



CAH Swing Bed Webinar

Summer 2021 Updates

July 28, 2021

2021 Summer Webinar Schedule



June 17

June 2021 National Webinar. To review the updates to the data collection process, provide training on **new forms** and summarize the Summer transition process for the updated website



July 28

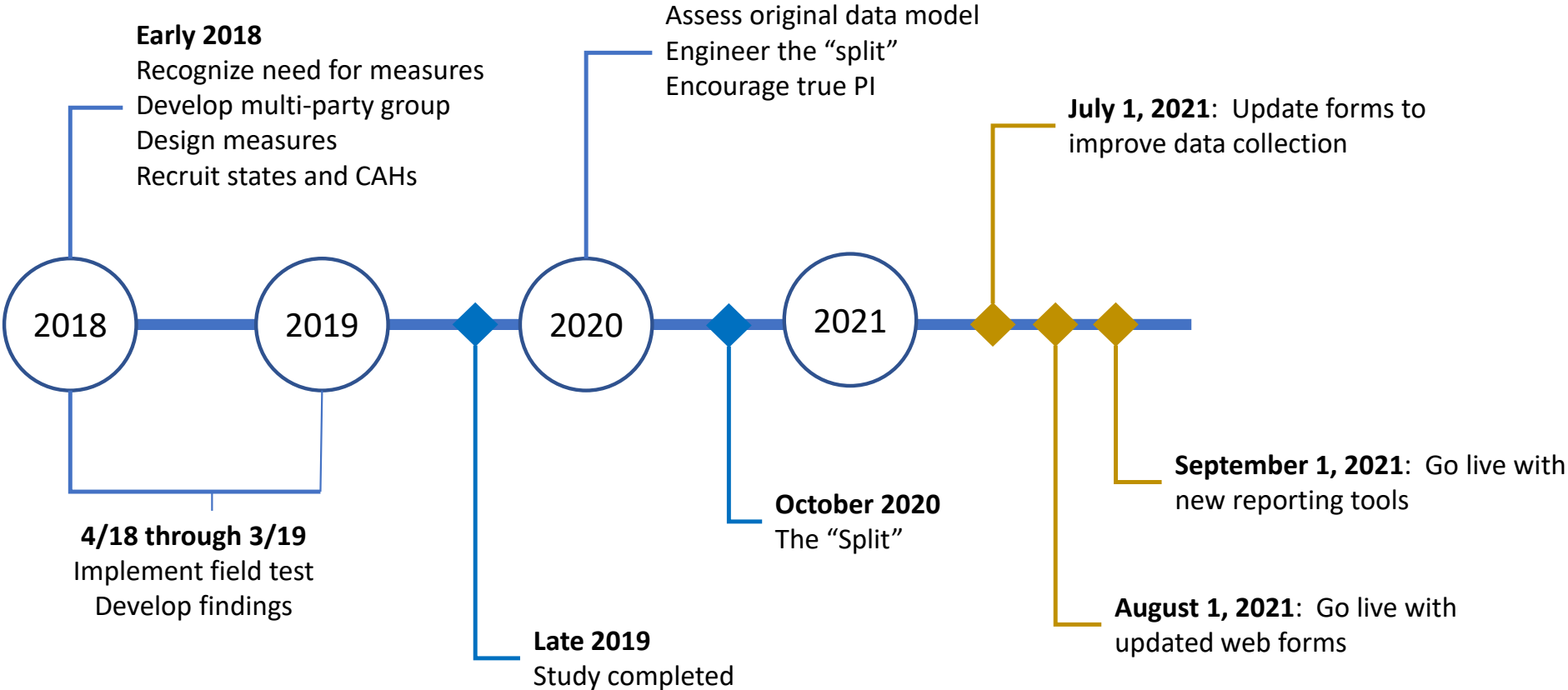
July 2021 National Webinar. A comprehensive review of the website updates including risk adjustments, new benchmarking and the *Performance Report* for CMS Conditions of Participation



August 19

August 2021 National Webinar. General education and training on the data collection and reporting functions in the Stroudwater program with embedded CAH Swing Bed best practices

History and Background of Our Tool



CAH Swing Bed National Study

Conclusion: CAH swing beds have very positive outcomes for patients as evidenced by:

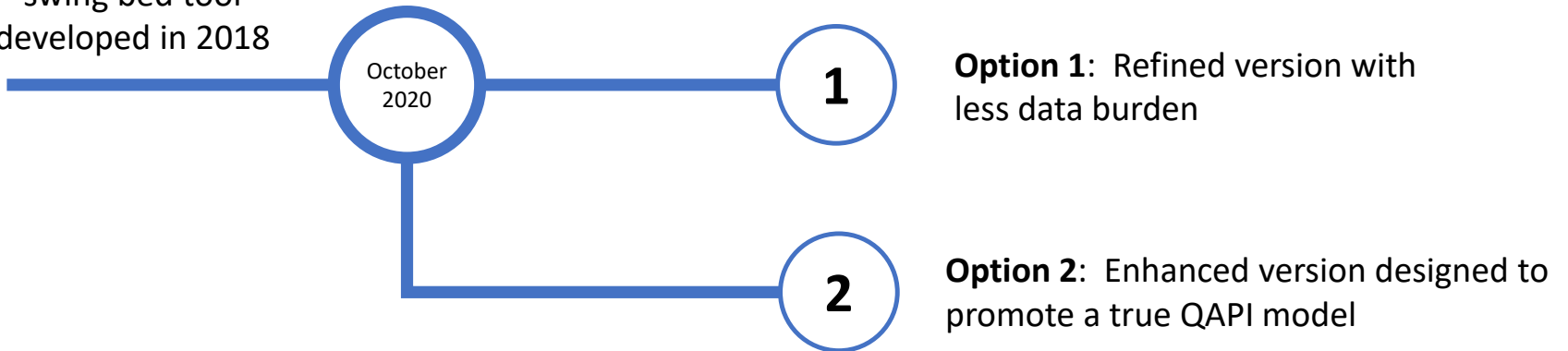


- A 30-day risk-adjusted hospital readmission rate of 13.6% that is **significantly less** than the 30-day risk-adjusted hospital readmission rate for rural SNFs in the U.S. of 21.1%
- **Approximately 3/4** of patients returned to their prior living situation or a more independent level of care after their swing bed stay
- **Substantial average improvement** in patient functional status as measured by change in self-care and mobility scores

The “Split” in October 2020

Post field testing, we listened to CAHs about how to improve the existing Swing Bed Outcomes web application

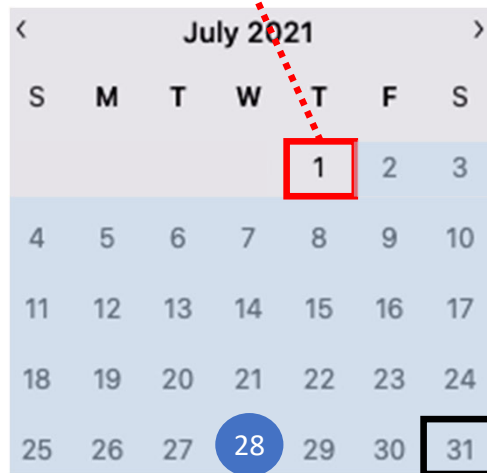
Current version of the swing bed tool developed in 2018



Summer 2021 Transition

July 1st

Start using new forms

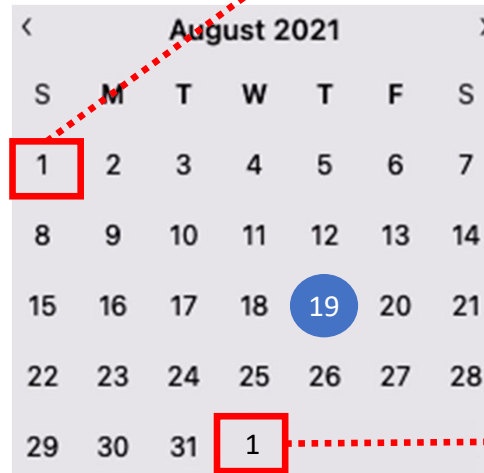


During July:

1. Implement new forms on July 1st
2. Close out July discharges from June admissions and enter data

August 1st

Updated web forms go live



During August:

1. Enter data from July admissions and discharges that you have been storing until August 1st

September 1st

Reporting Tools go live

Case Studies



Pennsylvania CAH. Conemaugh Meyersdale Medical Center Uses Swing Bed Tool to Simplify Data Collection, Maximize Insights, and Gain Instantaneous **Multiple-hospital Benchmarking**



Montana CAH. Central Montana Medical Center Uses Swing Bed Tool to Help Return Patients to Prior Living Situations and **Prevent Avoidable Readmissions**



New York CAH. Ellenville Regional Sees Major **Improvement in Self-care** From Admission to Discharge Using Swing Bed Tool



New Forms, Features and Reporting Capabilities

OK, Let's Recap the New Forms

Option 2: CAH Swing Bed QAPI Comprehensive Data Abstraction Form

Section 1: Identification Information

A. Unique Patient Identifier

B: Swing Bed Admission Date

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

C: Patient Date of Birth

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

D1: Admitted to Swing Bed From:

Choose one

Where was the patient immediately before Swing Bed admission?

<input type="checkbox"/>	01. Home/Community (e.g., private home/apartment/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 or another hospital swing bed program)
<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)

D2. Admitted to Acute From:

Choose one

Where was the patient before the acute admission

<input type="checkbox"/>	01. Home/Community (e.g., private home/apartment/care/assisted living)
<input type="checkbox"/>	02. Nursing Home (SNF/LTC)
<input type="checkbox"/>	03. Other

E. Expected primary payer source for swing bed stay

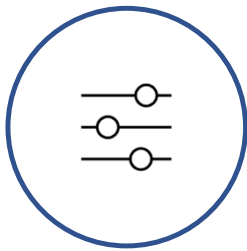
Choose one

<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, Champous/Tricare, Prison)

1 of 18 Version 2 Effective 07/01/2021

Modest changes that sharpen the data set and bring us as close as practical to CMS data and measures

Three Major Summer 2021 Enhancements



Risk Adjusters

How we manage the CAH swing bed source data to create valid and reliable comparative analytics



Performance Report

A new tool for CAHs to comply with the IMPACT regulations and facilitate marketing efforts



Benchmarking

Updates to the way we provide access to and display performance data within the outcomes tool

New Measures



Risk Adjustment Concepts

CMS Risk Adjustment Definition

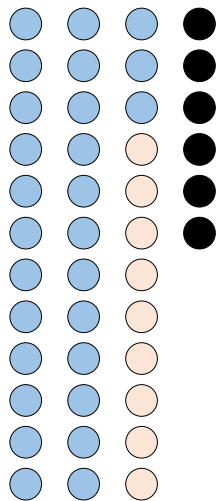
“A statistical process that takes into account the underlying **health status** and health spending of the enrollees in an insurance plan when looking at their health care **outcomes** or health care costs.”

For Stroudwater’s CAH Swing Bed tool, this means that peer comparisons will reflect the relative complexity and co-morbidities among patient populations.

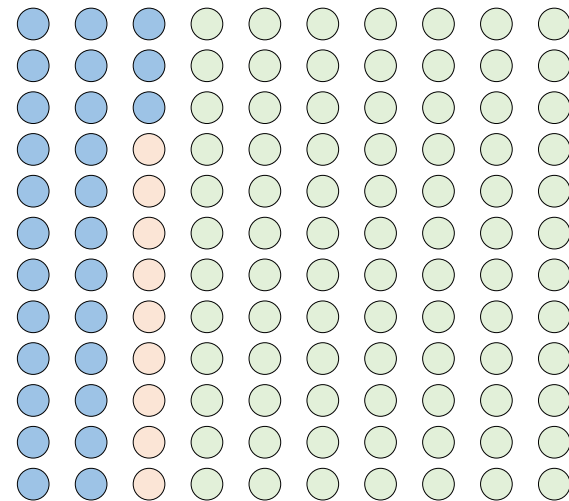
CMS Risk Adjustment Approach

Goal: Benchmark CAH Swing Beds against PPS Post-Acute Care Providers

Stroudwater Data Elements



MDS Data Elements



We are now able to defensibly compare CAHs vs. PPS providers for five (5) key metrics



Risk Adjustment Mathematics



Performance Report

CMS Final Rule 42 CFR Parts 482, 484, and 485

51836 Federal Register / Vol. 84, No. 189 / Monday, September 30, 2019 / Rules and Regulations

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
42 CFR Parts 482, 484, and 485
(CMS-3317-F and CMS-3299-F)
RIN 0938-AS59

Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies, and Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.
ACTION: Final rule.

SUMMARY: This final rule empowers patients to be active participants in the discharge planning process and complements efforts around interoperability that focus on the seamless exchange of patient information between health care settings by revising the discharge planning requirements that Hospitals (including Short-Term Acute-Care Hospitals, Long-Term Care Hospitals (LTCHs), Rehabilitation Hospitals, Psychiatric Hospitals, Children's Hospitals, and Cancer Hospitals), Critical Access Hospitals (CAHs), and Home Health Agencies (HHAs) must meet in order to participate in the Medicare and Medicaid programs. This final rule also implements discharge planning requirements which will give patients and their families access to information that will help them to make informed decisions about their post-acute care, while addressing their goals of care and treatment preferences, which may ultimately reduce their chances of being re-hospitalized. It also updates one provision regarding patient rights in hospitals, intended to promote innovation and flexibility and to improve patient care.

DATES: These regulations are effective on November 29, 2019.

FOR FURTHER INFORMATION CONTACT:
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Kiana Banks, (410) 796-3498; CAPT Scott Cooper, USFV, (410) 796-6465;
Eric Laib, (410) 796-9759, and Danielle Shaver, (410) 796-6677.

SUPPLEMENTARY INFORMATION:
Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following website as soon as possible after they have been received: <http://www.regulations.gov>. Follow the search instructions on that website to view public comments.

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September 30, 2019

CAH Swing Bed Performance Report (NEW)



Stroudwater Hospital
Branded Sample Hospital Swing Bed Program Name

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Measure 1. Return to Acute Care from Swing Bed	2.1%
This measure scores the percentage of the hospital's swing bed patients who were re-hospitalized after a swing bed admission	
Measure 2. Return to Acute Care Post Discharge	3.2%
This measure scores the percentage of swing bed patients who were readmitted to the hospital's acute unit within 30 days from swing bed discharge date	
Measure 3. Improvement in Mobility	85.3%
This measure scores the percentage of risk-adjusted swing bed patients who made above-average improvement in mobility based on 17 measured items	
Measure 4. Improvement in Self-Care	76.3%
This measure scores the percentage of risk-adjusted swing bed patients who made above-average improvement in self-care based on 7 measured items	
Measure 5. Discharge to Community	91.7%
This measure scores the percentage of the hospital's swing bed patients who were discharged to home/community	

About Swing Beds

Swing beds provide a comprehensive post-acute inpatient program for the patient who has had an acute medical or surgical event as a result of an illness, injury or exacerbation of a disease process. The patient needs these skilled services for a medical condition that is either a 1.) Hospital-related medical condition that they were admitted with and treated for during a qualifying three-day inpatient hospital stay or 2.) Skilled level of care need that developed while hospitalized, even if it was not the reason they were admitted to the hospital. Swing beds offer an outcomes-focused interdisciplinary approach comprised of the patient and family, and utilizes a professional team including physicians, nurses, therapists, dietitians, pharmacists and respiratory therapists as needed to deliver clinical interventions (medical and/or physical rehabilitation). Compared with Skilled Nursing Facilities (SNF), swing beds traditionally have shorter lengths of stay, lower hospital readmission rates during the hospital stay and lower readmission rates to acute care within 30 days post swing bed discharge.

Option 2 provides for a more comprehensive QAPI-focused set of data that includes a key element of the CAH Swing Bed growth strategy and regulatory requirement

- New CMS requirement (Final Rule)
- *Informed and Empowered* Medicare Beneficiaries
- SNFs and Nursing homes scores use CMS Star Ratings
- No existing, national benchmarking program for CAHs
- Five key risk-adjusted metrics

We think every CAH patient should receive this report if they are being admitted to a swing bed and every regional hospital should include this in their discharge planning materials



Product Demo



Contact

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