

Option 1: CAH Swing Bed QAPI Minimum Data Abstraction Form

Section 1: Identification Information

A. Unique Patient Identifier														

B: Swing Bed Admission Date					
Month		Day		Year	
				20	

C: Patient Date of Birth					
Month		Day		Year	

D: Admitted to Swing Bed From:	
Choose one	
<input type="checkbox"/>	01. Home/Community (e.g., private home/apt, board/care/assisted living, group home, transitional living, other residential care arrangements)
<input type="checkbox"/>	02. Nursing home (long-term care facility)
<input type="checkbox"/>	03. Skilled Nursing Facility (SNF, swing beds)
<input type="checkbox"/>	04. Short-Term General Hospital (IPPS or CAH)
<input type="checkbox"/>	05. Long Term Care Hospital (LTCH) (free standing or hospital-based unit)
<input type="checkbox"/>	06. Inpatient Rehabilitation Facility (free standing or hospital-based unit)
<input type="checkbox"/>	07. Inpatient Psychiatric Facility (psychiatric hospital or unit)
<input type="checkbox"/>	08. Intermediate Care Facility (ID/DD facility)
<input type="checkbox"/>	09. Hospice (home or institutional facility)
<input type="checkbox"/>	10. Home under care of organized home health service organization
<input type="checkbox"/>	99. Not listed (ie: VA, prison, other)

E. Expected primary payer source for swing bed stay	
Choose one	
<input type="checkbox"/>	01. Medicare
<input type="checkbox"/>	02. Medicare Advantage
<input type="checkbox"/>	03. Medicaid
<input type="checkbox"/>	04. Commercial Insurance (includes Blue Cross)
<input type="checkbox"/>	05. Self-pay
<input type="checkbox"/>	99. Other (ie: VA, Champus/Tricare, Prison)

Section 2: Risk Adjustment Elements

A: Primary Medical Condition Category

Enter Code

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Indicate the primary medical condition upon which the patient's skilled needs are based on

- 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

B. Surgery	
Enter Code	Did the patient have major surgery during the <u>100 days prior to admission?</u> (general anesthesia and at least one overnight stay)
<input type="checkbox"/>	0. No
	1. Yes
	8. Unknown

C. 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 all 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 any activities 1. Dependent - A helper completed all the activities for the patient 8. Unknown 9. Not Applicable	↓	Enter Codes in Boxes
	<input type="checkbox"/>	A. Self-Care: Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury
	<input type="checkbox"/>	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
	<input type="checkbox"/>	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
	<input type="checkbox"/>	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

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

↓	Check all that apply
<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift (i.e., hoist, chair lift, stair lift)
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

E. Bladder & Bowel Continence

Urinary Continence

Choose one	
<input type="checkbox"/>	0. Always Continent
	1. Occasionally incontinent (less than daily incontinence)
	2. Frequently incontinent (may have daily incontinence but with also some episodes of continent voiding)
	3. Always incontinent (no episodes of continent voiding)
	9. Not rated (patient had a catheter [indwelling, condom], urinary ostomy, or no urine output for the entire stay)

Bowel Continence

Choose one	
<input type="checkbox"/>	0. Always Continent
	1. Occasionally incontinent (one episode of bowel incontinence)
	2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
	3. Always incontinent (no episodes of continent bowel movements)
	9. Not rated (patient had an ostomy or did not have a bowel movement for the entire stay)

F. Unhealed Pressure Ulcers/Injuries at Swing Bed Admission

<input type="checkbox"/>	0. No (Skip to next section)
<input type="checkbox"/>	1. Yes (Answer question below)
↓	Check all that apply
<input type="checkbox"/>	Stage 2 Pressure Ulcer
<input type="checkbox"/>	Stage 3, 4, or Unstageable Pressure Ulcer

G. Fall History on Admission	
Choose one	Did the patient have a fall any time in the last month prior to swing bed admission?
<input type="checkbox"/>	0. No
	1. Yes
	9. Unable to determine

H. Total Parenteral Nutrition & Tube Feeding while in Swing Bed			
Total Parenteral Nutrition		Tube Feeding	
Choose one		Choose one	
<input type="checkbox"/>	0. No	<input type="checkbox"/>	0. No
	1. Yes		1. Yes

I. Communication	
Makes self understood: Ability of patient to express ideas and wants, consider both verbal and non-verbal expression	
Choose one	
<input type="checkbox"/>	0. Understood
	1. Usually understood - difficulty communicating some words or thoughts but is able if prompted or given time
	2. Sometimes understood - ability is limited to making concrete requests
	3. Rarely/never understood
Ability to understand others: Ability of patient in understanding verbal content	
Choose one	
<input type="checkbox"/>	0. Understands
	1. Usually understands - misses some part/intent of message but comprehends most
	2. Sometimes understands - responds adequately to simple, direct communication only
	3. Rarely/never understands

J. Comorbidities: Indicate the patient's active comorbidities impacting skilled needs (must be included in provider's documentation)

Check all that apply	
<input type="checkbox"/>	Major infections: Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock; and Other Infectious Diseases
<input type="checkbox"/>	Metastatic Cancer and Acute Leukemia
<input type="checkbox"/>	Diabetes: Diabetes with Chronic Complications; Diabetes without Complications; Type I Diabetes Mellitus
<input type="checkbox"/>	Other Significant Endocrine and Metabolic Disorders
<input type="checkbox"/>	Delirium and Encephalopathy
<input type="checkbox"/>	Dementia: Dementia with Complications; Dementia without Complications
<input type="checkbox"/>	Tetraplegia (excluding complete tetraplegia) and Paraplegia
<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	Parkinson's and Huntington's Diseases
<input type="checkbox"/>	Angina Pectoris
<input type="checkbox"/>	Coronary Atherosclerosis/Other Chronic Ischemic Heart Disease
<input type="checkbox"/>	Hemiplegia, Other Late Effects of Cerebrovascular Accident: Hemiplegia/Hemiparesis; Late Effects of Cerebrovascular Disease, Except Paralysis
<input type="checkbox"/>	Dialysis Status and Chronic Kidney Disease - Stage 5
<input type="checkbox"/>	Urinary Obstruction and Retention
<input type="checkbox"/>	Amputations: Traumatic Amputations and Complications; Amputation Status, Lower Limb/Amputation Complications; Amputation Status, Upper Limb
<input type="checkbox"/>	Central Nervous System Infections: Bacterial, Fungal, and Parasitic Central Nervous System Infections, Viral and Late Effects Central Nervous System Infections
<input type="checkbox"/>	Lymphoma and Other Cancers
<input type="checkbox"/>	Other Major Cancers: Colorectal, Bladder, and Other Cancers, Other Respiratory and Heart Neoplasms, Other Digestive and Urinary Neoplasms, Other Neoplasms
<input type="checkbox"/>	Mental Health Disorders: Schizophrenia; Major Depressive, Bipolar and Paranoid Disorders; Reactive and Unspecified Psychosis; Personality Disorders
<input type="checkbox"/>	Aspirations, Bacterial and Other Pneumonias: Aspiration and Specified Bacterial Pneumonias; Pneumococcal Pneumonia, Empyema, Lung Abscess
<input type="checkbox"/>	Legally blind
<input type="checkbox"/>	Chronic Kidney Disease: Stages 1-4, Unspecified: Chronic Kidney Disease, Severe (stage 4), Chronic Kidney Disease, Moderate (stage 3), Chronic Kidney Disease, Mild or Unspecified (stages 1, 2 or unspecified)
<input type="checkbox"/>	Major Fracture , except of skull, vertebrae or hip

Section 3: Therapy Utilization

Did patient receive any therapy while in Swing Bed?

Choose one	
<input type="checkbox"/>	0. No
	1. Yes
If yes, which discipline was provided?	
Check all that apply	
<input type="checkbox"/>	1. Physical Therapy
<input type="checkbox"/>	2. Occupational Therapy
<input type="checkbox"/>	3. Speech Therapy

Section 4. Exclusions

If any of the following apply, skip to Discharge and 30-day Follow-Up

**Choose
One**

<input type="checkbox"/>	Died while in Swing Bed
<input type="checkbox"/>	Left the swing bed program against medical advice
<input type="checkbox"/>	Discharged to hospice care
<input type="checkbox"/>	Unexpectedly discharged to a short-stay acute hospital/CAH
<input type="checkbox"/>	Planned Short Medical Management for Less than 3 days (3 midnights)
<input type="checkbox"/>	Independent with all mobility activities at the time of admission (all 15 mobility items are coded 06)
<input type="checkbox"/>	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
<input type="checkbox"/>	Younger than 21 years old
<input type="checkbox"/>	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

Section 5: Functional Abilities at the Start of the Swing Bed Stay (based on MDS v1.17.2 Section GG)

A. Self-care Assessment on Admission (Assessment period is days 1 to 2 of the Swing Bed Stay)

Code the patient's usual performance at the start of the swing bed stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the swing bed 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 ↓	
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable
<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear
<input type="text"/> <input type="text"/>	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

Section 5: Functional Abilities at the Start of the Swing Bed Stay (based on MDS v1.17.2 Section GG)

B. Mobility Assessment on Admission (page 1 of 2)

Code the patient's usual performance at the start of the swing bed stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the swing bed 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 ↓	
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed
<input type="text"/> <input type="text"/>	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 and with no back support
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair)
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns
<input type="text"/> <input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space

Section 5: Functional Abilities at the Start of the Swing Bed Stay (based on MDS v1.17.2 Section GG)

B. Mobility Assessment on Admission (page 2 of 2)

Code the patient's usual performance at the start of the swing bed stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the swing bed 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 ↓	
<input type="text"/>	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
<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step (if coded 07, 09, 10 or 88 then skip to P. Picking up object)
<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail (if coded 07, 09, 10 or 88 then skip to P. Picking up object)
<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail
<input type="text"/>	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
<input type="checkbox"/>	P1. 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
<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns
<input type="checkbox"/>	RR1. Indicate the type of wheelchair or scooter used 1. Manual 2. Motorized
<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space
<input type="checkbox"/>	SS1. Indicate the type of wheelchair or scooter used 1. Manual 2. Motorized

Section 6: Functional Abilities at the end of the Swing Bed Stay (based on MDS v1.17.2 Section GG)

A. Self-care Assessment on Discharge (to be completed the day before or on the discharge day)

Code the patient's usual performance at the end of the swing bed stay for each activity using the 6-point scale. If activity was not attempted at the end of the swing bed stay, 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**

Discharge Performance	
Enter Codes ↓ in Boxes ↓	
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable
<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear
<input type="text"/> <input type="text"/>	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

Section 6: Functional Abilities at the end of the Swing Bed Stay (based on MDS v1.17.2 Section GG)

B. Mobility Assessment on Discharge - to be completed on day before or on the discharge day (page 1 of 2)

Code the patient's usual performance at the end of the swing bed stay for each activity using the 6-point scale. If activity was not attempted at the end of the swing bed stay, 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**

Discharge Performance	
Enter Codes ↓ in Boxes ↓	
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair)
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns
<input type="text"/> <input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space

Section 6: Functional Abilities at the end of the Swing Bed Stay (based on MDS v1.17.2 Section GG)

B. Mobility Assessment on Discharge - to be completed on day before or on the discharge day (page 1 of 2)

Code the patient's usual performance at the end of the swing bed stay for each activity using the 6-point scale. If activity was not attempted at the end of the swing bed stay, 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**

Discharge Performance	
Enter Codes ↓ in Boxes ↓	
<input type="text"/>	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
<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step (if coded 07, 09, 10 or 88 then skip to P. Picking up object)
<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail (if coded 07, 09, 10 or 88 then skip to P. Picking up object)
<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail
<input type="text"/>	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
<input type="text"/>	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
<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns
<input type="text"/>	RR1. Indicate the type of wheelchair or scooter used 1. Manual 2. Motorized
<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space
<input type="text"/>	SS1. Indicate the type of wheelchair or scooter used 1. Manual 2. Motorized

Section 7: Discharge Information

A. Swing Bed Discharge Date

Month	Day	Year
<input type="text"/>	<input type="text"/>	20 <input type="text"/>

B. Discharge Disposition

Enter Code <input type="text"/>	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)			
	<table border="1"> <tr> <td rowspan="2">Pick One <input type="checkbox"/></td> <td>a. New Stay at a Nursing Home</td> </tr> <tr> <td>b. Returned to a Nursing Home</td> </tr> </table>	Pick One <input type="checkbox"/>	a. New Stay at a Nursing Home	b. Returned to a Nursing Home
	Pick One <input type="checkbox"/>		a. New Stay at a Nursing Home	
		b. Returned to a Nursing Home		
	03. Skilled Nursing Facility (SNF)			
	<table border="1"> <tr> <td rowspan="2">Pick One <input type="checkbox"/></td> <td>a. New Stay at a Skilled Nursing Facility</td> </tr> <tr> <td>b. Returned to a Skilled Nursing Facility</td> </tr> </table>	Pick One <input type="checkbox"/>	a. New Stay at a Skilled Nursing Facility	b. Returned to a Skilled Nursing Facility
	Pick One <input type="checkbox"/>		a. New Stay at a Skilled Nursing Facility	
		b. Returned to a Skilled Nursing Facility		
	04. Short-Term Acute Hospital (CAH or IPPS)			
	<table border="1"> <tr> <td rowspan="2">Pick One <input type="checkbox"/></td> <td>a. Planned Return to Acute Hospital</td> </tr> <tr> <td>b. Unplanned Return to Acute Hospital</td> </tr> </table>	Pick One <input type="checkbox"/>	a. Planned Return to Acute Hospital	b. Unplanned Return to Acute Hospital
	Pick One <input type="checkbox"/>		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)				

C. Post Swing Bed 30-day Discharge Follow-up

Enter choice of 00 thru 02, if applicable <input type="text"/>	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 <input type="text"/>	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 <input type="text"/>	07. Visit to ED/Observation (same condition)
	08. Visit to ED/Observation (new condition)
<input type="text"/>	09. Deceased