

Swing Bed Updates Portal and Paper Data Collection form

July 27, 2021

Hibiscus



STROUDWATER

Swing Bed Programming – Option 2 Only

Placement on portal and paper tool different

Therapy Utilization

Therapy Utilization

Did patient receive therapy while in Swing Bed? Yes

Physical Therapy Checked (Yes)

Occupational Therapy Checked (Yes)

Speech Therapy Checked (Yes)

Swing Bed Programming

Swing Bed Programming (see descriptions provided) Wound Care Management

Section 3:	
Therapy Utilization (during the swing bed stay)	
Did patient receive any therapy while in Swing Bed? (Not counting the initial therapy assessment)	
Choose one	Regardless of frequency or number of days per week
<input type="checkbox"/>	0. No
<input type="checkbox"/>	1. Yes
If yes, which discipline was provided?	
Check all that apply	Therapy was a skilled need provided based on a PT/OT/SLP evaluation
<input type="checkbox"/>	1. Physical Therapy
<input type="checkbox"/>	2. Occupational Therapy
<input type="checkbox"/>	3. Speech Therapy

Swing Bed Programming (see descriptions provided)	
Indicate more specific medical/physical rehab program the patient was admitted for based on primary skilled needs (not comorbidities)	
Enter Code	
<input type="text" value="06"/>	01. Cardiac Rehabilitation (ie: post MI, CHF, Cardiac procedures/surgery, CABG)
	02. Pulmonary Rehabilitation (ie: COPD, Emphysema, Chronic Bronchitis)
	03. Post-Stroke Rehabilitation
	04. Pneumonia Management and Rehabilitation
	05. Short-Term Medical Management (a 2-4 day extension of acute care until treatment regimen is considered effective)
	06. Wound Care Management
	07. Long-term IV Management
	08. Management of Newly Diagnosed Specific Conditions (ie: newly diagnosed diabetes or new ostomy)
	09. Neuro-Muscular Disease Specific Rehabilitation (ie: Parkinson, Multiple Sclerosis)
	10. Orthopedic Rehabilitation
	11. Short-term New Tracheostomy Care
	12. Short-term Ventilation Rehabilitation
	13. Post Bariatric Surgery Rehabilitation
	14. Short-term Nutritional Support (ie: J/G Tube, TPN)
	15. Short-term Pain Management
	16. General Malaise and/or Debility Rehabilitation
	17. Post-acute Kidney Disease Management
	18. Medically Complex/Multiple Trauma

Exclusions – Option 1 and Option 2

Swing Bed Programming

Swing Bed Programming (see descriptions provided) ? Wou

Exclusion

Exclusion Reason

Self-Care Performance

On Admission **Discharge Goal**

A. Eating Supervision or touching assistance Supp
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Select one:

- 00 None
- 01 Died while in Swing Bed
- 02 Left the swing bed program against medical advice (AMA)
- 03 Discharged to hospice care
- 04 Unexpectedly discharged to a short-stay acute hospital/CAH
- 05 Planned Short Medical Management for 3 days (3 midnights) or less
- 06 Independent with all mobility activities at the time of admission (all 15 mobility items are coded 06)
- 07 Medical conditions
- 08 Younger than 21 years old
- 09 Not receiving Physical Therapy or Occupational Therapy (including those only receiving PT for wound care)

Exclusions – chose only 1

Section 4. Exclusions	
If any of the following apply, skip to Discharge and 30-day Follow-Up	
Choose ONLY One	
<input type="checkbox"/>	01. Died while in Swing Bed
<input type="checkbox"/>	02. Left the swing bed program against medical advice (AMA)
<input type="checkbox"/>	03. Discharged to hospice care
<input type="checkbox"/>	04. Unexpectedly discharged to a short-stay acute hospital/CAH
<input type="checkbox"/>	05. <u>Planned</u> Short Medical Management for 3 days (3 midnights) or less
<input type="checkbox"/>	06. Independent with all mobility activities at the time of admission (all 15 mobility items are coded 06)
<input type="checkbox"/>	07. 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"/>	08. Younger than 21 years old
<input type="checkbox"/>	09. 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	

Post Swing Bed 30-Day Discharge Follow-Up – Option 1 and Option 2

Discharge

Discharge date ✓

Discharge Disposition ✓ Community (private home/apt., board/care, assisted living, group home)

A follow-up call was made 24-72 hrs ✓ No Attempt to Contact Patient/Family

30-Day Discharge Follow-up (complete only one section unless patient readmitted to acute and for ED visit)

30-Day Follow-Up Status (00-02) ✓ No Attempt to Contact Patient/Family

30-Day Follow-Up Status (03-06) ✗

30-Day Follow-Up Status (07-08) ✗

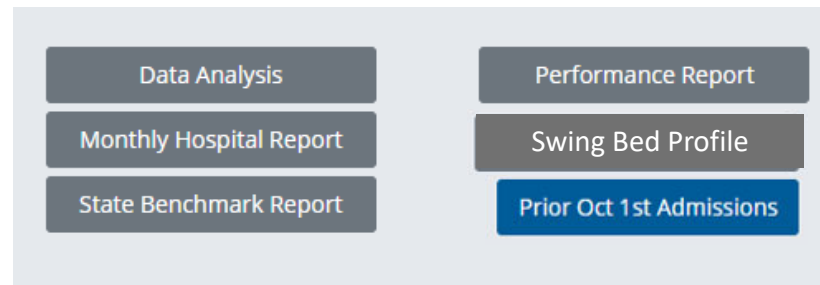
30-Day Follow-Up Status (09) ✗

Complete only 1 section unless the patient was readmitted to acute and for an ED visit. In this case you would answer section 04-06 and 07-08.

C. Post Swing Bed 30-day Discharge Follow-up (Complete only one section unless patient was readmitted to acute and for ED visit)	
Enter choice of 00 thru 02, if applicable <input type="text" value=""/> <input type="text" value=""/>	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" value=""/> <input type="text" value=""/>	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" value=""/> <input type="text" value=""/>	07. Visit to ED/Observation (same condition)
	08. Visit to ED/Observation (new condition)
<input type="text" value=""/> <input type="text" value=""/>	09. Deceased (post discharge)

Reports

Data Analysis – No Change



Performance Report –
Option 2 Only
Brand new report

Monthly Hospital Report and State Benchmark Report

Added metrics:

- Percentage of Goals Met (Option 2 Only)
- Percentage of Discharges with Same Admitted and Discharge Status

Performance Report

Branded name of your hospital's swing bed program ?

Branded Swing Bed Program Name

Summary of your swing bed program (700-character limit)

At Stroudwater Hospital (SH), we accept patients from tertiary hospitals to transition from acute care to sub-acute rehabilitation care. This allows a patient to continue receiving services in the hospital even though acute care is no longer required. The goal is to restore healing and regain strength for the patient to transition back to home or their prior living situation. The patient must meet certain criteria such as acute hospital care for at least three consecutive days before sub-acute rehabilitation is an option. In 2019 and 2020, SH discharged fewer than 4% of patients to a Long Term Care Facility. For information, please call Case Management at (207) 221-8250.

679 / 700

Next

Reports

Data Analysis

Monthly Hospital Report

State Benchmark Report

Performance Report

Swing Bed Profile

Prior Oct 1st Admissions

Performance Report – Option 2 Only

Stroudwater Hospital Branded Swing Bed Program Name

At Stroudwater Hospital (SH), we accept patients from tertiary hospitals to transition from acute care to sub-acute rehabilitation care. This allows a patient to continue receiving services in the hospital even though acute care is no longer required. The goal is to restore healing and regain strength for the patient to transition back to home or their prior living situation. The patient must meet certain criteria such as acute hospital care for at least three consecutive days before sub-acute rehabilitation is an option. In 2019 and 2020, SH discharged fewer than 4% of patients to a Long Term Care Facility. For information, please call Case Management at (207) 221-8250.

	2021/Q2	2020/Q3 - 2021/Q2
Measure 1. Return to Acute Care from Swing Bed This measure scores the percentage of the hospital's swing bed patients who were re-hospitalized after a swing bed admission	0%	9%
Measure 2. Return to Acute Care Post Discharge 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	0%	6%
Measure 3. Improvement in Mobility This measure scores the percentage of risk-adjusted swing bed patients who made above-average improvement in mobility based on 17 measured items	75%	67%
Measure 4. Improvement in Self-Care This measure scores the percentage of risk-adjusted swing bed patients who made above-average improvement in self-care based on 7 measured items	50%	49%
Measure 5. Discharge to Community This measure scores the percentage of the hospital's swing bed patients who were discharged to home/community	67%	62%

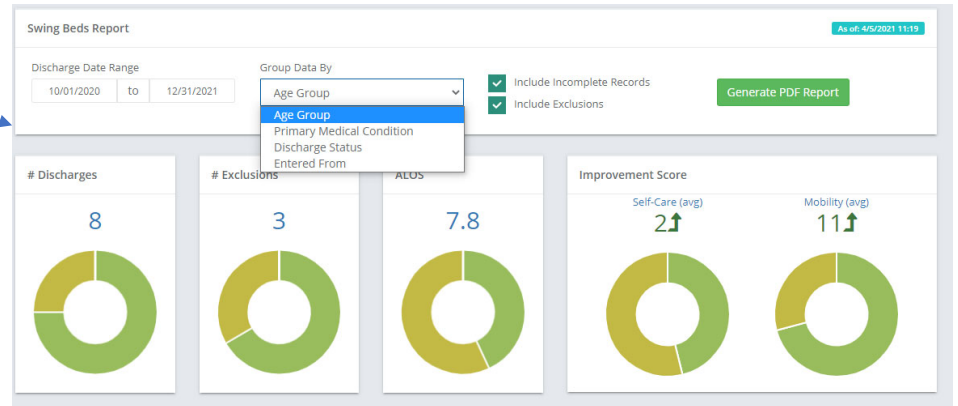
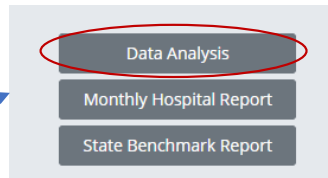
About Swing Beds

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, dieticians, 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.



Data Analysis

Once a week run the Data Analysis report looking at the Performance Improvement for Self-Care and Mobility. Are there any flags that should be discussed during your morning team meeting?



Age Group	Discharges	Exclusions	ALOS	Self-Care (avg)	Mobility (avg)
06 50yrs - 59yrs	6	2	7.2	6	17
07 60yrs - 69yrs	2	1	9.5	-7	-7

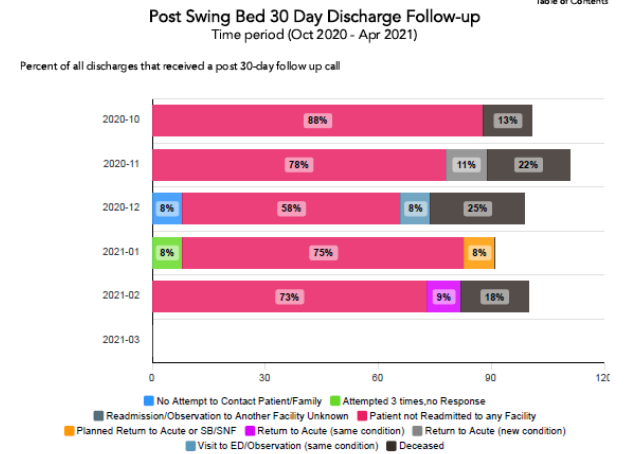
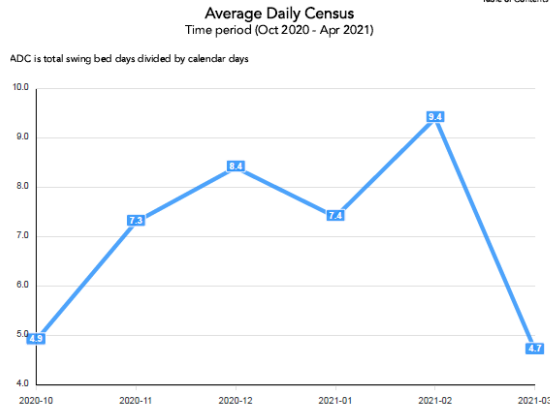
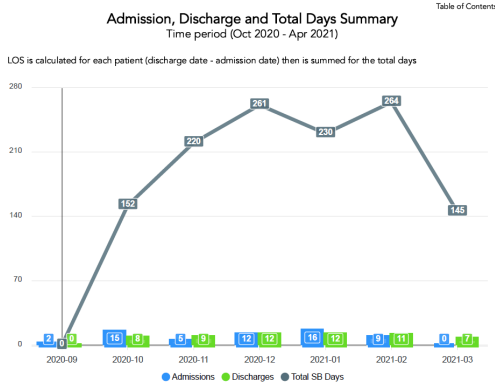
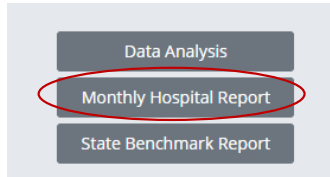
Unique ID	DOB	Admission	Discharge	LOS	PI: Selfcare	PI: Mobility
testexcluded	03/03/1955	01/05/2021	01/08/2021	3	0	0
testdecline	03/03/1955	03/03/2021	03/19/2021	16	-14	-14

Unique ID	DOB	Admission	Discharge	LOS	Self-Care (avg)	Mobility (avg)
testexcluded	03/03/1955	01/05/2021	01/08/2021	3	0	0
testdecline	03/03/1955	03/03/2021	03/19/2021	16	-14	-14

FUNCTION	SCORE	(Adm-Disch)
A. Eating:	-4	(05 - 01)
B. Oral hygiene:	-2	(03 - 01)
C. Toileting hygiene:	-1	(03 - 02)
E. Shower/bathe self:	-1	(03 - 02)
F. Upper body dressing:	-2	(03 - 01)
G. Lower body dressing:	-2	(03 - 01)
H. Putting on/taking off footwear:	-2	(03 - 01)

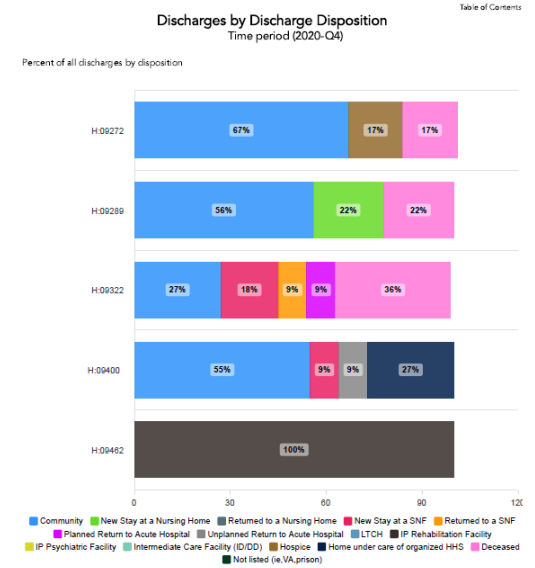
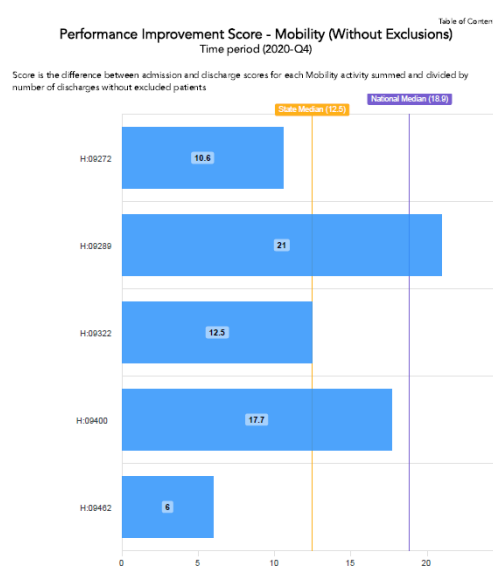
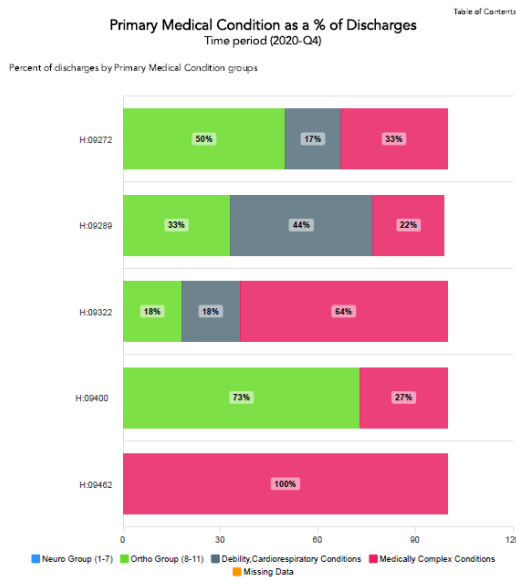
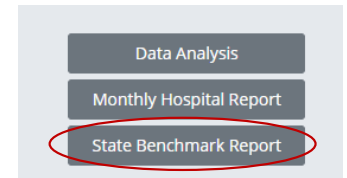
Monthly Hospital Report

Run the Monthly Hospital Report once all discharges for the month have been entered. Are your admissions up? Are you actively looking for Swing Bed referrals? Is your Average Daily Census meeting the suggested ADC of 4 per 10,000 population? Did you have any patients readmitted for the same condition within the 30 days following their swing bed discharge? What does your trending look like for your performance improvement activities?



State Benchmark Report

Run the State Benchmark Report Quarterly. This report allows you to compare your performance to your peers in your state as well as the national median. Are you caring for similar patients? Do you offer skilled care for Ortho patients while other hospitals in your state do not? How is your performance improvement score compared to the national median? Are you discharging about the same percentage of your patients to community/home as your peers?





Contact

Paula Knowlton

pknowlton@stroudwater.com

(207) 221-8259