
CAH Swing Bed QAPI Project
Outcome Management Qtr. 4 of 2020
Option 1 & 2 Data Collection Forms
(Zoom Meeting)

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WV Participating CAH Hospitals (Q4, 2020)

You ALL deserve a STAR

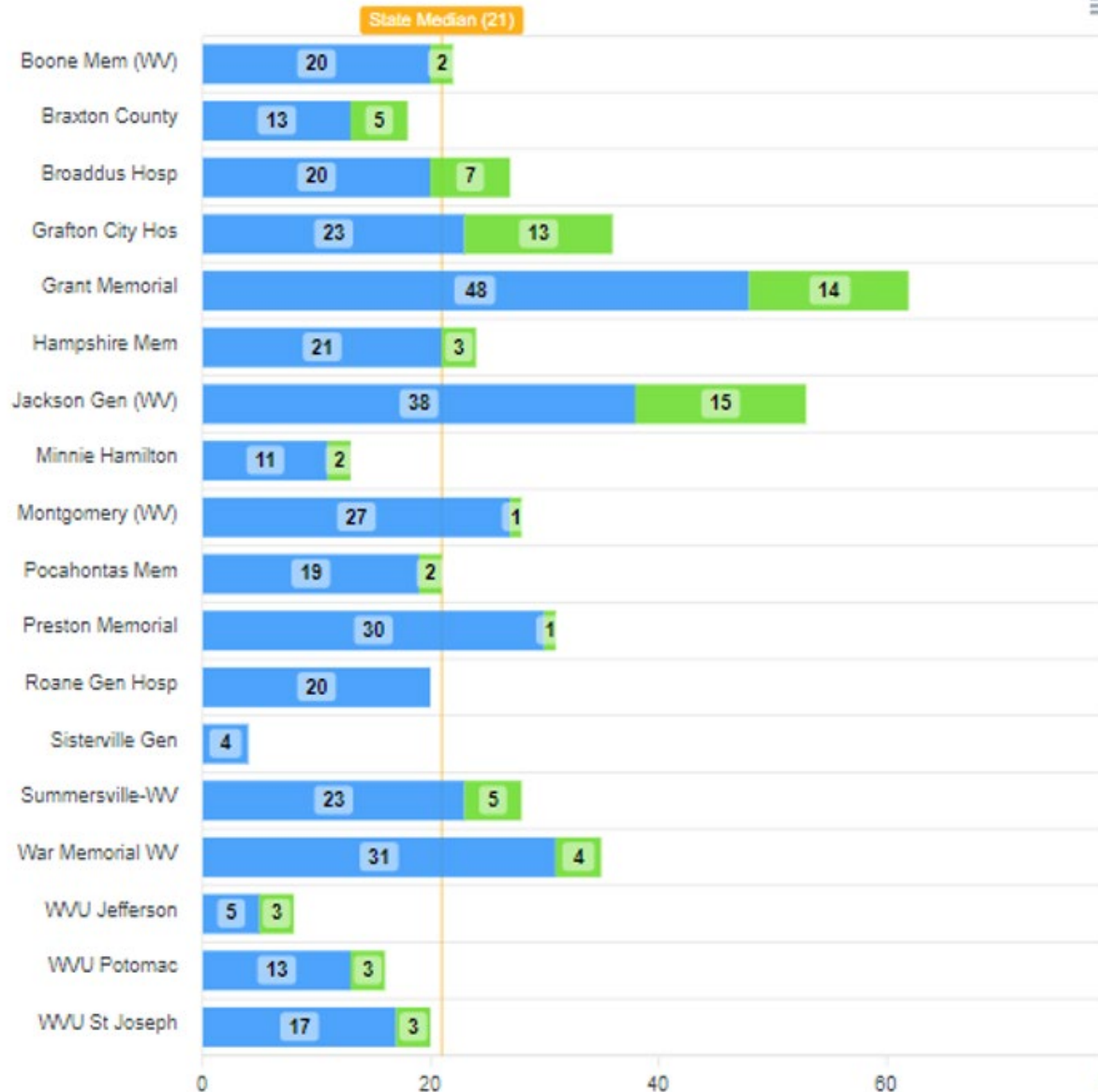


WV Participating CAHs (as of Q4 2020)	
Boone Memorial Hospital	2
Braxton Community Health Ctr - WVU	2
Broadus Hospital - Davis Health	2
Grafton City Hospital	2
Grant Memorial Hospital	2
Hampshire Memorial Hospital	2
Jackson General Hospital - WVU Medicine	2
Jefferson Med. Ctr. - WVU Medicine	2
Minnie Hamilton Health System	2
Montgomery General Hospital	1
Pocahontas Memorial Hospital	2
Potomac Valley Hospital - WVU Medicine	2
Preston Memorial Hospital	2
Roane General Hospital	2
Sistersville General Hospital (MHS)	1
St Joseph's Hospital - WVU Medicine	2
Summersville Regional Medical Center (WVU Medicine)	2
War Memorial Hospital	2

- 18 of 21 CAHs are presently participating in the QAPI project effective Q4, 2020!:
- Thank you, Braxton, Preston and Summersville, for adding this project to your PI/QI program
- 16 of 18 CAHs chose to use Option 2 for their comprehensive PI/QI program
- Webster plans to join us once they have identified a new SB Coordinator

Total Swing Bed Discharges (Q4-2020)

Total number of patients discharged from swing bed for time period being looked at



Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Total Swing Bed Discharges (Q1-Q4, 2020)

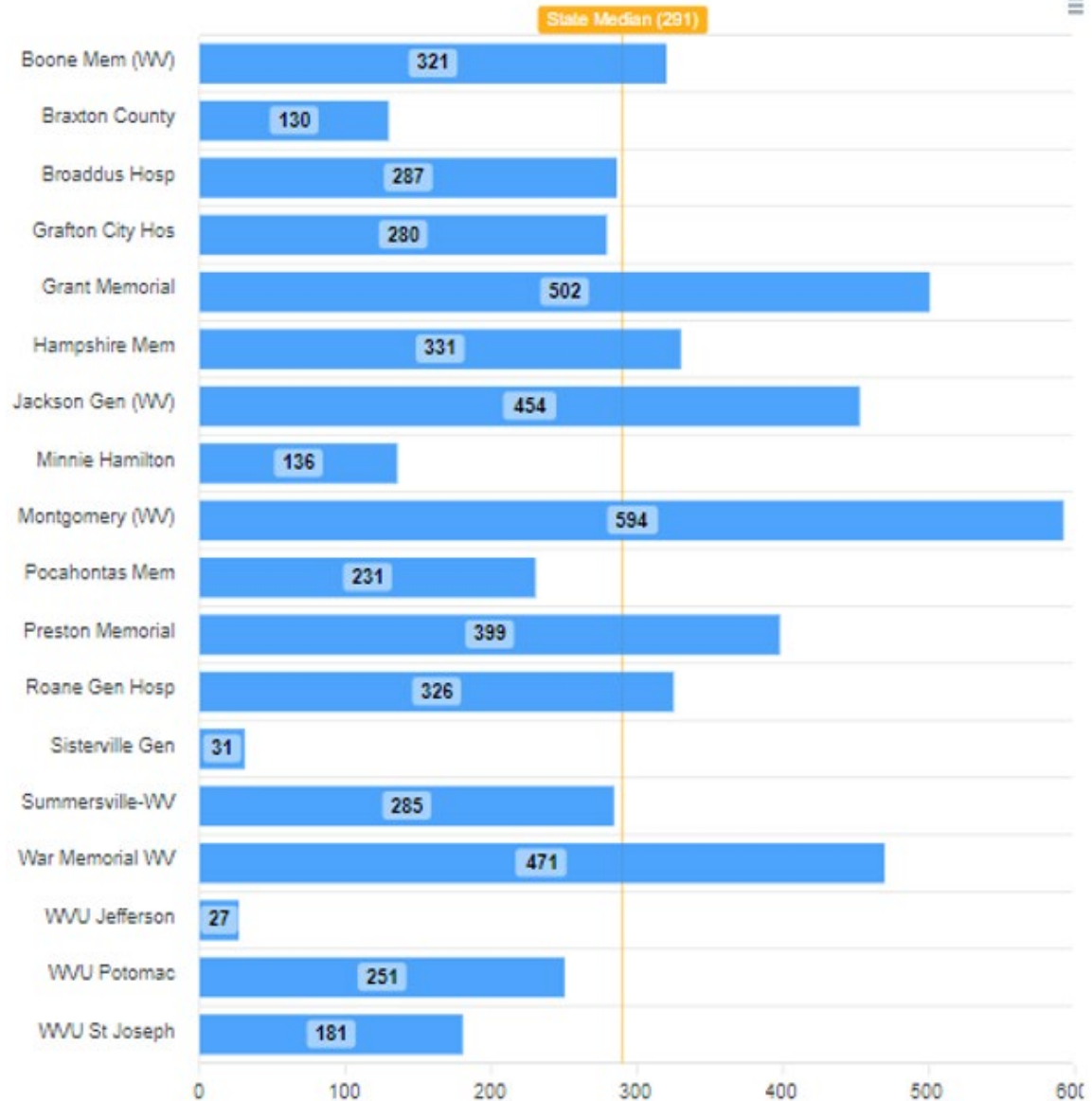
- ❑ Regardless of missing data, looks like much increased utilization in Q4, 2020 though the median has not changed much (Q1=24, Q2=20, Q3=19 and Q4=20)
- ❑ Following hospitals to comment on increased, decreased, fluctuating utilization:
 - Grafton - increase
 - Grant – is increase for real?
 - Hampshire – coming back up – anything different?
 - Jackson – nice increase – anything different
 - Jefferson – fluctuation
 - Pocahontas – fluctuation
 - Potomac – decrease – why
 - Roane – fluctuation
 - St Joseph – decrease since Q1
 - War – coming back

# of Discharges by Qtr. In 2020	Q1	Q2	Q3	Q4
Boone Memorial Hospital	23	21	19	22
Braxton Community Health Ctr - WVU	??	??	??	18
Broadus Hospital - Davis Health	31	16	29	27
Grafton City Hospital	16	15	19	36
Grant Memorial Hospital	37	39	39	62
Hampshire Memorial Hospital	34	27	12	24
Jackson General Hospital - WVU Medicine	30	19	??	53
Jefferson Med. Ctr. - WVU Medicine	5	20	14	8
Minnie Hamilton Health System	13	14	14	13
Montgomery General Hospital	31	19	44	28
Pocahontas Memorial Hospital	16	22	12	21
Potomac Valley Hospital - WVU Medicine	24	21	19	16
Preston Memorial Hospital	??	??	??	31
Roane General Hospital	40	22	29	20
Sistersville General Hospital (MHS)	3	2	7	4
St Joseph's Hospital - WVU Medicine	29	19	22	20
Summersville Regional Medical Center (WVU Medicine)	??	??	??	28
War Memorial Hospital	38	31	25	35
Total for WV CAH Network Reporting Participants	370	313	304	457

Don't forget to consider tracking all referrals vs admissions using the tool I provided (or the likes) effective February on to learn more about your program and how you can maybe impact utilization.

Total Swing Bed Days (Q4, 2020)

Total number of days with patients in swing bed for time period being looked at



Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Total Swing Bed Days (Q1-Q4, 2020)

- ❑ With missing data, looks like not much increased utilization if any in Q4, 2020 and the median has not changed much (Q1=319, Q2=248, Q3=286 and Q4=300)
- ❑ Important to figure out if we manage our program based on discharge goals and needs and not by how busy we are or not.
- ❑ The more the SB Discharges increases, on the average, the more days we should have.
- ❑ **Observations (not all inclusive) – Grafton**, why the increase of SB discharges from 19 to 36 yet the SB days went down from 589 to 280
- ❑ **Grant** – increased SB discharges by 23 in Q4 yet only 83 more days
- ❑ **War** – had 10 more discharges in Q4 but no increase in SB days
- ❑ **Jefferson** – you had 8 discharges in Q4 and 27 days??? Is your data correct? If so, what type of patients did you admit in Q4?

# of Days by Qtr. In 2020	Q1	Q2	Q3	Q4
Boone Memorial Hospital	399	354	424	321
Braxton Community Health Ctr - WVU	??	??	??	130
Broadus Hospital - Davis Health	560	209	401	287
Grafton City Hospital	306	253	589	280
Grant Memorial Hospital	319	382	419	502
Hampshire Memorial Hospital	356	240	118	331
Jackson General Hospital - WVU Medicine	405	199	??	454
Jefferson Med. Ctr. - WVU Medicine	33	152	127	27
Minnie Hamilton Health System	256	200	286	136
Montgomery General Hospital	568	499	603	594
Pocahontas Memorial Hospital	218	248	212	231
Potomac Valley Hospital - WVU Medicine	279	265	181	251
Preston Memorial Hospital	??	??	??	399
Roane General Hospital	607	263	545	326
Sistersville General Hospital (MHS)	45	17	51	31
St Joseph's Hospital - WVU Medicine	311	247	274	181
Summersville Regional Medical Center (WVU Medicine)	??	??	??	285
War Memorial Hospital	450	404	471	471
Total for WV CAH Network Reporting Participants	5112	3932	4701	5237

These are the types of questions you should be asking ourselves when looking at utilization and then drill down.

Potential Gross Revenue based on Days in Q1-Q4, 2020

- ❑ List of the 14 CAHs consists of those who reported their data every quarter for 2020 – utilization in descending order
- ❑ Why such great differences within the same state? Can you explain?
- ❑ I encourage you to pull up your daily gross revenue per day x your # of days = gross revenue from your SB program!! For instance, \$1,000 /day x 2264 days in 2020 = \$2,264,000 or \$1,000/day x 144 days = \$144,000

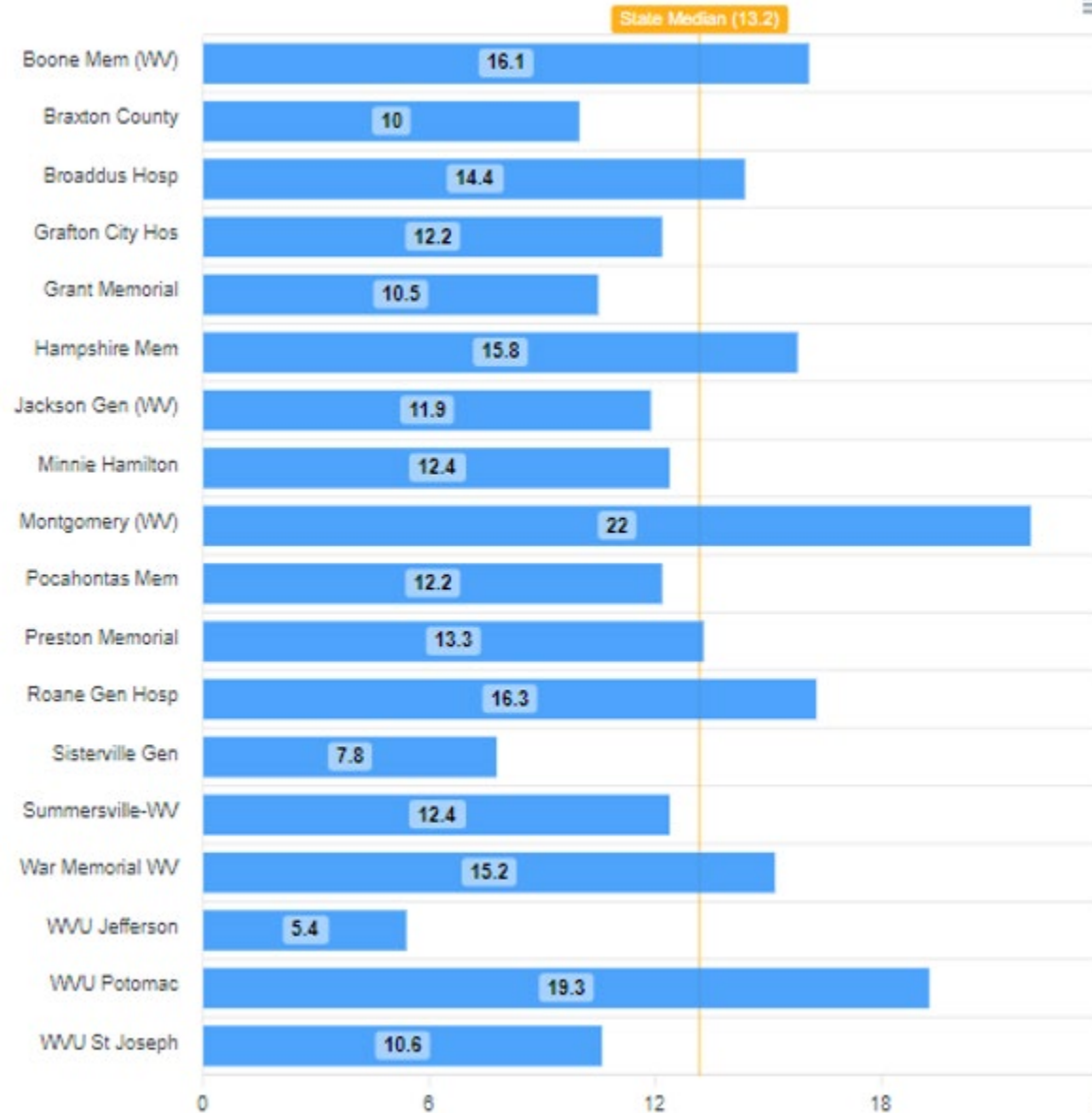
Montgomery General Hospital	2264
War Memorial Hospital	1796
Roane General Hospital	1741
Grant Memorial Hospital	1622
Boone Memorial Hospital	1498
Broadus Hospital - Davis Health	1457
Grafton City Hospital	1428
Hampshire Memorial Hospital	1045
St Joseph's Hospital - WVU Medicine	1013
Potomac Valley Hospital - WVU Medicine	976
Pocahontas Memorial Hospital	909
Minnie Hamilton Health System	878
Jefferson Med. Ctr. - WVU Medicine	339
Sistersville General Hospital (MHS)	144

The CAH network of 18 hospitals with data for any quarter of 2020 reported a total of 18,982 days. If same amount per day as above \$1,000/day = \$18,982,000

Maybe next year we should track gross revenue?

Average Length of Stay (ALOS) – Q4, 2020

LOS is calculated for each patient (discharge date – admission date) then is averaged for the ALOS



Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Average Length of Stay (ALOS) (Q1-Q4, 2020)



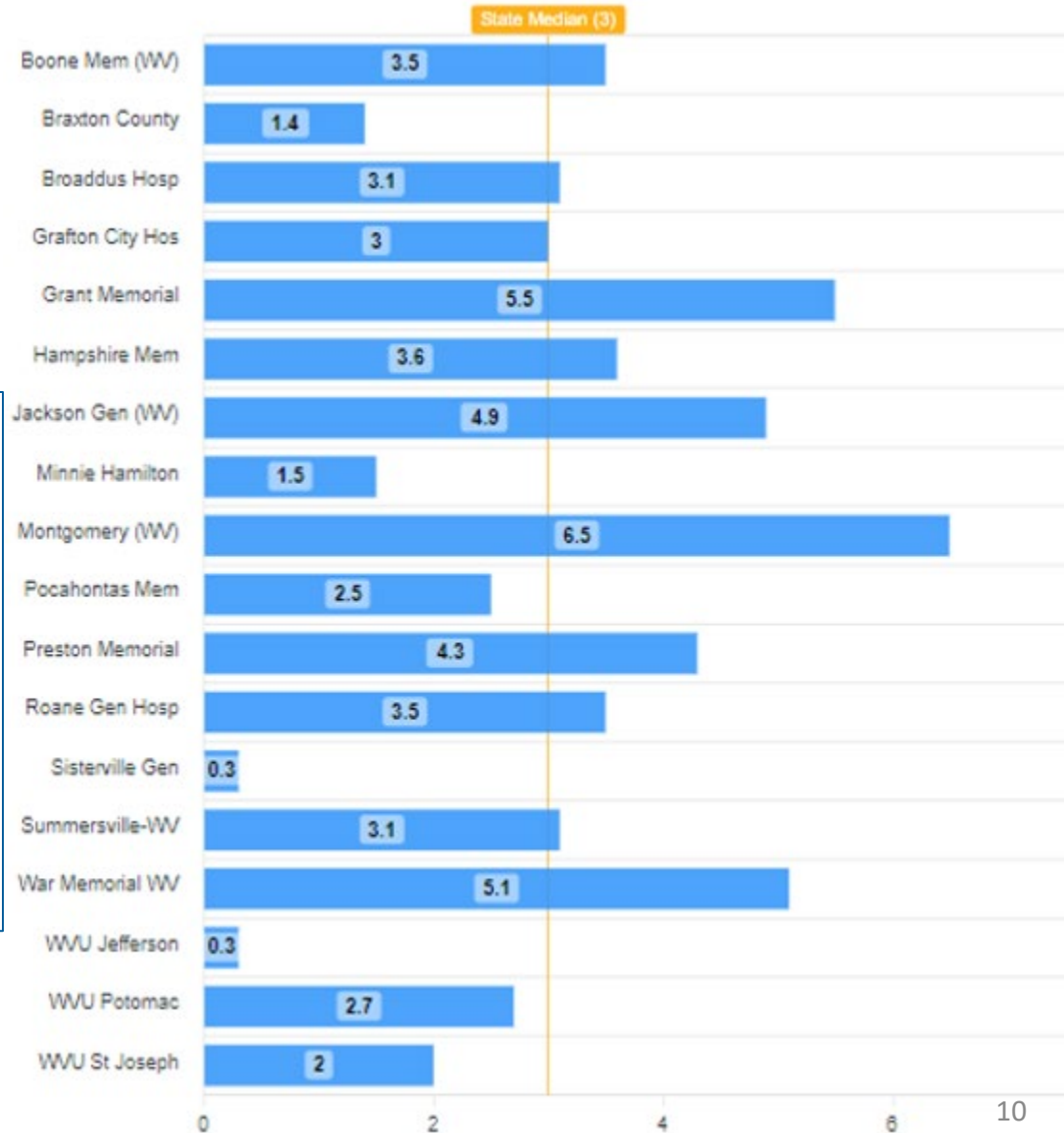
Boone Mem.	18.13	
Braxton County	11.5	(2 qtrs.)
Broadus Hosp.	14.5	
Grafton City	19.8	
Grant Mem.	9.9	
Hampshire Mem.	11.3	
Jackson Gen.	12	(3 qtrs.)
Minnie Hamilton	16.7	
Montgomery	20.1	
Pocahontas Mem.	13.7	
Preston Mem.	13.3	(1 qtr.)
Roane Gen.	15.6	
Sistersville Gen.	9.7	
Summersville	12.4	(1 qtr.)
War Mem.	14.7	
Jefferson	7.2	
Potomac	13.3	
St. Joesph	12.4	

- Median ALOS for WV remained stable in 2020 with Q1-13.6, Q2-12.6, Q3-13.7 and Q4 at 13.3
- ALOS reported nationally by different companies remains at 10-14 days
- Do we all feel comfortable that we are managing our days to have the most improvement within national average?
- Is the documentation there to support longer or shorter LOS
- Does our ALOS jive with the Clinical Programs we are admitting them to?
- Are we aware of what is going on in the region re: ACOs, bundle payments? Are we ready?

Average Daily Census (Q4, 2020)

Total swing bed days divided by calendar days in period being looked at

- This will be a new report going forward
- ADC nationally is reported at 4 with many more opportunities
- Grant, Jackson, Montgomery, Preston, War Memorial are at 4 or above
- Many opportunities to grow SB utilization in WV

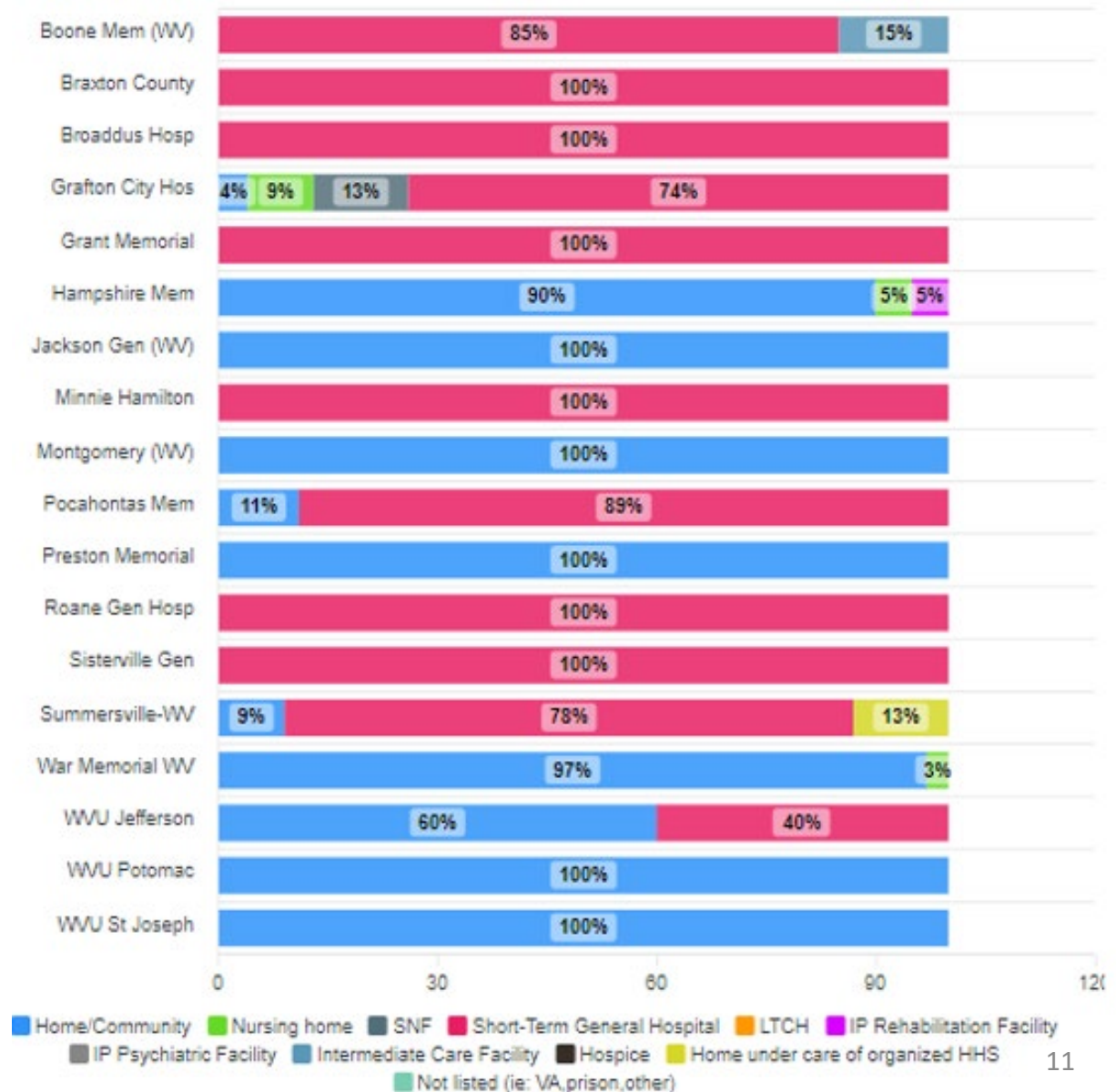


Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Entered From by % of Discharge

% of discharges by where they were admitted from immediately before their admission to SB

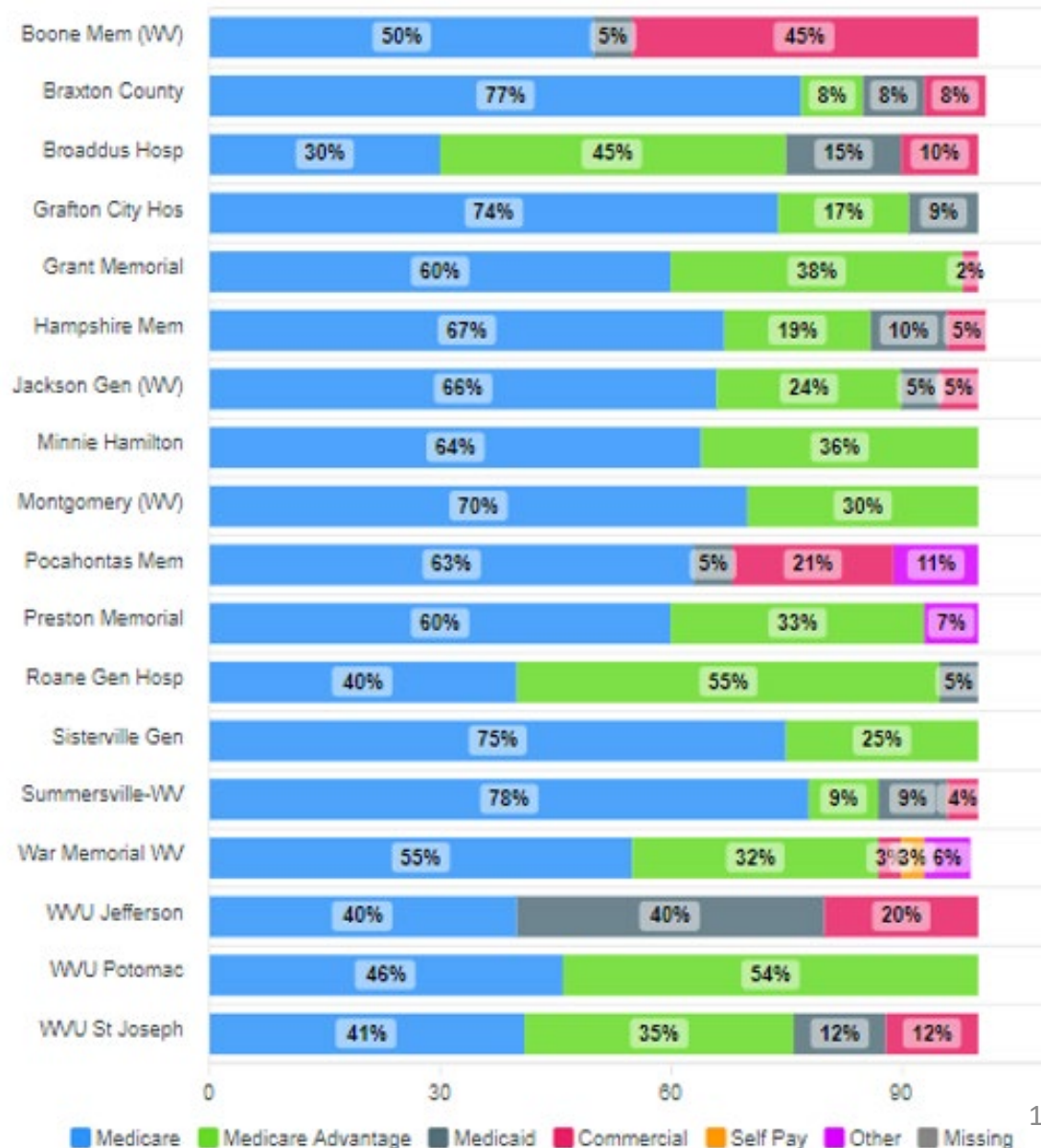
- It appears that many have not gotten the message regarding “Entered From”.
- It was changed to admitted from immediately before their admission to SB to mirror CMS on the MDS
- Can you please revisit your data, and we will discuss further next quarter



Primary Payor as a % of Discharge

% of discharges by the type of payor

- The following hospitals have data missing – can you please go back and complete.
 - Boone
 - Braxton
 - Broadus
 - Grafton
 - Hampshire
 - Jackson
 - Pocahontas
 - Roane
 - Summersville
 - Jefferson
 - St. Joseph

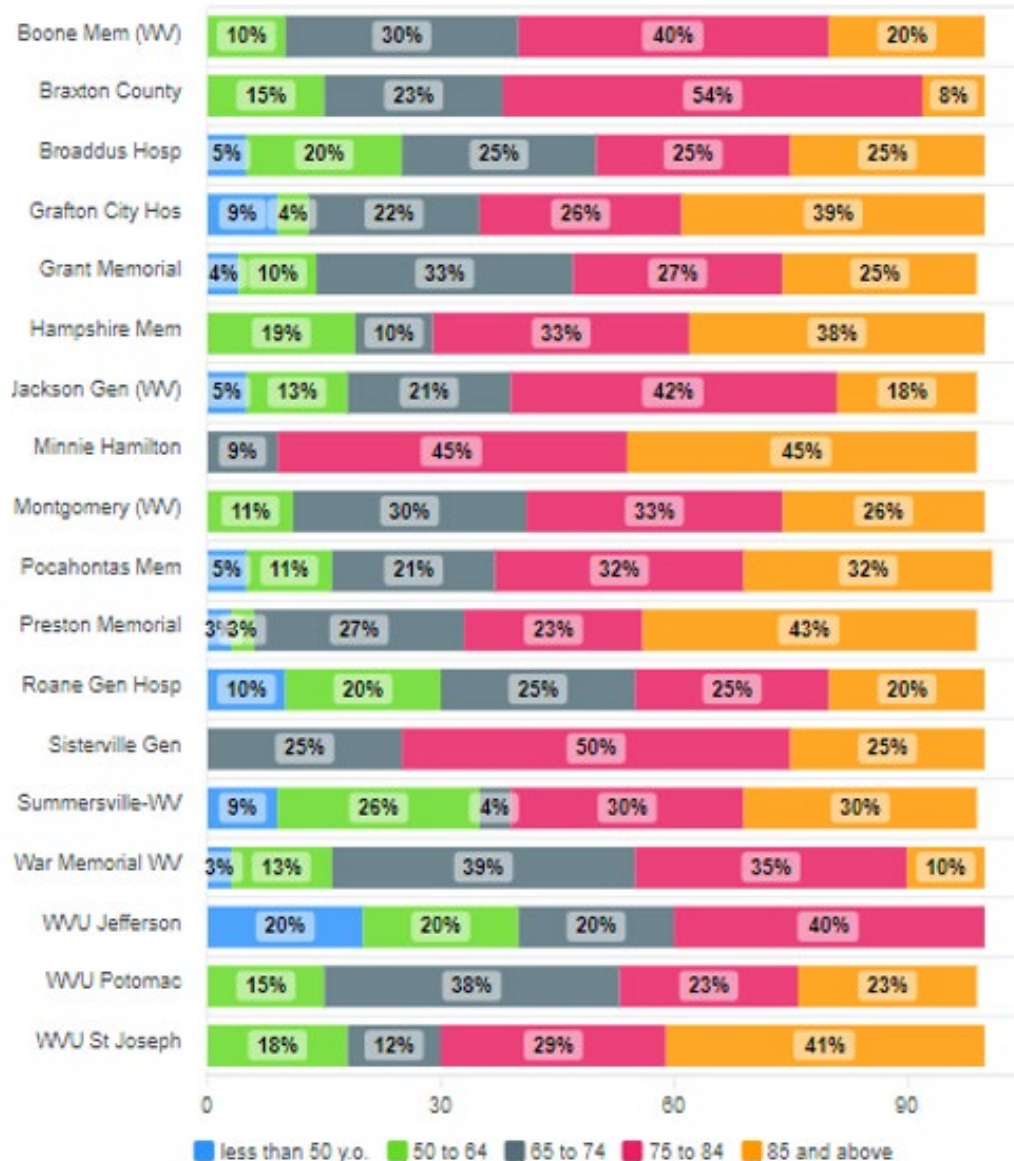


Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Age Groups as a % of Discharges

% of discharges by specific age grouping

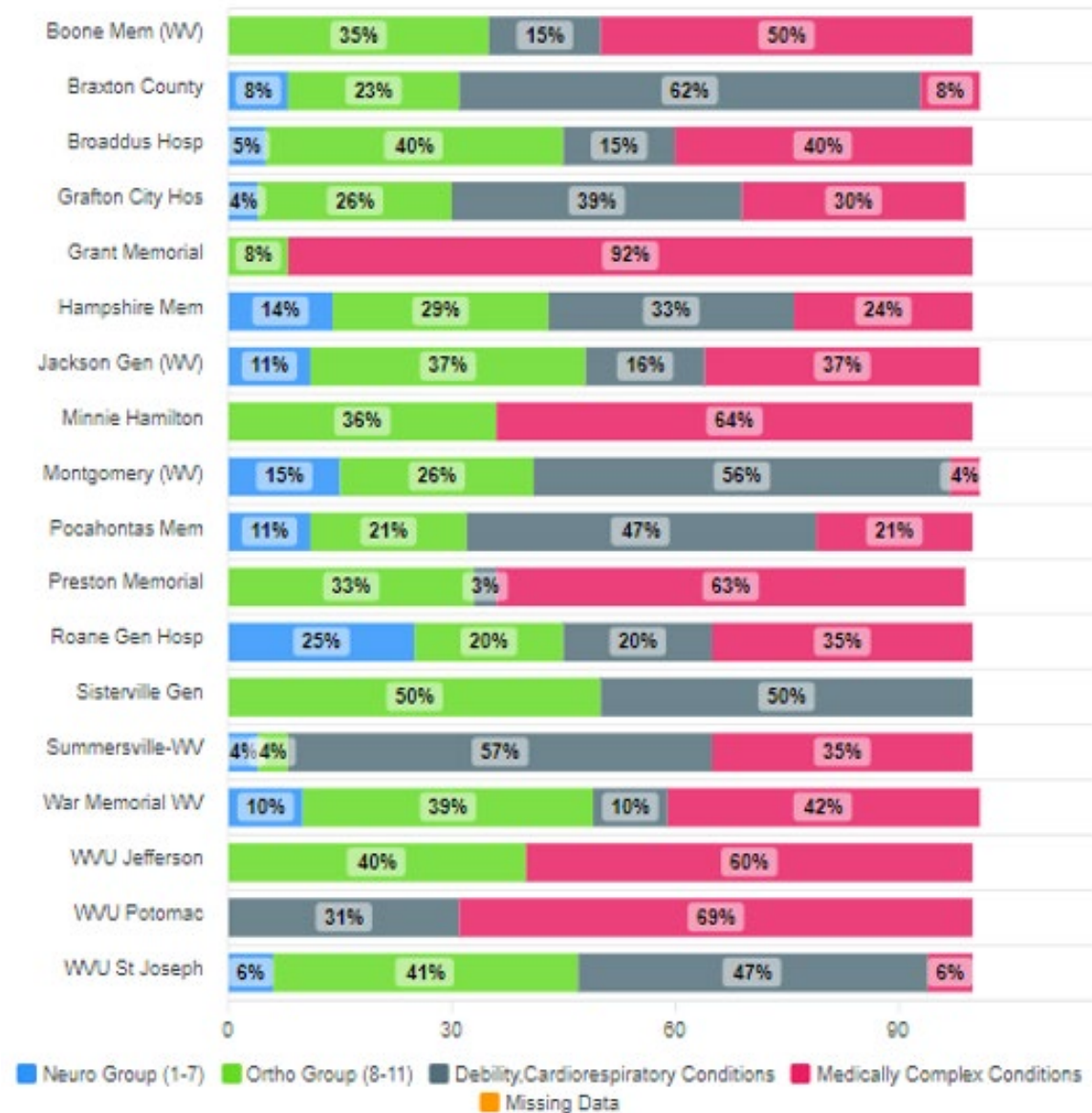
- Note that though you will continue assigning the usual age groups, this is how it will be reported (broken down in 5 groups only) to make it easier to compare
- What types of patients or payor makes up your < 50 group - ??
Jefferson (at 20%)
- Same for 50-64 - ??
Summersville (at 26%)



Primary Medical Condition as a % of Discharge

% of discharges by Primary Medical Condition groups

- Great job on no missing data
- This meets CMS grouping but also why we broke it down in Option 2 for Clinical Programs – tells even more of a story as to type of patients we admit



Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

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.

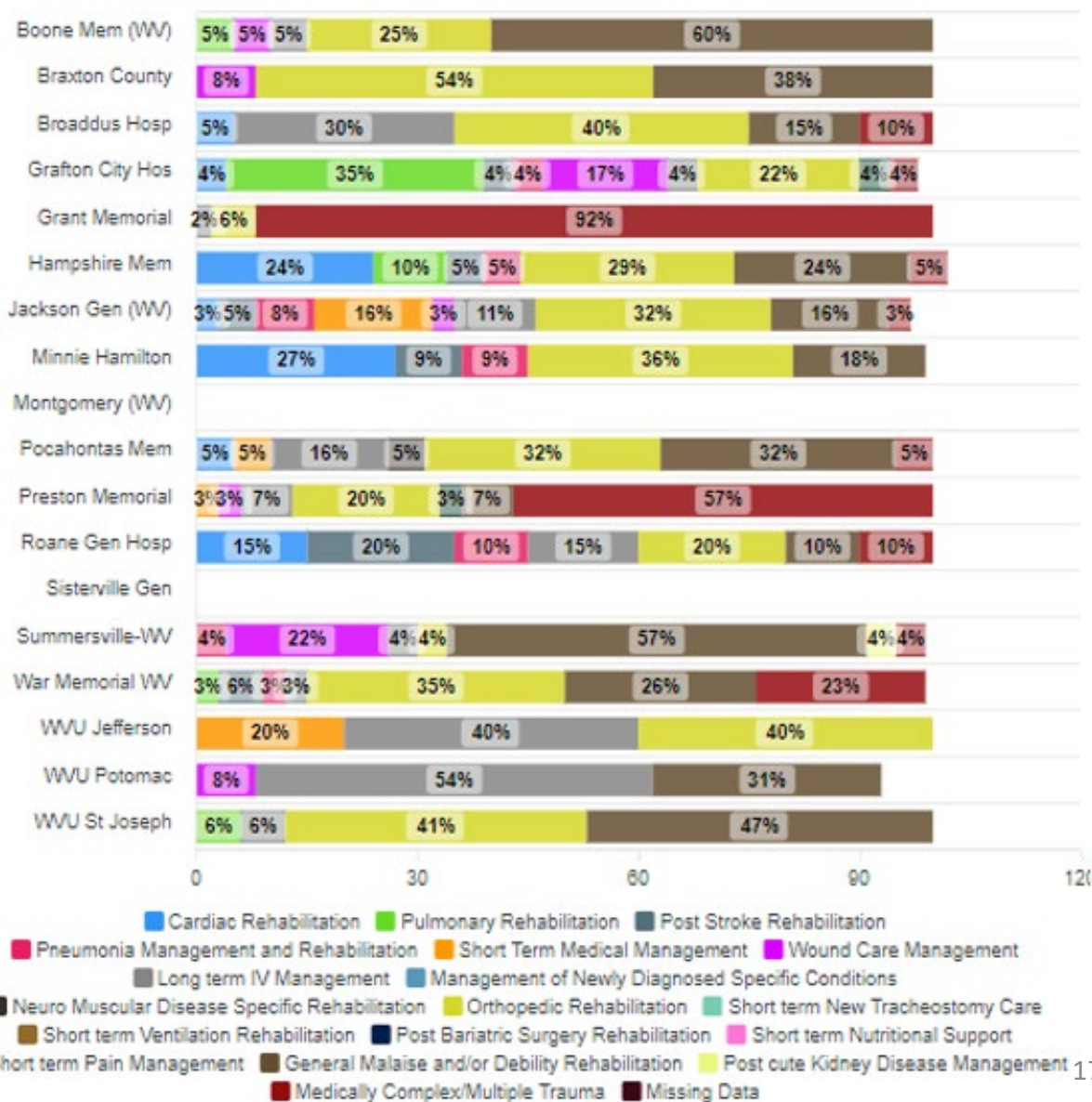
Medical Condition/Reason for Admission - Definition

- **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.

Discharges by Clinical Program

% of discharges by Clinical Program

- Very interesting variation between hospitals!
- Minnie Hamilton, Hampshire Mem. & Roane with highest % of Cardiac Rehab
- Jefferson – why 20% Short-term Medical, 40% Long-term IV and 40% Ortho – why not all other potential clinical programs – also, how do you explain long-term IV yet very short ALOS?
- Potomac – also very limited – mostly 2 clinical programs only
- See next 2 slides (and attachment) to use as cheat sheet to help the team choose a clinical program



Clinical Program Definition Cheat Sheet

Cardiac Rehab	Pulmonary Rehab	Post-Stroke Rehab	Pneumonia Management & Rehab	Short-Term Medical Management	Wound Care Management
<ul style="list-style-type: none"> • Post- acute cardiac event such as MI, • Heart failure, • Intracoronary artery procedures, or • Cardiac surgical procedures such as coronary artery bypass and valve surgery 	<ul style="list-style-type: none"> • COPD, • Emphysema, and • Chronic bronchitis. • May include BiPAP or CPAP as part of the treatment plan for acute exacerbation and/or learning to use these for home discharge. 	<ul style="list-style-type: none"> • For residual impact of a stroke (mobility, ADLs, communication, cognitive and social skills) as well as • Determining the most appropriate discharge plan based on available community support 	<ul style="list-style-type: none"> • Aimed at continuing the medical management initiated in acute care to prevent the high risk of <u>complication</u> • Allows the patient time to regain strength and ensure a successful recovery as well as prevent an unforeseen relapse. • May include BiPAP or CPAP 	<ul style="list-style-type: none"> • Usually consists of a 2 to 4-day extension of an acute • Provider needs more time for observation & management to identify and evaluate the need for treatment modification or initiation of additional medical procedures. • Examples are new antiarrhythmic, blood thinner, disorders of fluid electrolyte and acid-base balance, etc) 	<ul style="list-style-type: none"> • Post-surgical incision complication, • Nonhealing wound or • Pressure/venous ulcers/injury.

Long-term IV Management	Management of Newly Diagnosed Specific Conditions	Neuro-Muscular Disease Specific Rehab	Orthopedic Rehab	Short-Term New Tracheostomy Care	Short-Term Ventilation Rehab
<ul style="list-style-type: none"> • IV therapy (such as long-term course of antibiotic via catheter or • PICC Line and IV port) for the patient requiring such on an IP basis due to their personal situation not being conducive to a safe return home. 	<ul style="list-style-type: none"> • To provide education towards self-management of a newly diagnosed condition such as: <ul style="list-style-type: none"> ○ Newly diagnosed diabetes or ○ New ostomy 	<ul style="list-style-type: none"> • For newly diagnosed or worsening neuro-muscular diseases such as: <ul style="list-style-type: none"> ○ Parkinson or ○ Multiple Sclerosis. 	<ul style="list-style-type: none"> • Post major joint replacement, • Major fractures, • Major joint disorders, and • Post-amputation rehab. 	<ul style="list-style-type: none"> • Temporary trach care management (for instance while patient is awaiting neck surgery) or • Care of the permanent trach to teach the patient/family on self-care with goal of a discharge to a lesser level of care. 	<ul style="list-style-type: none"> • Weaning program from a tracheostomy or a ventilator (may include non-invasive ventilator weaning). • May also consist of a program to teach patient/family with planned vent-care at home for the ventilator-dependent patient (invasive or non-invasive).

Clinical Program Definition Cheat Sheet (cont')



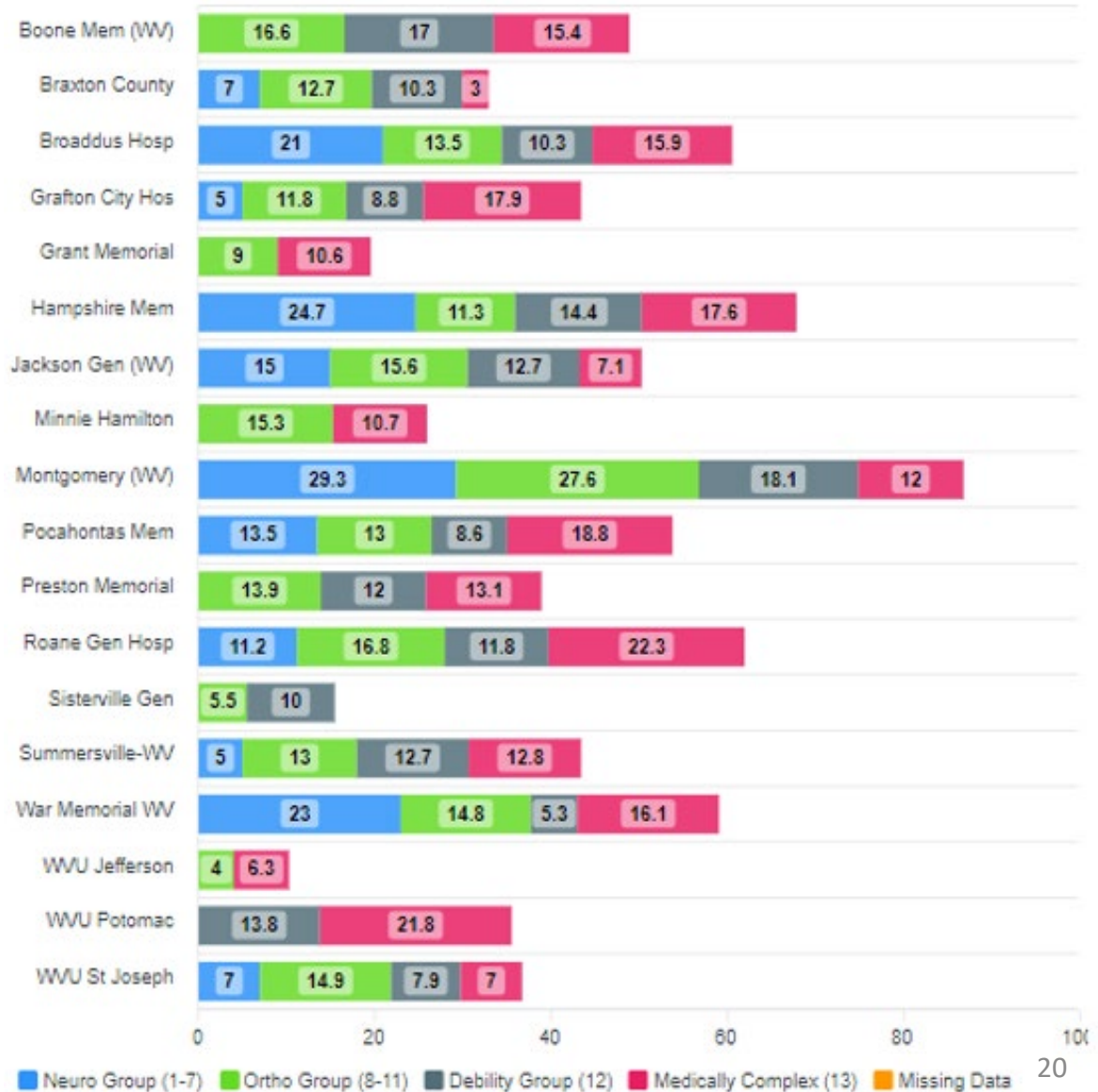
Post Bariatric Surgery Rehab	Short-Term Nutritional Support	Short-Term Pain Management	General Malaise and/or Debility Rehab	Post-Acute Kidney Disease Management	Medically Complex/Multiple Trauma
<ul style="list-style-type: none"> Physical rehab program to strengthen the heart & lungs hence improving circulation, reducing the risk of blood clots, promoting wound healing and improving bowel function as well as maximizing ADLs and further education on optimal nutrition. 	<ul style="list-style-type: none"> Via TPN (may be up to 6-8 weeks) or Via a tube feeding that addresses specific reversible feeding problems at which point they may be weaned from or it consists of working with the patient/family to learn on managing their tube feeding at home once discharged. 	<ul style="list-style-type: none"> Short-term (1-2 weeks) end-of life pain management or Post-acute patient where the provider is attempting to find the right level of pain relief while working with therapy on decreasing physical pain. 	<ul style="list-style-type: none"> Specific needs with mobility and ADLs due to debility post long illness of any type or longer acute hospitalization with the goal to return home. 	<ul style="list-style-type: none"> Rehabilitation after an acute renal episode which required acute hospitalization to recover physical strength, continue to receive kidney disease management, and to learn how to manage their disease. May also include peritoneal dialysis on the unit or community hemodialysis. 	<ul style="list-style-type: none"> Extended medical care due to more complex systems issues such as slow to resolve pneumothorax, Post-acute care of the patient with liver failure, Post-accident with multiple trauma etc while regaining or maintaining physical conditioning. These patients are more complex

- Having a good understanding of potential Clinical Programs will:
 - to be better able to describe the types of patients you can or want to accept in your program,
 - to better meet the service area residents' needs
 - to increase utilization

ALOS by Primary Medical Condition

LOS is calculated for each patient (discharge date – admission date) for each Primary Medical Condition grouping then is averaged for the ALOS

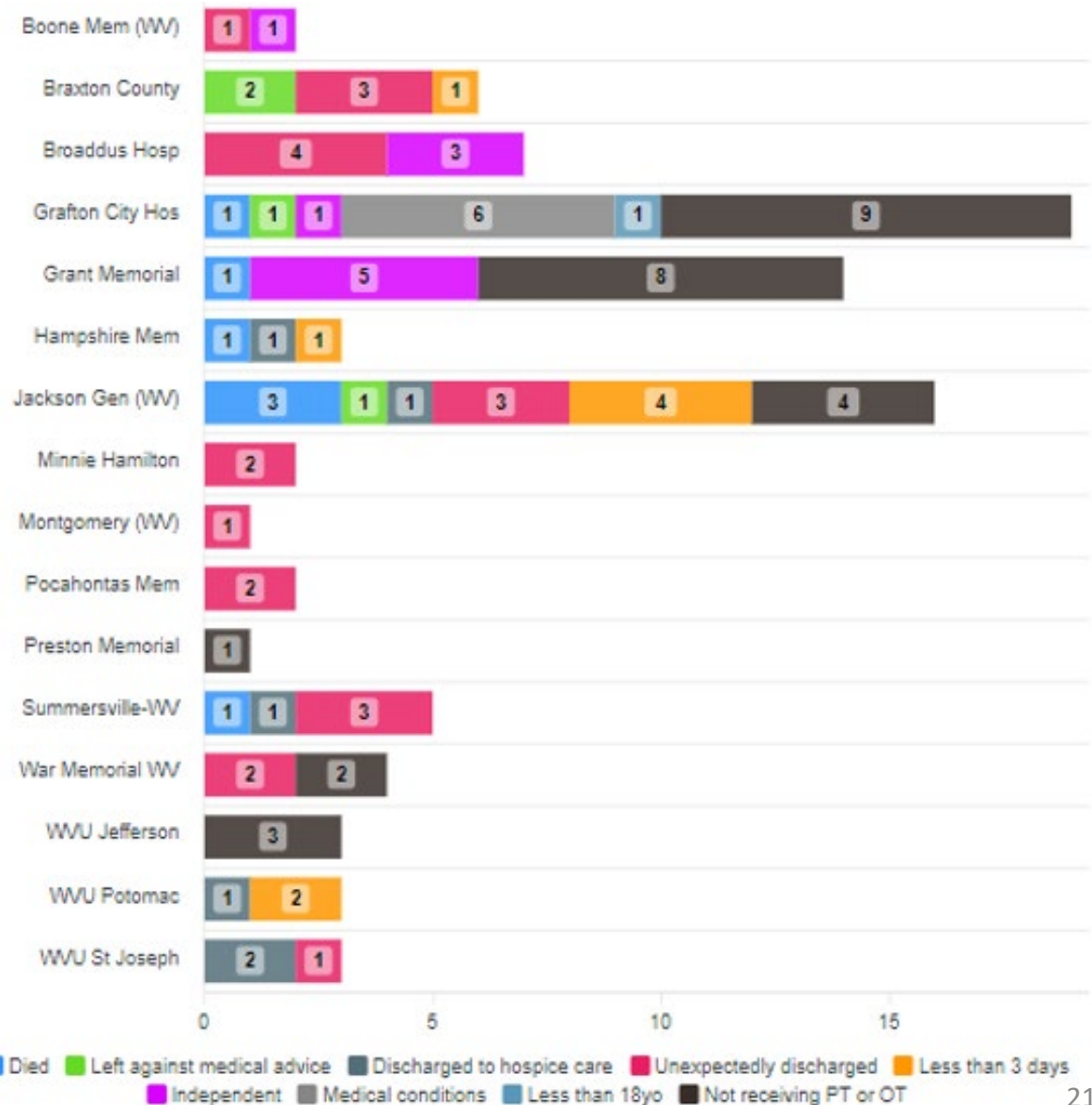
- Important to analyze ALOS by medical condition groups
- Should be different by group as you pretty much all are
- Better is to compare yourself to other hospitals based on ALOS by group and reach out not in line
- I have requested Stroudwater to see if they will be able to report ALOS by Clinical Program which would be so much more pertinent and telling



Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Exclusions

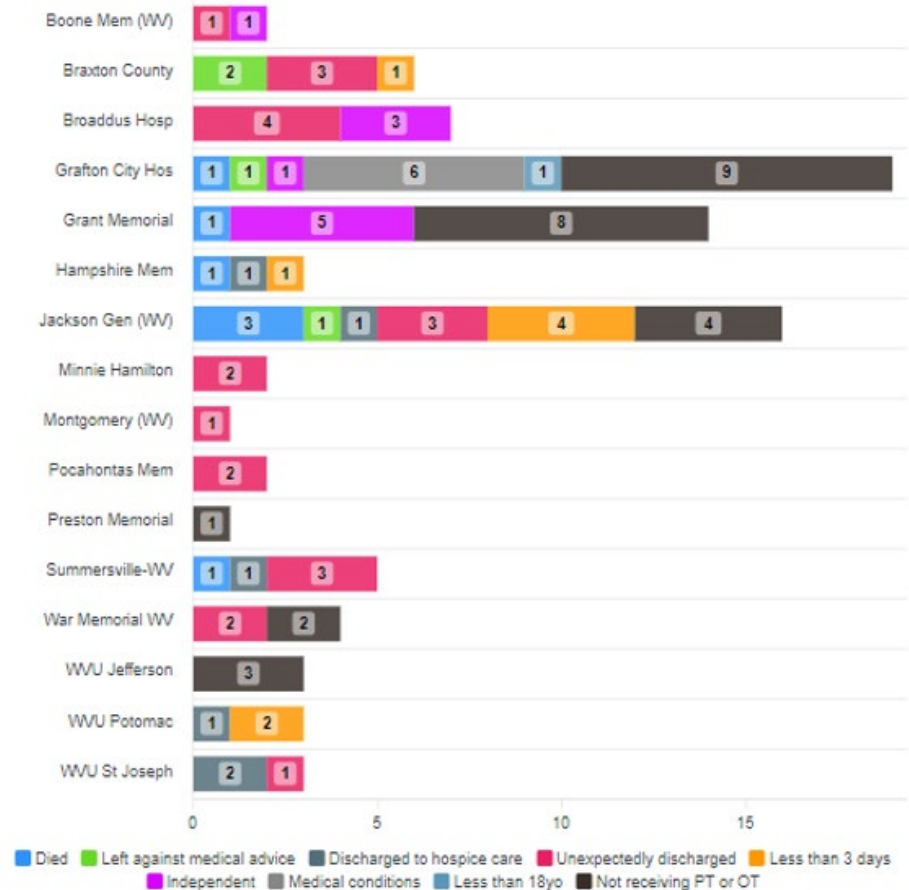
Exclusions are an aspect of all measures except for the Self-Care & Mobility Performance measures where certain patients are excluded



Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Exclusions (cont')

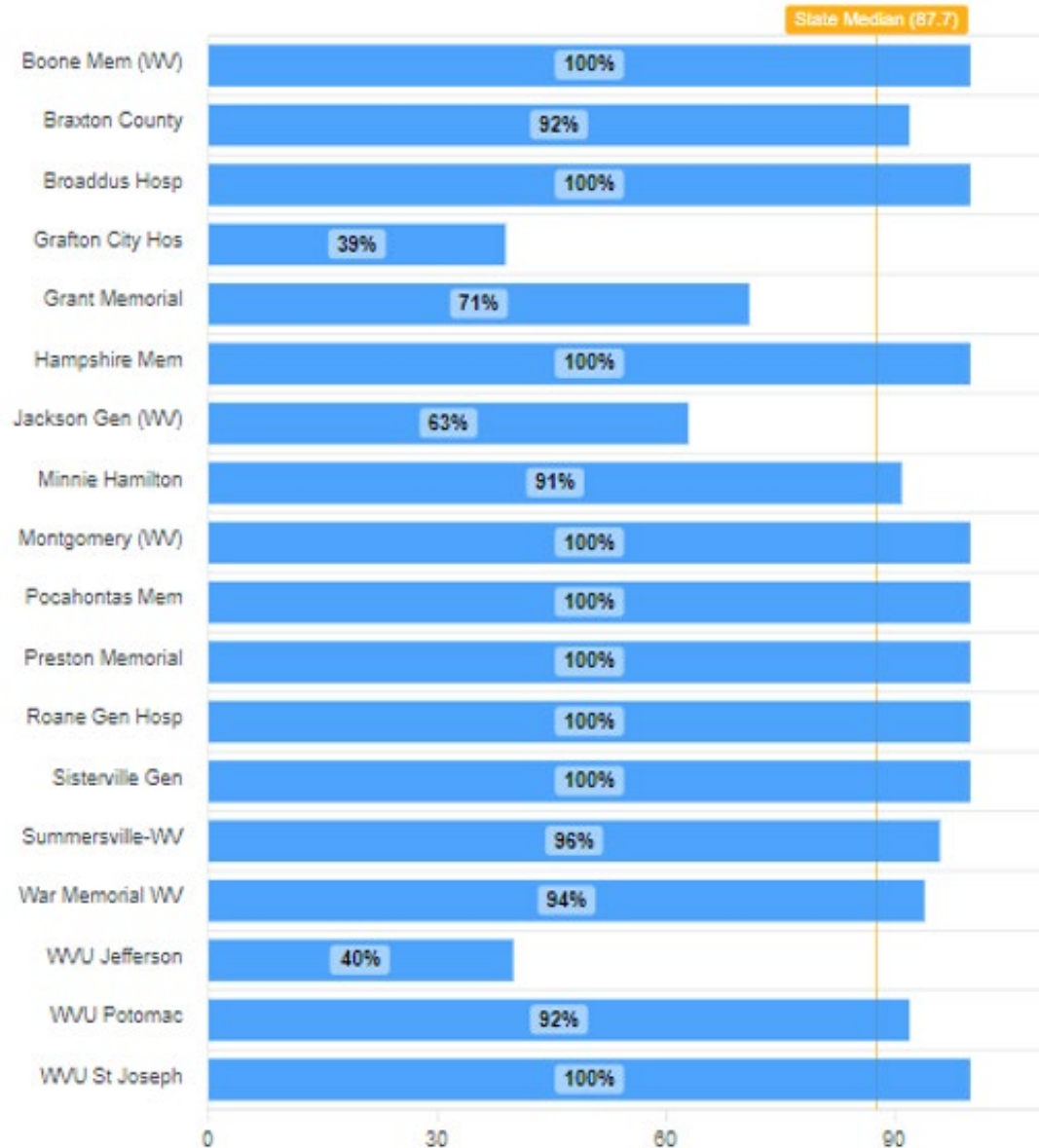
- In future reports it will say “Unexpectedly discharged to acute” to prevent confusion
- Jackson – 3 deaths? Expected?
- Braxton, Grafton & Jackson – LAMA ? Tell us about it.
- Those of you with Hospice discharges – did you know on admission that was the plan?
- 10 CAHs returned patients to acute – could this have been prevented?
- Jackson – tell us about the 4 patients for less than 3 days
- Grafton, Potomac & St Joseph have Medical condition as an exclusion (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 – is that correct?)



Discharges by Therapy Received

% of total discharges that received therapy

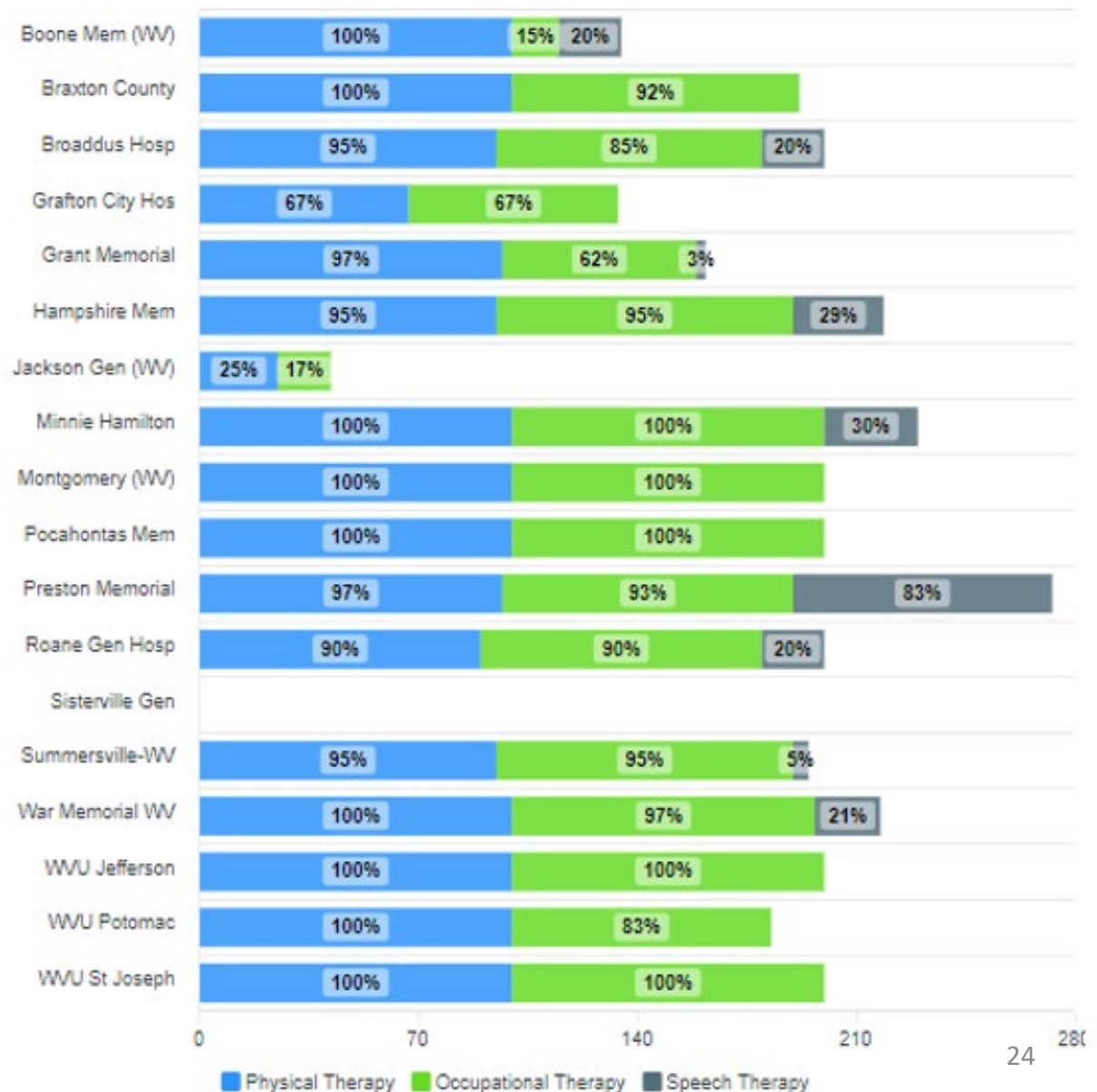
- Interesting variation!
- Grafton & Jefferson – why do you think you are so much lower?
- Those of you with 100% of patients receiving therapy – do you all feel comfortable that all patients had skill therapy needs? And if so, does documentation support it?



Discharges by Therapy Discipline Received

% of discharges that received therapy by type of therapy

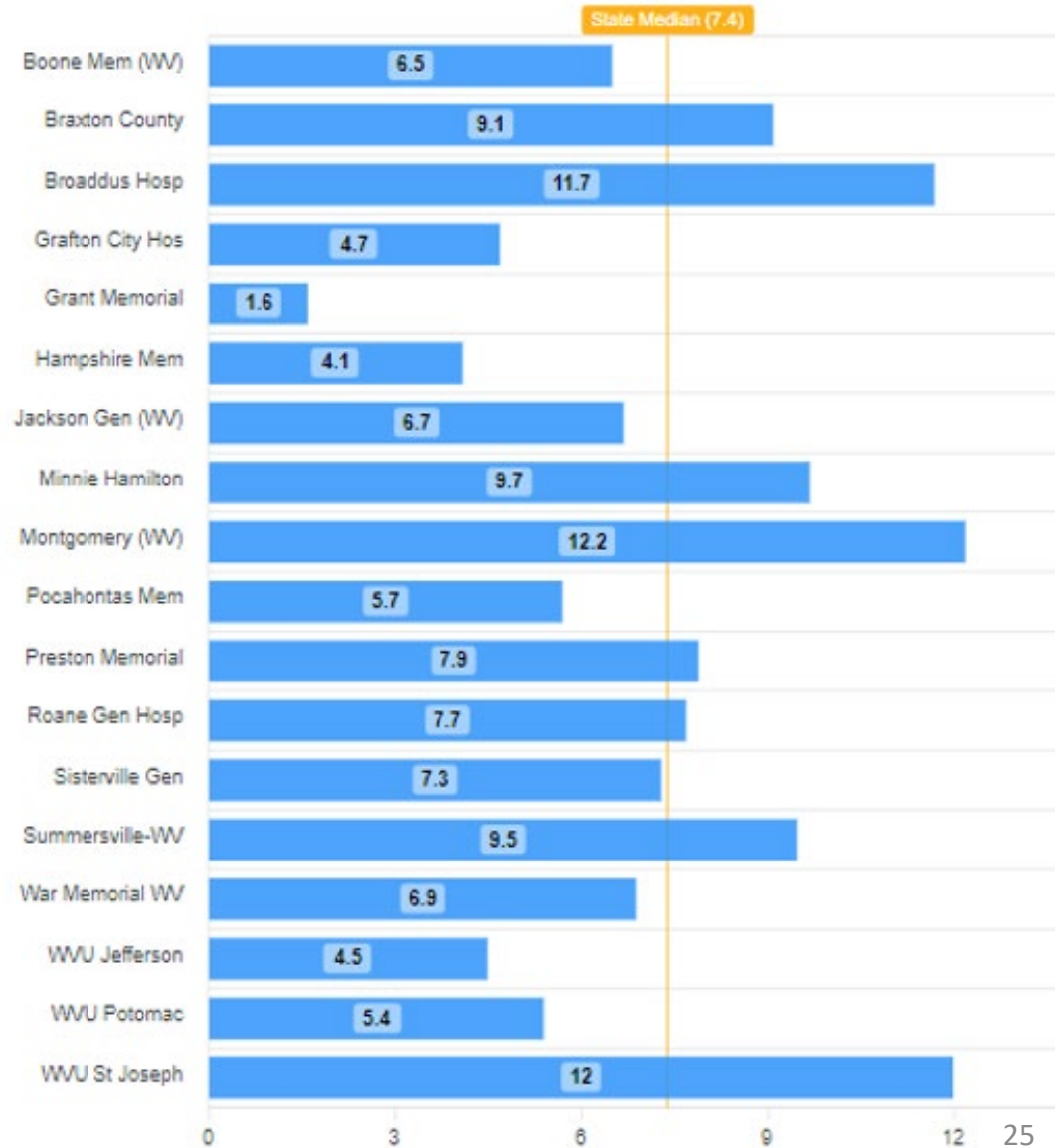
- CAHs with patients who received SLP – please share patient’s needs
- Those of you with 100% of patients receiving both PT and OT – do you all feel comfortable that all patients had skill therapy needs for both disciplines?
- And it so, does documentation support it?
- Sistersville – please go back and complete
- Jackson – of the 63% who received therapy, only 23% had PT and 17% OT – is that correct? If so, why so low?



Performance Improvement Score – Self-Care

Score is the difference between admission and discharge scores for each Self-Care activity summed and divided by number of discharges without excluded patients

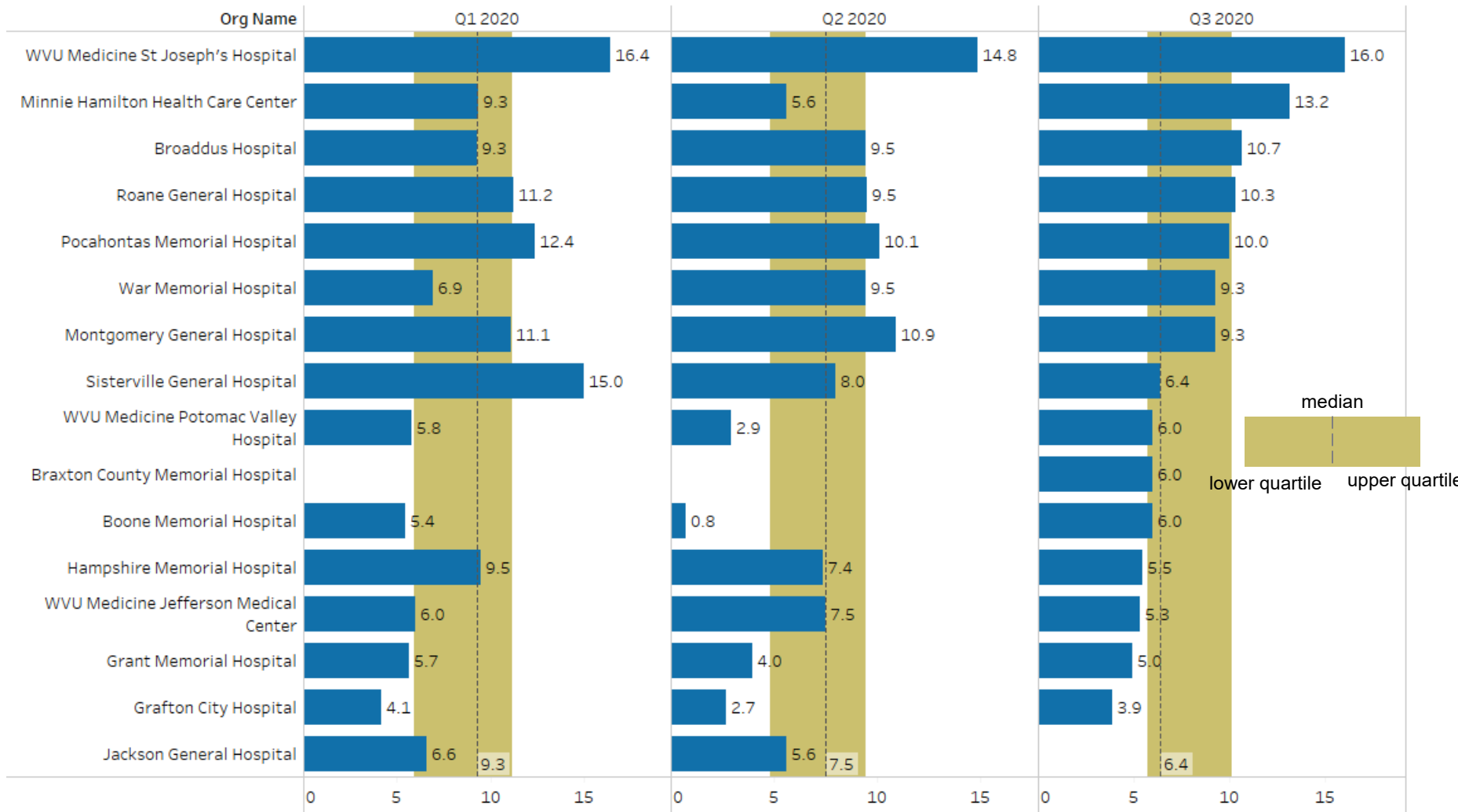
- The median score for WV is 7.4
- These are not risk adjusted yet – Stroudwater still working with the UoM to ensure appropriate risk adjuster calculation
- Grafton, Grant, Hampshire, Pocahontas, Jefferson, and Potomac – all below 6 for a self-care improvement score – why do you think that is?
- See next slide for where you were for the 1st 3 Qtrs. in 2020 vs Q4



Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Performance Improvement Score for Self-Care

Hospital PI Self Care by Hospital for WV



Excluded Records
■ No

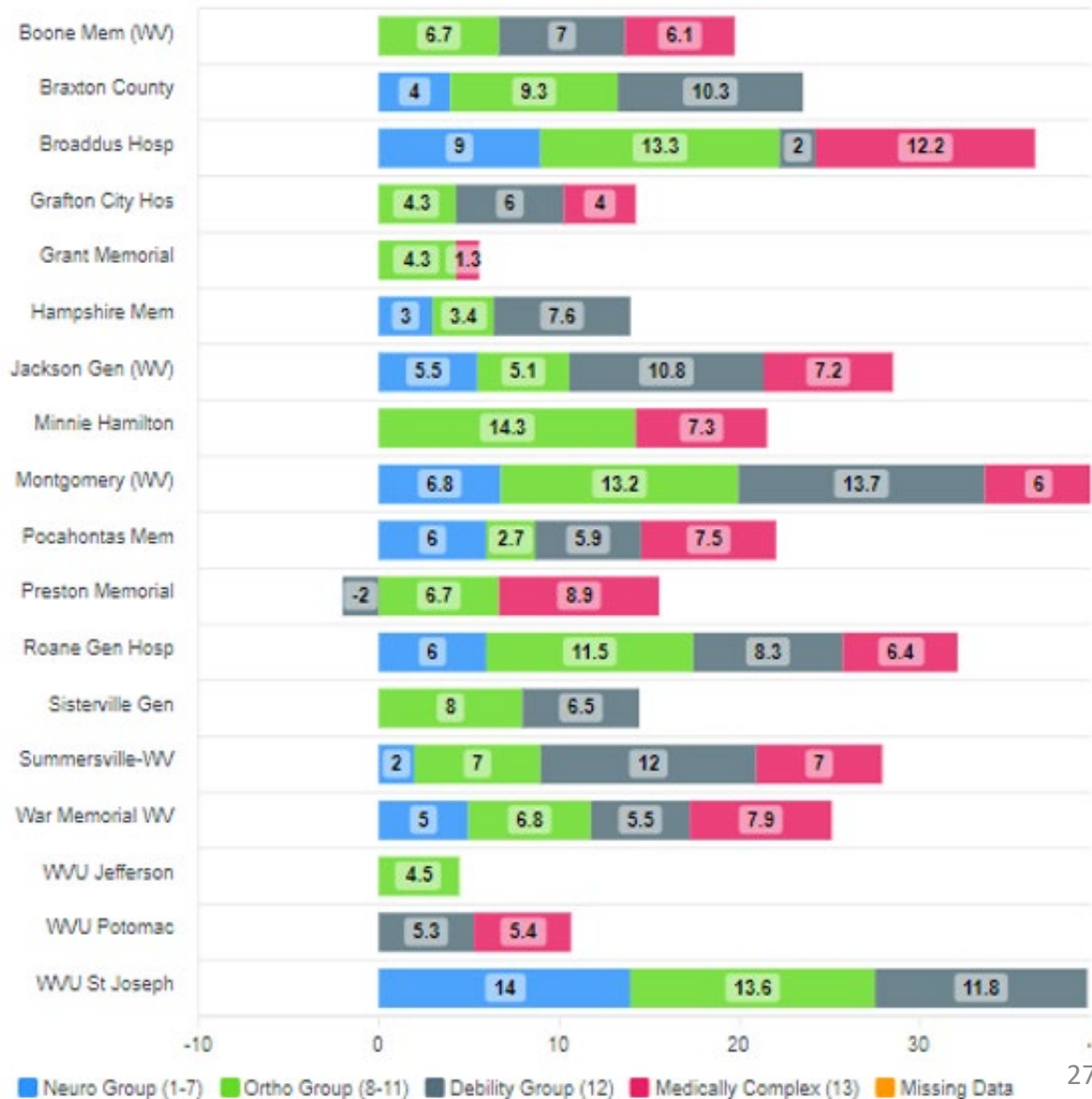
excluded records have been removed

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

Self-care Improvement by Primary Medical Condition

Score is the difference between admission and discharge scores for each activity summed and divided by number of discharges without excluded patients for each primary medical condition

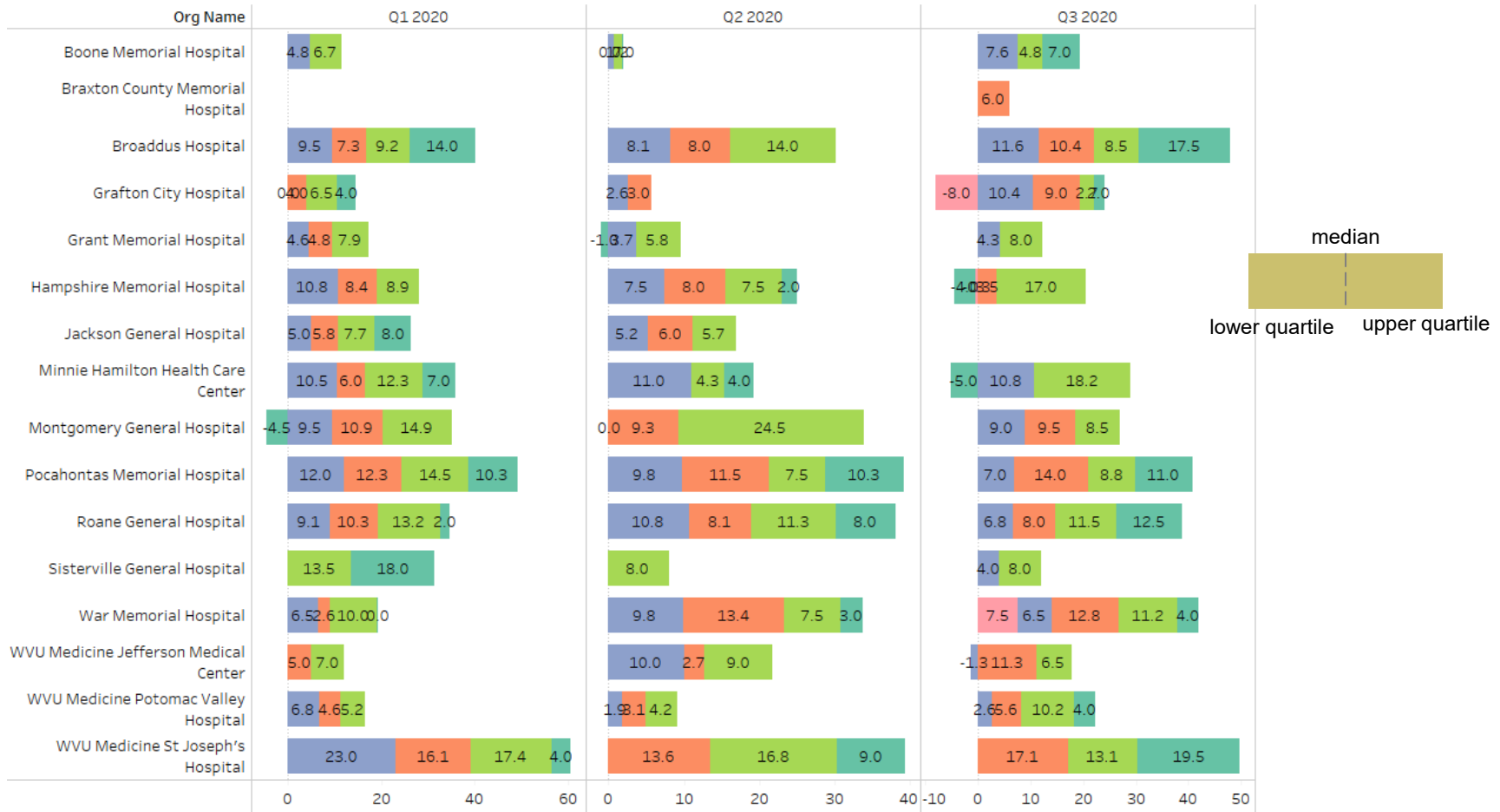
- Again, quite a variety between hospitals
- Many medical conditions well below the overall median improvement score of 7.4 - any idea of what is going on?
- See next slide for where you were for the 1st 3 Qtrs. in 2020 vs Q4



Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Performance Improvement Score for Self-Care by Primary Medical Condition

Hospital PI Self Care by Primary Medical Group by Hospital for WV



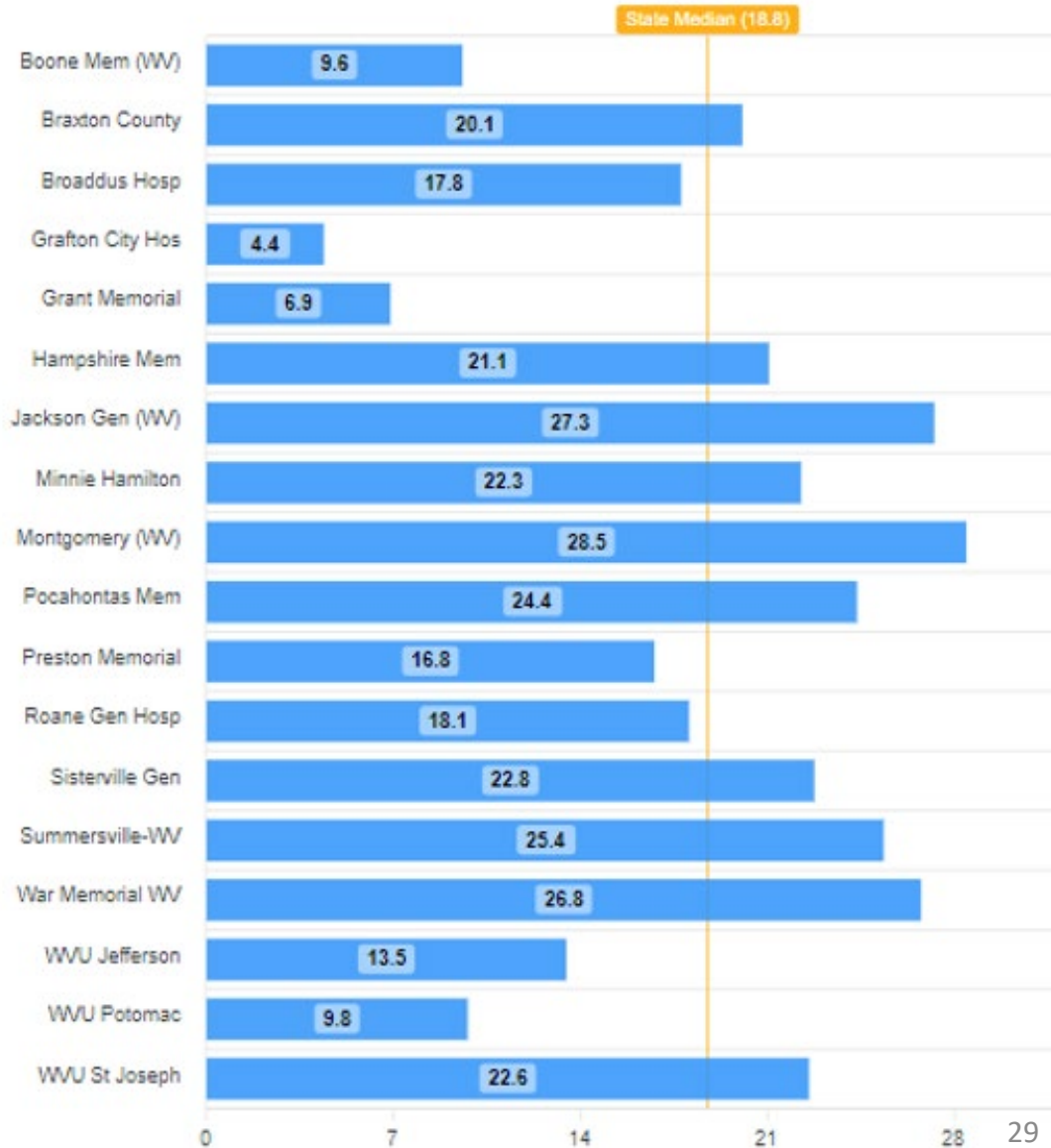
- prmry mdcl cond I0020 (group)
- Neuro Group (1-7)
 - Ortho Group (8-11)
 - Debility Group (12)
 - Medically Complex Group (13)
 - Other Medical Condition (14)

excluded records have been removed

Performance Improvement Score – Mobility

Score is the difference between admission and discharge scores for each activity summed and divided by number of discharges without excluded patients

- The median score for WV is 18.8
- These are not risk adjusted yet either
- Boone, Grafton, Grant, and Potomac – all below 10 for a mobility improvement score – why do you think that is?
- Jackson, Montgomery, Summersville, and War Mem. are all even above a score of 25 – why do you think that is?
- See next slide for where you were for the 1st 3 Qtrs. in 2020 vs Q4



Performance Improvement Score for Mobility

Hospital PI Mobility by Hospital for WV



Excluded Records
■ No

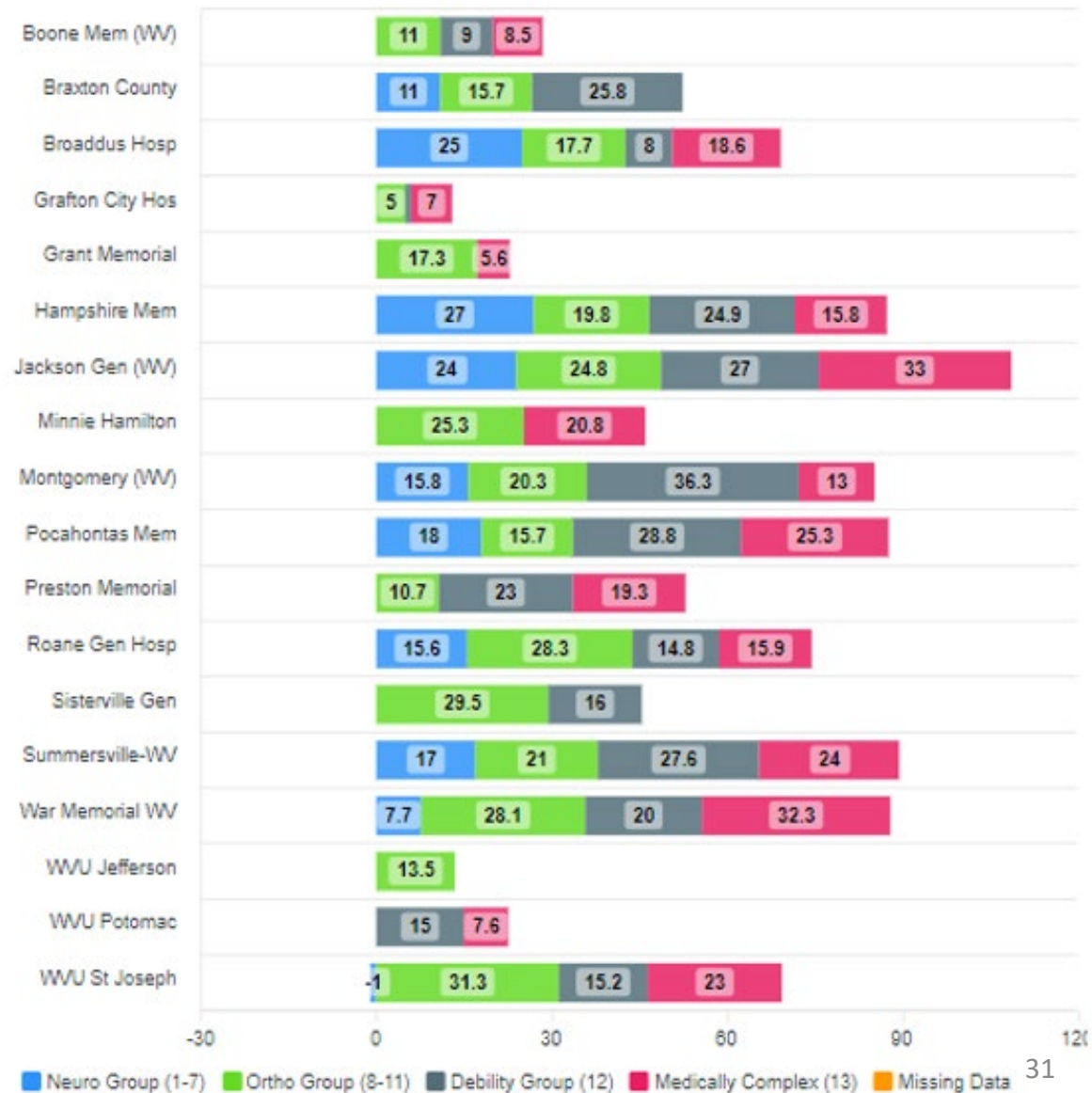
excluded records have been removed

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

Mobility Improvement by Primary Medical Condition

Score is the difference between admission and discharge scores for each activity summed and divided by number of discharges without excluded patients for each primary medical condition

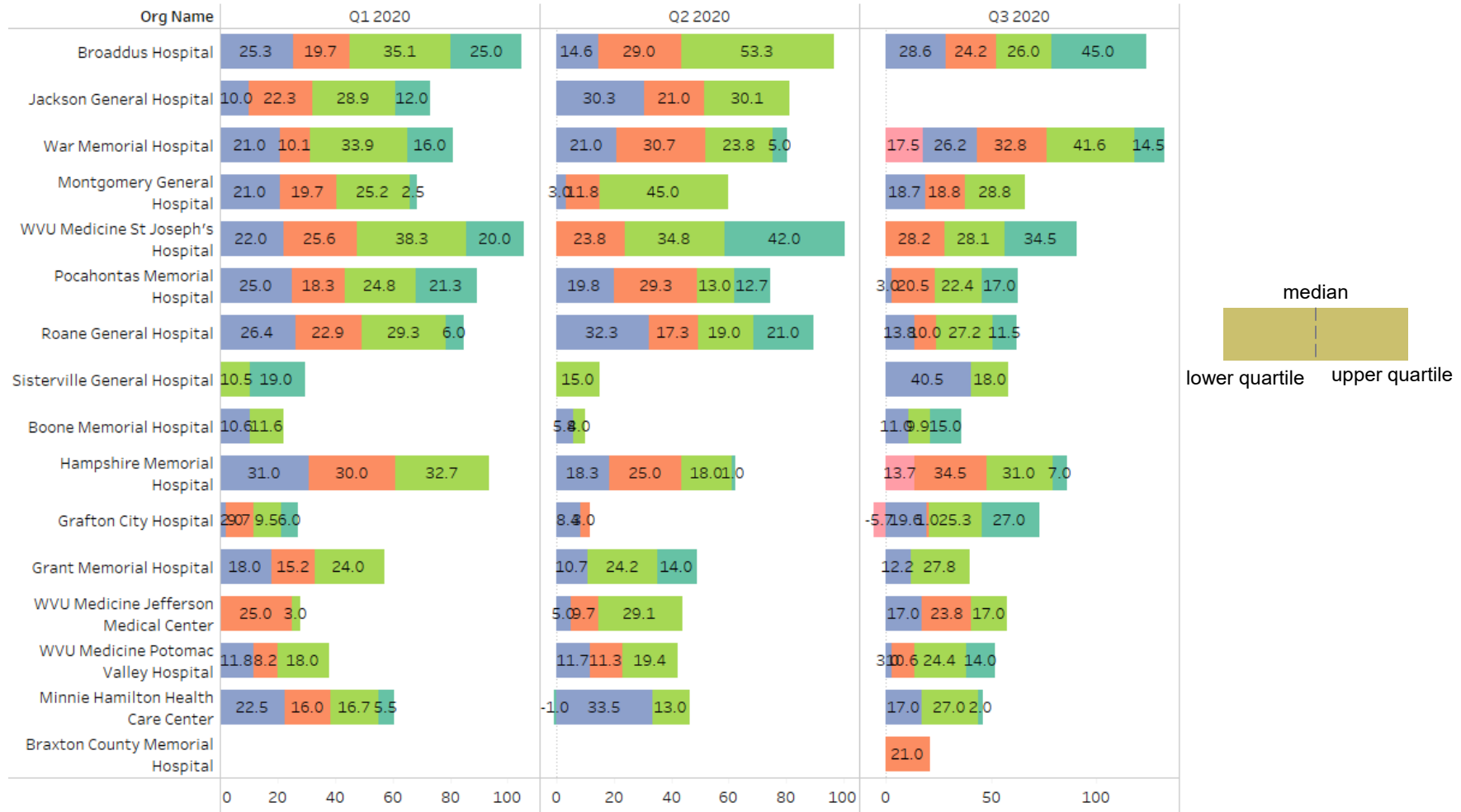
- Again, quite a variety between hospitals
- Many medical conditions well above the overall median improvement score of 18.8 but same goes for well below - any idea of what is going on?
- See next slide for where you were for the 1st 3 Qtrs. in 2020 vs Q4



Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Performance Improvement Score for Mobility by Primary Medical Condition

Hospital PI Mobility by Primary Medical Group by Hospital for WV



- prmy mdcl cond 10020 (group)
- Neuro Group (1-7)
 - Ortho Group (8-11)
 - Debility Group (12)
 - Medically Complex Group (13)
 - Other Medical Condition (14)

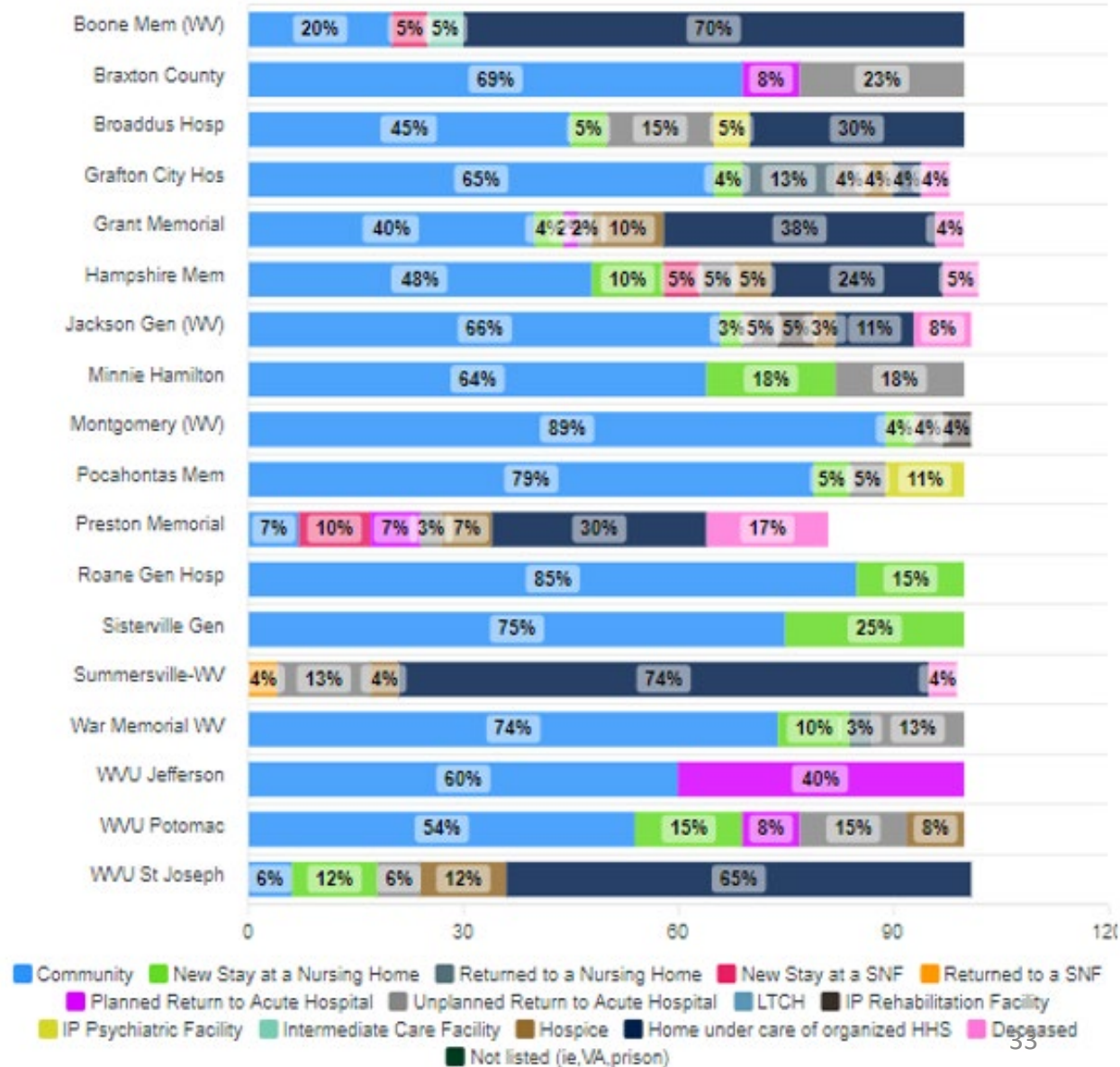
excluded records have been removed

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

Discharges by Discharge Disposition

% of all discharges by disposition

- High % discharge to community – that is great!
- Have asked Stroudwater to add Home/Ast. Liv. etc with Home with HH for the true % of discharge to community for future reports
- Braxton, Preston, Jefferson and Potomac have some to high # of planned returned to acute from SB – is that data correct?
- Preston – 17% deceased in SB of 31 discharges – is that data correct
- Boone, Hampshire, Preston with SNF discharges – do you feel that is truly the case – they were not discharged to LTC?? If SNF, why was it not by staying at your hospital?

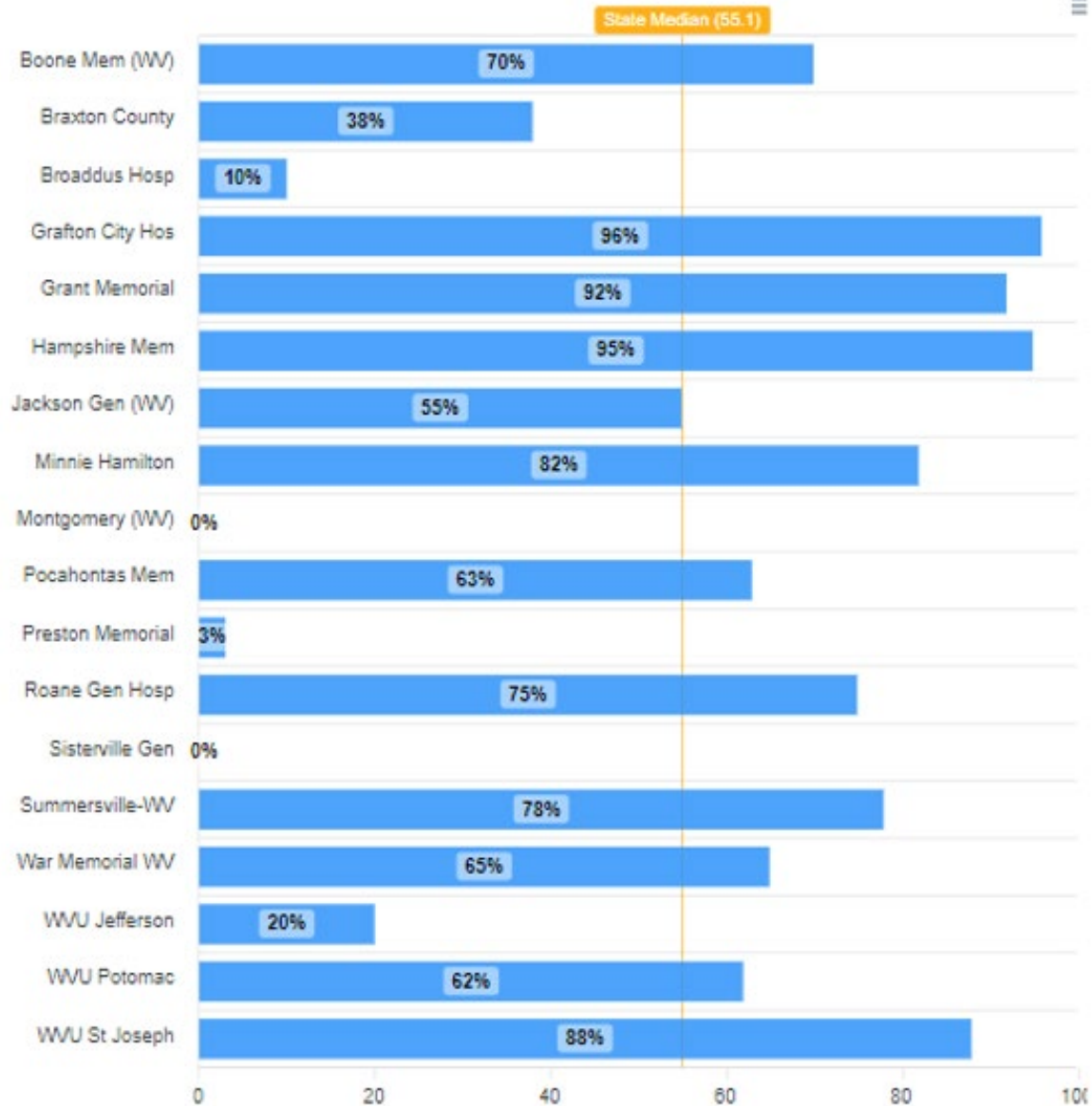


Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Clinical Post-Discharge Follow-up for Option 2

% of all discharges that received a clinical post-follow within 24-72 hours

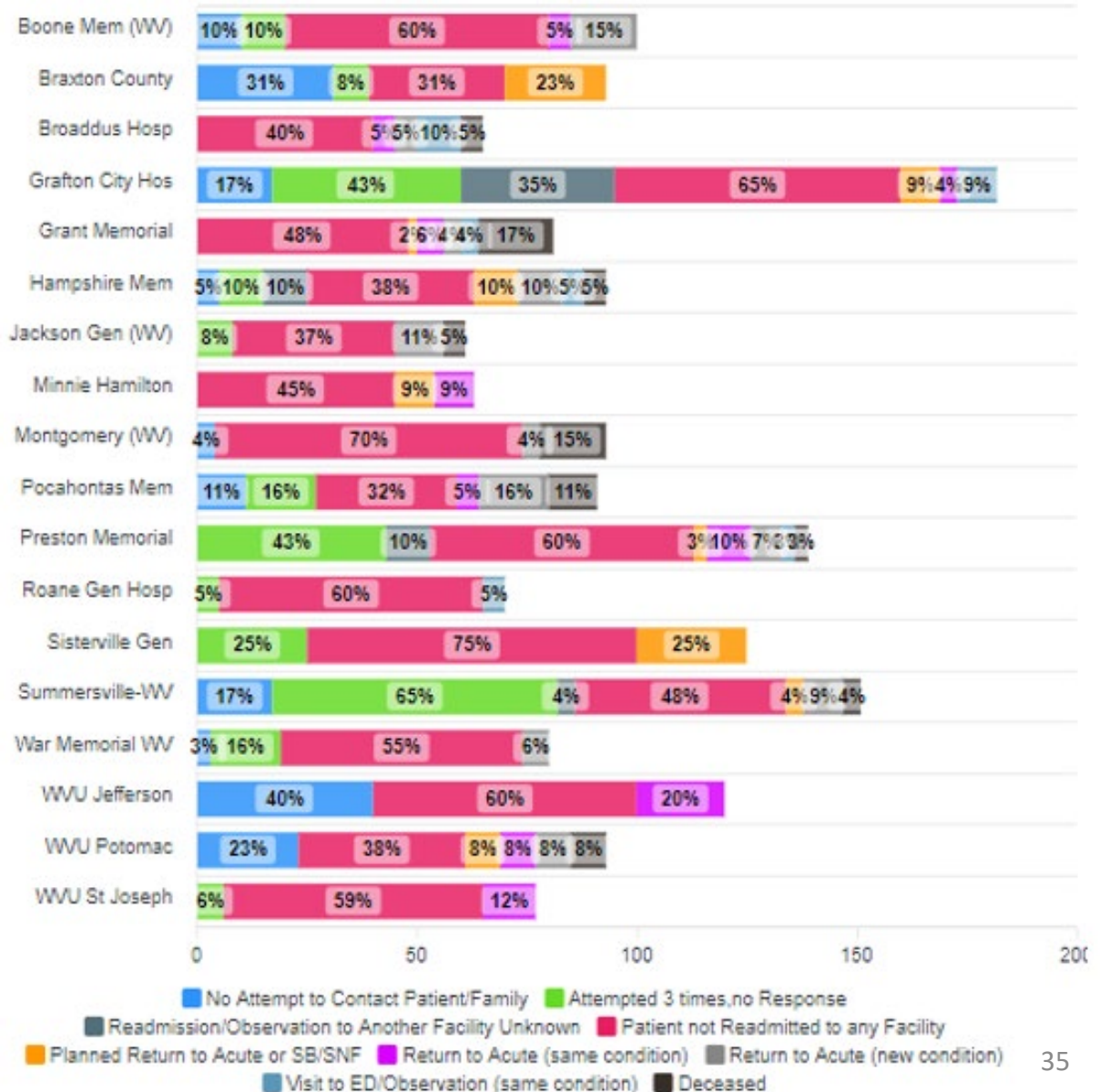
- The median % of patients with a Clinical follow-up was only 55.1
- Braxton, Broadus, Preston, and Jefferson were with less follow-up than the median – why so low?
- Montgomery & Sistersville with no follow-up – this process is not implemented?
- Congrats to Grafton, Hampshire, St Joseph at 95% and above?
- Stay tune for a webinar on this topic



Post Swing Bed 30-Day Discharge Follow-up

% of all discharges that received a post 30-day follow up call

- Boone, Braxton, Grafton, Pocahontas, Summersville, Jefferson, Potomac with no attempt to call for 10% to 40% of discharges?
- Grafton, Preston & Summerville have very high % attempted x 3 with no response – what have you tried to prevent this?
- No 30-day follow-up will not provide the true readmission rate and most likely a lower rate than the true rate
- Remember that this will be the % of readmission reported on your QAPI report for the Choice Letter!

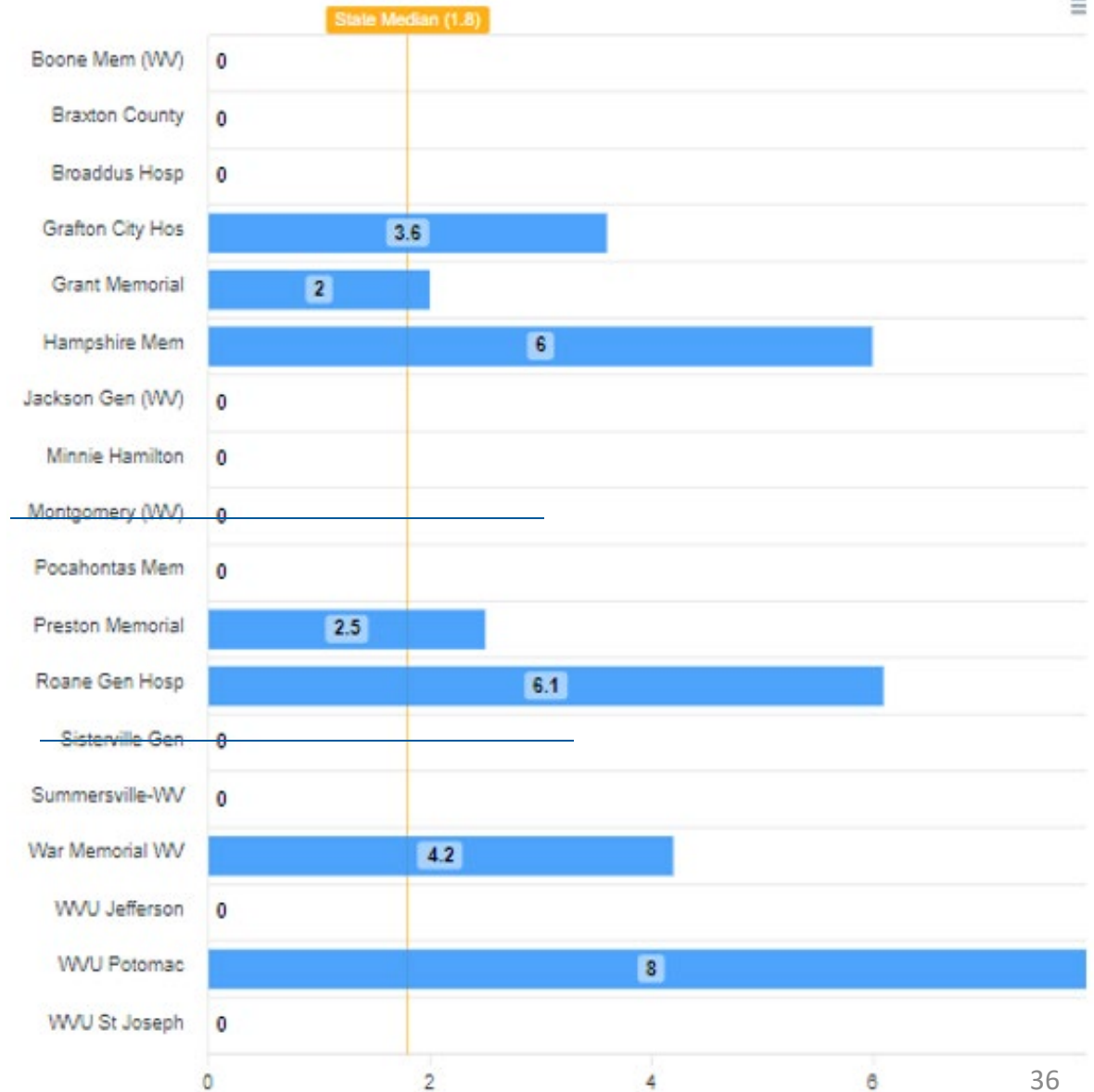


Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Fall Rate (Option 2) – Q4, 2020

(# of falls/number of days in period) * 1,000
Thus, number of falls per 1,000 SB patient days

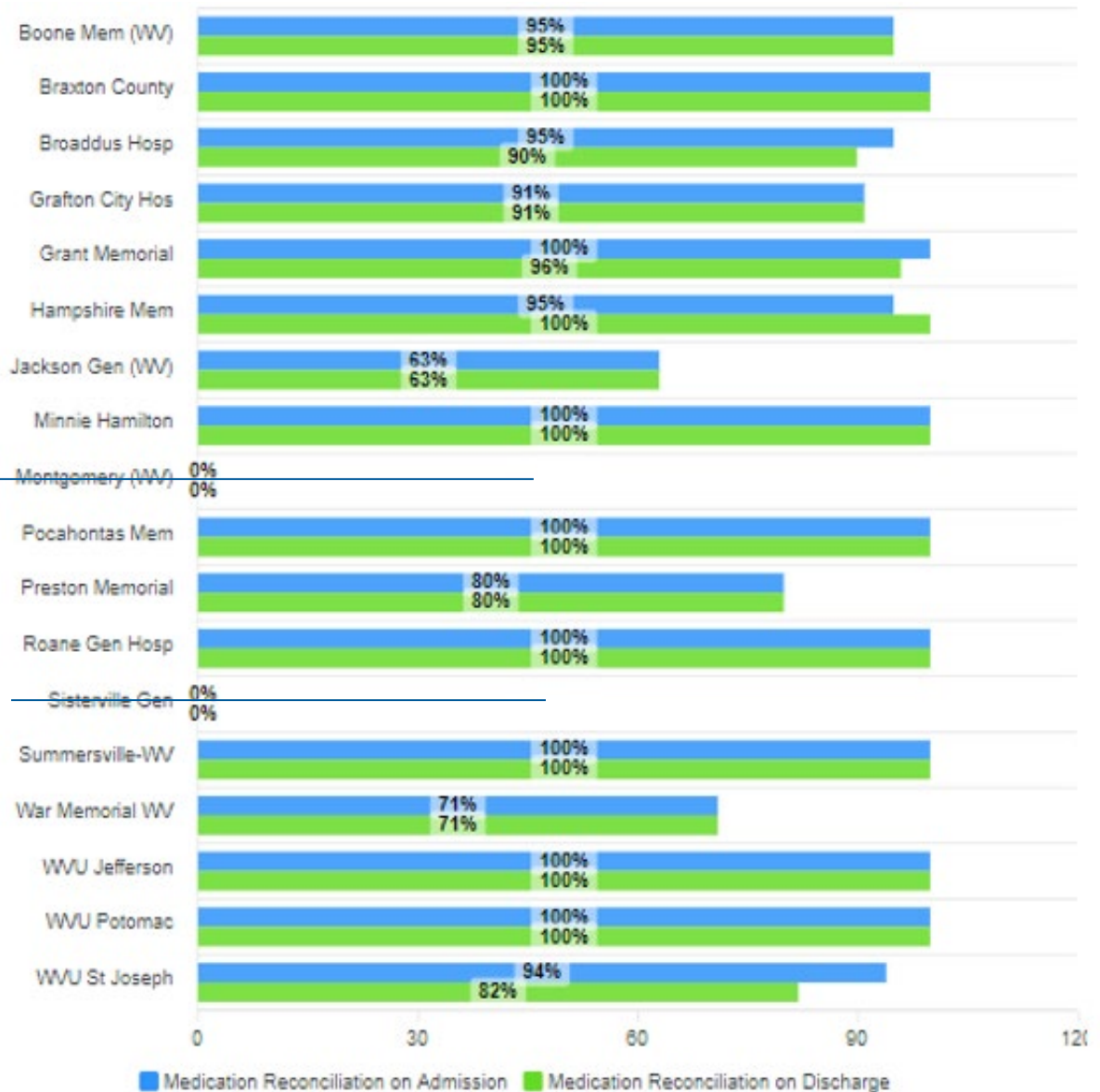
- Good job – 9 of the 16 participating CAHs had 0 falls
- Those with falls were at 2 to 8 falls per 1000 SB days in Q4
- Potential opportunities to identify such as:
 - Risk identification
 - Routine offer of bathroom use
 - Hourly rounds
 - Rounds before shift reports
 - Coverage during shift reports
 - Special pt. bracelet
 - Door notification such as falling star
 - Other??
- Stay tune for more info



Medication Reconciliation (Option 2) – Q4, 2020

% of total discharges that had documented medications reconciliation on admission and at discharge

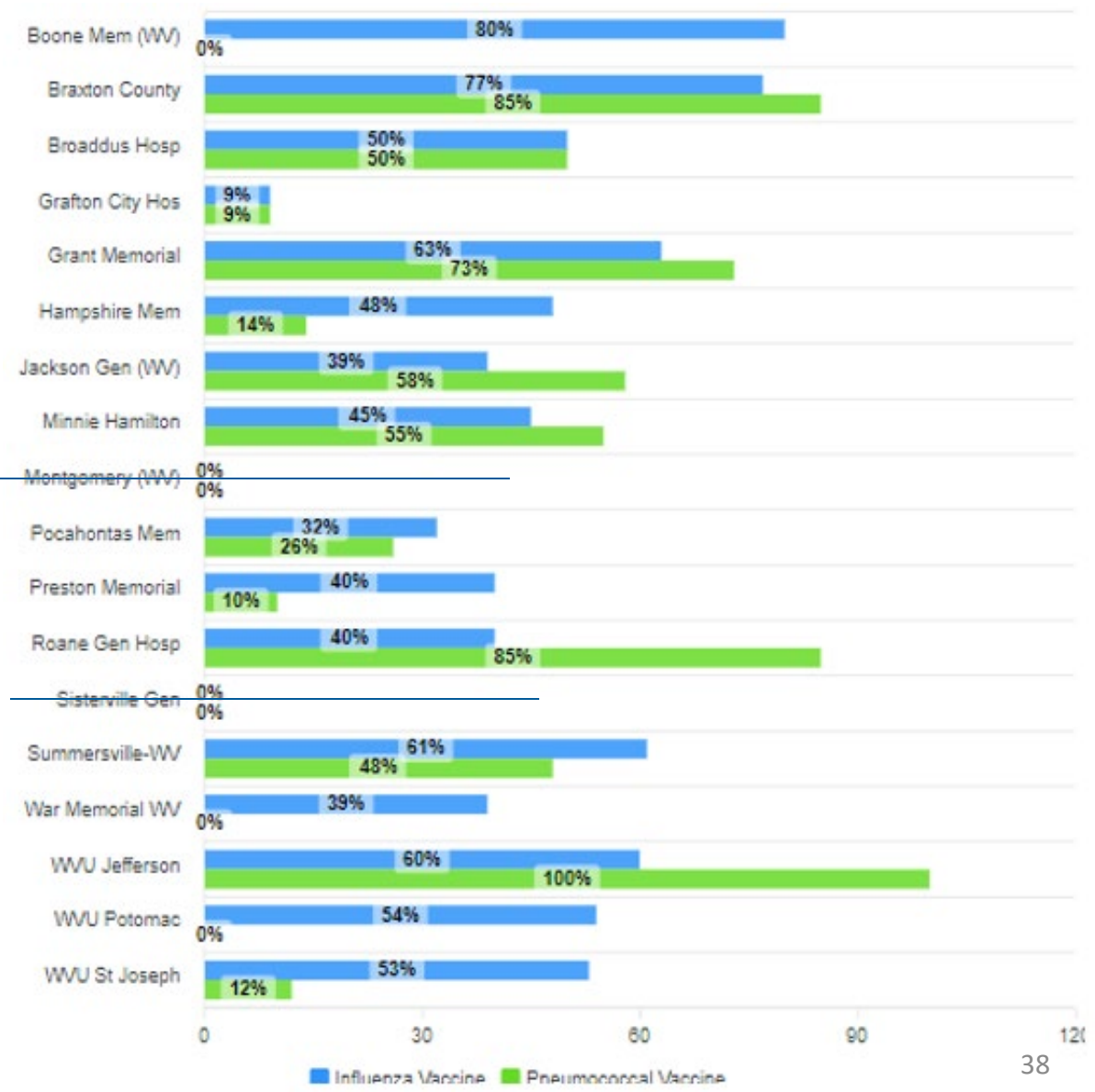
- Good job – for Braxton, Minnie Hamilton, Pocahontas, Roane, Summersville, and Potomac for being at 100% both on admission and discharge
- This is very dear to CMS’s heart – beware!
- Dianna and I will schedule webinars – I will be calling on you re:
 - Falls
 - Medication Reconciliation
 - Vaccines
 - Clinical Follow-Up
- Stay tune – we will give you advance notice



Influenza Vaccines (Option 2) – Q4, 2020

Influenza: Includes those patients that received vaccine or patients was not a SB patient during flu season or Received vaccine outside of this SB stay or Not eligible as a % of total discharges

- Blue line
- Overall, much lower than expected
- Surprise?
- What are the expectations at your CAH?
- Any processes to share?
- This is an opportunity for improvement that we will need to improve as a whole

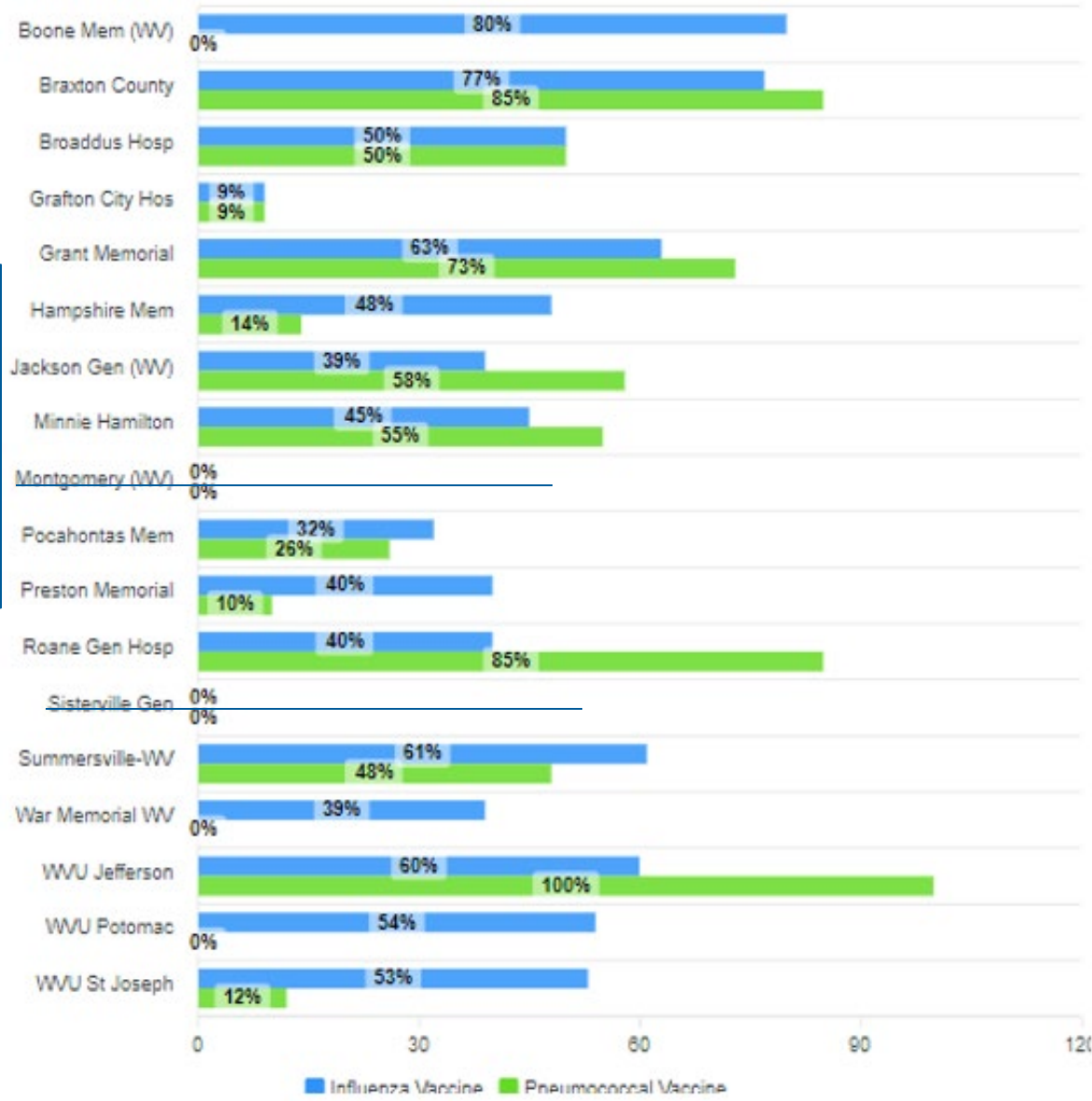


Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

Pneumococcal Vaccines (Option 2) – Q4, 2020

Pneumococcal: Includes those patients that received vaccine or were not eligible as a % of total discharges

- Green Line
- Overall, much lower than expected – only Jefferson at 100%
- Surprise?
- Another opportunity for improvement that we will need to improve as a whole



Source: Stroudwater Swing Bed Portal 10/1/2020 to 12/31/2020 pulled on 1/25/2021

State Comparison (January 2020 through September 2020)



Even more than Nebraska with 25 CAHs participating

Opportunity

Stroudwater still working on developing this part of the report.

Source: Stroudwater Swing Bed Portal

- State Selected
- All others
- | Median
- Upper / lower quartile

excluded records added

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

Questions?



