
CAH Swing Bed Management

Improving Utilization



Webinar Series – Part 6
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Objectives

Administration and the SB team will be able to:

1. Complete an internal self-assessment regarding what is and is not in place to promote the SB program.
2. Discuss best practice regarding the swing bed program promotion
3. Identify 4 potential opportunity to improve utilization
4. Prioritize opportunities and develop an action plan with clear tasks and measurable outcome

Disclaimer

- ❑ This presentation includes recommendations to impact referrals based on best practice developed over time with years of experience working with rural hospitals as well as both swing bed and acute rehab programs across the country.
- ❑ It is intended to assist CAHs and Rural PPS Hospitals to develop a plan to promote their swing bed programs but will not work as well if there is not buy-in from the hospital's top down.
- ❑ Many recommendations apply to the hospital as a whole and other departments – why would one use your hospital for SB if he/she does not have experience with the hospital or worst yet, a poor perception.
- ❑ There may be multiple other ideas to increase your swing bed utilization – this will not replace the need to discuss with your administration team to determine what works best for you and incorporate it in the hospital marketing plan as well as doing your own research and or contracting for with marketing specialist which this consultant is not.

Market Analysis

- Do we have a relationship with any other hospitals
 - If so, what type? – what kind of arrangement?
 - Has there been discussion at the CEO's level how SB can assist them manage their cost?
 - Are they or their physician part of an ACO ? If so, general or diagnosis specific

- Talk to administration as to:
 - Has there been a market analysis completed?
 - What is the hospital service area – which zip codes apply?
 - What is your market share for IP?
 - Which community or tertiary hospitals do the local residents use when not using your hospital and for what services/condition(s)
 - What are the Medicare Advantage programs in the service area

- What services does your hospital offer overhaul
- What services do you offer in SB?
- What is your hospital's reputation?
 - HCAHPS results?
 - Do we offer true patient-centered care?
 - Community hear-say?
 - Reported complaints?
 - How are you reported on Care Compare?

Market Analysis (cont')

- ❑ What is your competition for Swing Bed?
 - Any other SB program(s) in the area? – What do they offer?
 - Any SNF programs?
 - What do they offer? What don't they offer?
 - What is their 5-Starr Rating?
 - What does Care Compare report for these NHs?
 - What is their ALOS?
 - What is their reputation in the community?
 - How do they staff therapy?
 - Do they have a separate SNF unit or intermixed with other LTC residents?
 - What is your experience with these NHs?

- ❑ Do we have IP Rehab Facilities (IRF) around for acute rehab? Where are they and what do they offer?
 - Do you understand the difference and similarities?
 - What is reported on Care Compare
 - Where do you come in in the continuum of care

- ❑ Take the time to do the same research for Home Health programs
 - What is reported on Care Compare
 - How good are they in keeping patients out of the hospital?
 - How can you help them?

**What are
their hot
buttons???**

Market Analysis (cont')

- ❑ Determine where your SB patients are referred from
 - Determine who should meet with referring hospitals

- ❑ Have you met with the local physicians to determine which hospital do they refer to when not your CAH and for what purpose?

- ❑ Have you met with Care Management/Discharge Planning for the community & tertiary hospitals applicable to your service area to:
 - Determine their skill needs – what type of patients do they tend to refer for skill rehab?
 - What is their process to make referral?
 - What do they like to happen when making referrals?
 - Where do they tend to refer in your service area – any specific reason?
 - What are the patient's they have the most difficulty discharging to skill care – any services you can offer to meet those needs?
 - Any services you could add
 - Ask to see their Choice Letter to make sure your program is on the list and correctly
 - What has been their experience with your hospital?
 - Do they have data regarding referrals to SNF/SB in general
 - How do they share QAPI data with patients/family for referrals
 - Do they allow for presentation regarding how you can help them manage their referrals and if so, what is the process to get on the list
 - Managing their DRG, Example of admission/discharge, Services, zip codes or counties pertinent to your service area

Initial Administrative Discussion

- ❑ Create an administrative SB team
 - What is our SB utilization vs goal (days per month)
 - Review all data collected with emphasis on other's needs
 - Discuss opportunities for improvement in:
 - Are our physicians on board (rehab model, D/C goal planning, documentation to support IP skill needs)
 - Is nursing & therapy on board and support the SB program
 - Community and referral source care perception
 - What is our quality reports telling us?
 - What is our website really saying about us?
 - What is our present QAPI status?
 - Is the process for patient acceptance or denials optimal and timely
 - Do we agree on the clinical programs we offer and do well
 - Do we need new reasons for admission and/or repackage what we offer
 - Discussion of what “special programs” entail such as research re:
 - guidelines,
 - specialty physician needed,
 - equipment need
 - staff training,
 - therapy involvement,
 - documentation specificity,
 - special or extra equipment,
 - special education packet,
 - P&Ps etc...
 - What needs to occur in order to increase types of patient we can admit

Program Improvement & Marketing Action Plan

- ❑ Do we have the tools we need to promote the program?
 - Do we have a name for our program? Should we not?
 - Do we have a brochure? (discussed later)
 - Did we educate all staff and promote the program internally
 - Do not forget the receptionist, switchboard, volunteer desk staff
 - All hospital staff and volunteers may have an opportunity to promote the program to patients, people calling for information, at their churches, with neighbors, family, friends...
 - Do we have information to give the patient/family when we transfer them from acute or ED?
 - Do we have a process to follow-up with Care Management or family of any transfers from ED or Acute

Marketing Action Plan (cont')

- ❑ Deliver SB brochures to hospitals CM/DP – ask them to provide to their patients when discussing SB/SNF options
- ❑ Determine which physicians should be met with and by whom?
- ❑ Bring brochures to physicians' office
 - Patients are always looking for material to read while waiting
 - Do not forget to promote the program to the front desk personnel
- ❑ Leave brochures in hospital's waiting area
- ❑ Face-to-face meeting with CM/DP is ideal (at least x 2/year) and
 - Weekly communication with external CM/DPs
- ❑ Review and update hospital website (see recommendations later)
- ❑ Promote your hospital & its services thru community education:
 - Promote services through education on a particular health issue which you can relate SB, HH, OP therapy, Imaging etc... promote the idea that people have choices
 - Offer to participate in Speaker's Bureau for all clubs, associations (such as AARP luncheons, Eldercare meetings, Community Outreach program, meetings where care givers get together such as woman's forum, Red Hat Society etc...in your service area

Marketing Action Plan (cont')

- ❑ Brown Bag Lunch – educational presentations
 - “Preparing for Your Hip Surgery,” etc. (SB, OP Therapy)
 - “Stroke Prevention and Rehab Needs Post Stroke” (SB, HH, OP Therapy)
 - “Making the Home Safe for the Elderly” (SB, HH)
 - “Living With Back Pain” - “Back Pain Prevention” (OP Therapy)
 - “No Longer Need Acute Care But Not Ready For Home – What Are My Options?” (SB, HH, OP Therapy)
 - “Caring for the Care Giver – Know the Community’s Support Option”

- ❑ Health Fairs at the hospital, in the community, at Senior Centers, Employers..

- ❑ Do we use the local newspaper for not only adds but also:
 - Newspaper article featuring:
 - SB Service
 - Discharge Planning process promoting the local Care Manager role
 - Patient with a successful return home after post-acute care
 - Follow-up outcome – Satisfaction survey outcome
 - QAPI data

- ❑ Work with Chamber of Commerce and other businesses to pull a Welcome packet for new people in your service area
 - An opportunity to promote your services
 - Consider a give-away with hospital name and logo or magnet for fridge with hospital name etc... , contact person with questions...)
 - Invite them to meet the CEO and a free service
 - Other.....

Marketing Action Plan (cont')

- ❑ Monthly or every-other-month mailers (post card), newspaper insert...)
 - Educational and always related to a service,
 - Relate it to the month (holidays, National Day/Month,
 - Make it as personal as possible,
 - Short and sweet – easy read, what is the take-away...
 - Include contest, reward...(free give-away for 1st X... to call such as a BS screening, a nutritional assessment, a balance test....

- ❑ Quarterly QAPI reports (from Stroudwater portal for QAPI SB Project) to:
 - Referring hospitals
 - Insert in brochure
 - Mailers etc

- ❑ Patient specific QAPI report (LOS, Clinical and Functional goal outcomes)
 - PCP, Payors, Discharge disposition/Patient/Family

- ❑ Consider developing a SB specific survey
 - Use outcome to promote

- ❑ Create a relationship with payors needing pre-auth and on-going review
 - Learn to become a patient advocate with meaningful initial report and updates

Day-to-Day Program Improvement

- ❑ Ask the patient/family at the time of the care manager's admission assessment to SB how they heard of your SB program
 - Track findings to inform the marketing team

- ❑ Refer to Part 5 of the SB training program to ensure strong processes
 - Strong clinical team to set discharge goals and assess patient status compared to goals on a daily/weekly basis to optimize outcome
 - SB team to work closely in the monthly and quarterly QAPI review and discuss opportunities for improvement
 - Ensure a strong post-discharge clinical follow -up within 24 to 72 hrs:
 - Demonstrates a level of patient-centered care – speaks well for the hospital and the SB program
 - Allows you to identify patient's status and cause for alarm if pertinent
 - Continued follow-up as needed
 - Need for referral to PCP, community resources
 - Prevent readmission within the 1st 30 days post discharge

- ❑ Develop (if not already in place) a specific re-admission assessment to assist in determining what if anything could have been done differently to prevent ED visits or acute readmissions for the same reason

Website Tips

❑ Review the hospital website

- Affiliations – just that sometimes improves confidence
- Does it look professional?
- Do we have a meaningful logo (consistent across the board)
- Is it easy to find the information?
- Informative descriptions of services
- Place your phone number in the same spot on EACH page so prospects don't need to hunt for it
- Contact info should be specific and preferably a title who will know how to direct the call
- Is there information regarding patient satisfaction?
- Is there data regarding quality measures
- Are we part of search engines where keys words will bring the searcher to your hospital such as: “skill care in my town” would bring up your hospital
- Is there any services you could demonstrate via video?
- No not embellish – be honest – be able to back up with you say you offer etc...
- Add a place to add their email or address to be on a mailer list
- May ask for tel # if they would like a call to discuss a question or issue they may have had
- Other

Tools

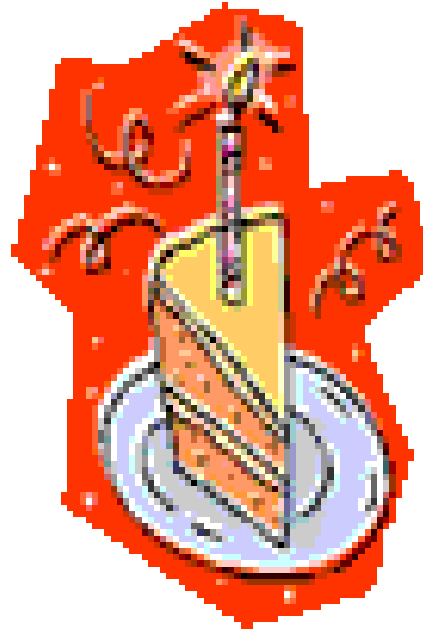
- Referral tracking Excel (see sample)
- Data Utilization tool – from QAPI (report being finalized as we speak)
- Brochure should be:
 - Simple, clear and preferably colorful
 - Ideally pictures are real from your hospital
- Brochure should contain:
 - Hospital Name
 - SB Program Name
 - Short Definition
 - Admission Requirements – includes note re: payor
 - Why choose our skill rehab program
 - Patient satisfaction (if available)
 - QAPI data (D/C to community, Readmission rate within 30 days post discharge, Functional Improvement)
 - Services We Offer
 - Referral Process / Contact Info
 - Other
- See sample letter to be given to the patient/family at the time of transfer from Acute or ED to a Community or Tertiary hospital from your CAH

Set Monthly Utilization Goal & Track



Share Data & DO NOT FORGET TO

**CELEBRATE
the
SUCCESSES**



Final Questions and Comments

Further Discussion

1. Should we take all Medicare Advantage programs
2. How do we deal with ACOs?
3. Is it legal to get lists of patients ready for discharge from other hospitals – what about HIPAA – what is a Business Associate Agreement (BAA)



Today's tools will be send to the key contact for your team later today.

**This was the final webinar in this
SB training series**

Thank YOU! And Best of Luck!

Stay tuned for copies of recommended sample updated P&P hopefully by Jan 25, 2021

These will be emailed by Dianna or me to the person(s) who you have told us was the SB Program team contact person.

1. To meet CoP
2. Explaining key rehab model processes
3. Patient Orientation Packet

PLEASE STAY SAFE

