


CAH Swing Bed QAPI Project
Outcome Management Qtr. 1 of 2021
Option 1 & 2 Data Collection Forms
(Zoom Meeting)

April 13, 2021

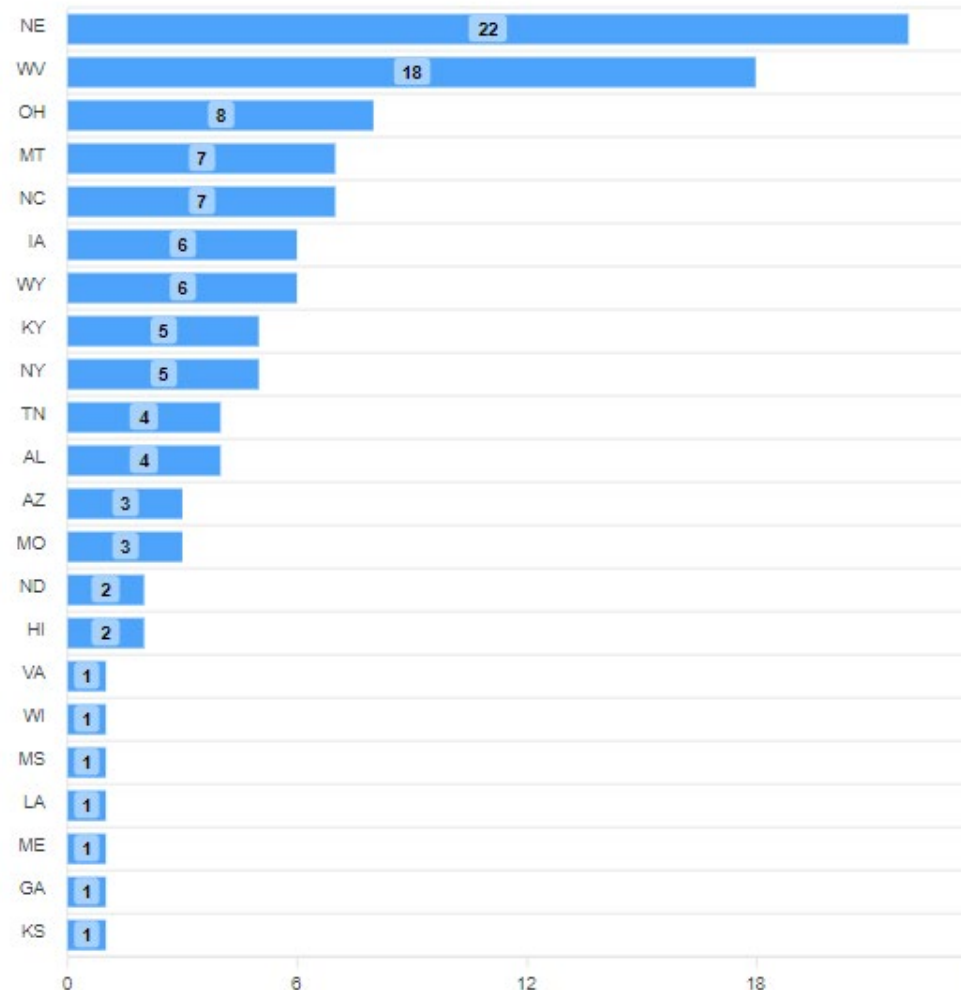


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109 Hospitals Participating in Swing Bed PI/QI Project for Q1 2021 (Comparison Group Size)

Participating Hospitals by State Time period (2021-Q1)

Total number of hospitals with data entered for the time period



WV Participating CAH Hospitals (Q1, 2021)

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
Webster Memorial Hospital	2
Bath Community Hospital (VA)	1

- 19 of 21 WV CAHs are now participating in the QAPI project effective Q1, 2020!
- We also have Bath Community Hospital from VA who has joined the WV network – kudos to you for your participation – Stroudwater has not yet figured out how to include your data so I did manually when possible – not included in the WV Median
- 17 of the now 20 participating CAHs chose to use Option 2 for their comprehensive PI/QI program – hope Montgomery, Sistersville and Bath will plan to use Option 2 effective Q3, 2021
- Webster has finally joined us – yeah!
- Many CAHs have staff changes on the team so bare with all if repeat questions.
- Please notify me when you have changes (name, title, email, key contact or not and portal access of not)

Discharges and Exclusions (Q1, 2021)

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

Note: the **blue #** is the Total number of patients discharged and the green is the # from the total that were excluded from the Self-Care & Mobility calculations

Total number of discharges (# in blue) which includes the number of exclusions (green)



13 CAHs are above the National Median and 10 are at or above the WV State Median

Bath Community Hospital = 12 D/C which included 4 exclusions

Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/2021

Total Swing Bed Discharges (Q1, 2020 to Q1, 2021)

- ❑ Hampshire had same # of D/C in Q1, 2021 compared to Q4, 2020
- ❑ Minnie Hamilton, Montgomery, Roane, St Joseph, and War all went up during the same period
- ❑ In comparing Q1, 2020 with Q1, 2021, 4 CAHs went up: Grant, Jackson, Minnie, and Montgomery
- ❑ Following hospitals to comment on increased, decreased, fluctuating utilization:
 - Grafton – decrease (36 < 10)
 - Grant – decrease (62 < 46)
 - Jackson – decrease (53 < 34)
 - Jefferson – fluctuation continues
 - Pocahontas – fluctuation
 - Potomac – on-going decrease
 - Roane – coming back up
 - Sistersville – new affiliation not helping?
 - St Joseph – coming back up
 - Summersville – down from Q4
 - War – coming back up
 - Webster – can you do anything to increase census
 - Bath - decrease
- ❑ Overall, lower by 84 D/C in Q1, 2021 vs Q4 but up by 33 D/C compared to Q1, 2020

# of D/Cs by Qtr. for past 5 quarters	Q1, 2020	Q2, 2020	Q3, 2020	Q4, 2020	Q1, 2021
Boone Memorial Hospital	23	21	19	22	17
Braxton Community Health Ctr - WVU	??	??	??	18	10
Broadus Hospital - Davis Health	31	16	29	27	24
Grafton City Hospital	16	15	19	36	10
Grant Memorial Hospital	37	39	39	62	46
Hampshire Memorial Hospital	34	27	12	24	24
Jackson General Hospital - WVU Medicine	30	19	??	53	34
Jefferson Med. Ctr. - WVU Medicine	5	20	14	8	2
Minnie Hamilton Health System	13	14	14	13	15
Montgomery General Hospital	31	19	44	28	33
Pocahontas Memorial Hospital	16	22	12	21	16
Potomac Valley Hospital - WVU Medicine	24	21	19	16	10
Preston Memorial Hospital	??	??	??	31	30
Roane General Hospital	40	22	29	20	36
Sistersville General Hospital (MHS)	3	2	7	4	3
St Joseph's Hospital - WVU Medicine	29	19	22	20	24
Summersville Regional Medical Center (WVU Medicine)	??	??	??	28	21
War Memorial Hospital	38	31	25	35	36
Webster Memorial Hospital	??	??	??	??	4
Bath Community Hospital	??	??	??	21	12
Total for WV CAH Network Reporting Participants	370	307	304	487	403

How many of you use the tracker by referring hospitals??

SB Number of Days (Q1, 2021)

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

Total number of days with patients in swing bed



13 CAHs are above the National Median and 10 are at or above the WV State Median

Bath Community Hospital = 147 SB Days

Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/2021

Total Swing Bed Days (Q1, 2020 – Q1, 2021)

- ❑ Braxton, Broadus, Hampshire, Jackson, Jefferson, Minnie, Montgomery, Roane, St Joseph, Summersville and War all went up in Q1, 2021 vs Q4, 2020
- ❑ In comparing Q1, 2020 with Q1, 2021, 4 CAHs went up: Grant, Jackson, Montgomery, and War
- ❑ Following hospitals to comment on increased, decreased, fluctuating utilization:
 - Boone – decrease
 - Broadus – coming back up
 - Grafton – decrease
 - Grant – increase from Q1-2-3
 - Jackson – ?? Q3 data, increase in Q1
 - Jefferson – fluctuation continues
 - Montgomery - increase
 - Pocahontas – decrease
 - Potomac – ?? # correct
 - Roane – great increase
 - Sistersville – decrease
 - St Joseph – coming back up
 - Summersville – down from Q4
 - War – great increase
 - Webster – low census
 - Bath - decrease

# of SB Days by Qtr. for past 5 quarters	Q1, 2020	Q2, 2020	Q3, 2020	Q4, 2020	Q1, 2021
Boone Memorial Hospital	399	354	424	321	264
Braxton Community Health Ctr - WVU	??	??	??	130	136
Broadus Hospital - Davis Health	560	209	401	287	484
Grafton City Hospital	306	253	589	280	109
Grant Memorial Hospital	319	382	419	502	427
Hampshire Memorial Hospital	356	240	118	331	333
Jackson General Hospital - WVU Medicine	405	199	??	454	603
Jefferson Med. Ctr. - WVU Medicine	33	152	127	27	28
Minnie Hamilton Health System	256	200	286	136	165
Montgomery General Hospital	568	499	603	594	673
Pocahontas Memorial Hospital	218	248	212	231	148
Potomac Valley Hospital - WVU Medicine	279	265	181	251	86
Preston Memorial Hospital	??	??	??	399	262
Roane General Hospital	607	263	545	326	604
Sistersville General Hospital (MHS)	45	17	51	31	12
St Joseph's Hospital - WVU Medicine	311	247	274	181	279
Summersville Regional Medical Center (WVU Medicine)	??	??	??	285	245
War Memorial Hospital	450	404	471	471	616
Webster Memorial Hospital	??	??	??	??	33
Bath Community Hospital	??	??	??	228	147
Total for WV CAH Network Reporting Participants	5112	3932	4701	5465	5654

- Financially very good for the network as a whole.
- Overall, higher by 189 days in Q1, 2021 vs Q4 though 84 less D/Cs and up by 542 days compared to Q1, 2020 !!!!
- We should consider tracking gross revenue next year!

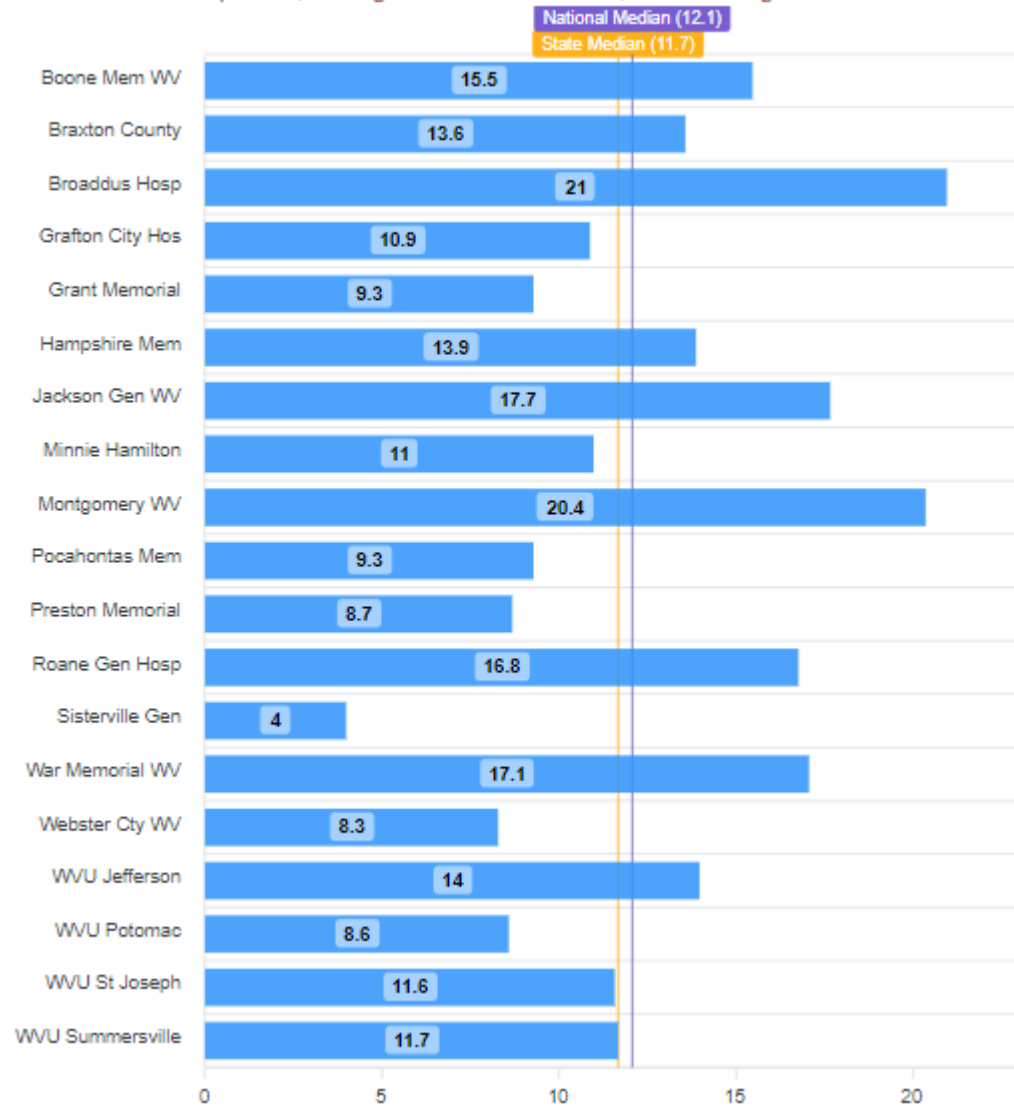
Average Length of Stay (Q1, 2021)

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

10 CAHs are above the Stroudwater National Median and 11 are at or above the WV State Median

Bath Community Hospital = ALOS of 12.3

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



Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/2021

Average Length of Stay (ALOS) (Q1, 2021 – cont')

- Median ALOS for WV remained stable in 2020 with Q1-13.6, Q2-12.6, Q3-13.7, Q4 at 13.3 but down in Q1, 2021 at 11.7 vs 13.6 in Q1, 2020
- ALOS reported nationally by different companies remains at 10-14 days with 12.1 for the Stroudwater participants
- 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? Is the ITP team on the same page?
- Is our discharge date based on goals set within 3 days of admission?
- Does our LOS reflect the Self-Care and Mobility measure outcome?
- Are we aware of what is going on in the region re: ACOs, bundle payments? Are we ready?

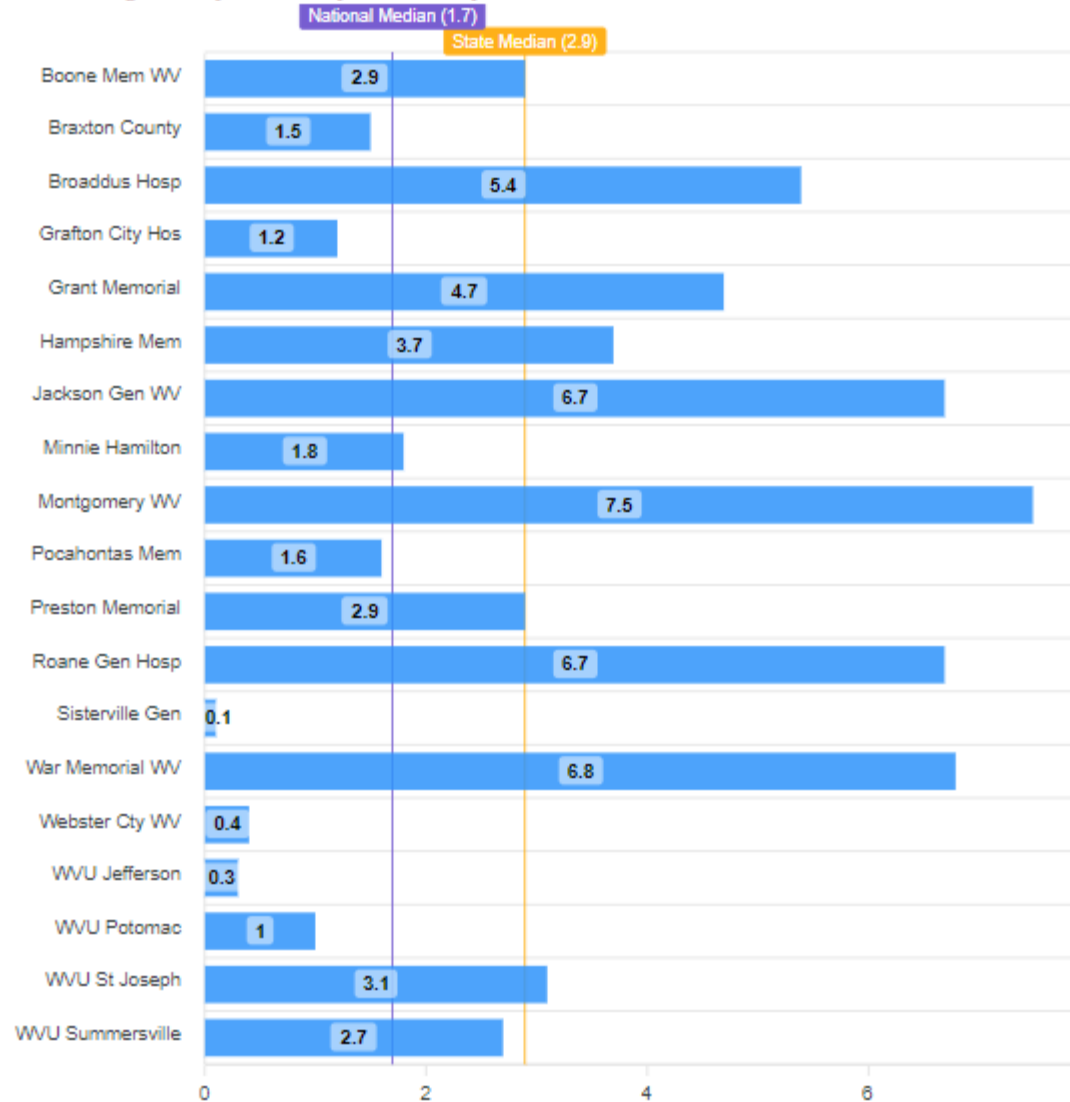
Average Daily Census (Q1, 2021)

Total swing bed days divided by calendar days in period

12 CAHs are above the National Median and 10 are at or above the WV State Median


Bath Community Hospital = an ADC of 1.6

ADC is total swing bed days divided by calendar days



Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/21

Average Daily Census (ADC) (Q4, 2020 - Q1, 2021)

- This is a new report effective last qtr.
- ADC nationally is reported at 4 with many more opportunities
- Stroudwater's project participating hospital is at a median ADC of 1.7 and at 2.9 for WV Network
- The average daily census for WV network was at 3.29 in both Q4, 2020 and Q1, 2021
- In Q1, 2021, 6 hospitals have an ADC of 4 and above: Broadus, Grant, Jackson, Montgomery, Roane and War - 
- Let's continue working at this to end on a high note this year

ADC by Qtr. for past 2 quarters	Q4, 2020	Q1, 2021
Boone Memorial Hospital	3.5	2.9
Braxton Community Health Ctr - WVU	1.4	1.5
Broadus Hospital - Davis Health	3.1	5.4
Grafton City Hospital	3	1.2
Grant Memorial Hospital	5.5	4.7
Hampshire Memorial Hospital	3.6	3.7
Jackson General Hospital - WVU Medicine	4.9	6.7
Jefferson Med. Ctr. - WVU Medicine	0.3	0.3
Minnie Hamilton Health System	1.5	1.8
Montgomery General Hospital	6.5	7.5
Pocahontas Memorial Hospital	2.5	1.6
Potomac Valley Hospital - WVU Medicine	2.7	1
Preston Memorial Hospital	4.3	2.9
Roane General Hospital	3.5	6.7
Sistersville General Hospital (MHS)	0.3	0.1
St Joseph's Hospital - WVU Medicine	2	3.1
Summersville Regional Medical Center (WVU Medicine)	3.1	2.7
War Memorial Hospital	5.1	6.8
Webster Memorial Hospital	??	0.4
Bath Community Hospital	2.5	1.6
Total for WV CAH Network Reporting Participants	3.29	3.29

- WV Network ADC was calculated by adding the ADC from all hospitals and dividing by the # of hospitals who had data.

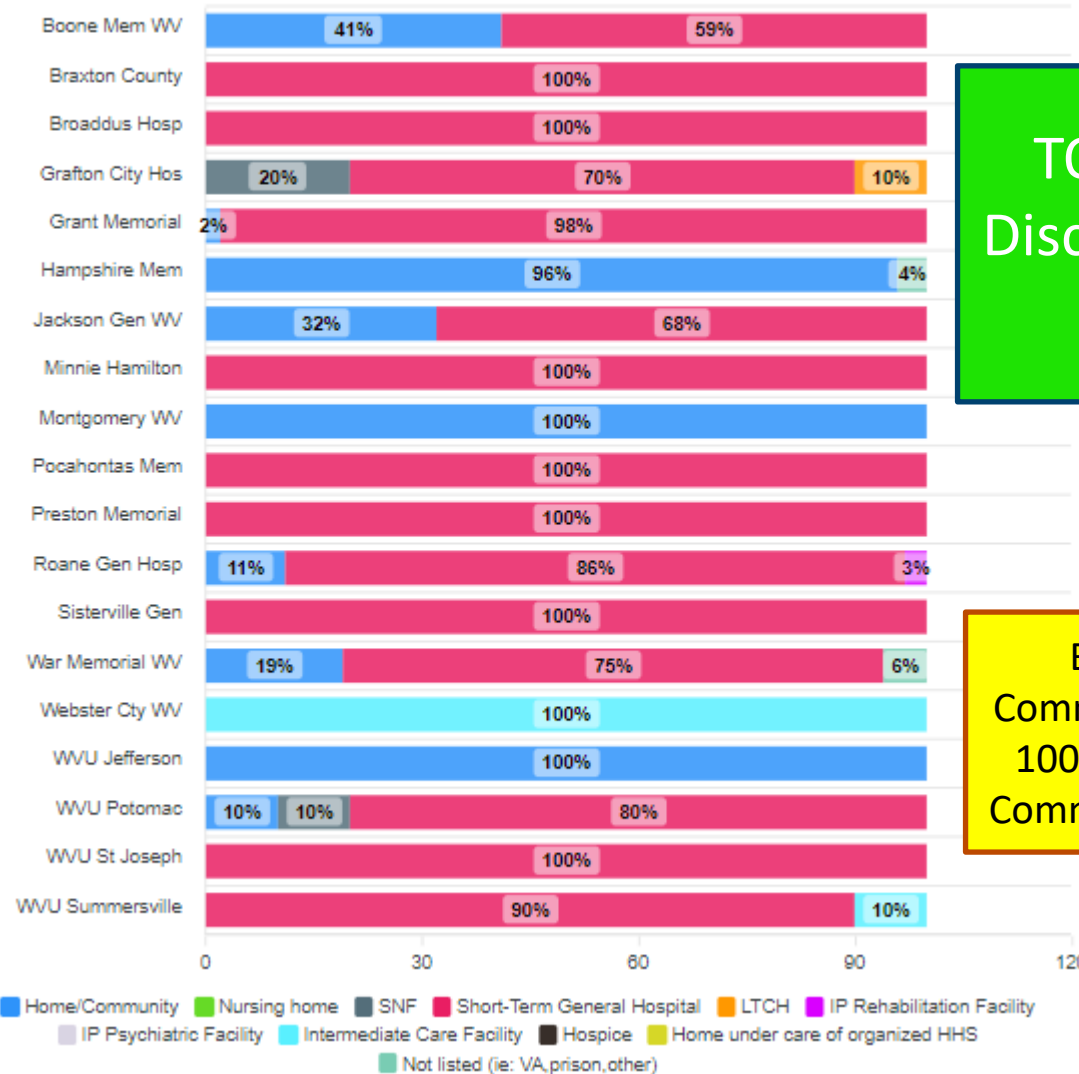
Discharges by Entered From (Q1, 2021)

Percent of discharges by where they were admitted from immediately before their admission to swing bed

% of discharges by where they entered from

- 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



TO BE Discussed !!

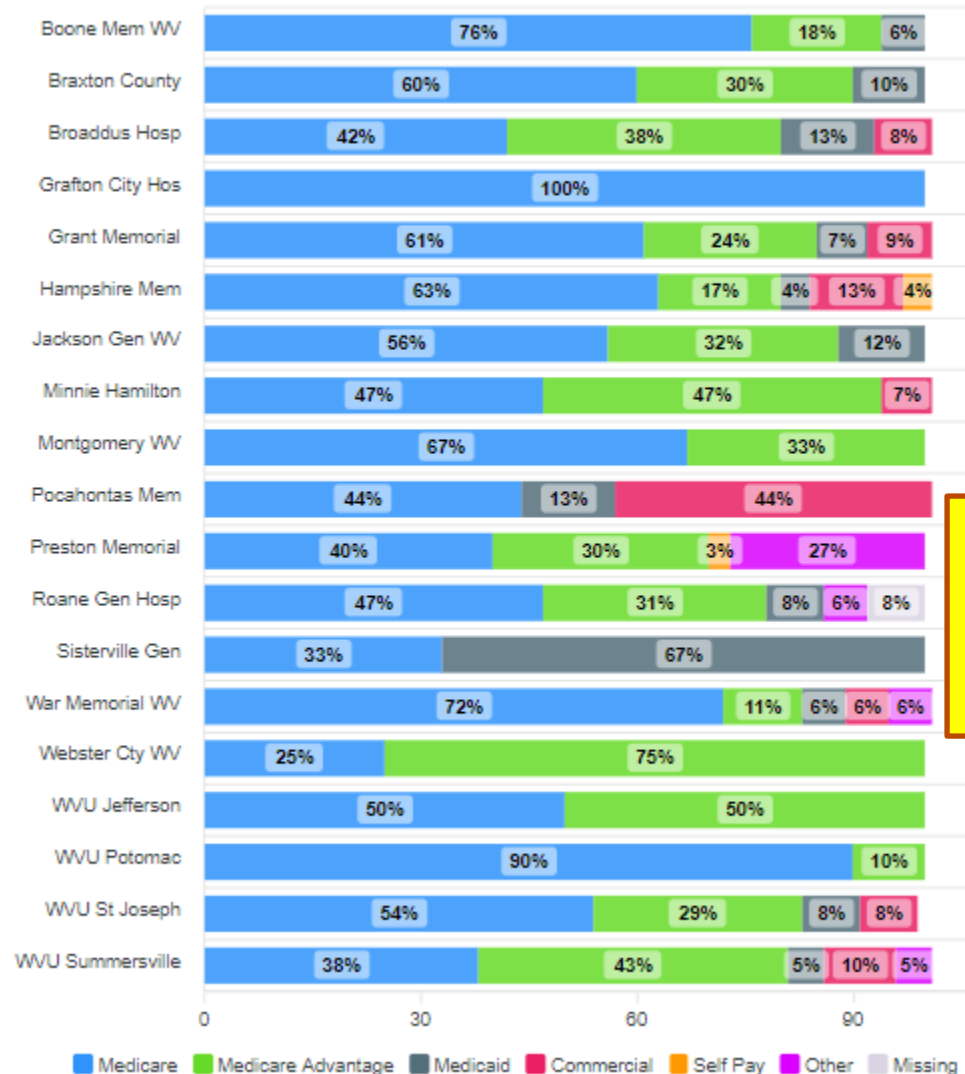
Bath Community = 100% from Community??

Discharges by Primary Payor (Q1, 2021)

% of discharges by the type of payor

- Roane – missing data
- Hampshire & Preston – did you really have “self-pay”
- Medicaid???: Boone, Braxton, Broadus. Grant, Hampshire. Jackson, Pocahontas, Roane, Sistersville, War, St. Joseph, and Summersville
- Medicare only: ?? Grafton
- “Other” consists of what: Preston, Roane, War, Summersville ??

Percent of discharges by type of payor



Bath Community Hospital = 75% MCare 25% MA

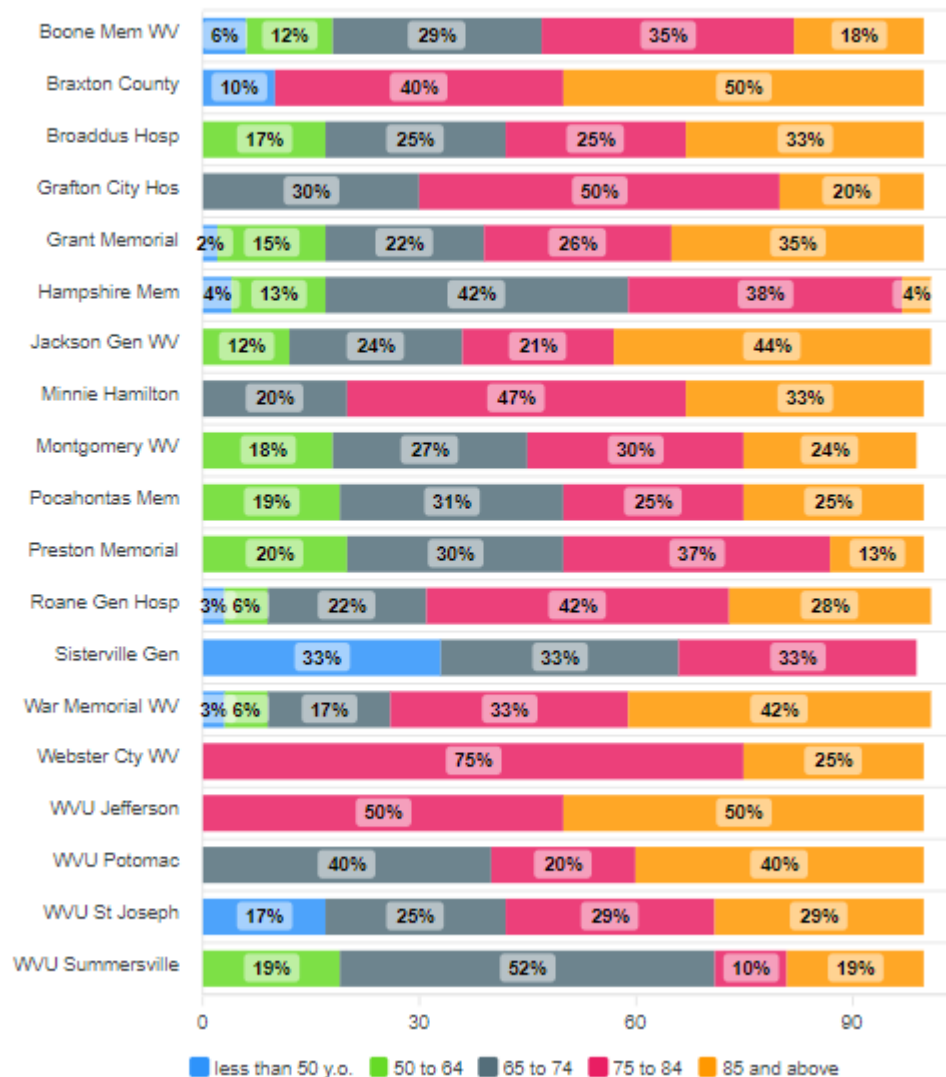
Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/2021

Discharge by Age Group (Q1, 2021)

% of discharges by age grouping

- Note that though you 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 - ?? Boone, Braxton, Hampshire, Roane, Sistersville, War, St. Joseph
- Same for 50-64 - ?? 11 CAHs
- If wrong DOBs, please correct

Percent of discharges by specific age group



Source: Stroudwater Swing Bed
 Portal 1/1/2021 – 3/31/2021
 pulled on 4/8/2021

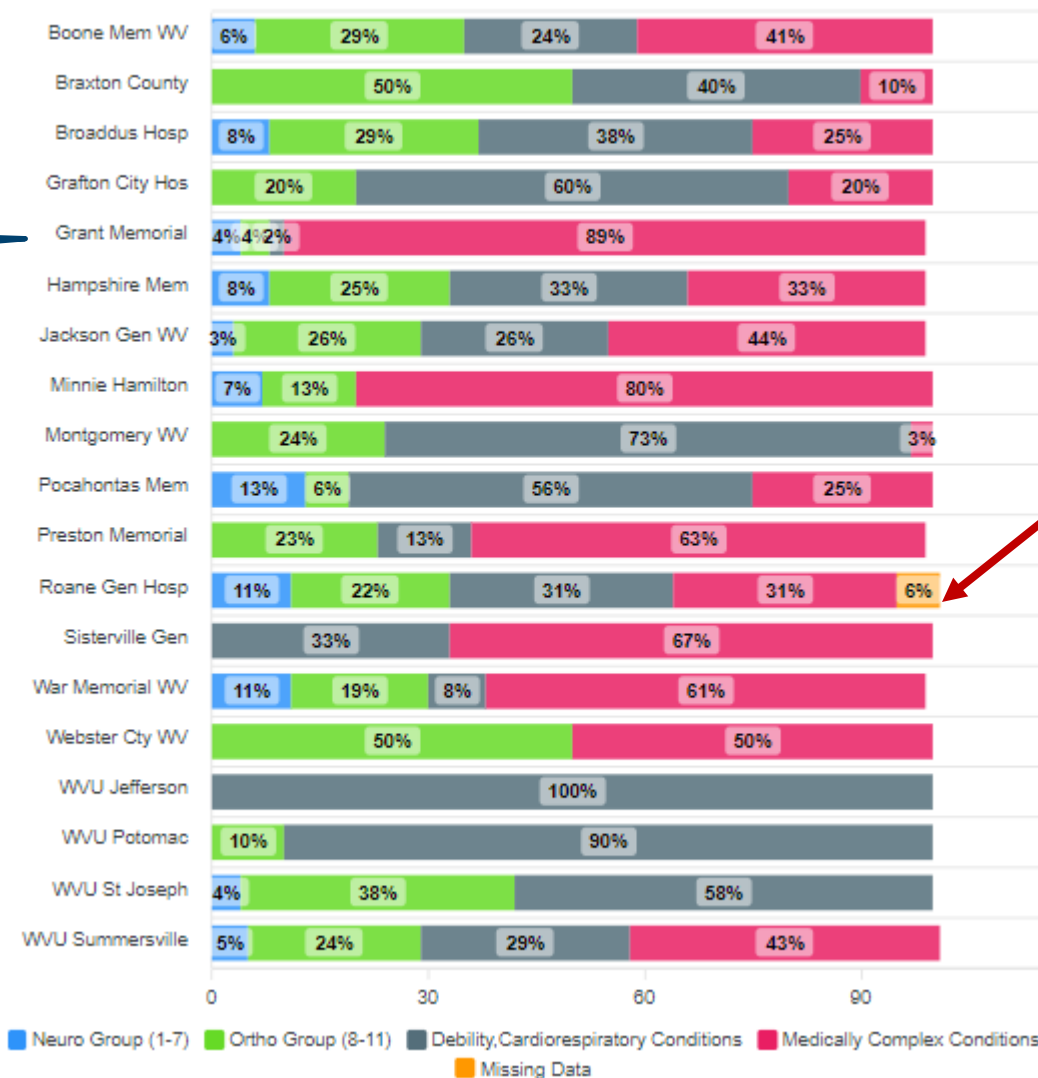
Discharges by Primary Medical Condition

% of discharges by Primary Medical Condition Groups

4% Neuro
4% Ortho
2% Debility

- Overall good variety for primary medical group
- Remaining opportunities – are we coding correctly or limiting patients we admit?
- Many of you have a large % of debility – any comments?

Percent of discharges by Primary Medical Condition groups



Bath



Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/2021

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.

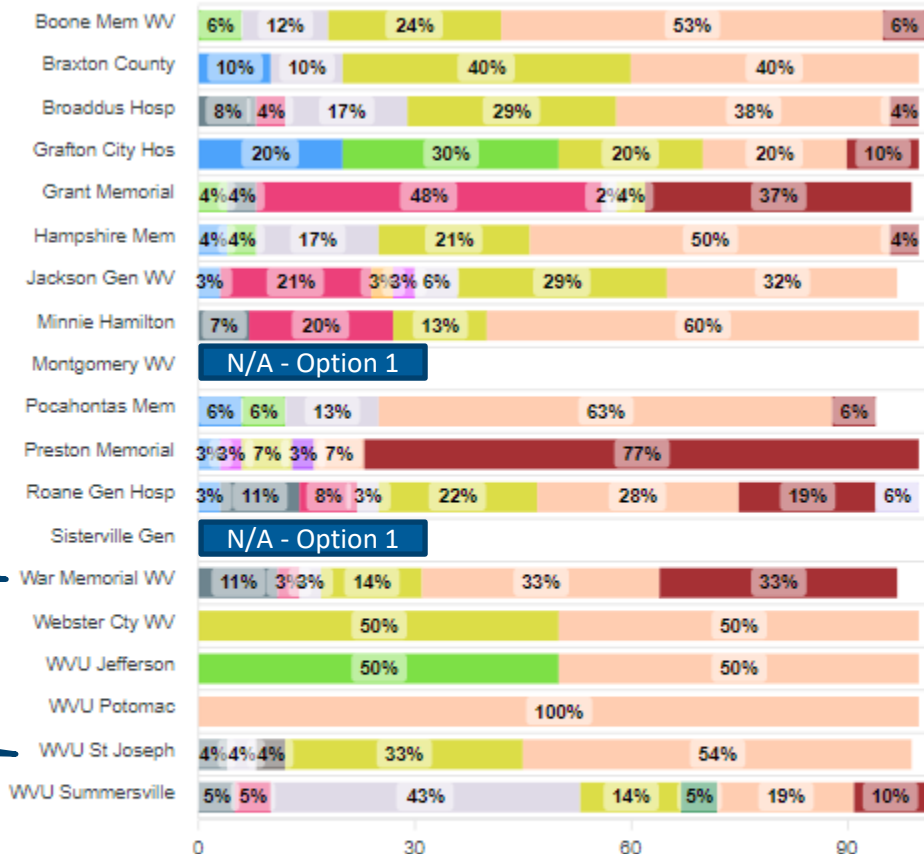
Medical Condition/Reason for Admission - Definition

- **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 (Q1, 2021) – Option 2

% of discharges by clinical program

Percent of discharges by specific clinical program



4% Pulmonary
4% Post Stroke
2% Long Term IV
4% Ortho Rehab

11% Post Stroke
3% Pneumonia
3% Long Term IV
4% Ortho Rehab

4% Post Stroke
4% Long Term IV
4% Neuro Muscular

Let's discuss the variation, or lack there of for some

Do we have a good process to determine the Clinical Program?

Are we promoting our programs?

Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/2021



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

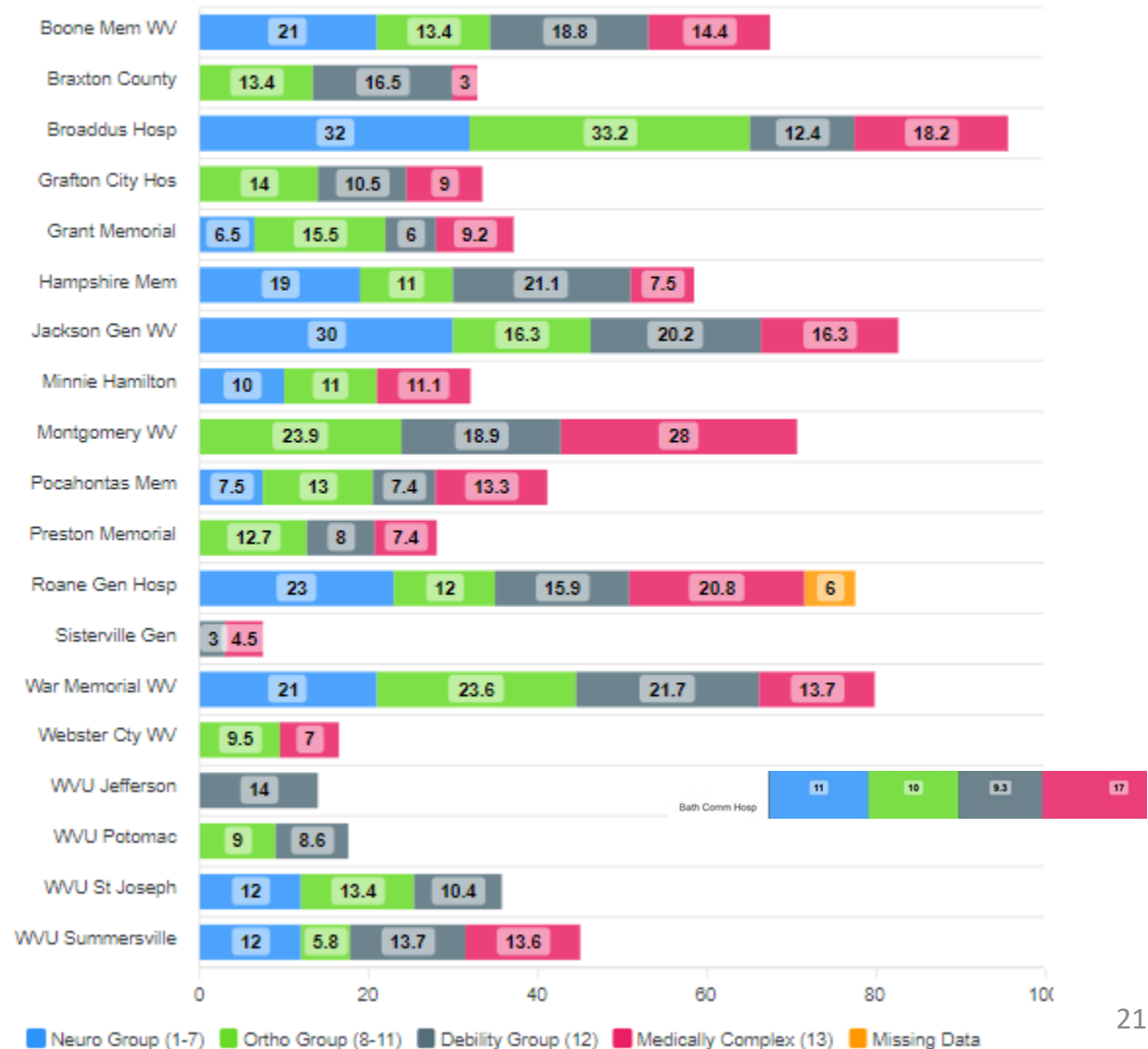
- Having a good understanding of potential Clinical Programs is a must:
 - to be better able to describe the types of patients you can or want to accept in your program,
 - to better meet the service area residents' needs
 - to promote your program (part of your marketing plan)
 - to increase utilization

ALOS by Primary Medical Condition (Q1, 2021)

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

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

Let's discuss the variation between programs and CAH



Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/2021

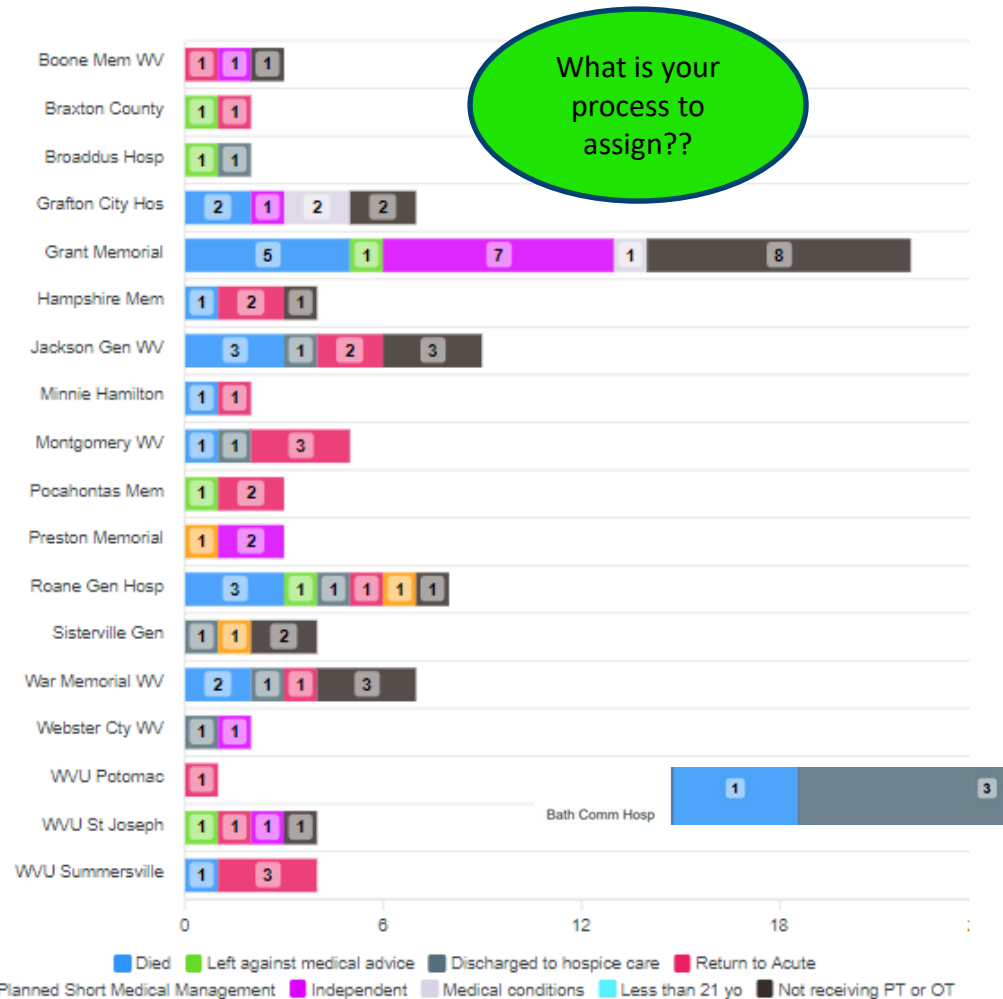
Exclusions (Q1, 2021)

- Unexpectedly discharged to acute saw a slight increase based on both SB days and SB discharges – based on D/C 18/Q1, 2021 = 0.046%, vs 20/Q4, 2020 = 0.043%
9 CAHs in Q1 vs 10 in Q4 – what makes you return a patient to acute?
- Broadus – you had 4 return to acute in Q4 but none this Q1 – did you do anything different?
- Deaths: Expected??
Jackson – 3, Grant – 5, Roane – 3, Bath -1
- LAMA – tell us about them – what is our pre-admission process?
Braxton, Broadus, Grant, Pocahontas, Roane, St. Joseph
- Hospice discharges – did you know on admission that was the plan?
- No one admitted for a planned less than 3 days (usually a short-term medical management)
- Grafton & Grant: Medical condition as an exclusion? See description

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

Medical Conditions: coma/persistent vegetative state; complete tetraplegia; locked-in syndrome; severe anoxic brain damage, cerebral edema, or compression of brain.

Planned Short Medical Management: stay less than 3 days

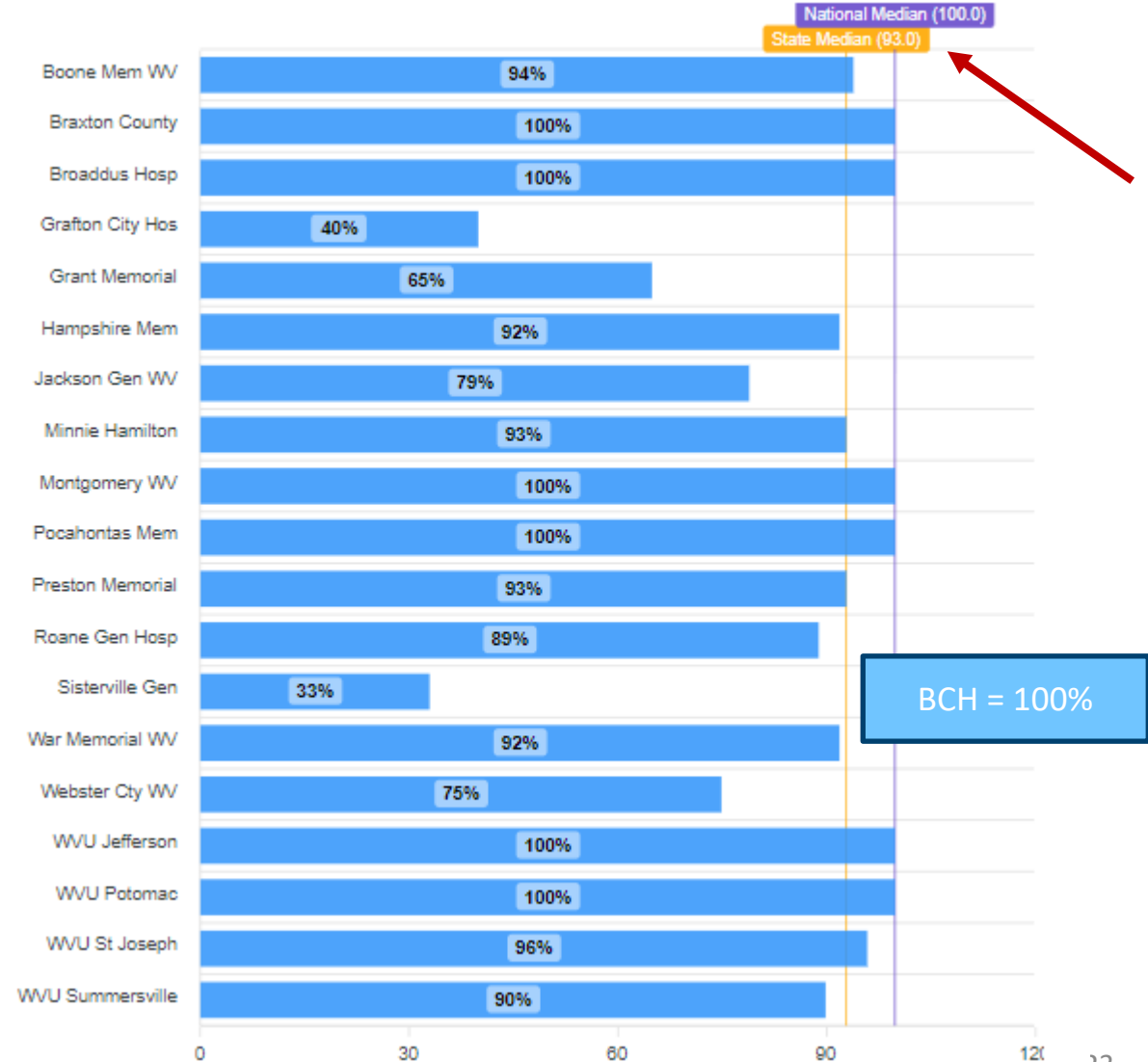


Discharges by Therapy Received (Q1, 2021)

% of total discharges that received therapy

- Grafton – still the lowest at only 40 % receiving therapy
- Jefferson – you went from 40% last qtr. to 100% this qtr. Why is that?
- 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?

Percent of discharges that received therapy



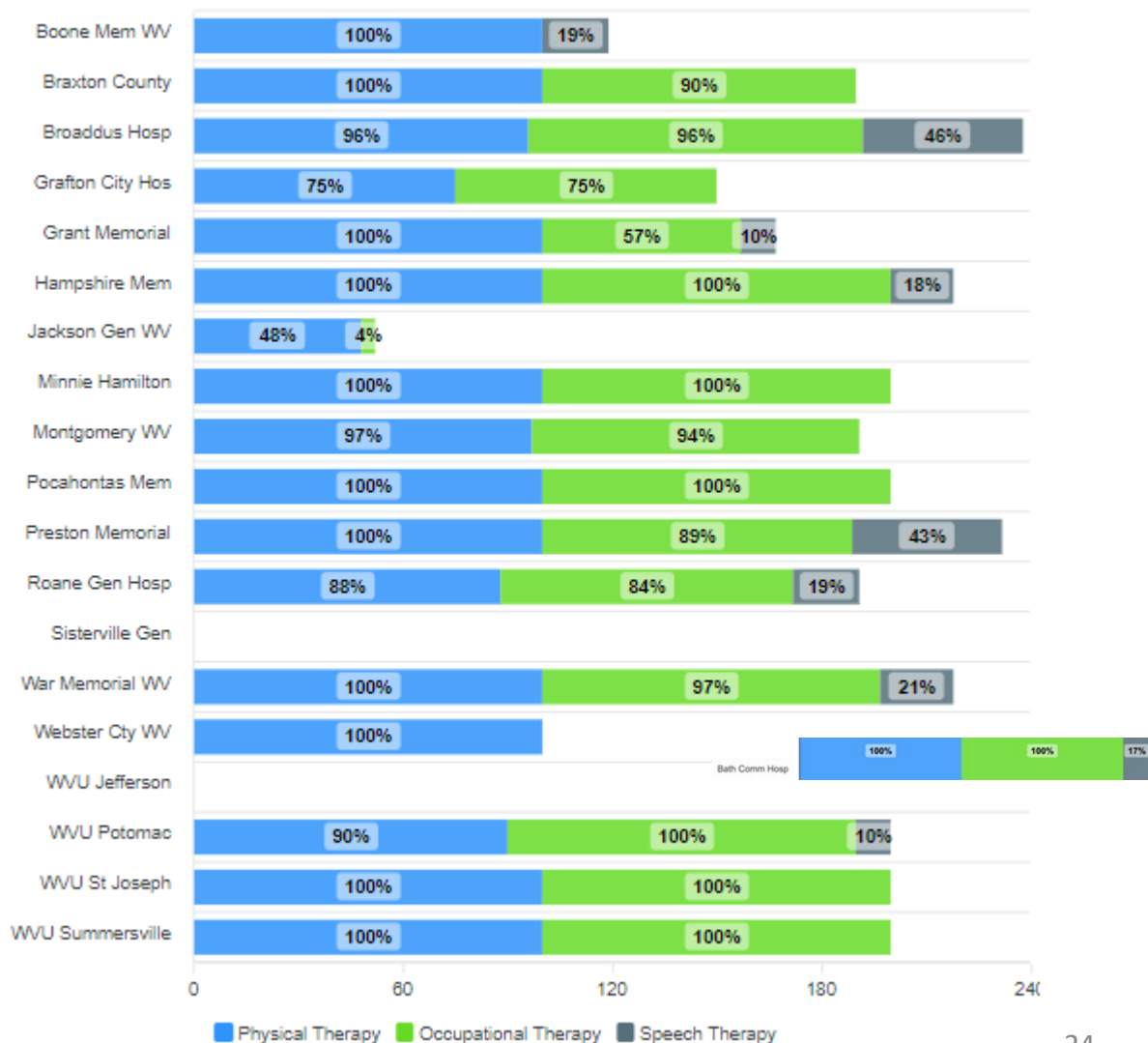
Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/2021

Discharges by Type of Therapy Received (Q1, 2021)

Percent of discharges that received therapy by type of therapy

% of discharges that received therapy by type of therapy

- Do the CAHs without SLP due to no availability?
- 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 if so, does documentation support it?
- Sistersville & Jefferson – please go back and complete
- Those w/out OT or low OT – due to availability ??




Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/2021

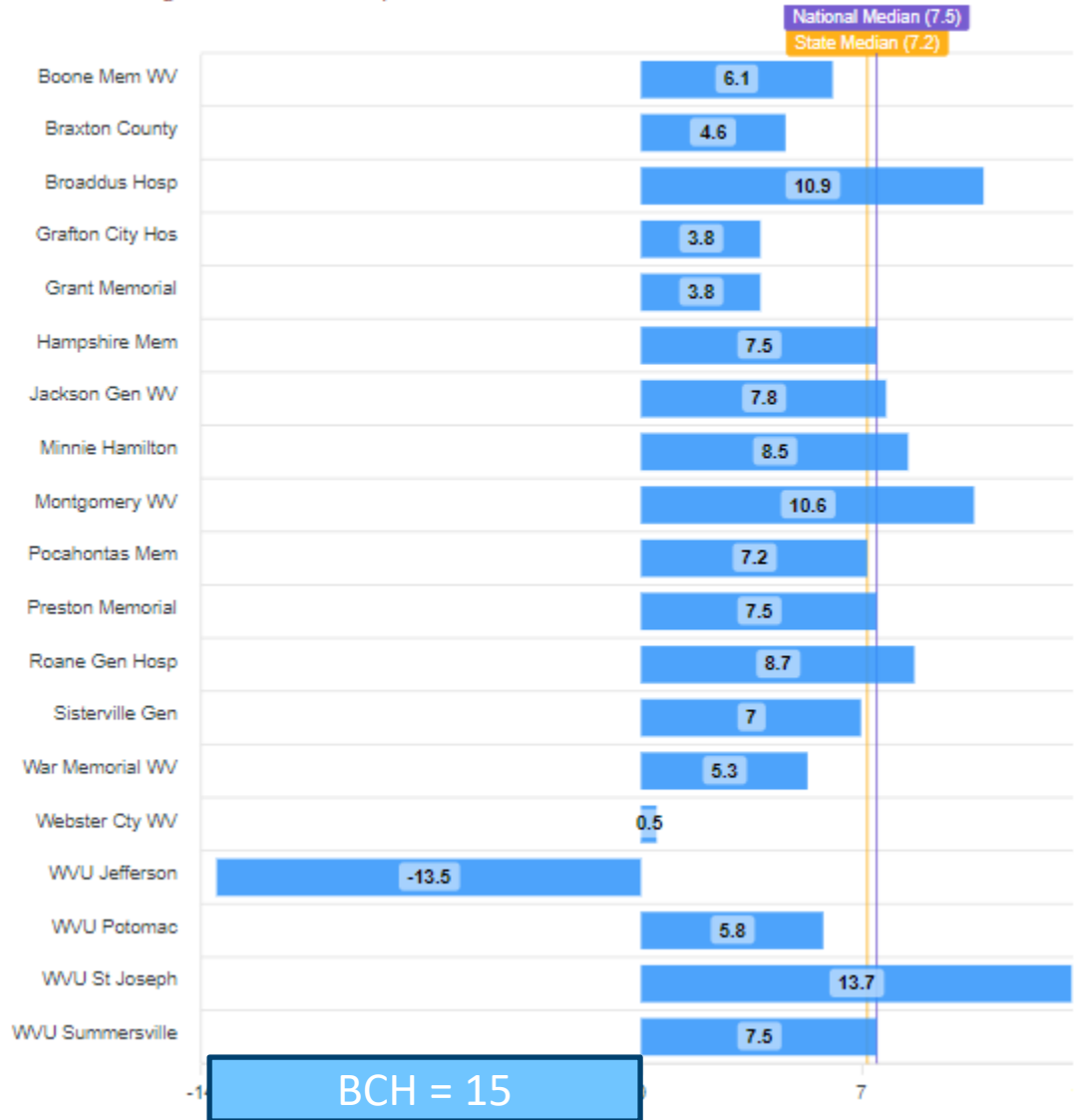
Performance Improvement Score – Self-Care (Q1, 2021)



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

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 7.2 – down from 7.4 and lower than the Stroudwater National at 7.5
- These are still not risk adjusted
- Jefferson - ?? Data – scoring??
- 7 CAHs below WV and Nat. for self-care improvement score – why do you think that is?
- Bath and St Joseph have highest score of 15 and 13.7 respectively 
- What do we need to do differently – be on the look out for a new project for 2021-2022



Self-care Improvement by Primary Medical Condition (Q1, 2021)

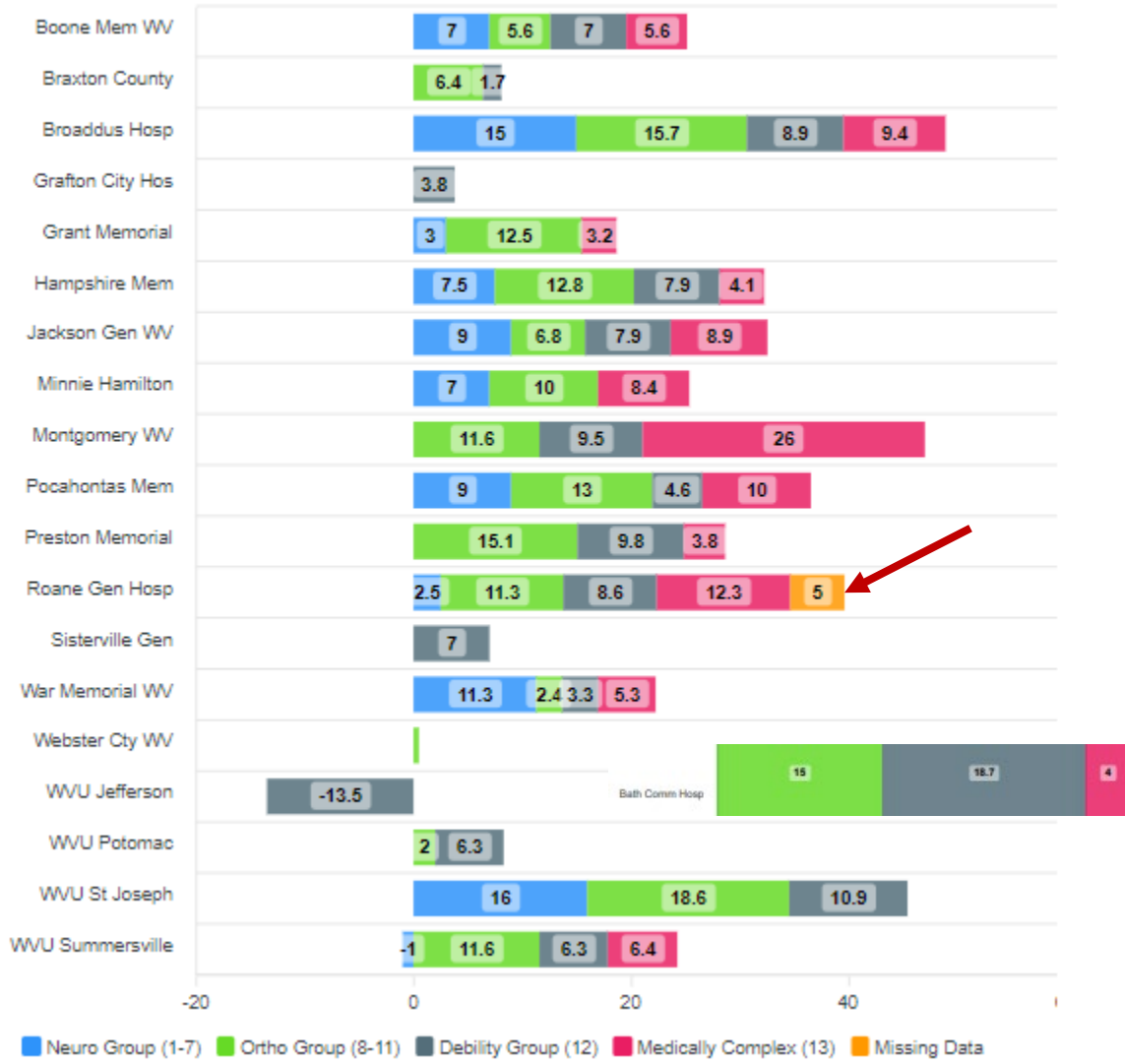


Score is the difference between admission and discharge scores for each activity summed and divided by number of discharges without excluded patients for each primary medical condition

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

- Again, quite a variety between hospitals
- Neuro – score of -1 to 16
- Ortho – score of 2.4 to 18.6
- Debility - score of -13.5 to 18.7
 - Jefferson ????
 - Webster ???
- Medically Complex – score of 1.2 to 26
- Roane – please go back and complete data

How are we coding – is it between nursing and therapy???



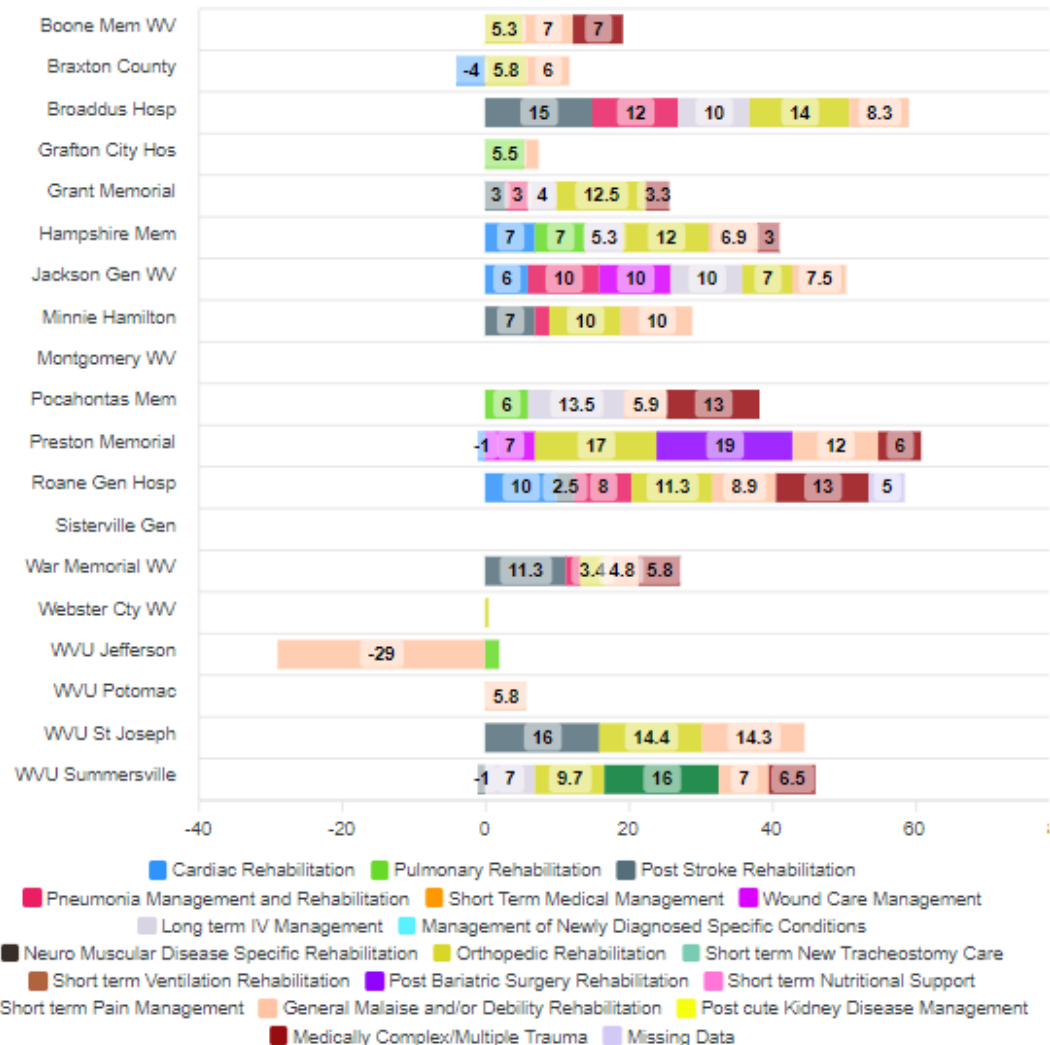
Self-care Improvement by Clinical Program (Q1, 2021) Option 2



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

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

- Now looking at Self-Care by Clinical Program also
- Let's discuss variety – some of you would have difficulty promoting your clinical programs - where would you want your loved one to be admitted to?
- Jefferson – what is going on???
- Help me understand!



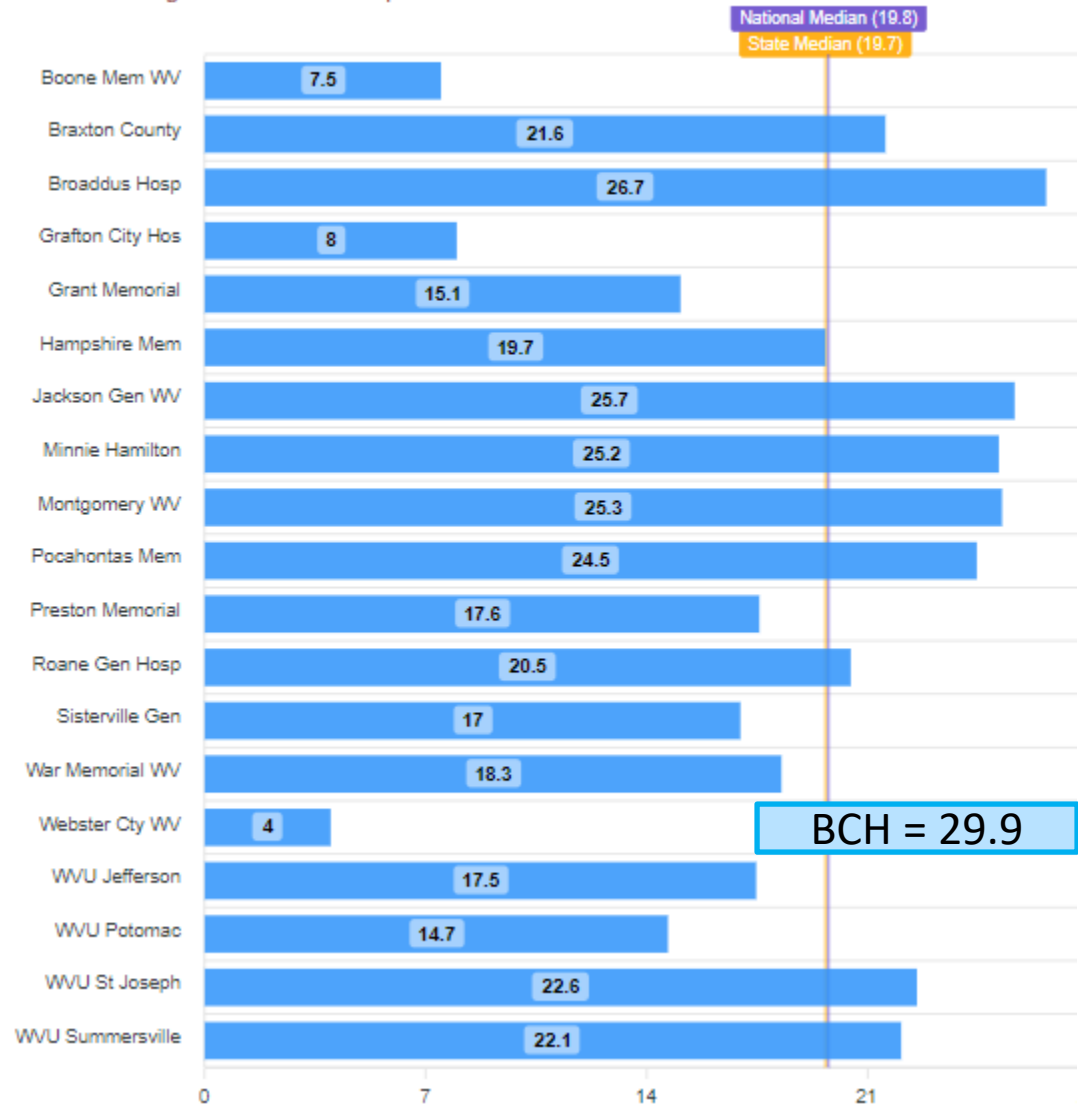
Performance Improvement Score – Mobility (Q1, 2021)



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

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

- The median score for WV went up to 19.7 in Q1, 2021 vs 18.8 in Q4, 2020 - Stroudwater median is 19.8
- These are not risk adjusted yet either
- Scores range from 4 to 29.9!!
- Boone, Grafton, Webster below a score of 15
- Grant went from 6.9 in Q4, 2020 to 15.1 in Q1, 2021!
- Potomac went from 9.8 in Q4, 2020 to 14.7 in Q1, 2021! – what's different?
- 11 CAHs are at or well above Nat. Median
Why do you think that is?



Mobility Improvement by Primary Medical Condition (Q1, 2021)

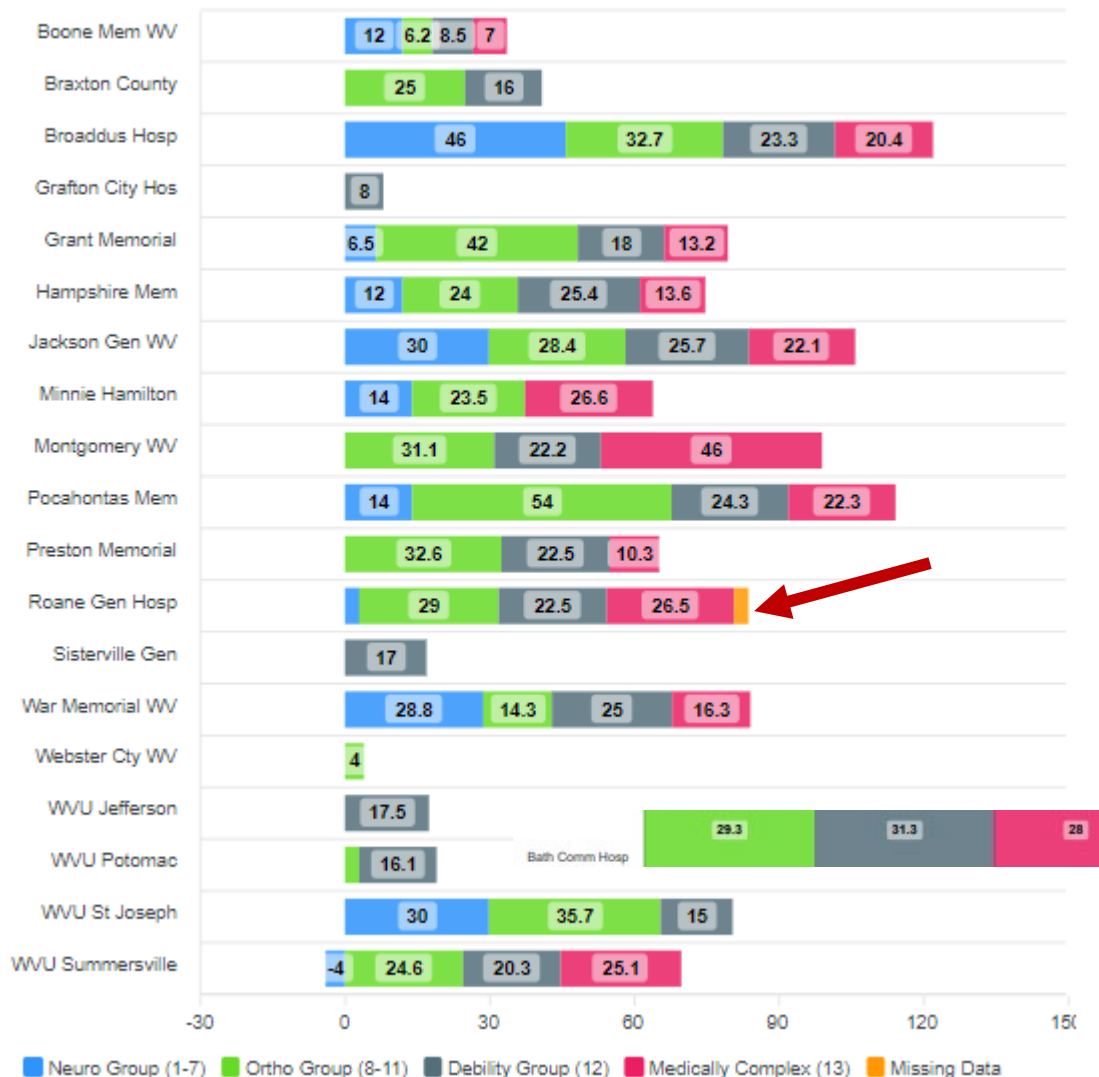


Score is the difference between admission and discharge scores for each activity summed and divided by number of discharges without excluded patients for each primary medical condition

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

- Again, quite a variety between hospitals
- Neuro – score of -4 to 46
 - Summerville ??
 - Roane ??
- Ortho – score of 4 to 54
- Debility - score of 8 to 31.3
- Medically Complex – score of 7 to 26.6
- Roane – please go back and complete data

How are we coding – is it between nursing and therapy??



Mobility Improvement by Clinical Program (Q1, 2021)

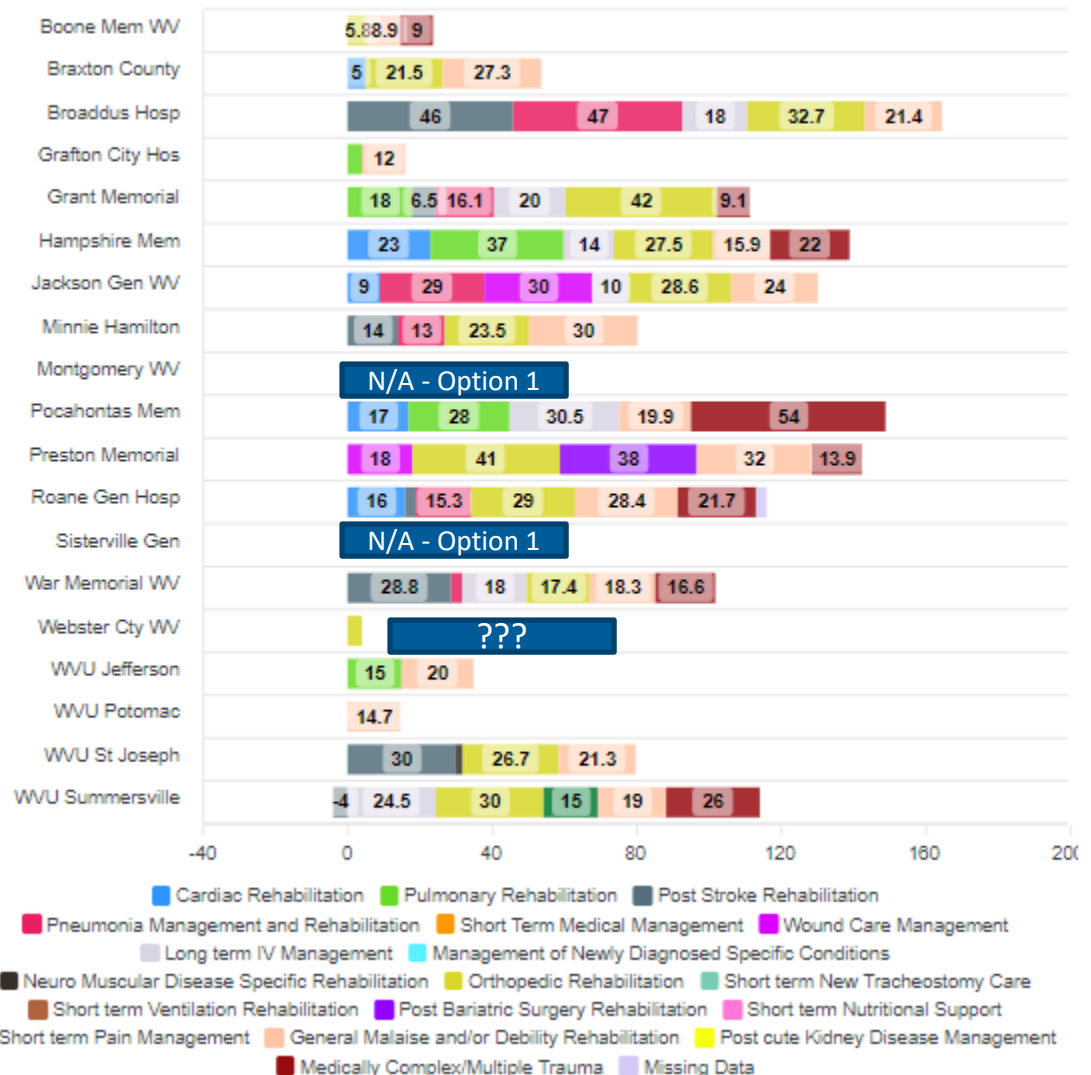
Option 2



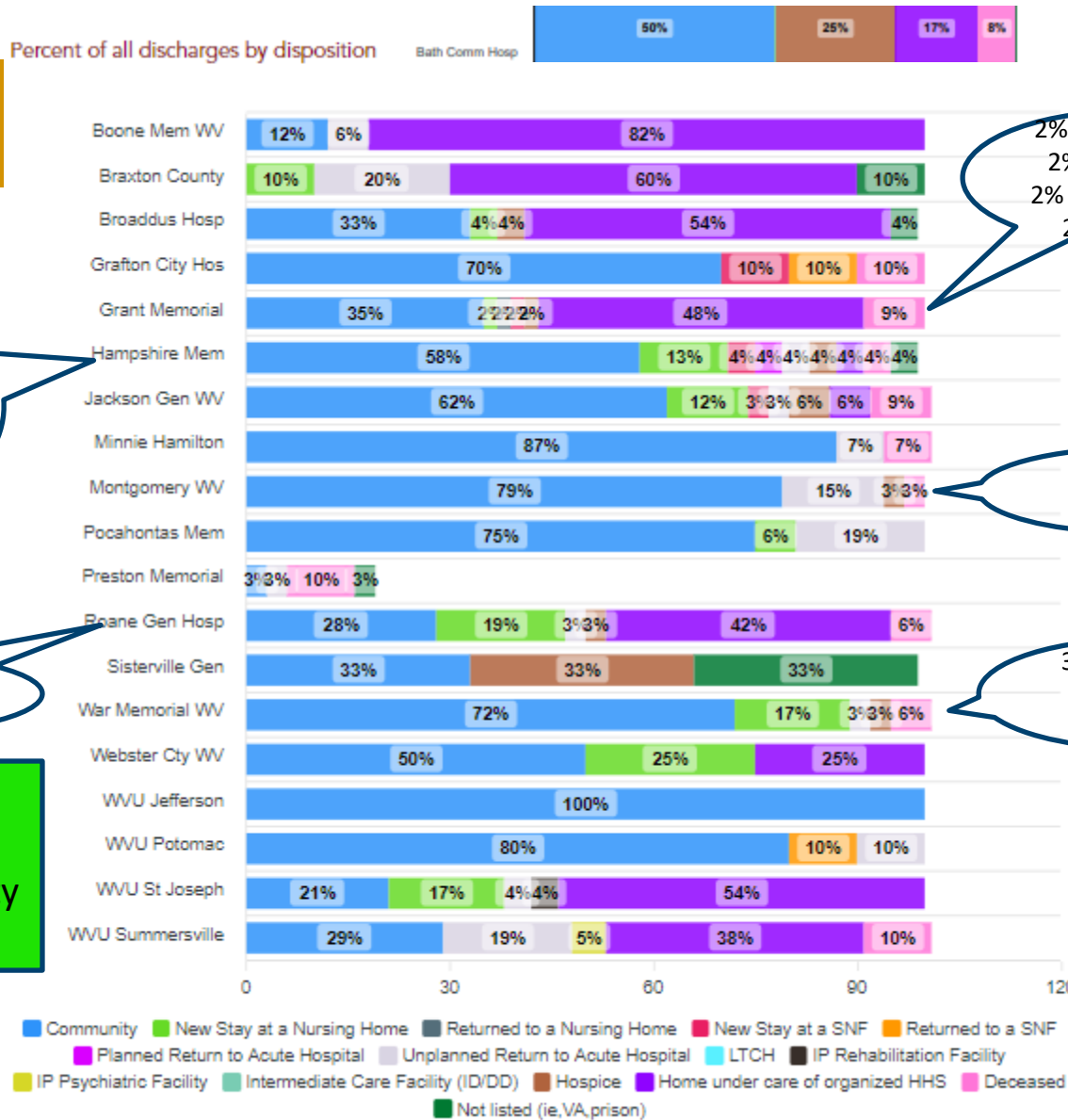
Score is the difference between admission and discharge scores for each mobility activity summed and divided by number of discharges without excluded patients for each primary medical condition

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

- Also looking at Mobility by Clinical Program
- Let's discuss variety – some of you would have difficulty promoting your clinical programs - where would you want your loved one to be admitted to?
- Help me understand!



Discharges by Discharge Disposition (Q1, 2021)



% of all discharges by disposition

4% New stay SNF
 4% Planned Acute
 4% Unplanned Acute
 4% Hospice
 4% HHS
 4% Deceased
 4% Not listed

2% New stay NH
 2% Return NH
 2% New stay SNF
 2% Hospice

3% Hospice
 3% Deceased

3% Unplanned Acute
 3% Hospice

Next year we will be reporting return to Community (Community + Home w/HH)

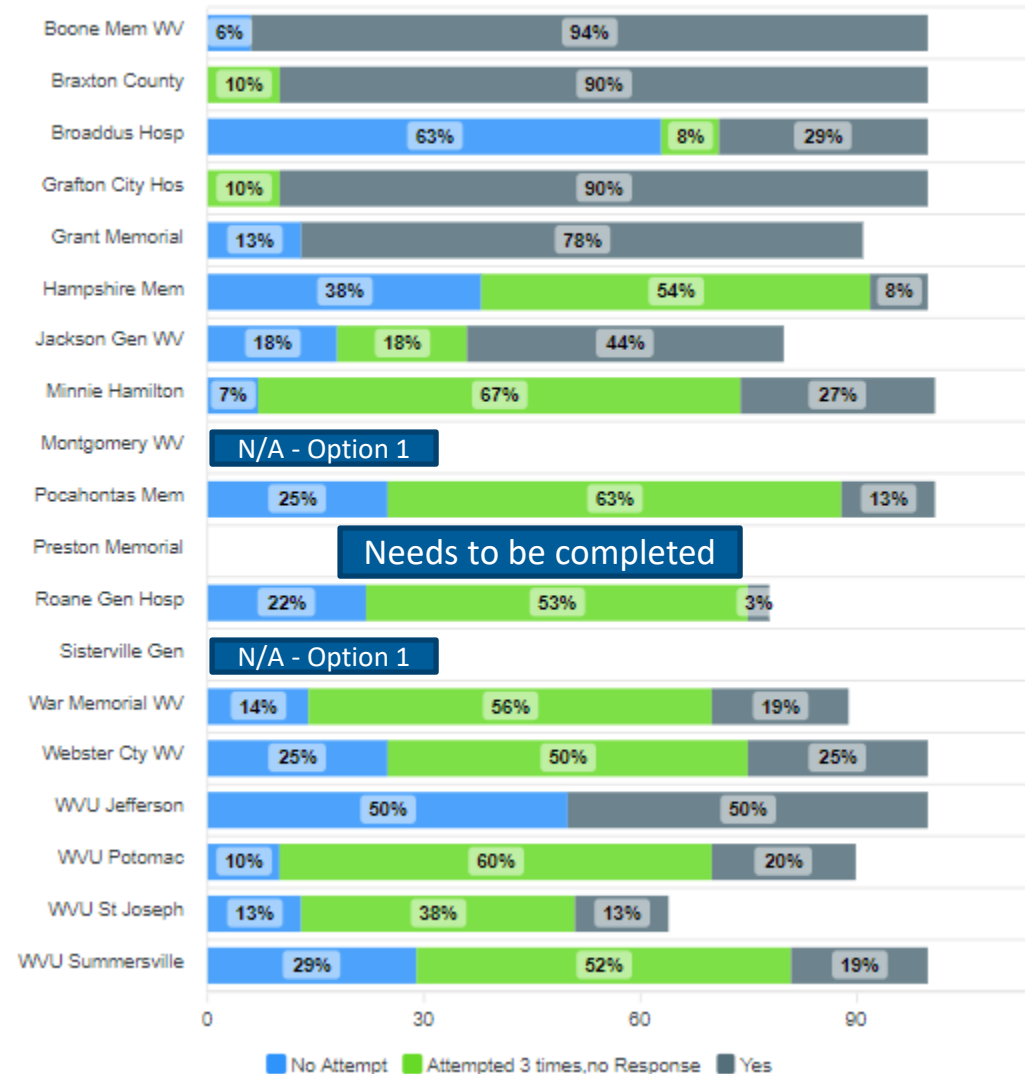
Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/2021

Clinical Post-Discharge Follow-up (Q1, 2021) – Option 2

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

- Why so many with “no attempt”? (15 CAHs) – 6% to 63%
- Attempted 3 times – no response – 13 CAHs had that issue – from 8% to 64%
What is your process?
- Kudos to Boone, Braxton, Grafton and Grant with 78% to 94% clinical follow-up

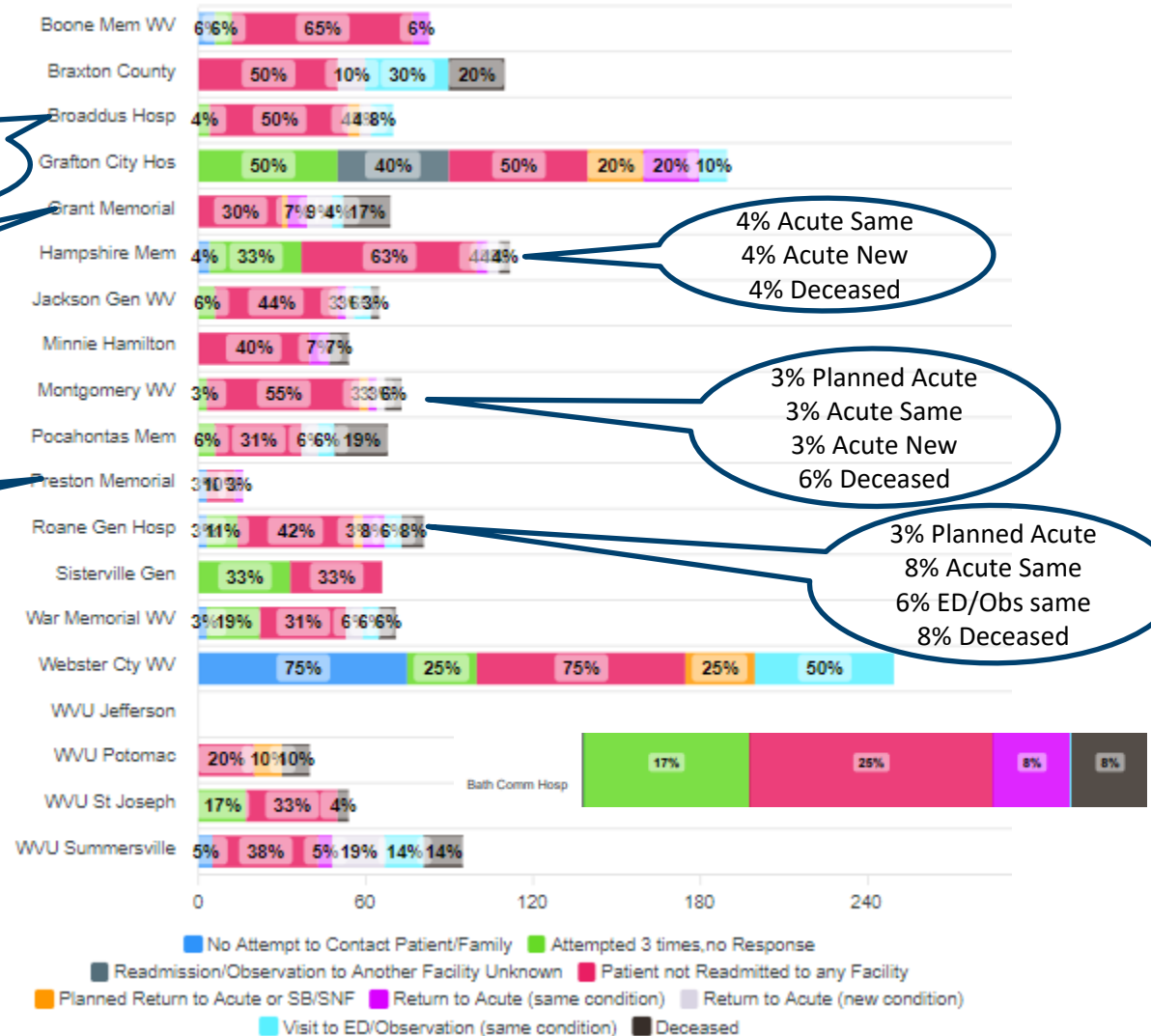
Percent of all discharges that received a clinical post-discharge follow-up within 24-72 hours



Post Swing Bed 30-Day Discharge Follow-up (Q1, 2021)

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

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



4% Return Acute New
4% ED/Obs

2% Planned Acute
7% Return to Acute Same
9% Return to Acute New
4% ED/Obs

3% No attempt
10% Not readmitted
3% Acute same

4% Acute Same
4% Acute New
4% Deceased

3% Planned Acute
3% Acute Same
3% Acute New
6% Deceased

3% Planned Acute
8% Acute Same
6% ED/Obs same
8% Deceased

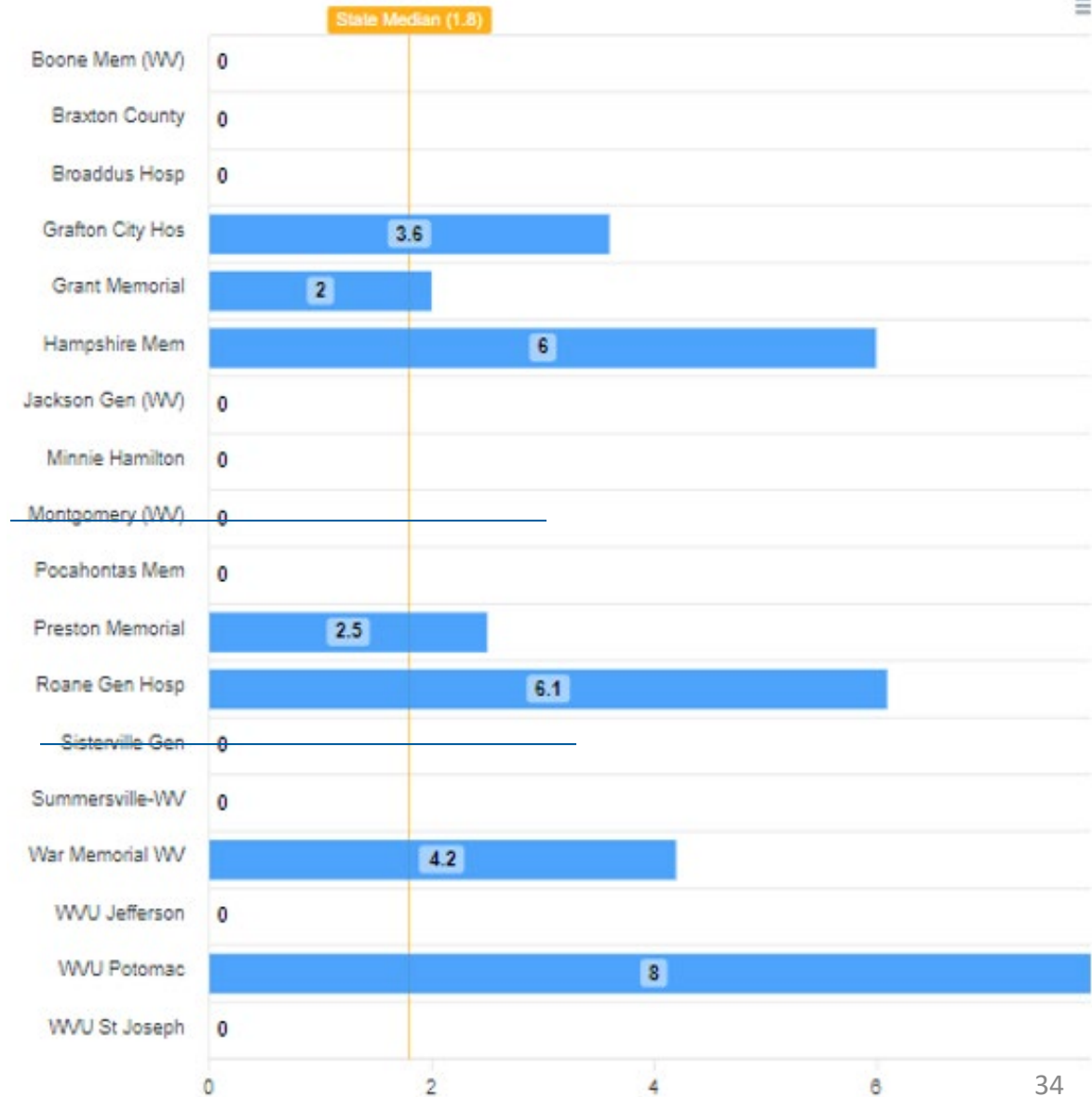
- Not doing a 30 day follow-up may bite you back someday. Required to calculate return to acute when that is one of our key measures next year
- 9% to 75% not readmitted to acute??
- Jefferson – why blank?

Source: Stroudwater Swing Bed Portal 1/1/2021 – 3/31/2021 pulled on 4/8/2021

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

- 9 of the 16 participating CAHs had 0 falls – same as last qtr.
- Those with falls were again at 2 to 8 falls per 1000 SB days in Q1, 2021
- 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??
- Potomac, Roane, Hampshire – what is the plan??

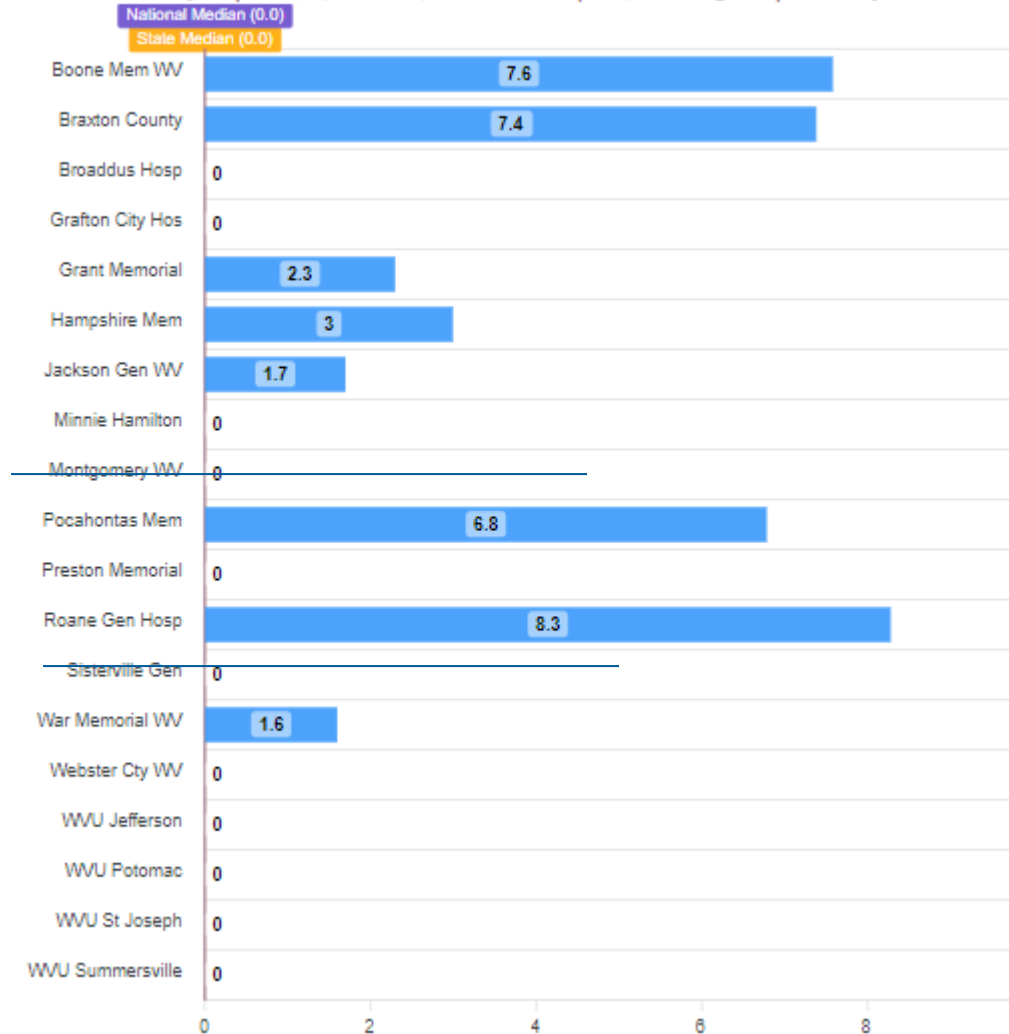


Fall Rate – Option 2 (Q1, 2021)

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

- 9 of the 17 participating CAHs had 0 falls
- Those with falls were again at 1.6 to 8.3 falls per 1000 SB days in Q1, 2021
- 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??
- Boone, Braxton, Pocahontas, and Roane - what is the plan??

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



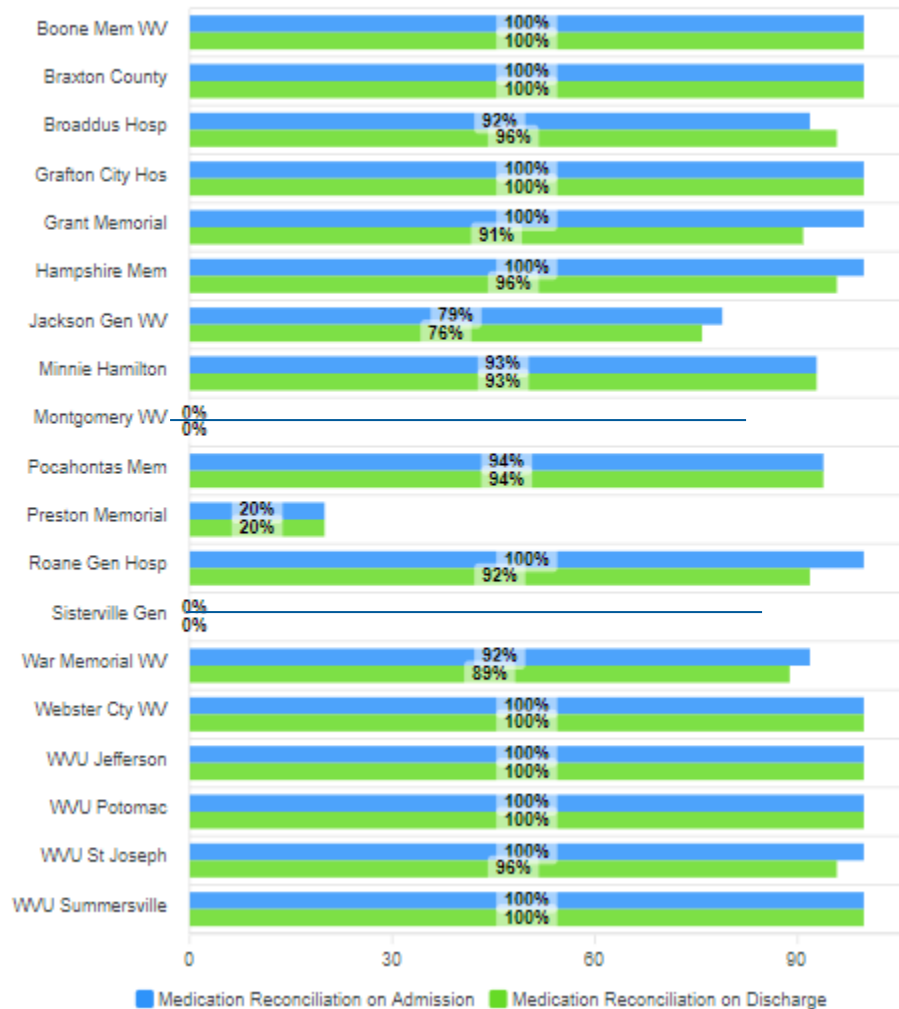
Source: Stroudwater Swing Bed
Portal 1/1/2021 – 3/31/2021
pulled on 4/8/2021

Medication Reconciliation – Option 2 (Q1, 2021)

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

- Good job – for Boone, Braxton, Grafton, Webster, Jefferson, Potomac, and Summersville for being at 100% both on admission and discharge
- Broadus, Grant, Hampshire, Pocahontas, Minnie and St. Joseph at 90% +
- Jackson, Preston, War – any plans??

Percent of total discharges with documented medications reconciled on admission and at discharge



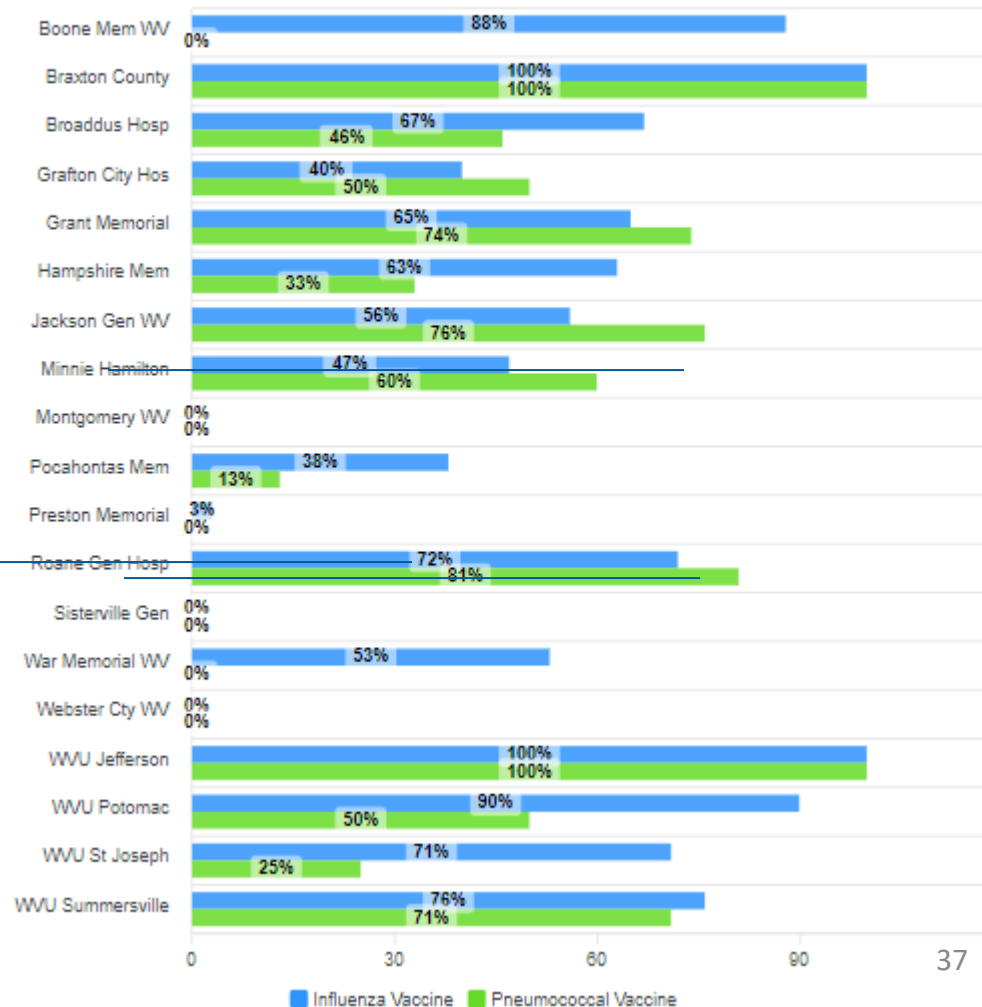
Vaccines - Option 2 (Q1, 2021)

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

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

Congrats to Braxton and Jefferson for being at 100% - what are your processes

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



Questions?



What's Next

- **Let's quickly review the hospital specific reports you all have access to.**
- Paula Knowlton request that you please make sure to send her the names of the people you want registered for the portal and notify her of any changes please.
- Review this report with your team (will be sent to you tomorrow) and discuss. This cannot be a once a quarter affair - the team must be on board to review opportunities for improvement and discuss action plans.
- We only have 1 more quarter to show improvement before the report to the SORH
- **PLEASE set up a process where you enter data on a concurrent basis - at least on a weekly basis - monthly entry does not work!**

Next Webinar

- Dianna's contract with me calls for 4 more educational webinars if we did not meet in person. We have decided you were "Zoomed" to death this year!! Right?
- In lieu of the webinars, I have offered a SB Program Management Self-Assessment which she approved. I now have to create the tool and it will be sent to the key contact people from each hospital but must be completed as a team. Instructions will be sent along with the tool and you will be given 3-4 weeks to complete it and return. These will be compiled to help us determine opportunities for improvement this coming year.
- **PLEASE MARK YOUR CALENDAR!**
- Q2, 2021 Data Entry: Monday July 5, 2021
- Webinar Date: Tuesday July 20, 2021
- Topic: QAPI Benchmark for Q2, 2021
Hopefully the report will also contain 4 qtrs. of data
Review Plans for 2021-2022



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