WV Flex Swing Bed Quality Improvement Kickoff

October 21, 2021

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HEALTHCARE EDUCATION FOUNDATION OF WEST VIRGINIA

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Contents

Overview of Project

What are we trying to accomplish?

Context

- Swing bed services provide an essential inpatient skilled level of care to rural patients
  - Swing bed programs increase access to care, improve quality of patient care, and avoid unnecessary readmission costs
  - 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
- In addition, swing bed programs provide a volume growth opportunity for CAHs, a fundamental resource which must be preserved to ensure the health and vibrancy of rural communities

Aim

- Measurably improve the performance of swing bed programs offered in our communities; and
- Support the financial solvency of CAHs

Overview of Project

How will we know that change is an improvement?

Evidence-Based Measurement

- Stroudwater Associate's Swing Bed Outcomes Tool allows CAHs to:
  - Enter data across five measures,
  - Establish baseline performance relative to peers, and
  - Track performance as interventions are tested

- Each CAH or State CAH Network will select one of five measures to focus on:
  - Measure 1. Return to Acute Care from Swing Bed
  - Measure 2. Return to Acute Care Within 30 days Post Discharge
  - Measure 3. Risk-Adjusted Improvement in Mobility
  - Measure 4. Risk-Adjusted Improvement in Self-Care
  - Measure 5. Discharge to Community

Overview of Project

What change can we make that will result in an improvement?

Action Plan

- Each CAH will embark on a 12-month quality improvement initiative
- A CAH-specific **Action Plan** will be developed which serves to:
  - Define the measure of focus
  - Outline the issue(s)/opportunity(ies)
  - Establish baseline performance
  - Establish goals
  - Outline a plan, including interventions, ownership, and timing
- CAHs will be provided support in developing their Action Plans as needed
  - All CAHs will utilize the same Action Plan template
- Action Planning support includes:
  - Action plan template education
  - Swing bed improvement and best practices education on selected metric(s)
  - Peer-to-peer networking calls with an emphasis around sharing key findings and best practices
  - Monthly data tracking and reporting
  - Project plan support
  - Periodic project check-in calls with an emphasis on ensuring the project adheres to timeline
  - One-on-one CAH support (as needed)

Key Stakeholders

Federal Government (FORH)

- Provides Flex grants to States
- Establishes program requirements
- Selection of vendor partner(s) to support execution of project

State Government (SORH & WV HEF)

- Enrollment of CAHs into program
- Selection of vendor partner(s) to support execution of project
- Provides updates to Stratis Health

Critical Access Hospitals

- Maintain no less than Monthly input of data into Outcomes Tool
- Development and Implementation of Action Plan
- Reporting of results from Action Plan's interventions
- Participation in periodic calls/zoom meetings

Stratis Health

- Subcontractor for Federal govt.
- Provides monthly meetings for State cohorts and vendor partners
- Provides administrative support

Mary Guyot Consulting Stroudwater Associates

- Subcontractors for State govts
- Provides evidence-based Outcomes Tool (web access portal for data input & reporting)
- Subject matter expertise & CAH education
- Project management & Action Planning support
- Assurance that program requirements are met
- Documentation of final deliverable(s)

Stroudwater Contacts

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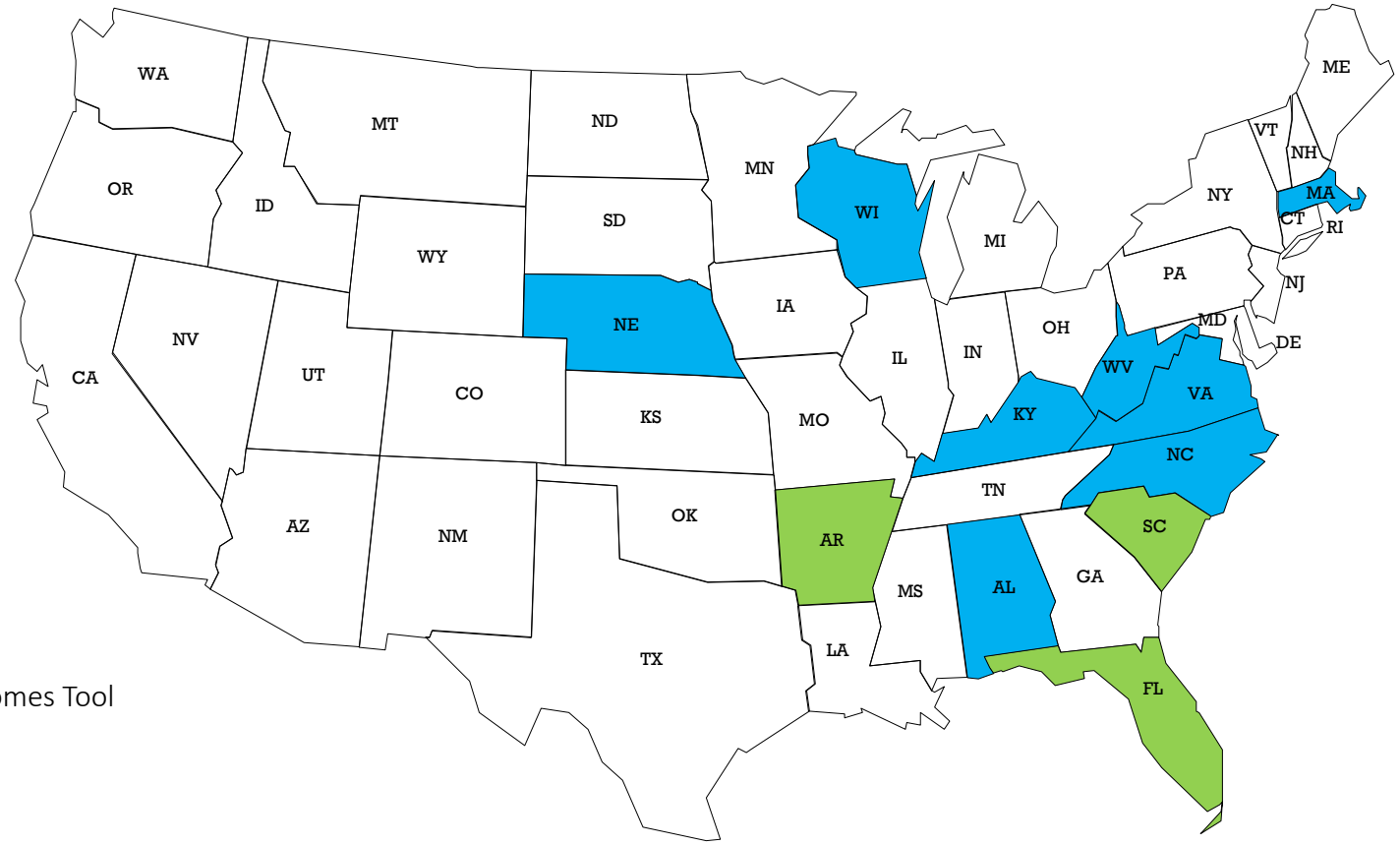
Key Stakeholders: State Participants



= New to Outcomes Tool

= Already participating in Outcomes Tool

Proiect Timeline

WV Swing Bed QI Flex Project Plan
Updated 10-19-2021
Dates subject to change based on Flex timing requirements

Text Deliverables

Task	Completion Date	Project Q1 Sep	Oct	Nov	Project Q2 Dec	Jan	Feb	Project Q3 Mar	Apr	May	Project Q4 Jun	Jul	Aug	Project Owner(s) (Primary/Secondary)
Pre-Project Objectives														
Identification of Participating CAHs	21-Oct													Mary Guyot/Dianna lobst
Onboarding of CAHs to Outcomes Tool	As in QAPI													Mary Guyot/CAHs
QUARTER 1 OBJECTIVES														
Kickoff & Action Plan 101 webinar for CAHs	21-Oct													Mary Guyot/CAHs
Swing Bed Best Practices webinar for CAHs	21-Oct													Mary Guyot/CAHs
Monthly data entered into Outcomes Tool	Ongoing													CAHs
Analysis and finding development from baseline data set for Existing CAHs	21-Oct													Existing CAHs
All CAHs agree on 1 selected focus measure as a network	31-Oct													CAHs/Mary Guyot
Email confirming CAH or State focus measure to Stroudwater	*15-Nov*													Mary Guyot
QUARTER 2 OBJECTIVES														
CAH Action Plan development	31-Dec													CAHs
CAH Action Plan implementation	Ongoing													CAHs
Quarterly WV Network CAH meeting	17-Feb													Mary Guyot/Dianna lobst
CAHs complete and submit Action Plan to Mary Guyot	*31-Dec*													CAHs
Monthly CAH Action Plan form with updated Measure Status submission due to Mary Guyot														CAHs
QUARTER 3 OBJECTIVES														
Action Plans active and on schedule	Ongoing													CAHs
Monthly data input, review, and analysis leveraging Outcomes Tool	Ongoing													CAHs
Quarterly WV Network CAH meeting	25-May													Mary Guyot/Dianna lobst
Monthly CAH Action Plan form with updated Measure Status submission due to Mary Guyot										*				CAHs
Quarterly CAH Action Plan submission due to Mary Guyot	*30-Apr*													CAHs
QUARTER 4 OBJECTIVES														
Action Plans active and on schedule	Ongoing													CAHs
CAHs analyze CY Q2 2022 data & report final CAH Action Plan	31-Jul													CAHs/Mary Guyot
Stroudwater & Mary Guyot analyzes final data & Action Plan submissions	Ongoing													Stroudwater/Mary Guyot
Quarterly WV Network CAH meeting	TBD													Mary Guyot/Dianna lobst
ALL QI Project Participating CAH Capstone & Debrief	TBD													Stroudwater/Mary Guyot/States
States & Stroudwater/Mary Guyot collaborate on Poster presentation	31-Aug													States/Stroudwater
Quarterly and Final CAH Action Plan submission due to Mary Guyot	*31-Jul*											*		CAHs
Final State submission to Stratis (Poster)	*31-Aug*												*	States/Stroudwater

CAH Project Requirements

- Monthly data submission (due beginning October 2021, except for Summers County ARH Hospital who will tentatively start December 1, 2021)
- Focus measure selection (hopefully by the end of this zoom call but no later than Oct. 31/2021)
- Action Plan template completion and submission (due *no later than Dec.31/2021*)
- Participation in educational and project check-in webinars (scheduled on the same date as the QAPI Benchmarking zoom meetings to limit your # of conference calls)
  - Scheduled as follows for 2021-2022: (***please mark your calendars***)
    - Nov. 17, 2021 (Zoom)
    - Feb. 17, 2022 (tentatively on-site)
    - May 25, 2022 (Zoom)
    - Aug. 24, 2022 (On-site)
- Participation in CAH "spotlight" presentations and networking sessions
  - Goal is for all to share status during the meetings and for some to agree on a specific presentation
- Implementation of interventions (starting *no later than January* 2022)
- Monthly reporting on your individual value (from the portal) for the chosen measure via email to Mary G
- Action Plan updates (submitted quarterly) – via email to Mary G
  - December 31 – April 30 – July 31
- Tracking and reporting of participation in meetings/calls etc which will be reported to the SORH
- Provide feedback on project - Dianna will be requesting this information from the CAHs from time to time and report to the SORH
- We depend on you to reach out to Mary G and Dianna I as needed – let's keep the communication lines open
- As always, reach out to Paula K from Stroudwater if you are having issues with the portal (data entry or abstracting reports)

Five (5) Key PI Measures for Swing Bed

- Each CAH or State CAH Network will select one of five measures to focus on:
- For Year 1 of this new project, and given the number of WV CAHs participating, we felt it would be easier to try to agree on one of the measures for the WV CAH Network – decision to be finalized after reviewing the Q2 & Q3 QAPI Data

  - Measure 1. Return to Acute Care from Swing Bed
  - Measure 2. Return to Acute Care Within 30 days Post Discharge
  - Measure 3. Risk-Adjusted Improvement in Mobility
  - Measure 4. Risk-Adjusted Improvement in Self-Care
  - Measure 5. Discharge to Community

Measure Definition and Review of QAPI Data for Q2 and Q3, 2021

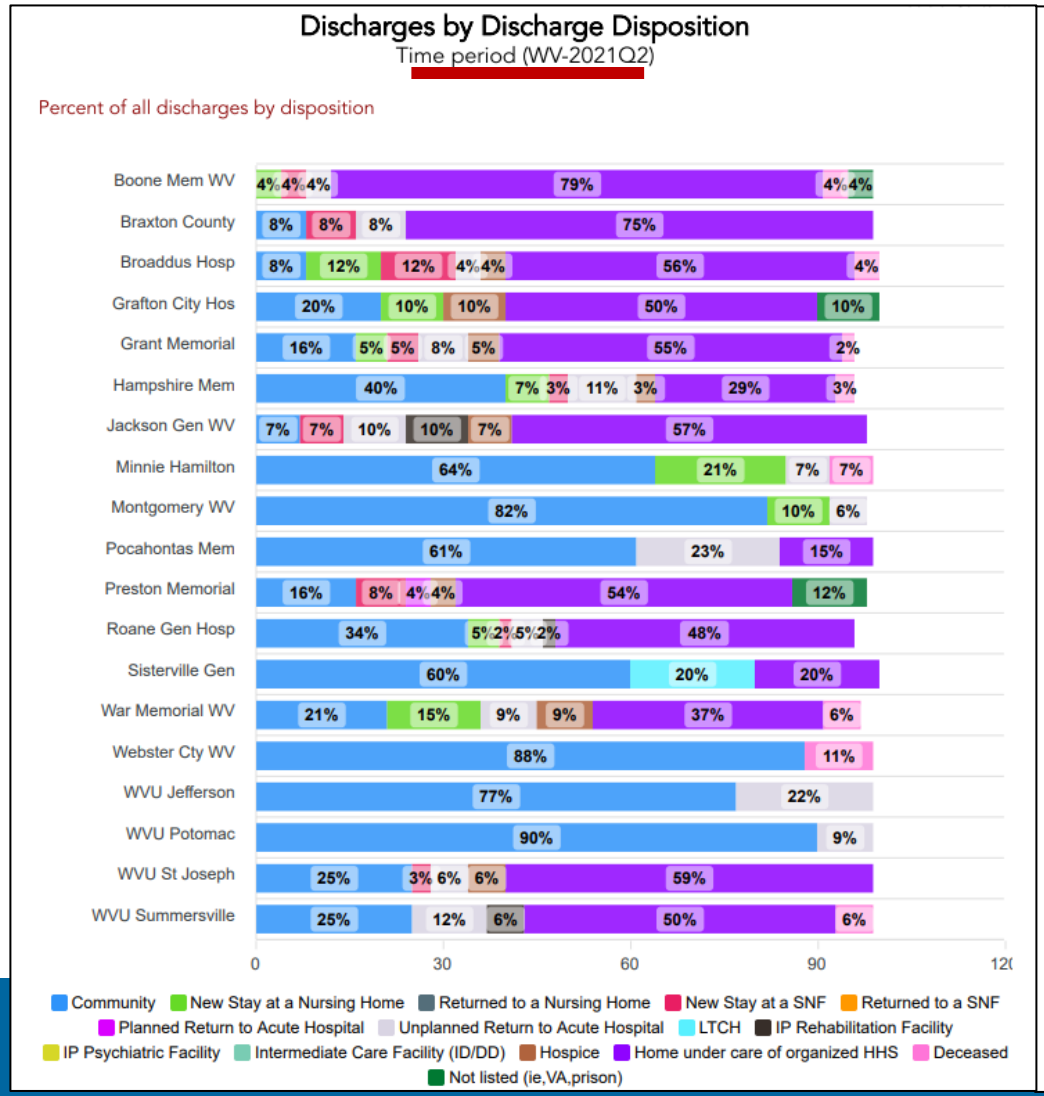
- Measure 1: *Return to Acute Care from Swing Bed*
- **Definition**: % of patients who had an unplanned return to acute to your CAH or a PPS hospital (Grey %)

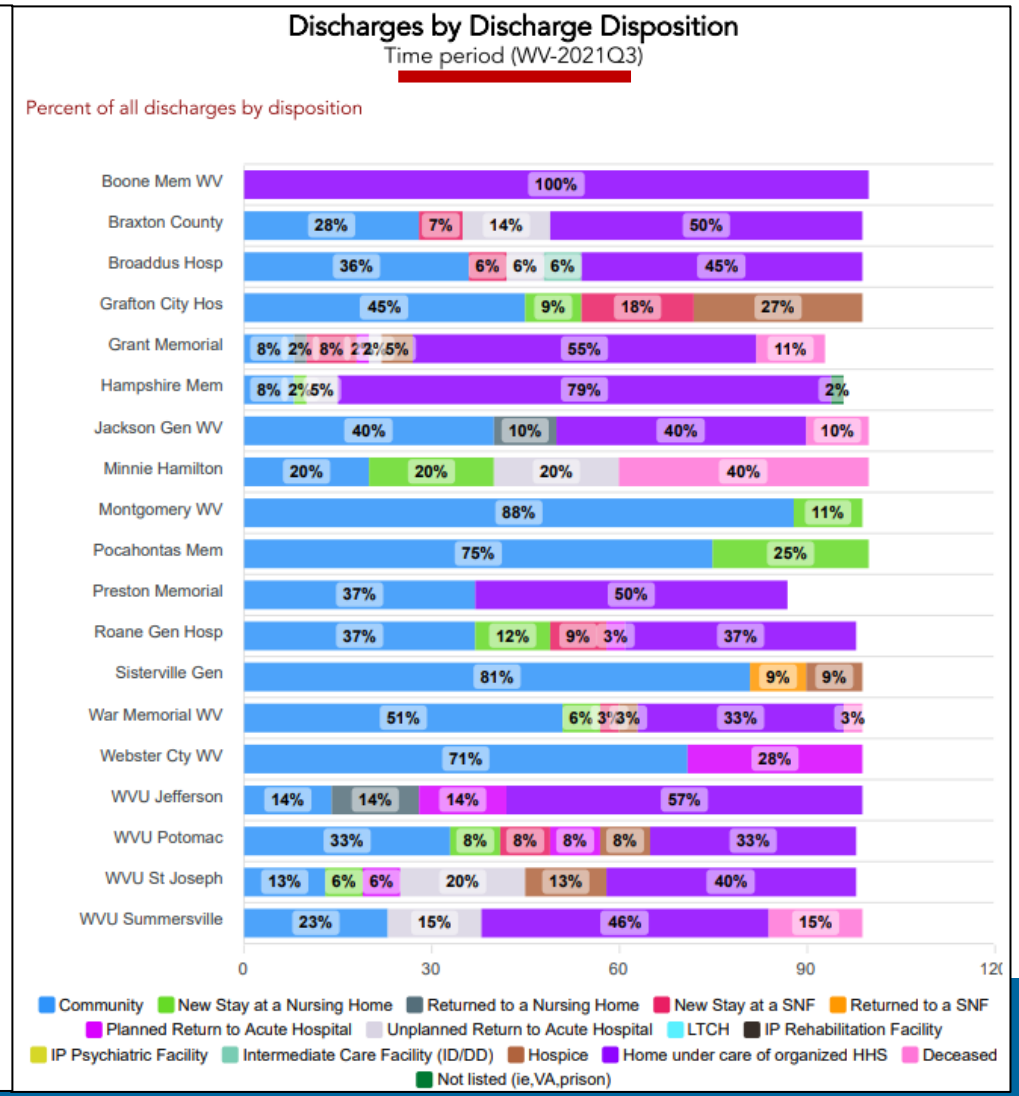
Return to Acute during SB Stay is reported by NH Compare to be at 9.8% (risk-adjusted)

We lack data for Stroudwater to risk-Adjust this measure

Q2 = 5/19 at 10% or > Based on D/Cs = 1 to 3.7 pts for the qtr.

Q3 = 4/19 at 10% or > Based on D/Cs = 1.7 to 6.4 pts for the qtr.





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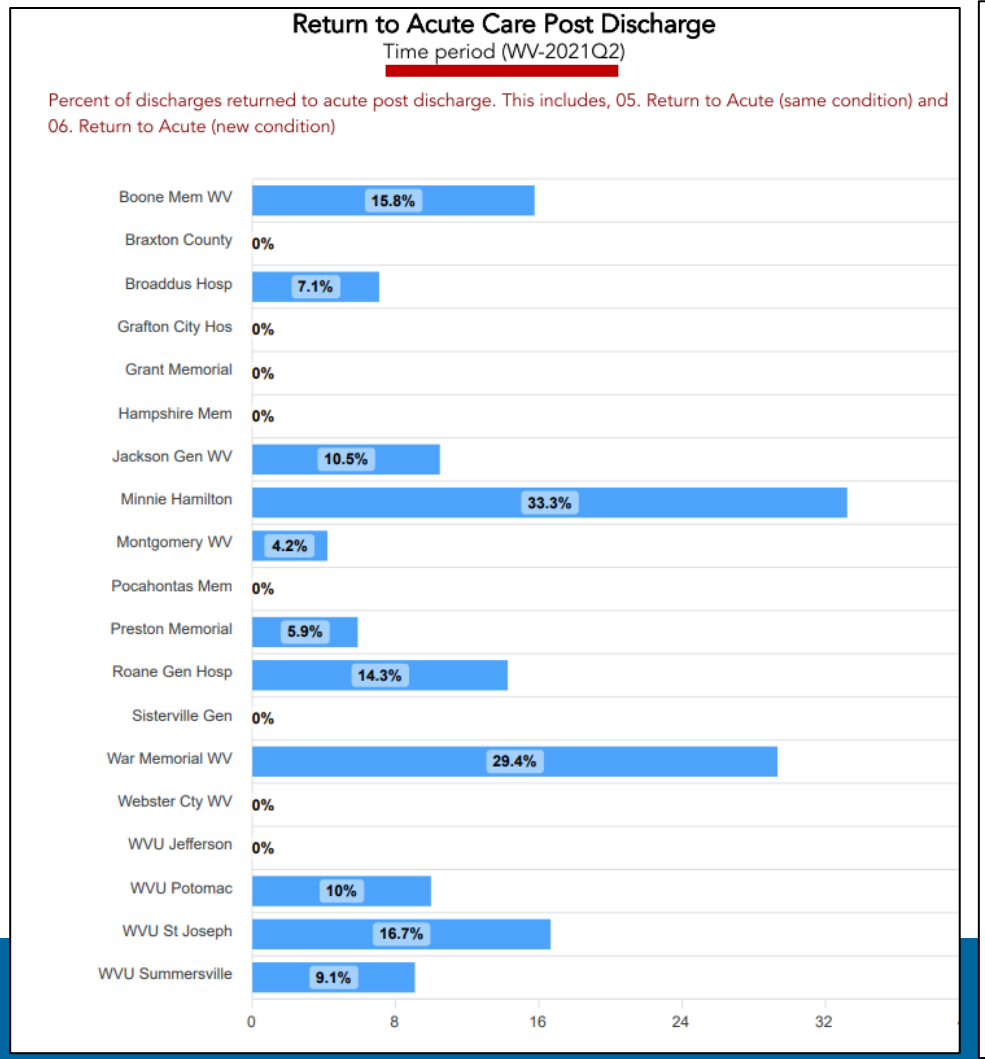
Measure Definition and Review of QAPI Data for Q2 and Q3, 2021

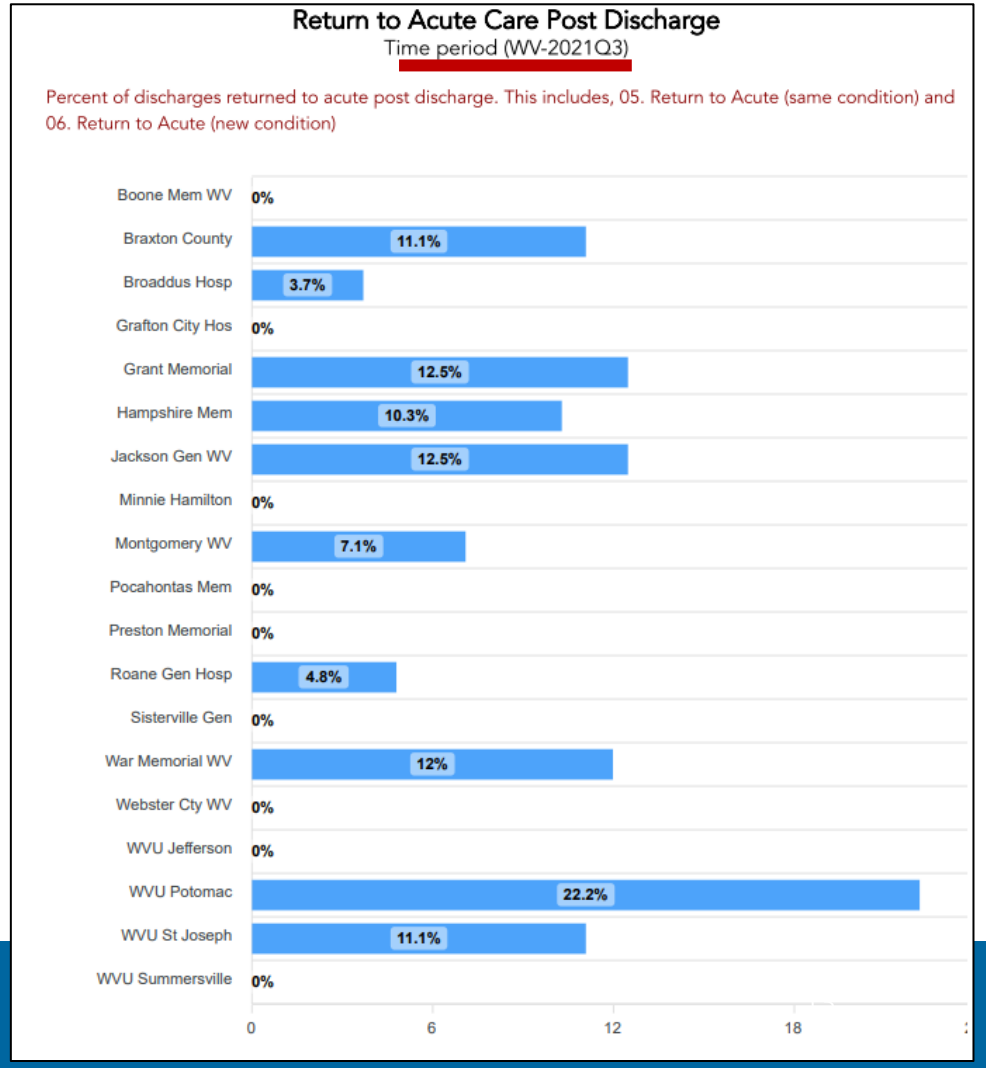
- Measure 2: *Return to Acute Care Within 30 days Post Discharge*
- **Definition**: % of discharged patients who had a returned to acute within 30 days post discharge.
  - This includes, 05. Return to Acute (same condition) and 06. Return to Acute (new condition)

Return to acute within 30-day post d/c is reported at 7.7% in NH Compare (they are risk-adjusted, and we are not)

Q2 = 8/19 at 8% or >
Based on D/Cs = 1 to 9.1 pts for the qtr.

Q3 = 7/19 at 8% or >
Based on D/Cs = 1.3 to 4.5 pts for the qtr.





Measure Definition and Review of QAPI Data for Q2 and Q3, 2021

- Measure 3: *Risk-Adjusted Improvement in Mobility*
- **Definition**: Risk adjusting the Mobility assessment produces an expected improvement score for Mobility. We compare your actual improvement score to the expected improvement score and return to percentage of discharges that met or exceeded the expected improvement score

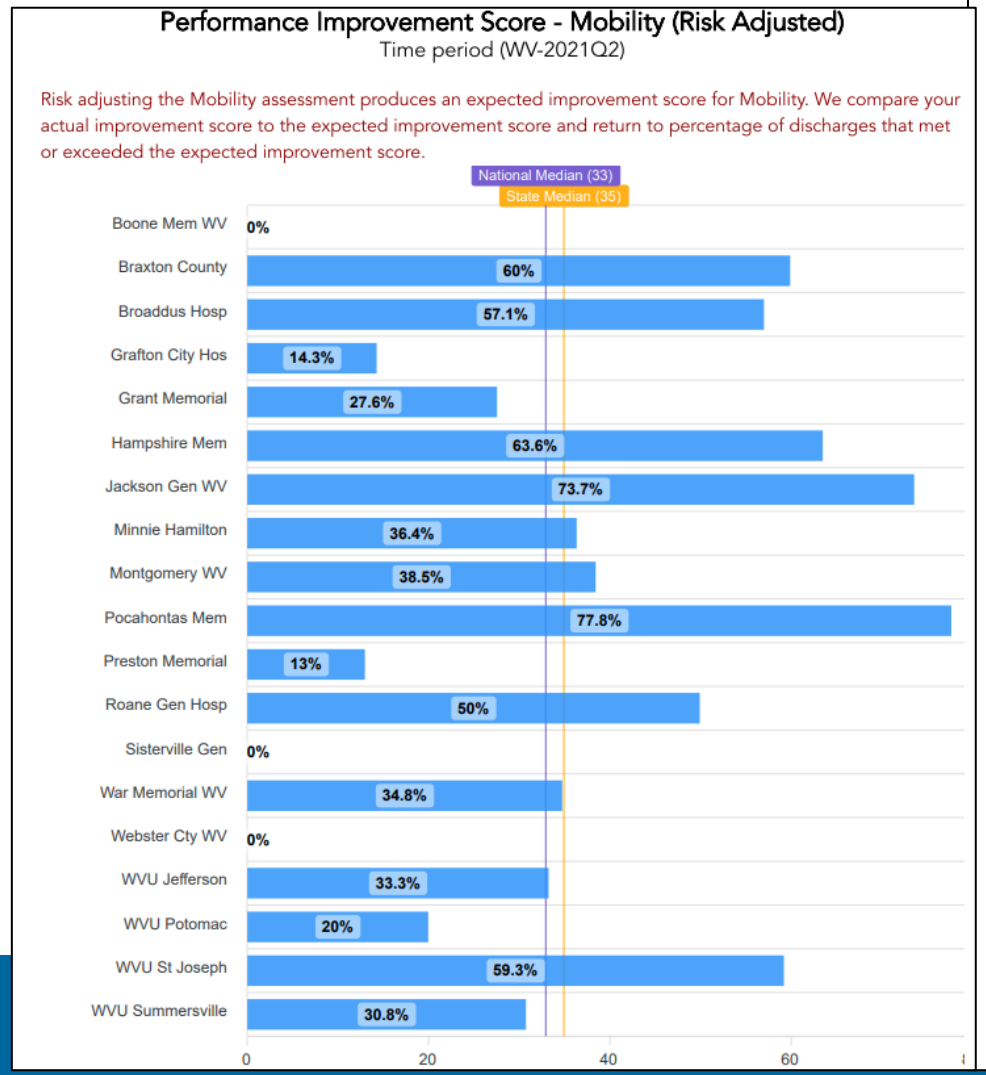
Mobility Improvement

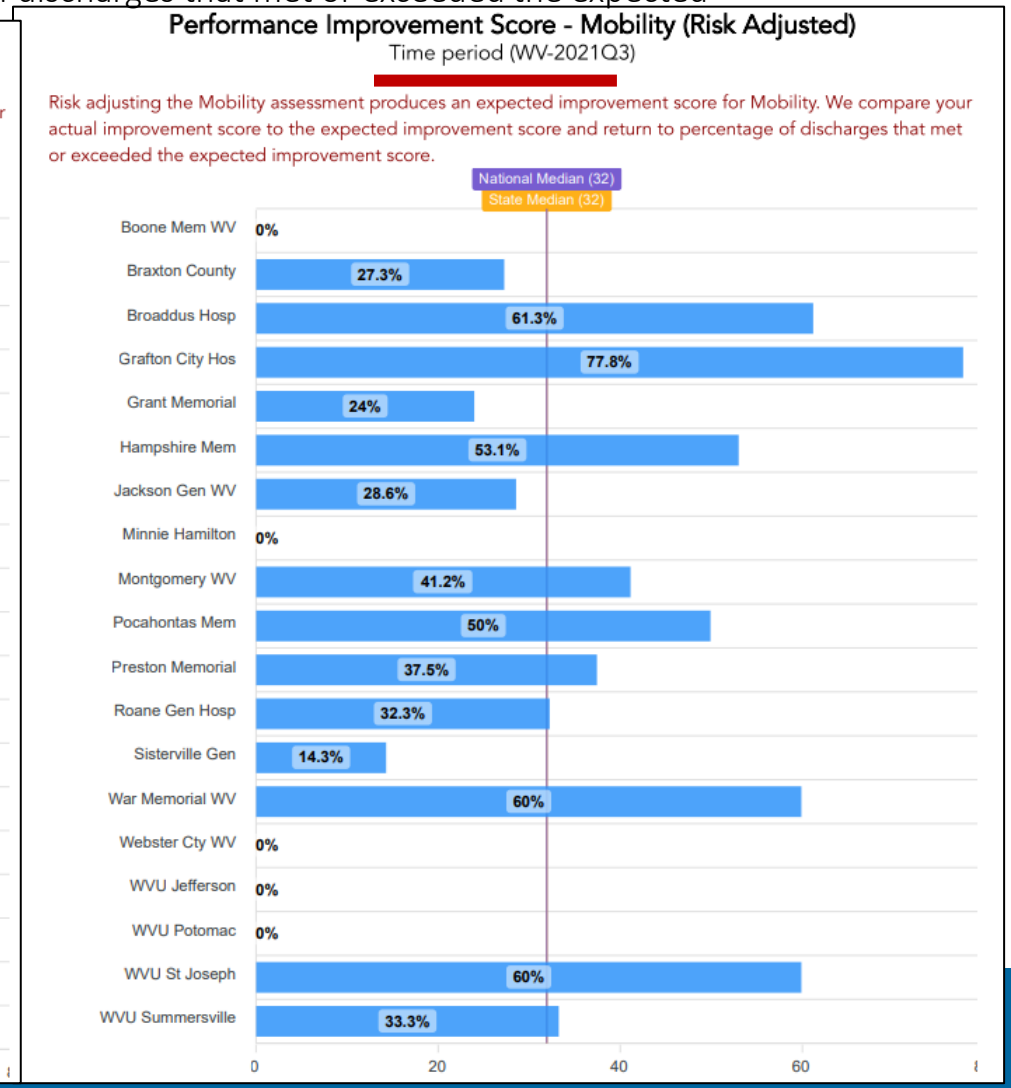
Q2 = 7/19 at or > than the National of 33% and WV Network at 35%

7 CAHs were at 50% or >

Q3 = 9/19 at > than the National of 32% and WV Network also at 32%

10 CAHs were below the National Average
6 CAHs were at 50% or >





Measure Definition and Review of QAPI Data for Q2 and Q3, 2021

- Measure 4: *Risk-Adjusted Improvement in Self-Care*
- **Definition**: Risk adjusting the Self-Care assessment produces an expected improvement score for Self-Care. We compare your actual improvement score to the expected improvement score and return to percentage of discharges that met or exceeded the expected improvement score

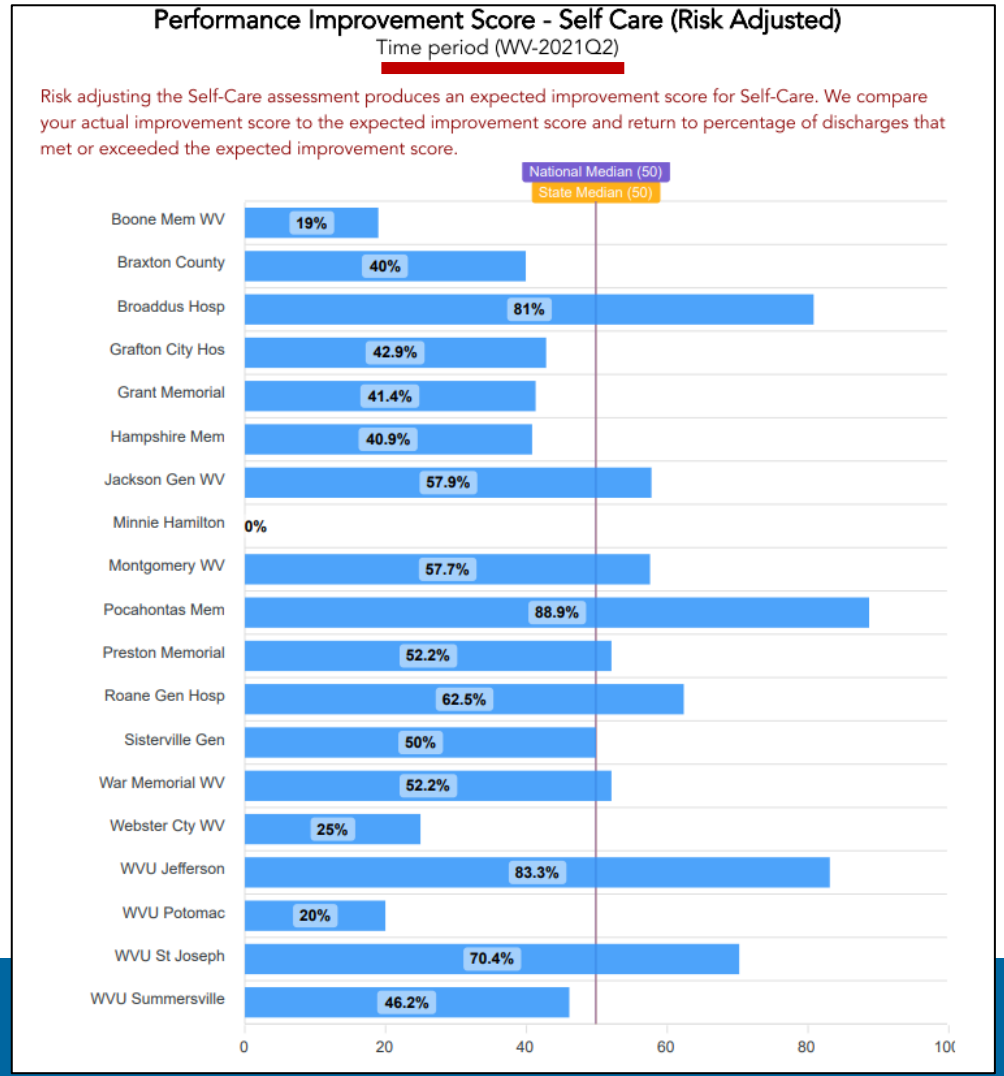
Self-Care Improvement

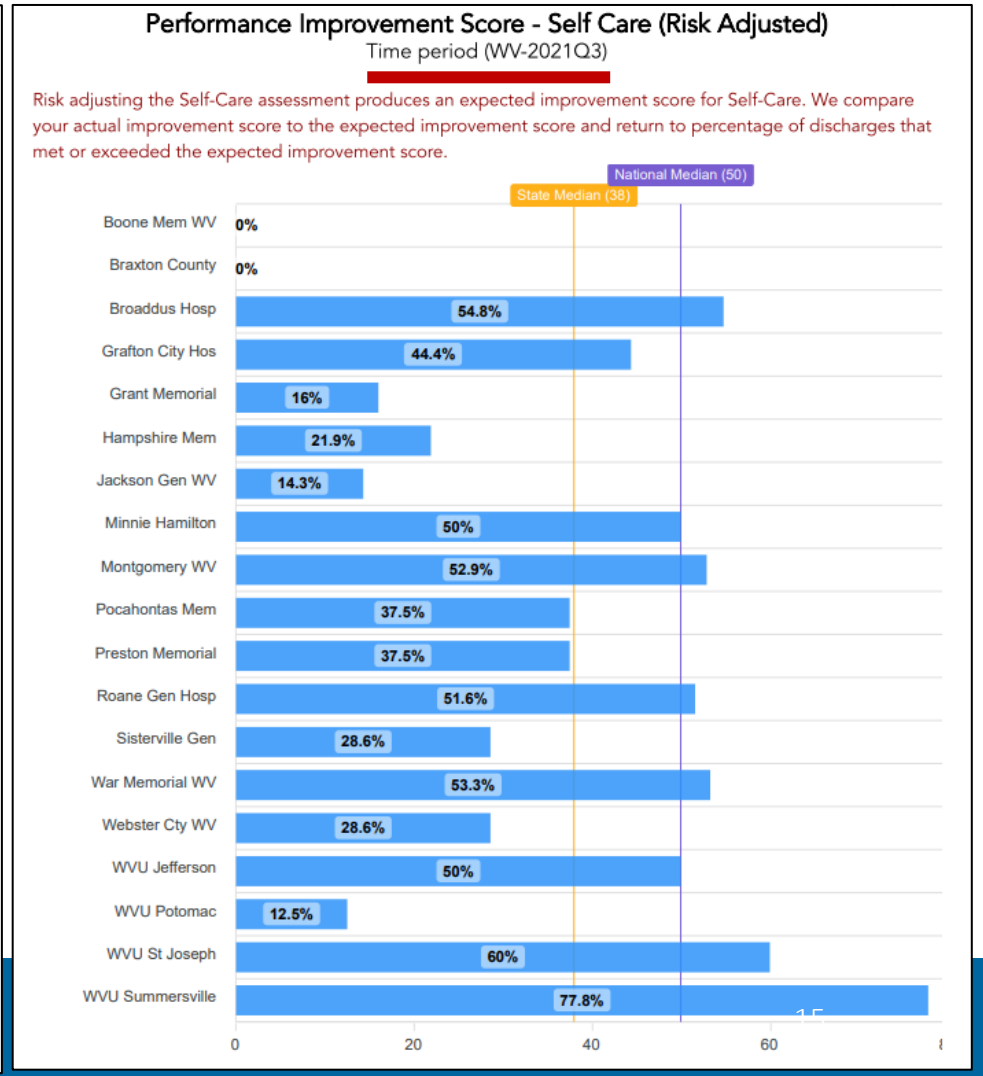
Q2 = 10/19 at 50% or > than the National of 50% and WV Network at 50%

5 CAHs were at 40% or <

Q3 = 8/19 at or > than the National of 50% WV Network went down to 38%

10 CAHs were at 40% or <



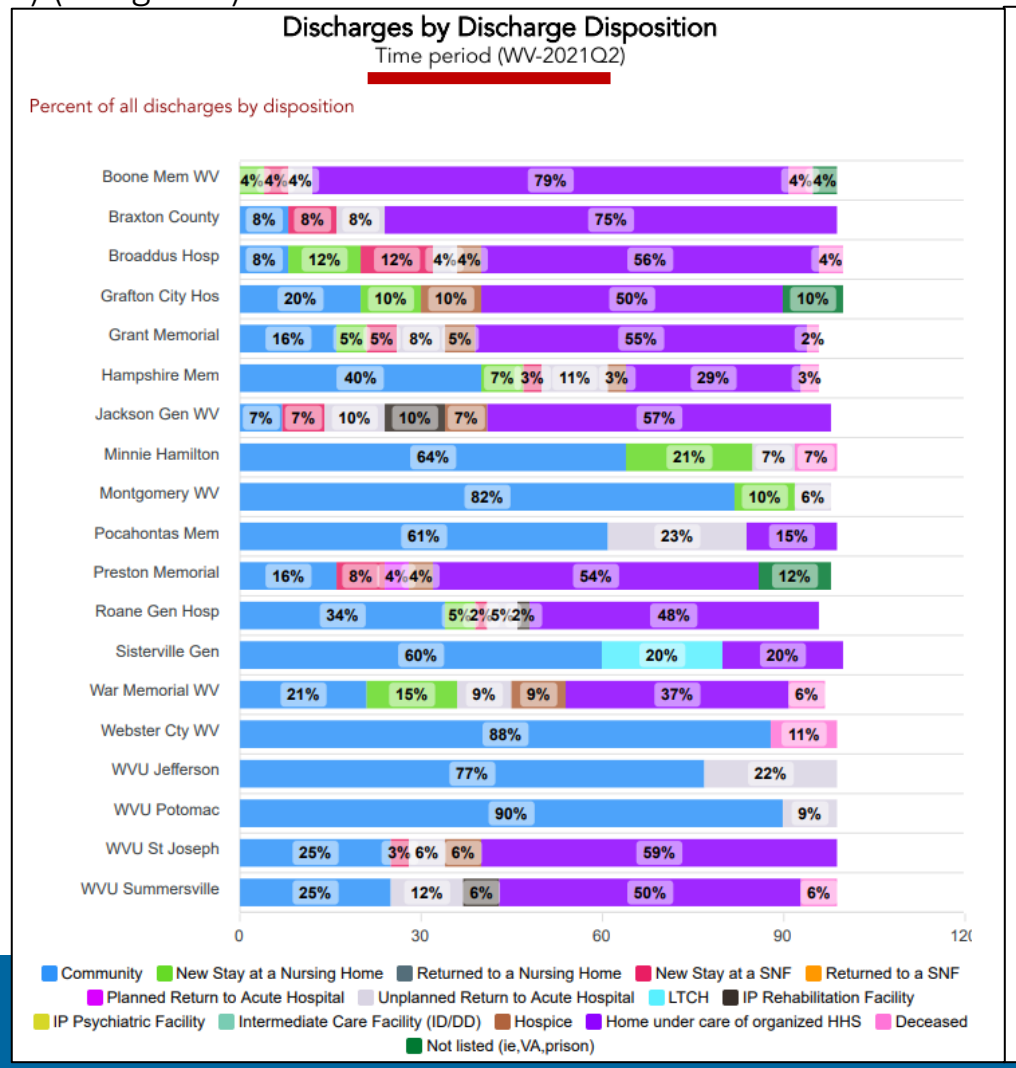


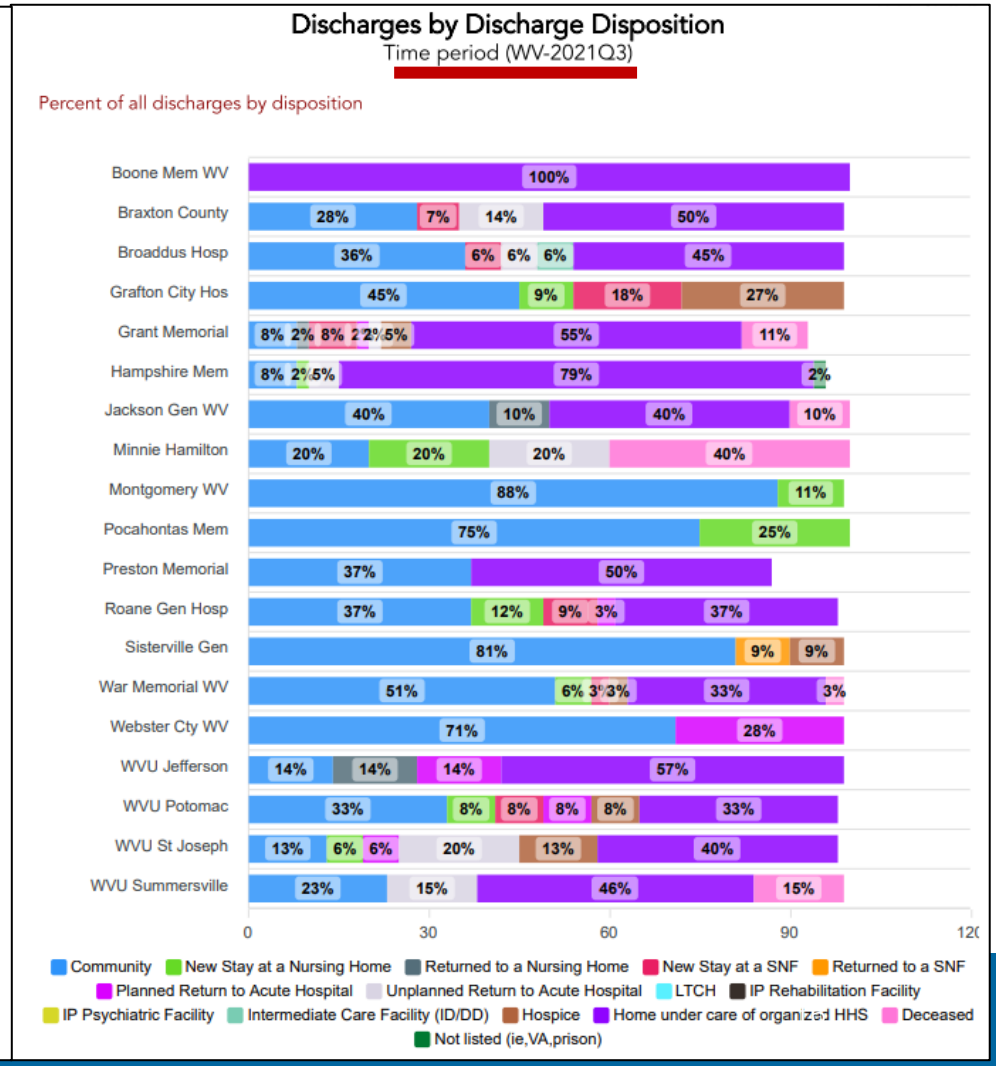
Measure Definition and Review of QAPI Data for Q2 and Q3, 2021

- Measure 5: *Discharge to Community*
- **Definition**: The % of patients who were discharged to either Community (blue) + Home with HH (purple) + Intermediate Care Facility (ID/DD) (sea green)

Discharge to the Community

I did not have access to the final % of D/C to community but looking at Blues and Purple bars, we are doing well.





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Choice of Measure for Improvement

Key Measures

- Measure 1. Return to Acute Care from Swing Bed
- Measure 2. Return to Acute Care Within 30 days Post Discharge
- Measure 3. Risk-Adjusted Improvement in Mobility
- Measure 4. Risk-Adjusted Improvement in Self-Care
- Measure 5. Discharge to Community

- Most WV CAHs are doing well with Measure 1, 2 and 5
- Measure 3: Mobility
  - Q2 – 12 CAHs were below the Nat. Avg.
  - Q3 – 10 CAHs were below the Nat. Avg.
- Measure 4: Self-Care
  - Q2 – 9 CAHs were below the Nat. Avg.
  - Q3 – 11 CAHs were below the Nat. Avg.

Action Plan Template

October 20, 2021

SWING BED QUALITY IMPROVEMENT: CAH ACTION PLAN TEMPLATE

Hospital Name / State	
Contact Name	
Email & Phone Number	

ACTION PLANNING (due no later than December 31, 2021)

Focus Measure	Choose an item.
Baseline Measure Value	
Baseline Discharges (D/C)	
Baseline Reporting Quarter[1]	
Issues & Opportunities	•
Target Measure Value	

1. Generally, the Baseline Reporting Quarter is Q2 or Q3 2021 for established CAHs and Q4 2021 for new CAHs. Established CAHs are those that were leveraging the Outcomes Tool prior to the Flex QI program.

Planned Interventions	Expected Outcome	Person(s) Responsible	Target Implementation Date(s)
1.	•		
2.	•		
3.	•		
4.	•		
5.	•		

EXECUTION UPDATES

For Measures 1, 3, 4, and 5: Submissions due by April 30 (for Q1) and July 31 (for Q2)
For Measure 2: Submission due by May 31 (for Q1); final submission (for Q2) due date TBD

	Measure Value	D/C	Measure Value & D/C Month(s)[2]	Has the measure improved vs. baseline?	What happened?	What will we change for next month?
Jan			Dec	Choose an item.	•	•
Feb			Jan	Choose an item.	•	•
Mar			Feb	Choose an item.	•	•
Q1			Jan - Mar	Choose an item.	•	•
Apr			Mar	Choose an item.	•	•
May			Apr	Choose an item.	•	•
Jun			May	Choose an item.	•	•
Q2			Apr - Jun	Choose an item.	•	•

Action Plan Template (cont')

2. For Measures 1, 3 ,4 and 5, the value month will be for previous month. For example, a CAH providing an Execution Update in the month of February will be examining data from January. For Measure 2, the value month will be two months prior. For example, a CAH providing an Execution Update in the month of February will be examining data from December.

PROJECT CONCLUSIONS

For Measures 1, 3, 4, and 5: Final submissions due on July 31

For Measure 2: Final submissions due TBD

End Measure Value	
End Measure Reporting Quarter	Measure 1, 3, 4, and 5: Q2 2022; Measure 2: TBD
Has the measure improved vs. baseline?	Choose an item.
What lessons did we learn? Surprises? Challenges?	•
Which interventions will we adopt, adapt, or abandon?	•
What modifications will be made going forward?	•

Best Practice for the 5 key Measures

- **General** (applies to all measures)

It requires processes and a team on board

Great outcomes do not happen by chance

Do not wait for quarter-end to look at data – too late to make improvements

Garbage in = Garbage out

This not an exercise to see if you can input data in a program

Best Practice for the 5 key Measures

- General (applies to all measures)
  - Requires support from administration – quality comes first
  - Discuss the project with the staff including all measures with emphasis on the chosen key measure for this project
  - Training on how to code the Data Collection Form – important to understand the impact of our coding
  - Determine who your SB team is made up of for day-to-day management of the project: PI Director, Care Manager (if involved with SB patients, SB Coordinator, Nurse Manager, Rehab Director/designated rep…)
  - Staff training for data input in the portal – pay attention to details
  - Staff training on pulling reports from the portal
  - Process for concurrent coding and data entry
    - Ideal is for all data (except the 30-day post-discharge call) to be entered in the portal no later than the week after the patient is discharged – is there clerical assistance that could be inputting data?
    - Develop a tickler sheet to serve as a reminder to call the patient/family on day 31 after the SB D/C date
    - Complete the post-discharge call within 2-3 days after 30-day post discharge and enter in the portal that day or the next
  - Pull reports on a monthly basis to assess the status of the program – assess and analyze correlation between measures
    - For instance, any correlation between short LOS and self-care & mobility scores?
    - Therapy availability and self-care & mobility scores
    - Lack of nursing staff for census
    - High % of return to acute during SB stay and very low census
  - Discuss action plans for measures not within expected results
  - Remember that you can bring down the values for a Network when not minding the store - individual reports will not be going to the FORH – WV will be reported as 1 entity

Best Practice for the 5 key Measures

- *Measure 1: Return to Acute Care from Swing Bed*
  - Strong pre-admission process to determine who should or should not be admitted
  - Staff training for types of patients admitted to the SB program
  - Get to know your referral sources to make sure they do not send you unexpected acutely ill patients
  - Do not be so quick in returning a patient to acute in your own CAH bed – remember that the care of the SB patients are provided by the same providers, nursing and therapy
    - If the expectation is that the patient's new condition will be managed with 24 hrs., consider keeping them in SB
    - Providers and staff to understand the impact of returning a patient to acute within days in SB or SNF
      - PPS hospitals are penalized financially, and CMS tracks that information for all
  - Review 100% of the return to acute while they are still in the hospital to determine if the return to acute could have been prevented

Best Practice for the 5 key Measures

- *Measure 2: Return to Acute Care Within 30 days Post Discharge*
  - Early discharge planning assessment
    - Includes available support, transportation needs, pharmacy needs, financial concerns…
    - In-depth assessment for all re-admissions for the same condition to try to identify if it could have been prevented
  - Family involved from the beginning and through out
  - Patient education regarding their conditions (dos & don'ts), how to recognize signs to report to their provider before its too late
    - Ideally something like a Stop-Light handout for chronic conditions (request samples if you have misplaced what was provided)
  - Strong process for Medication Reconciliation on admission and discharge
  - Medication education (name/purpose/dosage/side effects to report) – involve the pharmacist when ever possible but more specifically with new medications
  - Clear & concise written discharge instructions
  - Teach-Back is used throughout by all staff
  - Plans for Home Health if they meet criteria
  - Schedule a follow-up visit with their providers within a week or sooner
  - Clinical thorough follow-up call within 24 to 72 hrs. (time is based on condition and needs at discharge)
    - Address potential issues identified
    - Consider weekly follow-up calls for more unstable patients for up to 1-month post-discharge as needed
  - Have a process in place to reach as many patients as possible – high % of readmission often due to few patients reached

Best Practice for the 5 key Measures

- *Measure 3 & 4: Risk-Adjusted Improvement in Mobility and Self-Care*
  - Nursing expected to work with the patient for self-care & mobility even when receiving therapy
    - Care plan includes nursing responsibilities
  - Ensure sufficient therapy staff to meet the patient's needs (15 to 30 min/day is not a rehab program)
  - Training for nursing and therapy regarding self-care and mobility assessments
    - Training on how to code every item correctly - Use tools available to help the process
      - Training tools available with scenarios, Staff interview questions, laminated decision tree, laminated item definition to ensure we are all measuring in the same manner (request training documents if you have misplaced)
    - Therapy staff to use same language as CMS for SB/SNF to make sure we are all on the same page
  - Team approach to coding – stand-up meeting between SB coordinator, nursing and therapy preferably on day 2 but no later than day 3 for the admission assessments and the day of discharge for discharge assessments
    - Assess the 24-hr. picture to prevent over-coding or under-coding
      - If coded higher than reality, there is less opportunity to improve
      - If coded lower than reality on admission & discharge – again less opportunity
      - If coded lower than reality on admission and coded correctly or over-coded on discharge, it will give you false improvement and that is not what this project is about!

Best Practice for the 5 key Measures

- *Measure 3 & 4: Risk-Adjusted Improvement in Mobility and Self-Care (cont')*
  - Use a Rehab Model for patient care
    - Strong emphasis on discharge plan (discharge disposition, level of assistance available, pre-admission functional status, present status, potential issues…)
      - Discharge plan directs the care plan and discharge date – discharge date is based on the IDT's recommendation
    - Dressed in street clothes as soon as possible – all meals in chair vs bed if medically approved
    - Encourage independence (nursing not to do for the patient unless necessary)
    - Patient and family involvement on an on-going basis
    - PT & OT to offer a variety of interventions including simulation as much as possible (ambulation is not a therapy skill need) – patients at this age frequently have difficulty transferring what is learned – upper extremity exercise does not translate to carrying a full pan – hip precaution instruction does not translate to how to pick up a laundry basket etc…
  - Agree on discharge goals during the 1st team meeting (which should be on day 3 or the stay due to shorter stays)
  - Discharge goals to be discussed with all nursing, patient/family
  - Use Patient Communication Board at the bedside to write the goals
  - Nursing to include the self-care and mobility status during their shift report
  - Discuss status of their discharge goals with patent/family to motivate them in participating to their max
  - Review status of the discharge goals during the weekly IDT meeting and compare with admission status and discharge goal
    - Adjust care plan if the progress is not sufficient

Best Practice for the 5 key Measures

- *Measure 3 & 4: Risk-Adjusted Improvement in Mobility and Self-Care (cont')*
  - As stated earlier, these 2 measures are risk-adjusted
    - Crucial to identify all risks appropriately
      - An unidentified risk or two will most likely produce a higher expected improvement score
  - Section of the data form used to Risk-Adjust are:
    - A: Primary Medical Condition Category
    - B. Prior Surgery
    - C. Prior Functioning
    - D. Prior Device Use
    - E. Bladder & Bowel Continence
    - F. Unhealed Pressure Ulcers/Injuries at Swing Bed Admission
    - G. Fall History on Admission
    - H. Total Parenteral Nutrition & Tube Feeding while in Swing Bed
    - I. Communication
    - J. Comorbidities

Best Practice for the 5 key Measures

- *Measure 5: Discharge to Community*
  - Strong and comprehensive discharge plan assessment to fully determine needs early on
  - Family involvement during assessment as well as before & after every IDT meetings if not at the IDT meeting
  - Quality Rehab Model
  - Family education/training as needed to improve their level of comfort at home
  - Home Health as needed
  - OP therapy as needed
  - Help the family identify community support

Next Steps

- Review these slides with your team and discuss
- Feel free to email me with any questions – do not wait at the last minute
- Continue QAPI project
- Get caught up on data entry
  - Identify a process or assistance to maintain data entry
- Action Plan form will be attached to the email with these slides
- Review the Action Plan form and prepare questions (if any)
- Update team contact list for your CAH by 10/31/21
- Choose and provide which measure (Self-Care or Mobility Improvement) by 10/31/21
- Next Zoom Meeting: Wednesday November 17, 2021, from 1:00 PM to 2:30 PM
  - Agenda:
    - QAPI Benchmarking (Note: ALL Q3 data (J-A-S) including post-discharge follow-up is due by November 5)
    - Follow-up Q&A from 10/21's zoom mtg.
    - Action Plan format and expectations
    - When and where to get data for the action plan