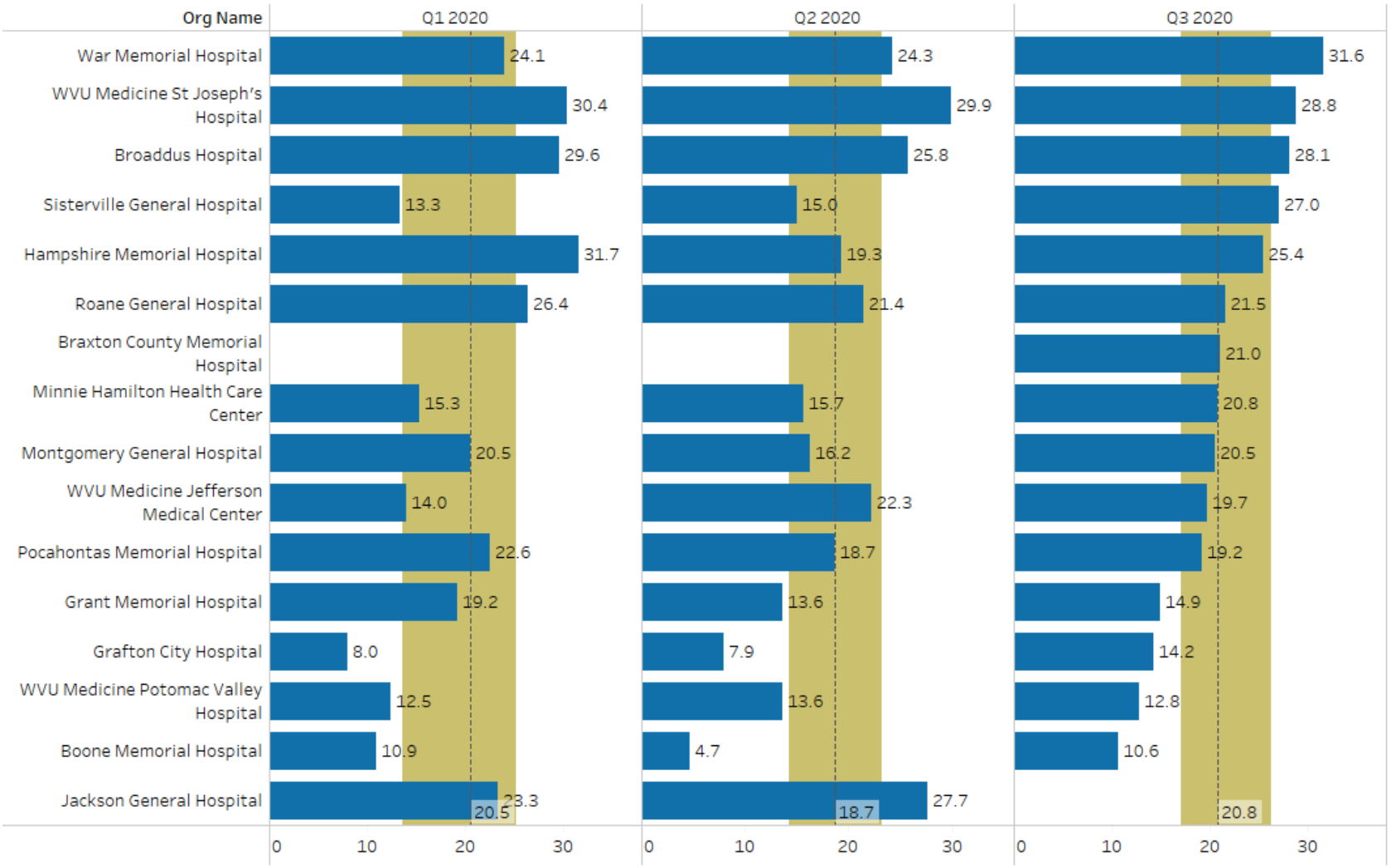
Hospital PI Mobility by Hospital for WV



Excluded Records
No

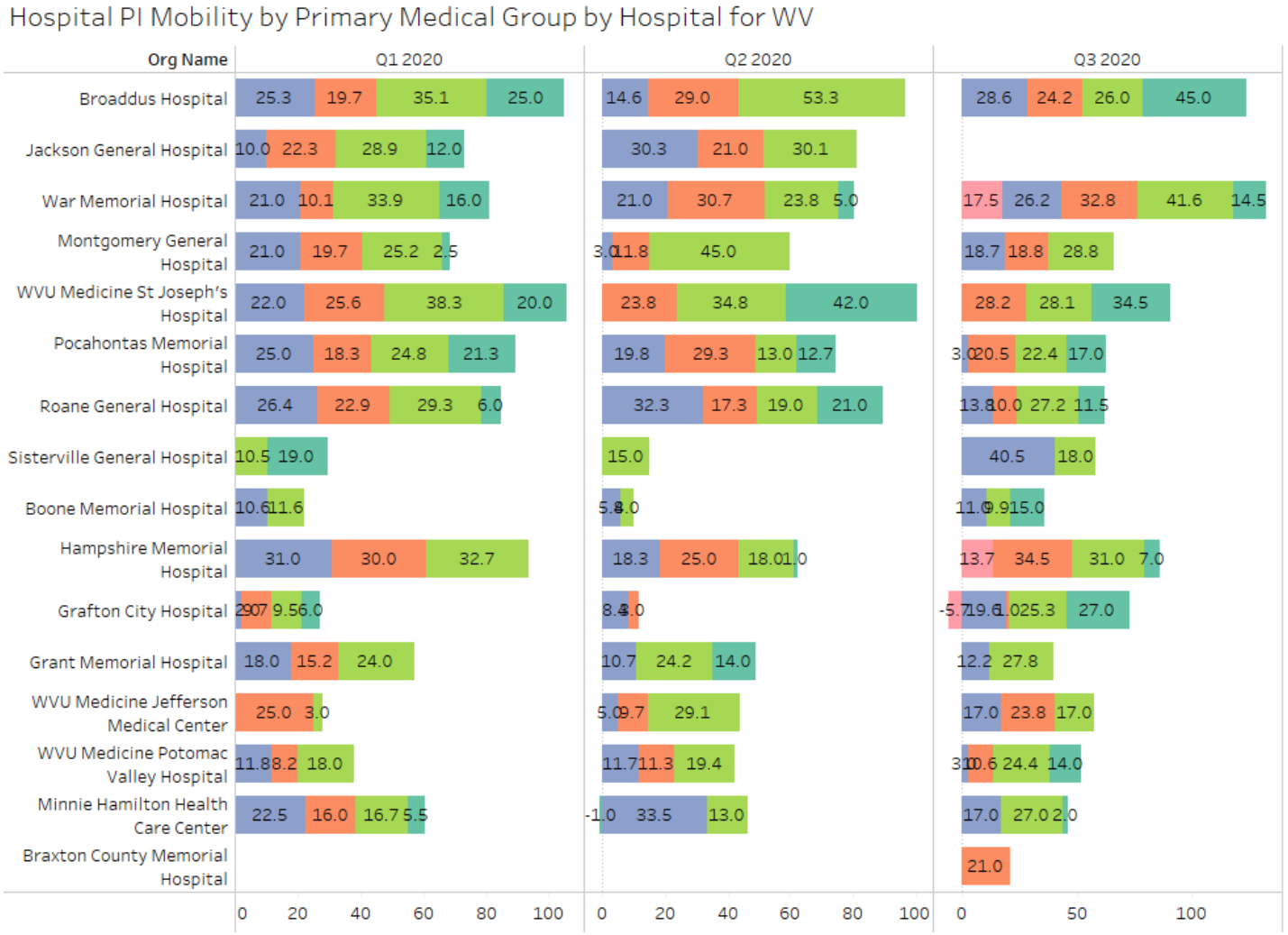
excluded records have been removed

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Performance Improvement Score for Mobility by Primary Medical Condition

median
lower quartile upper quartile

STROUDWATER



excluded records have been removed

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Performance Improvement Scores (Mobility)

- The Median improvement score for Mobility decreased by 2.9 pts in Q3 vs Q1 but a decrease of 6.9 pts in Q3 from Q2 – went from 23.3 in Q1 up to 27.7 in Q2 and back down 20.8 in Q3 – WV continues to be above the national median for the last 3 qtrs.
  - 11 CAHs have an improvement score of 19 pts or above
  - 4 CAHs had a lower improvement score of 10.6 to 14.9
  - 10 of the CAHs had an increase in Mobility in Q3 vs Q2
  - Sistersville was at 13.3 in Q1 to 15 in Q2 and 27 in Q3 – can you explain?
  - Minnie Hamilton also saw an improvement from 15.3 to 15.7 to 20.8
  - Grafton, though lower than many also saw an improvement (8 – Q1, 7.9 – Q2, 14.2 – Q3)

- Again important to analyze improvement score up or down in general and by primary medical condition as well as inconsistencies
  - What are you doing if you see improvement or a decrease in self-care and mobility score
  - Important to be able to reproduce the successes and understand where we can improve
  - Example – Roane:
    - Medically Complex was at 26.4 (Q1), 32.3 (Q2) and down to 13.6 in Q3
    - Debility – was at 22.9 (1) down to 17.3 (Q2) and only 8 in Q3
    - Neuro – Q1 = 6, Q2 = 21 and Q3 = 11.5

Percent of Total by Residence Pre-Acute Admission

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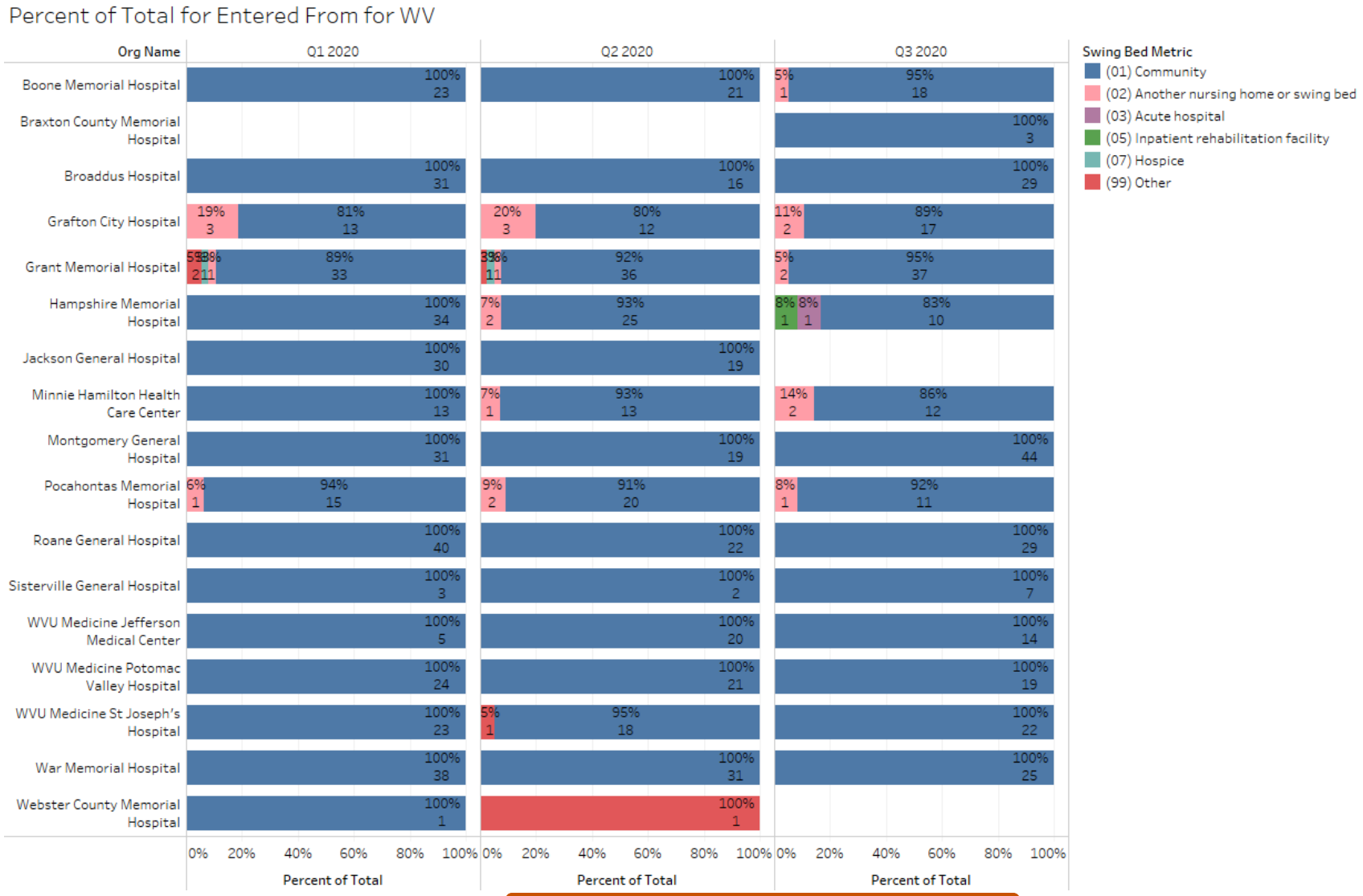

excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Percent of Total by Discharge Disposition

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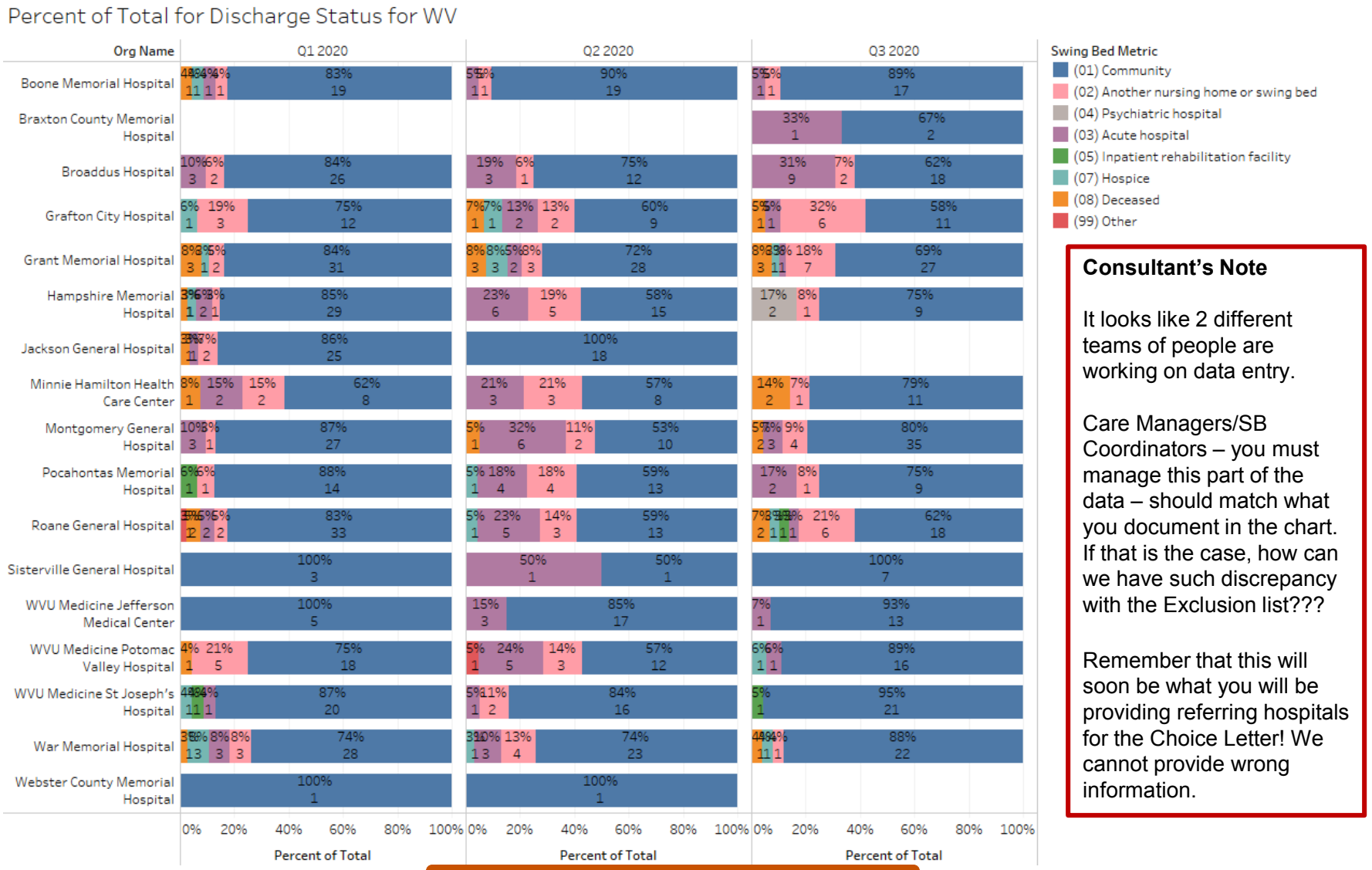


Consultant's Note

It looks like 2 different teams of people are working on data entry.

Care Managers/SB Coordinators – you must manage this part of the data – should match what you document in the chart. If that is the case, how can we have such discrepancy with the Exclusion list???

Remember that this will soon be what you will be providing referring hospitals for the Choice Letter! We cannot provide wrong information.

excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Percent of Total by Discharge Disposition

- Confusing data – does not jive with Exclusions – can we figure out issues?

CAH	D/C Disposition Other Than Home	Exclusions
Boone	1 acute + 1 NH	1 <3 days (planned??) – Is this your D/C to acute?
Grafton	1 death + 1 acute + 6 NH	3 no therapy + 1 Excluded Med Cond.
Grant	3 deaths + 1 hospice + 1 acute + 7 NH	3 deaths + 0 Hospice + 0 acute + 7 Ind + 3 No therapy + 4 Med. Cond.
Montgomery	2 deaths + 4 NH	2 deaths + 3 acute + 5 LAMA
Roane	2 deaths + 1 hospice + 1 IRF + 6 NH	1 acute + 1 hospice + 2 deaths + 2 No therapy + 1 < 3 days + 1 Med. Cond
Potomac	1 acute	0 acute + 1 LAMA + 1 death
Pocahontas	1 NH	2 acute + 1 no therapy + 1 Ind.

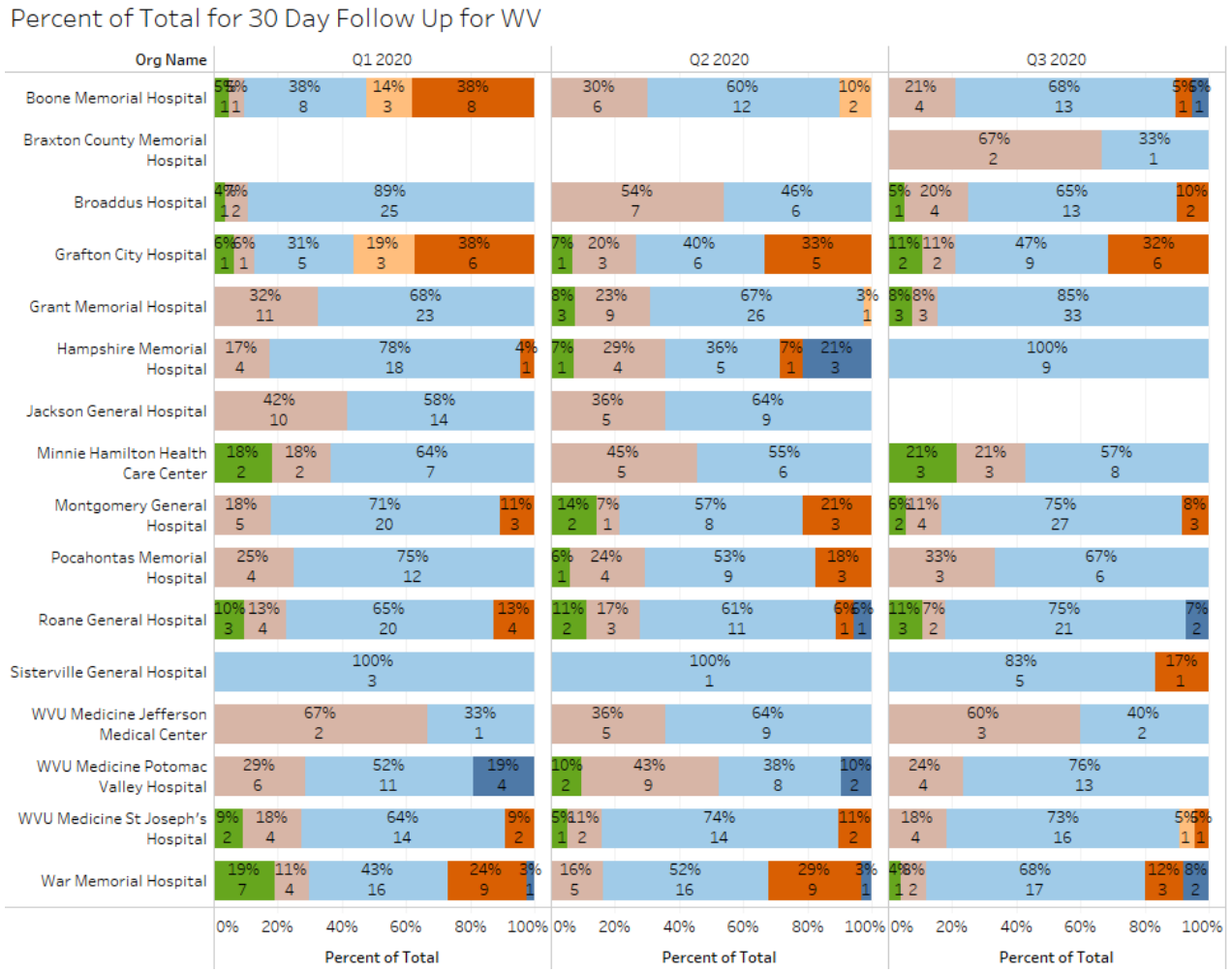
Do We Have Any Remaining Questions About Exclusions?

Section 4. Exclusions	
If any of the following apply, skip to Discharge and 30-day Follow-Up	
Choose One	
☐	Died while in Swing Bed
☐	Left the swing bed program against medical advice
☐	Discharged to hospice care
☐	Unexpectedly discharged to a short-stay acute hospital/CAH
☐	Planned Short Medical Management for Less than 3 days (3 midnights)
☐	Independent with all mobility activities at the time of admission (all 15 mobility items are coded 06)
☐	Patient with any of the following medical conditions: coma/persistent vegetative state; complete tetraplegia; locked-in syndrome; severe anoxic brain damage, cerebral edema, or compression of brain
☐	Younger than 21 years old
☐	Not receiving Physical Therapy or Occupational Therapy (including those only receiving PT for wound care)
If None of the exclusions above apply complete the Functional Abilities sections	

Do We Have Any Remaining Questions About D/C Disposition?

B. Discharge Disposition		
Enter Code ☐☐	**01. Home/Community** (e.g., private home/apt, board/care/assisted living, group home, transitional living, other residential care arrangements)	
	02. Nursing home (long-term care facility)	
	Pick One ☐	**a. New Stay at a Nursing Home**
		b. Returned to a Nursing Home
	03. Skilled Nursing Facility (SNF)	
	Pick One ☐	**a. New Stay at a Skilled Nursing Facility**
		b. Returned to a Skilled Nursing Facility
	04. Short-Term Acute Hospital (CAH or IPPS)	
	Pick One ☐	**a. Planned Return to Acute Hospital**
		b. Unplanned Return to Acute Hospital
	05. Long Term Care Hospital (LTCH) (free standing hospital or hospital-based unit)	
	06. Inpatient Rehabilitation Facility (free standing hospital or hospital-based unit)	
	07. Inpatient Psychiatric Facility (psychiatric hospital or unit)	
	08. Intermediate Care Facility (ID/DD facility)	
	09. Hospice (home or institutional facility)	
	10. Home under care of organized home health service organization	
	11. Deceased	
	99. Not listed (ie, VA, prison)	

Percent of Total by 30 Day Follow Up



Swing Bed Metric
- (00) No Attempt to Contact Patient/Family
- (01) Contact with Patient/Family Attempted 3 times, no Response
- (02) Patient Reached but Readmission/Observation to Another Facility Unknown
- (03) Patient not Readmitted to any Facility
- (04) Patient received care at Acute, Swing Bed, Observation or ED
- (05) Deceased

Consultant's Note

Every hospital except Montgomery and St. Joseph saw a decrease in return Acute/Obs/SB – great!

Happened by chance or improved clinical follow-up?

Are returned admissions assessed to determine if this could have been prevented?

15 deaths – higher % than Q2 - were these expected or came as a surprise?

Grafton – still the highest with f/up attempted – no response (process at discharge??)

War – went from 9 no response to 3 (implemented new process??)

Super f/up overall!!
Boone, Roane & War = 6 patients w/no attempt to call – why??

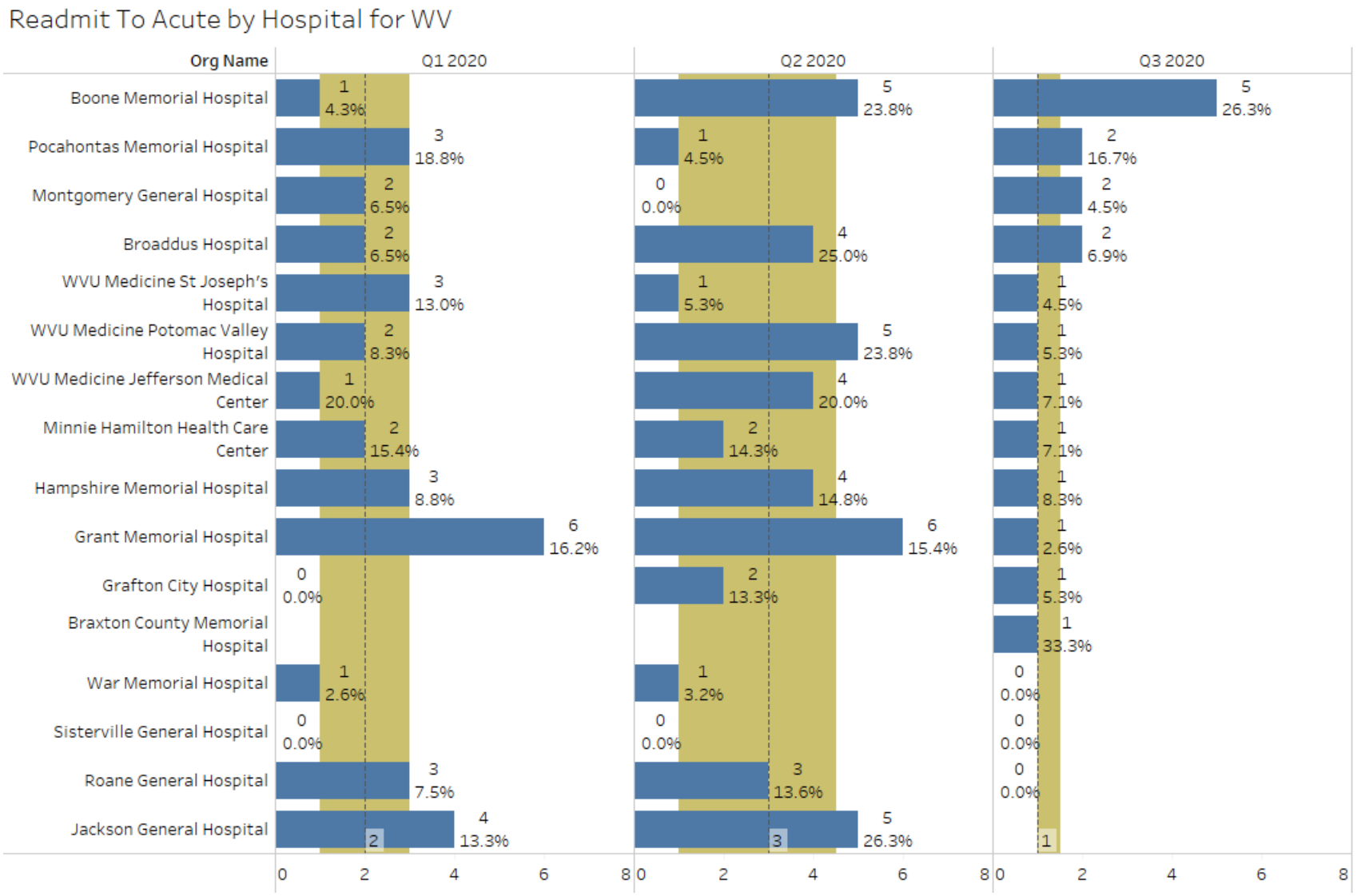
excluded records have been removed

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Number & Percent of Readmits to Acute from 30-day Follow Up Call

median
lower quartile upper quartile

STROUDWATER



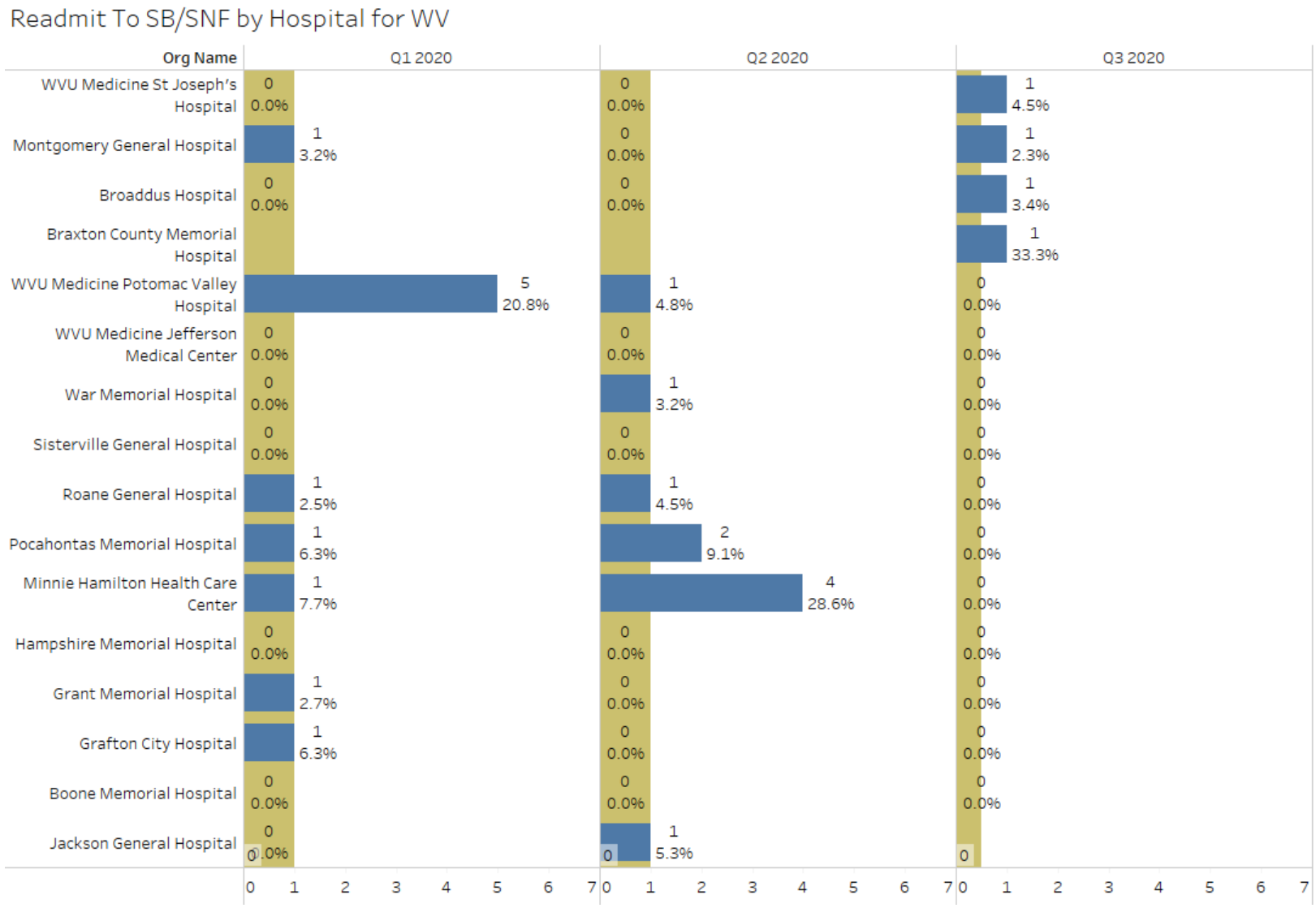
excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Number & Percent of Readmits to SB/SNF from 30-day Follow Up Call

median
lower quartile upper quartile

STROUDWATER



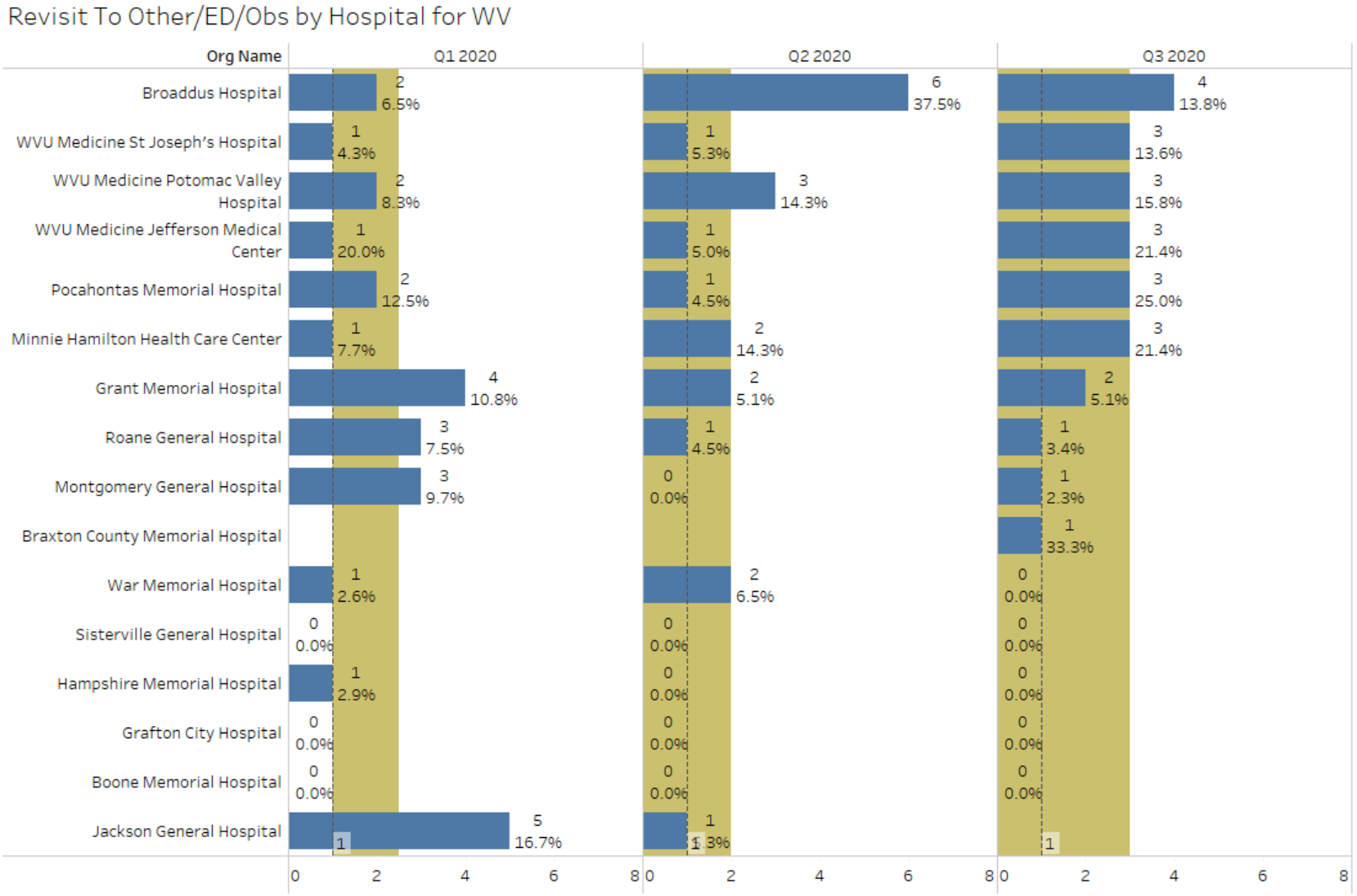
excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Number & Percent of Revisits to ED or Observation from 30-day Follow Up Call

median
lower quartile upper quartile

STROUDWATER



excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

30 Day Follow Up

- Note: the slides with breakdown (33-34-35) do not match with overall on slide 32 hence why the improvement on new forms
- No attempts: Cause? Oversight, No time, No call info?
- Attempts made x 3 with no response
  - Process:
    - Are they told to expect a call within 24 to 72 hrs for a clinical follow-up and the 30-day follow-up
    - Do we tell them that we are doing this to improve our program and patient's outcome?
    - Do we tell them we will be asking if they had to be readmitted anywhere or used ED and why?
    - Do we recheck the # to call – maybe obtain 2 tel. #s
    - Do we write the calls on their discharge instructions?
    - Do we remind them that billers do not call, only nursing so not be afraid to call
- Deaths - Are all deaths reviewed?
- Acute, ED or SB/SNF services w/in 30 days post discharge -
  - Are all your readmits or re-visits reviewed for opportunities?
  - What did your follow-up reveal?
- When reviewing readmits/re-visits – look at % - is it going up or down in line with utilization
  - Are there more readmits/revisits based on LOS, medical condition group
  - Could we have done anything to prevent this
  - Did we provide meaningful pt/family education
  - Did we do an appropriate medication reconciliation
  - Did we have clear d/c instructions
  - Had we done a thorough 24-72 hr post d/c clinical call? Did we respond to potential issues – most important to prevent readmissions!

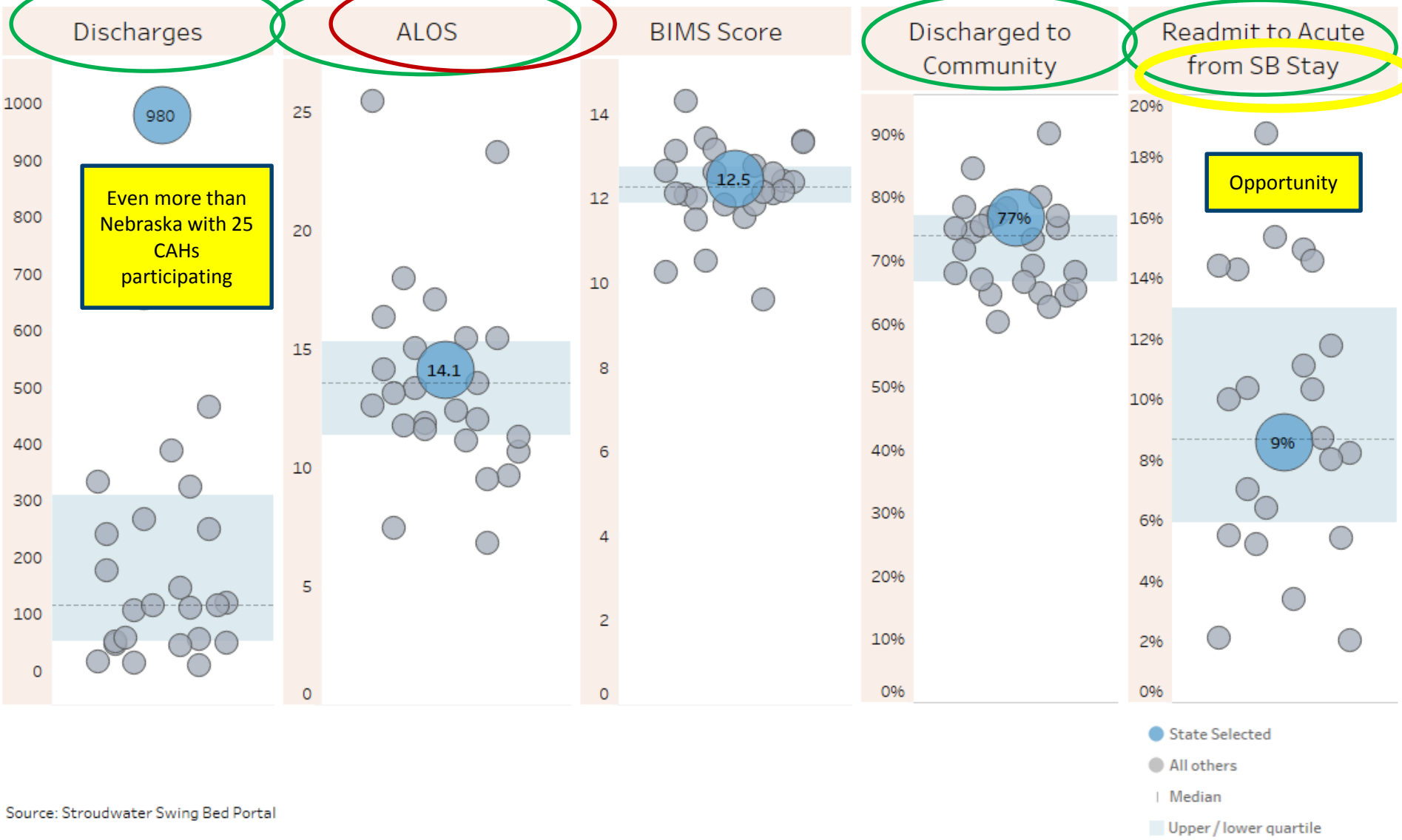
30 Day Follow Up

- Any questions regarding the new Follow-Up tracking data request?

C. Post Swing Bed 30-day Discharge Follow-up	
Enter choice of 00 thru 02, if applicable ☐☐	00. No Attempt to Contact Patient/Family
	01. Contact with Patient/Family Attempted 3 times, no Response
	02. Patient Reached but Readmission/ Observation to Another Facility Unknown
Enter choice of 03 thru 06, if applicable ☐☐	03. Patient not Readmitted to any Facility
	04. Planned Return to Acute or SB/SNF
	05. Return to Acute (same condition)
	06. Return to Acute (new condition)
Enter choice of 07 or 08, if applicable ☐☐	07. Visit to ED/Observation (same condition)
	08. Visit to ED/Observation (new condition)
☐☐	09. Deceased

State Comparison (January 2020 through September 2020)

STROUDWATER



Source: Stroudwater Swing Bed Portal

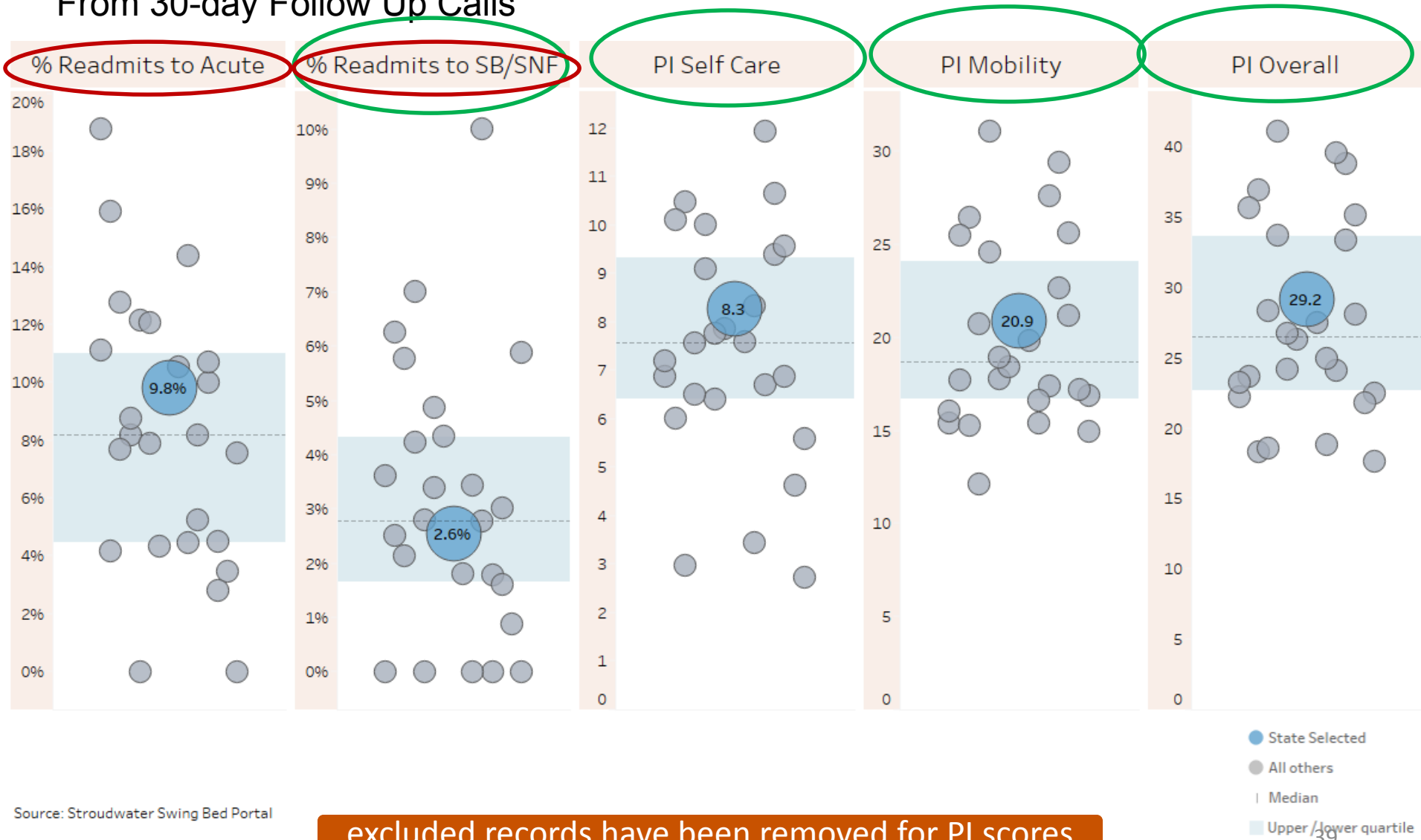
excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

State Comparison (January 2020 through September 2020)

STROUDWATER

From 30-day Follow Up Calls



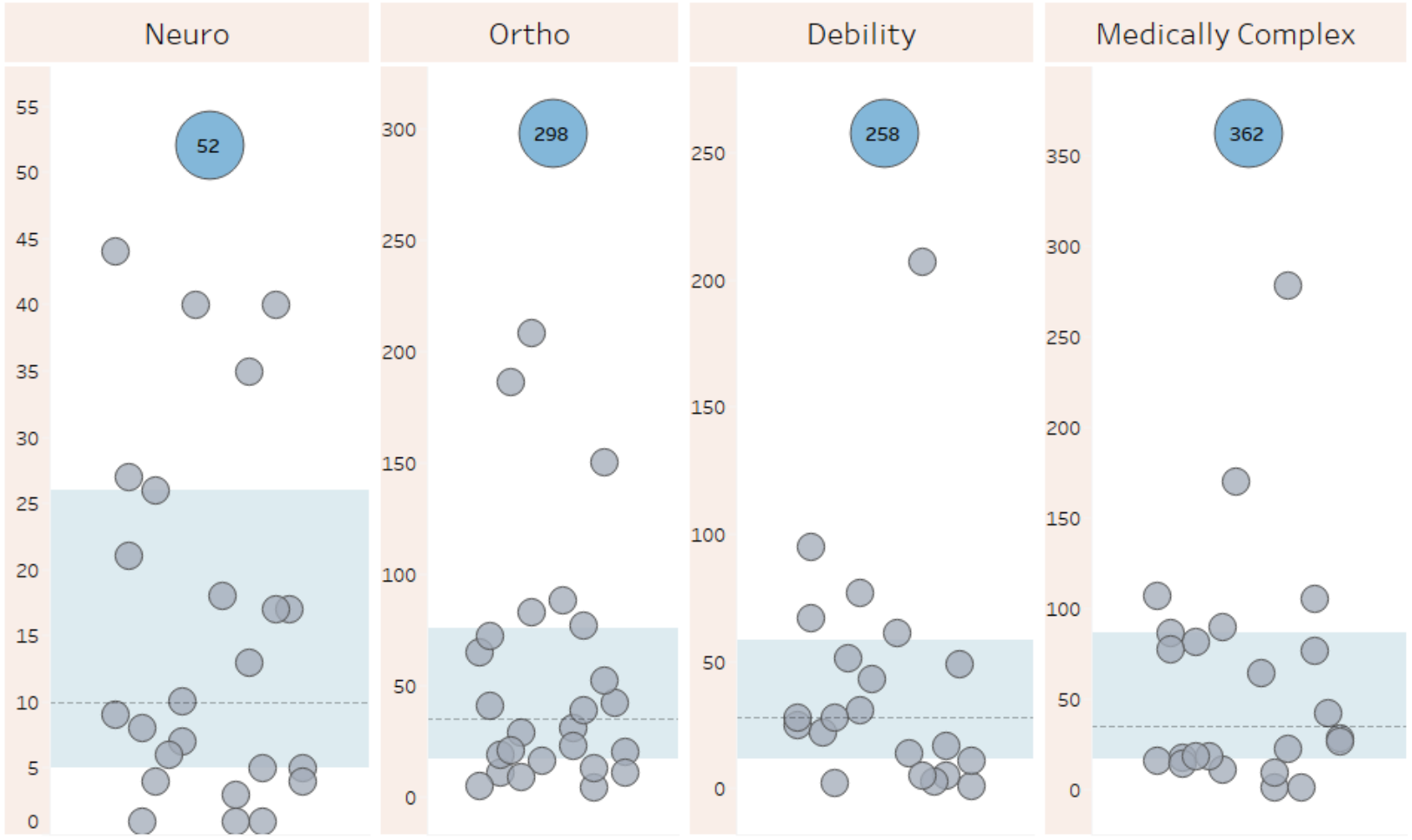
Source: Stroudwater Swing Bed Portal

excluded records have been removed for PI scores

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

State Comparison (January 2020 through September 2020) - Reason for Admission (count of records)

STROUDWATER



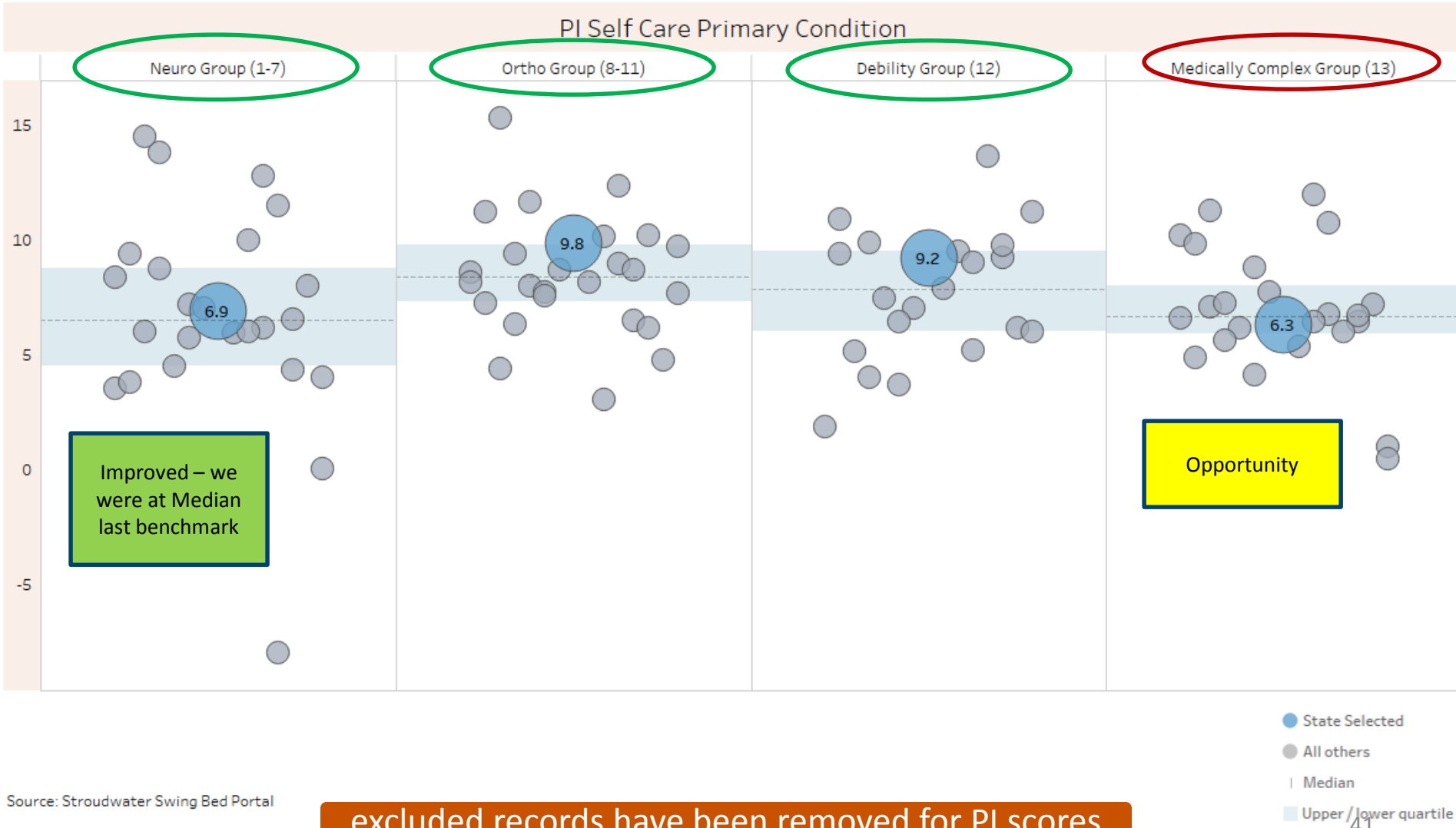
Source: Stroudwater Swing Bed Portal

excluded records added

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

State Comparison (January 2020 through September 2020)
PI ***Self Care*** by Primary Condition

STROUDWATER



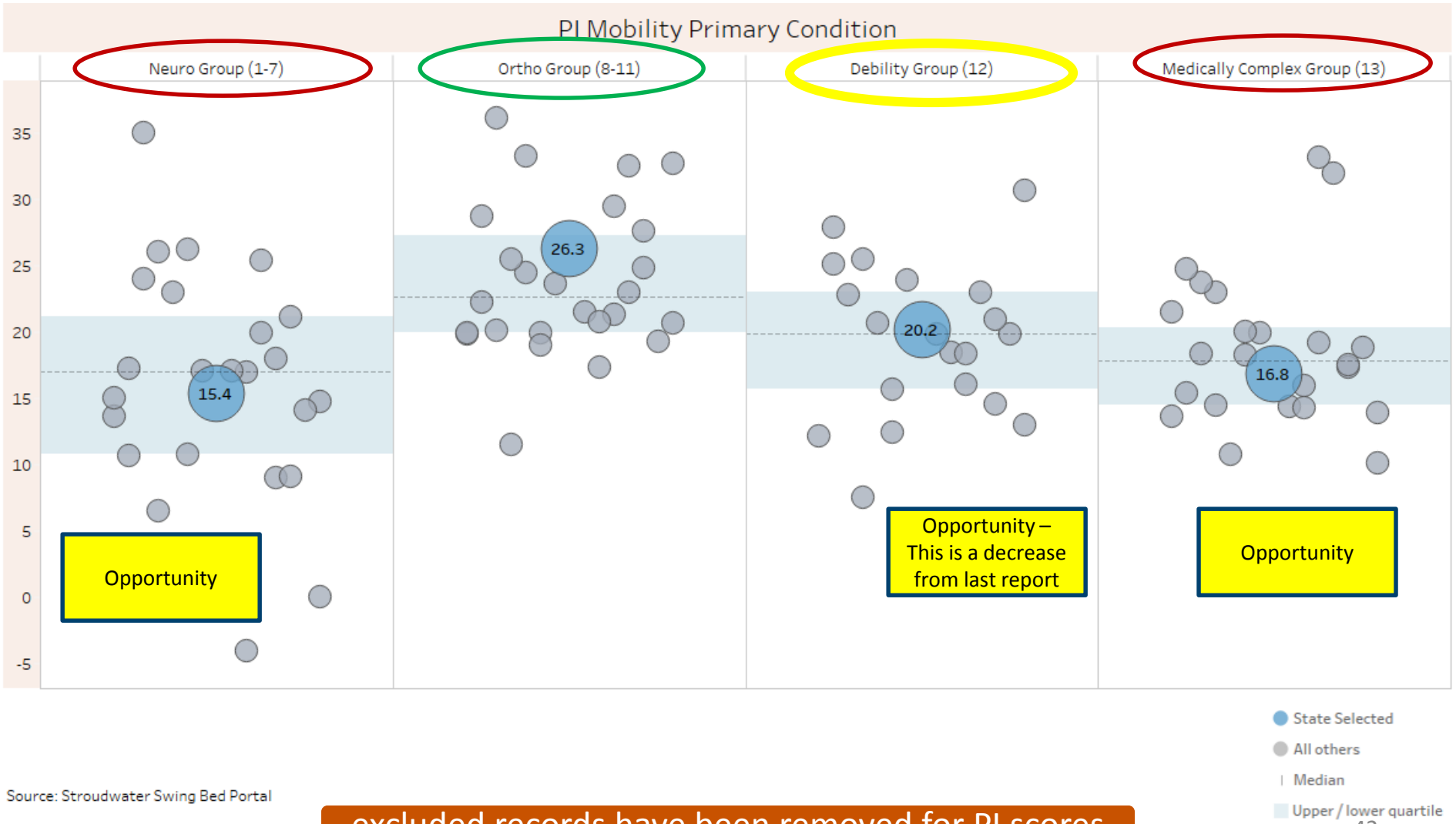
Source: Stroudwater Swing Bed Portal

excluded records have been removed for PI scores

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

State Comparison (January 2020 through September 2020)
PI ***Mobility*** by Primary Condition

STROUDWATER



Source: Stroudwater Swing Bed Portal

excluded records have been removed for PI scores

Source: Stroudwater Swing Bed Portal 1/1/2020 to 9/30/2020 pulled on 11/30/2020

Monthly/Quarterly QAPI Reports from the Portal

- Looking for a few CAHs with strong PI reporting to assist me in finalizing a proposal for what reports you should be able to access from the Stroudwater QAPI Portal
- Would require a review of my recommendation and comment/recommendations etc.…
- Any takers?

To-Do and Next QAPI Webinar

Review this report with your team

Determine Opportunities for Improvement

Come prepared to present project you are working when time available

Practice concurrent data entry (at least weekly for all discharges)

Remember: Paula Knowlton for portal entry issue and me for clinical questions

Q4 Data Entry	Monday January 11, 2021 (completed by end of day)
Webinar Date:	Tuesday January 26, 2021
Time:	1:00 PM to 2:30 PM ET
Topic:	QAPI Benchmarking for Q4 , 2020 (Updated Forms)