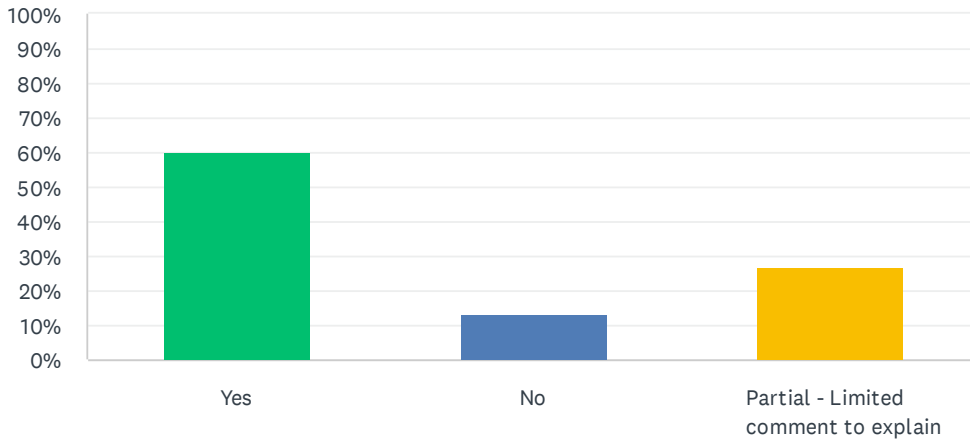


Q2 The referral sources have the contact person’s name and a # to call when making a referral or to discuss a potential patient. This call is answered at the time of the call (“please leave a message” does not constitute a yes).

Answered: 15 Skipped: 0

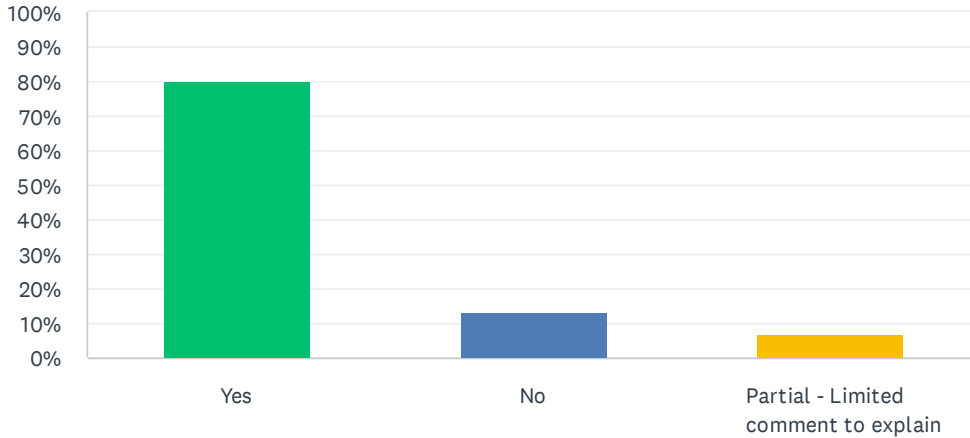


ANSWER CHOICES	RESPONSES
Yes	60.00% 9
No	13.33% 2
Partial - Limited comment to explain	26.67% 4
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Occasionally have to leave a message to return call	6/30/2022 7:20 AM
2	The SB coordinator is also the case manager and discharge planner. They carry a portable phone with them, so if they are not in a pt room doing an CM assessment or meeting with family than yes the call is answered. A large majority of referrals are received electronically through Navi-Health.	6/15/2022 12:04 PM
3	Main Contact does have voicemail that is checked several times a day. most referral sources just fax the referral	6/14/2022 10:16 AM
4	due to duties outside the office referral sources often have to leave a message	6/8/2022 1:39 PM

Q3 Our fax (if used to transfer data from referring hospitals or to make referrals) is placed where one can immediately see the fax and care management is notified. If not applicable, put N/A in the "partial" column.

Answered: 15 Skipped: 0

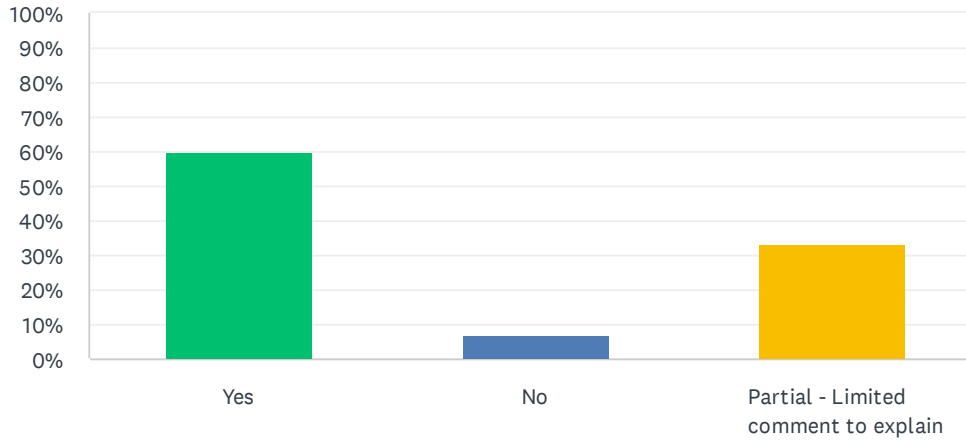


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	13.33%	2
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	n/a: Referrals come to facility thru the email system. The referral system loads to our work email which is also linked to cell phones.	9/26/2022 10:13 AM

Q4 We have a process to identify skilled days used at the time of the referral – no waiting for a specific person to run the report.

Answered: 15 Skipped: 0

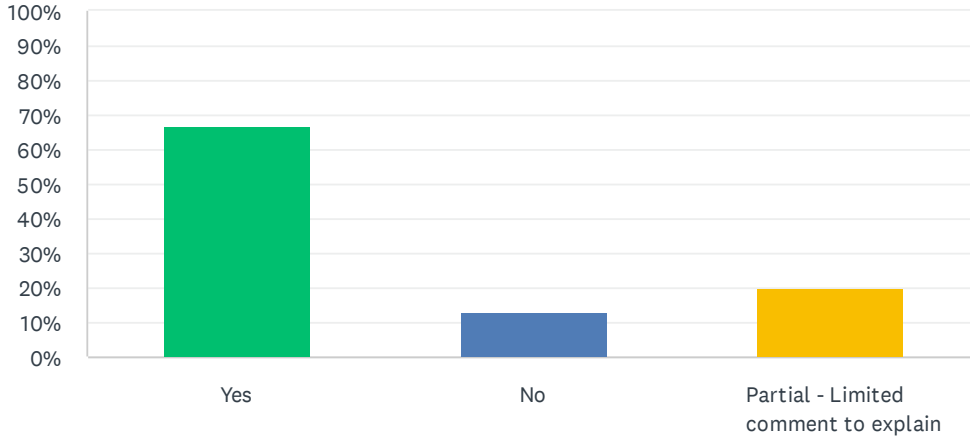


ANSWER CHOICES	RESPONSES
Yes	60.00% 9
No	6.67% 1
Partial - Limited comment to explain	33.33% 5
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	A request for benefit review is submitted at the time the referral is received for the team review.	7/3/2022 11:42 PM
2	Very minimal wait, skilled days report is ran by one of the team as the intake coordinator processes the rest of the referral	6/29/2022 1:18 PM
3	Completed by a secondary person in the system who is not located in house.	6/15/2022 12:04 PM
4	3 people trained, but the primary is more detailed.	6/14/2022 10:16 AM
5	Some CM have access	6/2/2022 3:28 PM

Q5 We have a process to do timely pre-certs on all non-generic Medicare referrals or commercial referrals which is documented and it is adhered to.

Answered: 15 Skipped: 0

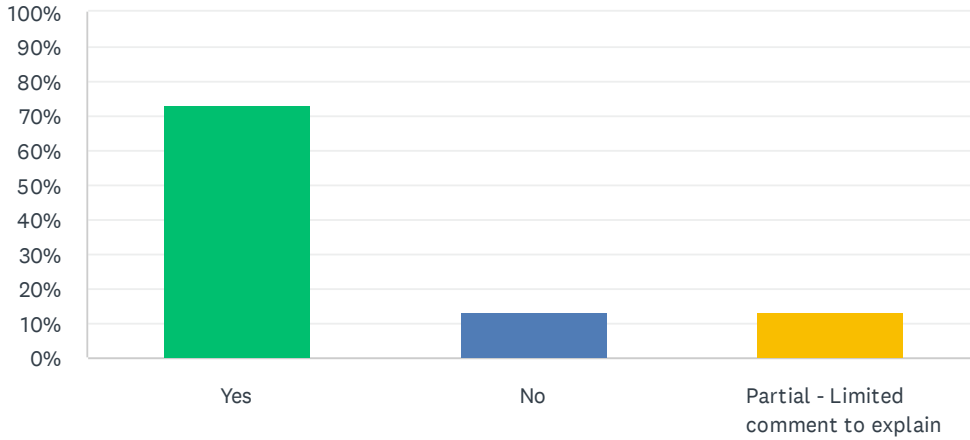


ANSWER CHOICES	RESPONSES
Yes	66.67% 10
No	13.33% 2
Partial - Limited comment to explain	20.00% 3
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	This is limited because the person to review the certs is not in our facility. They are notified at the time of referral but we get it in an email chain response.	7/3/2022 11:42 PM
2	No outlined process. once accepted nurse case manager then starts the auth process.	6/8/2022 1:39 PM
3	we have a process but it still does not seem to get precert approvals in a timely manner	6/1/2022 8:07 AM

Q6 We have a process to accept or deny a patient that only includes those that must be involved when necessary – otherwise, the SB Coordinator may make the call. In other words, it does not expect all members to meet or be called unless necessary based on the severity of the case.

Answered: 15 Skipped: 0

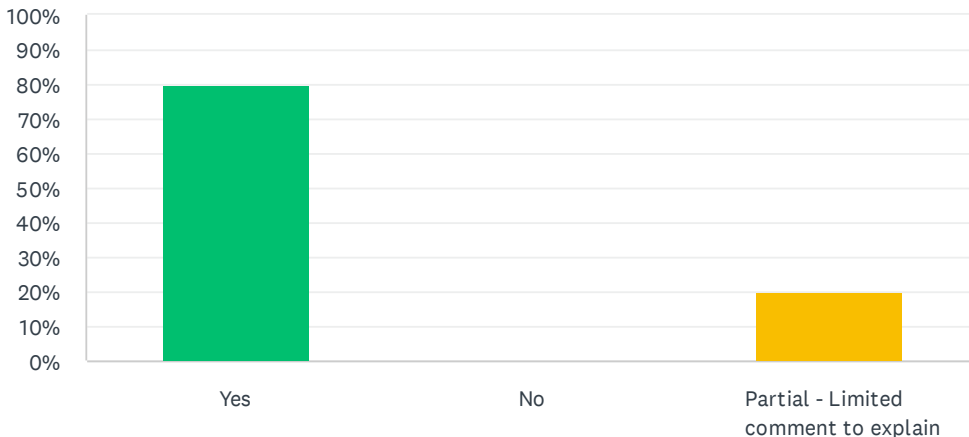


ANSWER CHOICES	RESPONSES	
Yes	73.33%	11
No	13.33%	2
Partial - Limited comment to explain	13.33%	2
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	SB coordinator can make the call for deny, but physician, therapy involved in cases of accepting.	6/14/2022 10:16 AM
2	swing bed coordinator has not been given the authority to make the call if needed	6/1/2022 8:07 AM

Q7 We have immediate access to the accepting physician to discuss the referral as needed.

Answered: 15 Skipped: 0

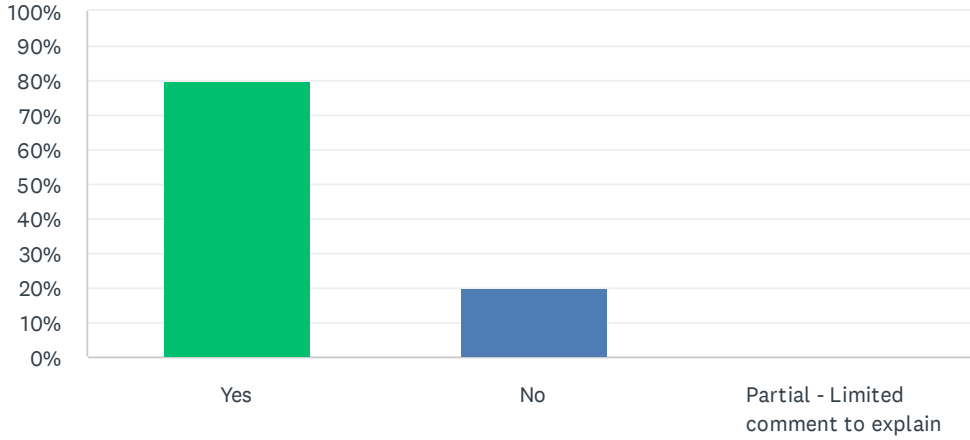


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	0.00%	0
Partial - Limited comment to explain	20.00%	3
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	IF the referral is received during hospitalist hours we have immediate access to the accepting physician; if not, we refer to the hospitalist the next day	9/22/2022 9:26 AM
2	sometimes doctors are off	6/22/2022 12:14 PM
3	Depends on acuity of other patients because we have hospitalists that care for all the inpatients.	6/16/2022 9:46 AM

Q8 We have a process for our provider to discuss the referral with the physician from the referring hospital if requested by either provider.

Answered: 15 Skipped: 0

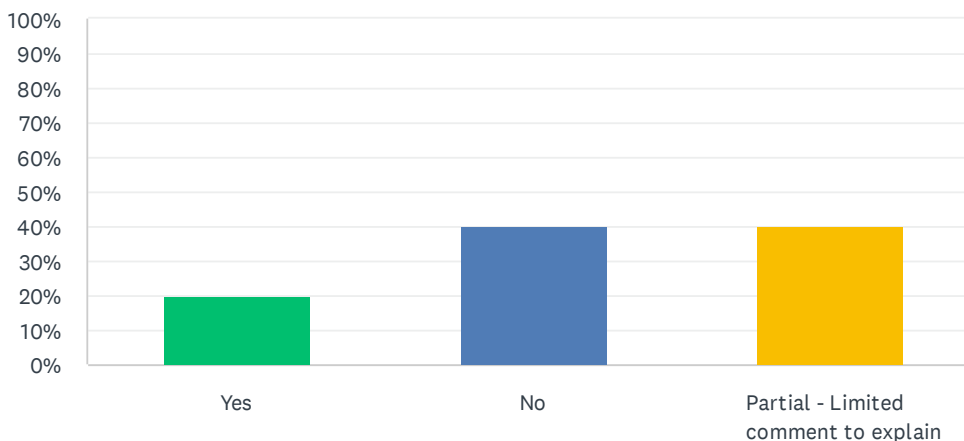


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	20.00%	3
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q9 We respond back to the referring hospital with generic Medicare re: clinical approval or denial to our program within 1 hr. of the referral for the average patient and 4 hrs. for the complicated cases once we have received the documentation we need for decision making from the referring source.

Answered: 15 Skipped: 0

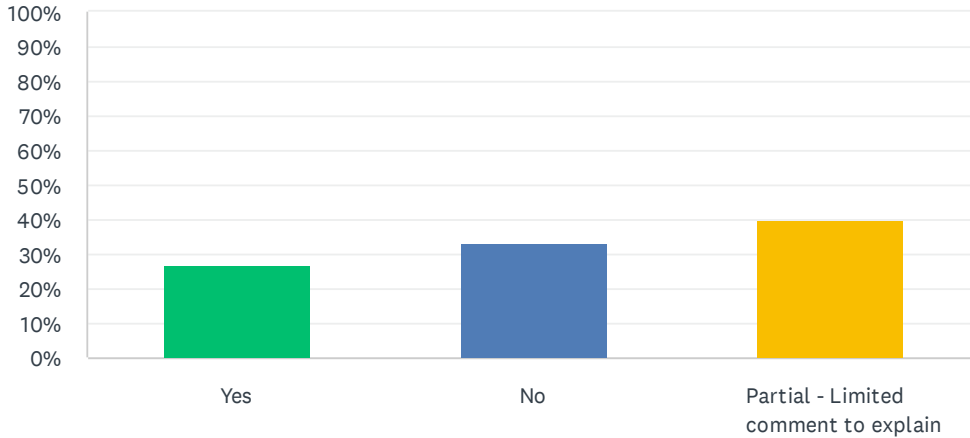


ANSWER CHOICES	RESPONSES
Yes	20.00% 3
No	40.00% 6
Partial - Limited comment to explain	40.00% 6
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	depending on time that SB committee is available. Most times we do respond quickly.	7/7/2022 7:14 AM
2	The coordinator does review the referrals timely with the accepting MD, but at times there is a need for additional review by provider and those questions can delay acceptance for a few hours.	7/3/2022 11:42 PM
3	This is a case by case situation and some take longer regarding circumstances.	6/30/2022 8:20 AM
4	Usually 1-3 hours	6/29/2022 1:18 PM
5	The SB coordinator is also the Case Manager and discharge planner. Most of the SB referrals are received through Navi-Health. The SB coordinator checks the electronic referral system frequently through out the day.	6/15/2022 12:04 PM
6	2 hours is currently our goal	6/14/2022 10:16 AM

Q10 We notify the referring hospital of the clinical acceptance (based on our belief of meeting skill criteria) and the status of the pre-cert within the hour and again as soon as the approval comes through for cases requiring pre-certs.

Answered: 15 Skipped: 0

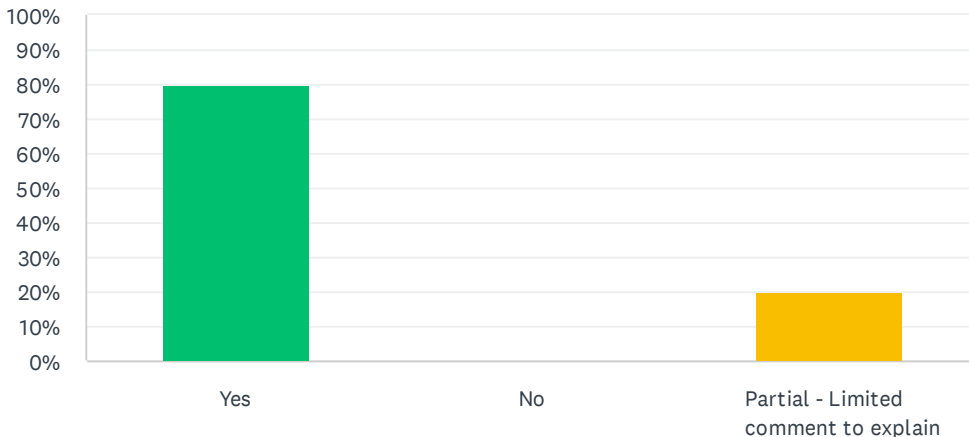


ANSWER CHOICES	RESPONSES	
Yes	26.67%	4
No	33.33%	5
Partial - Limited comment to explain	40.00%	6
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We notify that we are interested and that we are starting the pre-authorization process. When the determination comes thru we immediately contact the referring agency.	9/26/2022 10:13 AM
2	This can be past an hour depending upon the responsiveness of the parties. Our sister hospital, we can see the charts online. Outside the system, we rely upon the completeness of the charts being sent via fax. This can cause delays	7/3/2022 11:42 PM
3	They are notified as soon as possible	6/30/2022 8:20 AM
4	We update them within one hour and then again as soon as auth is received	6/29/2022 1:18 PM
5	As soon as approval comes we notify the referring facility.	6/14/2022 10:16 AM
6	not all referrals are reviewed and accepted within an hour of receipt. facilities are notified of approval as soon as it is received.	6/8/2022 1:39 PM

Q11 We feel knowledgeable of admission criteria for skilled care even if they do not need therapy.

Answered: 15 Skipped: 0

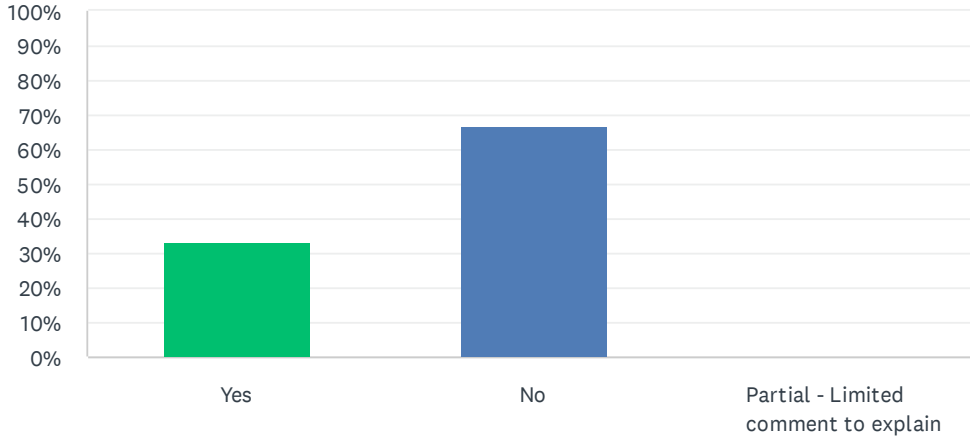


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	0.00%	0
Partial - Limited comment to explain	20.00%	3
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We struggle with referrals that have absolute therapy needs.	6/16/2022 9:46 AM
2	yes if needing IV antibiotics. No if requiring monitoring or education for other medical needs.	6/8/2022 1:39 PM
3	still need some education in some aspects	6/1/2022 8:07 AM

Q12 We call the family in advance of the transfer as part of the pre-admission acceptance process as needed if the discharge plan is not clear.

Answered: 15 Skipped: 0

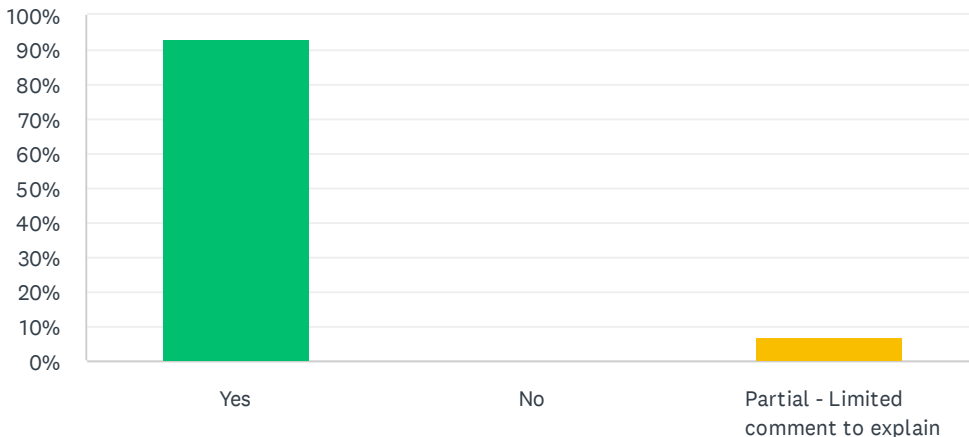


ANSWER CHOICES	RESPONSES	
Yes	33.33%	5
No	66.67%	10
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q13 The SB program and expectations are discussed with the patient/family while in acute care if referred by our own hospital.

Answered: 15 Skipped: 0

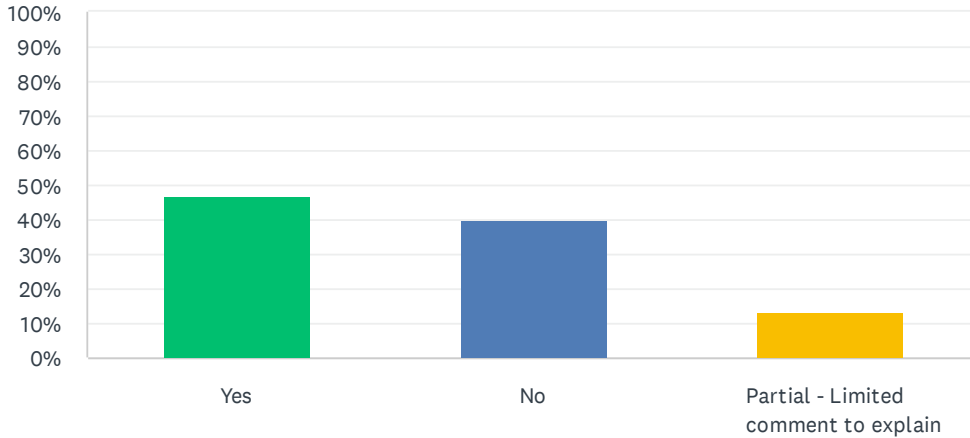


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	0.00%	0
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	The SB program is discussed but need to provide more detailed information on expectations.	6/8/2022 1:39 PM

Q14 We have a tool to gather a synopsis of the referral (per-admission assessment) to share with approval team as needed including the accepting physician.

Answered: 15 Skipped: 0

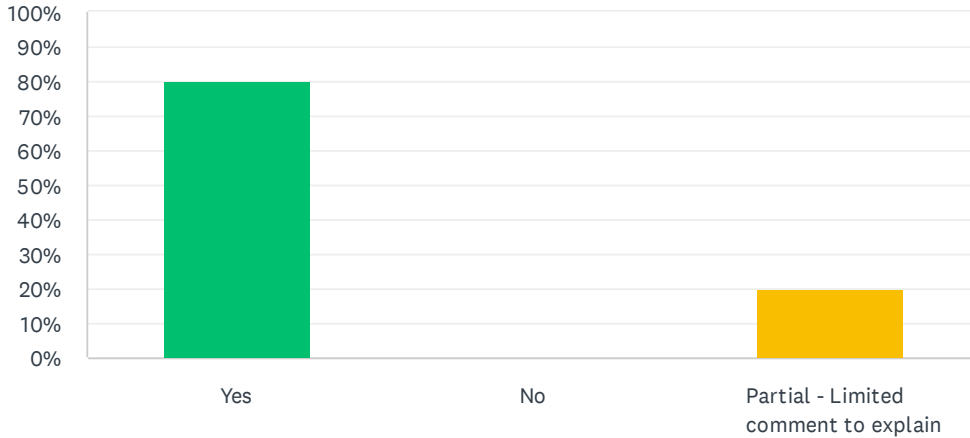


ANSWER CHOICES	RESPONSES
Yes	46.67% 7
No	40.00% 6
Partial - Limited comment to explain	13.33% 2
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	The case manager discusses potential with appropriate disciplines of their care...et al physician and therapy, etc.	6/30/2022 7:20 AM
2	Feel it could be more organized. It is now word of mouth.	6/16/2022 9:46 AM

Q15 If the patient is approved, we share the pre-admission assessment with nursing and therapy as well as when the patient is expected so that they may plan around it.

Answered: 15 Skipped: 0

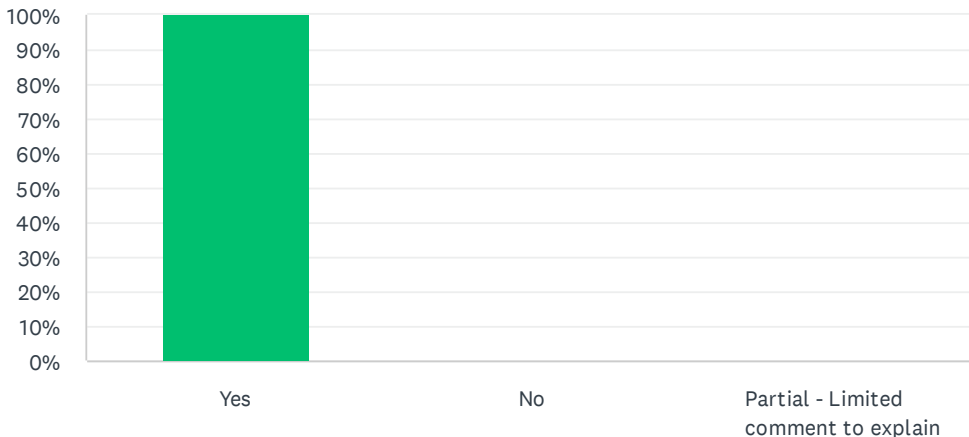


ANSWER CHOICES	RESPONSES
Yes	80.00% 12
No	0.00% 0
Partial - Limited comment to explain	20.00% 3
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We do not have a pre-admission assessment tool but we do gather the most pertinent information and arrival expectation with nursing, therapy and physician.	9/26/2022 10:13 AM
2	We don't have an organized system for review and acceptance. Right now, its normally word of mouth.	6/16/2022 9:46 AM
3	The pre-admission assessment is completed in Navi-Health and primary nursing does not have access to Navi-Health. The SB coordinator shares DX and ETA with primary nursing and therapy.	6/15/2022 12:04 PM

Q16 The patient is greeted by nursing within 5-10 minutes of arrival if from an external referral source.

Answered: 15 Skipped: 0

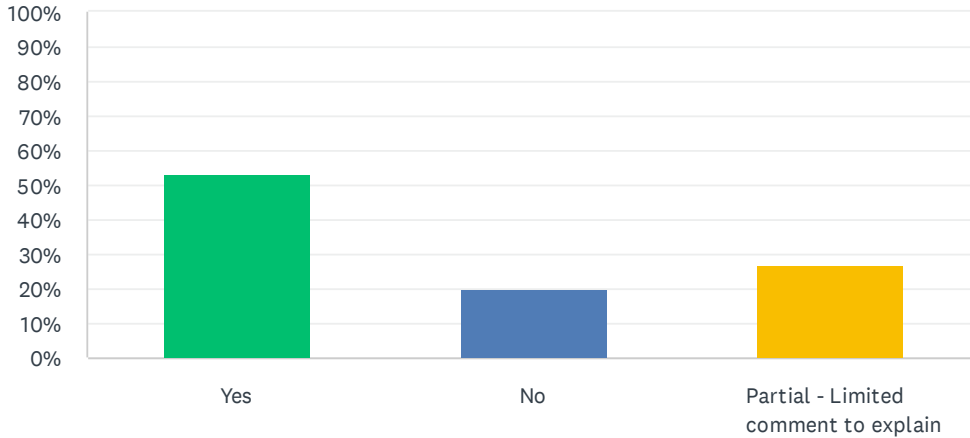


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q17 Business office comes to the bedside to complete the financial SB packet or, a nurse oriented to this task, is assigned to complete the packet.

Answered: 15 Skipped: 0

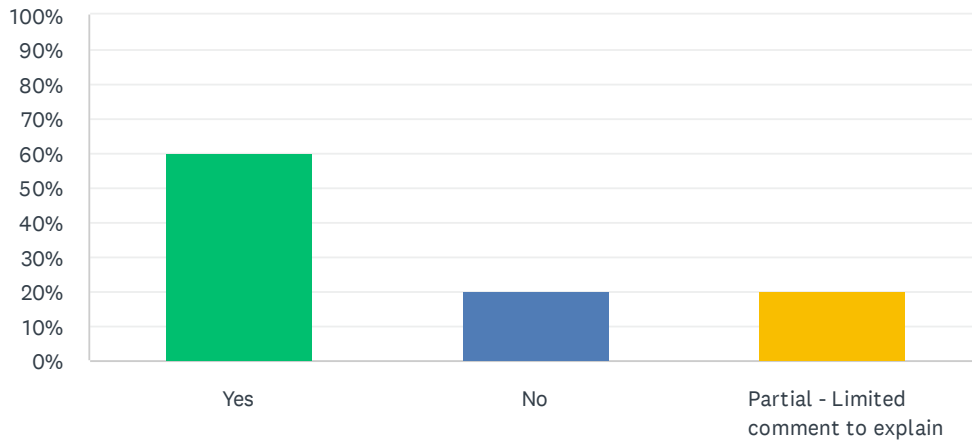


ANSWER CHOICES	RESPONSES	
Yes	53.33%	8
No	20.00%	3
Partial - Limited comment to explain	26.67%	4
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	we will need to ensure nursing is able to complete this process.	7/7/2022 7:24 AM
2	Registration clerks complete for the business office	6/30/2022 8:33 AM
3	currently working out process for particular personnel to complete.	6/29/2022 1:25 PM
4	Registration personal register the pt and collect insurance information at the time of admission.	6/15/2022 1:05 PM

Q18 We have and use a SB-specific Patient Orientation packet which includes a Welcome Letter, what is the SB program about, discuss expectations and routines, Rights & Responsibilities, what is or is not financially covered, how to apply for Medicaid if needed, what positions/discipline is the team made of etc. and such is reviewed with the patient/family on the day of arrival but no later than 24 hrs.

Answered: 15 Skipped: 0

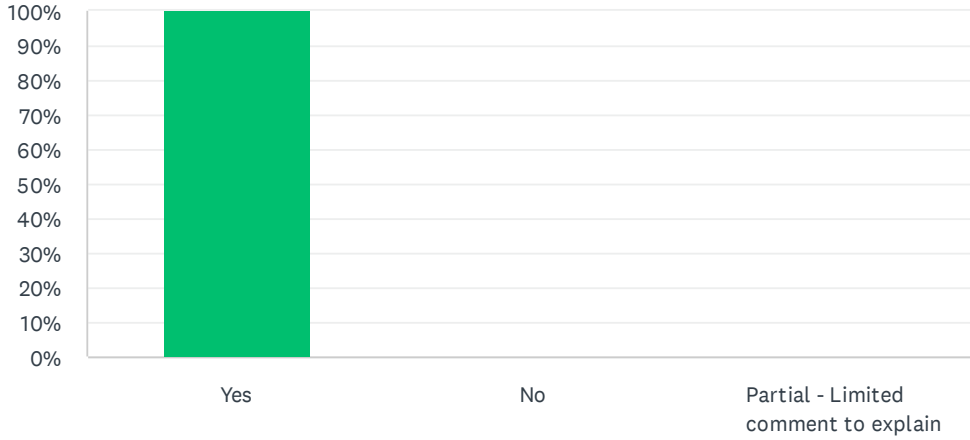


ANSWER CHOICES	RESPONSES	
Yes	60.00%	9
No	20.00%	3
Partial - Limited comment to explain	20.00%	3
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We have an admission packet that we use. It has all of the above but a Welcome Letter.	9/26/2022 10:55 AM
2	We have it but it doesn't include how to apply for Medicaid and it normally isn't given to patient's admitted on Saturdays.	6/16/2022 9:48 AM
3	Packet is in place but depending on admission date is not always reviewed within 24 hours.	6/8/2022 1:39 PM

Q19 Nursing completes an admission assessment on the arrival shift even if from our own hospital.

Answered: 15 Skipped: 0

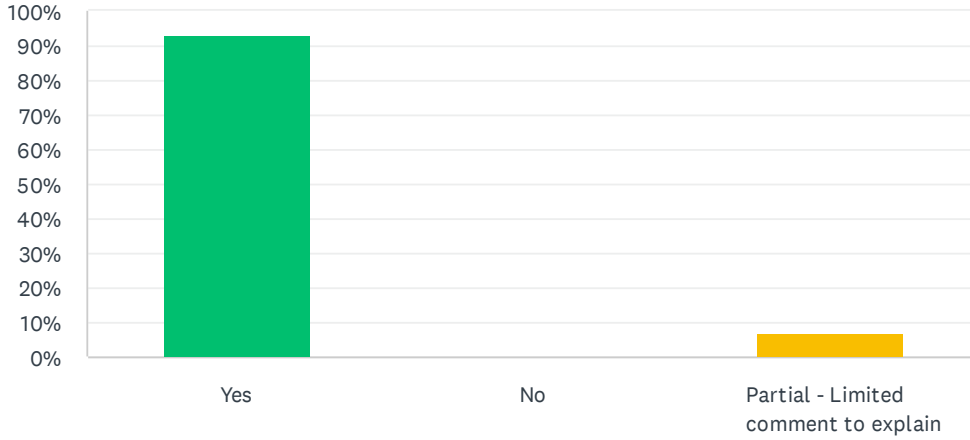


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q20 We have a process for a thorough admission medication reconciliation.

Answered: 15 Skipped: 0

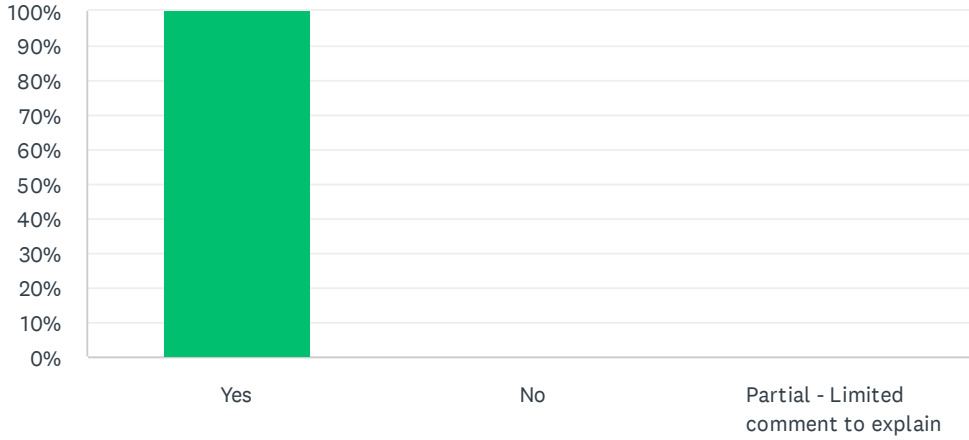


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	0.00%	0
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	If the provider completes the electronic medication reconciliation prior to nurses the med rec may not accurate if the pt states that there are medications to be removed or added.	6/15/2022 1:05 PM

Q21 Nursing initiates a care plan on the shift of arrival and adds to it as issues are identified.

Answered: 15 Skipped: 0

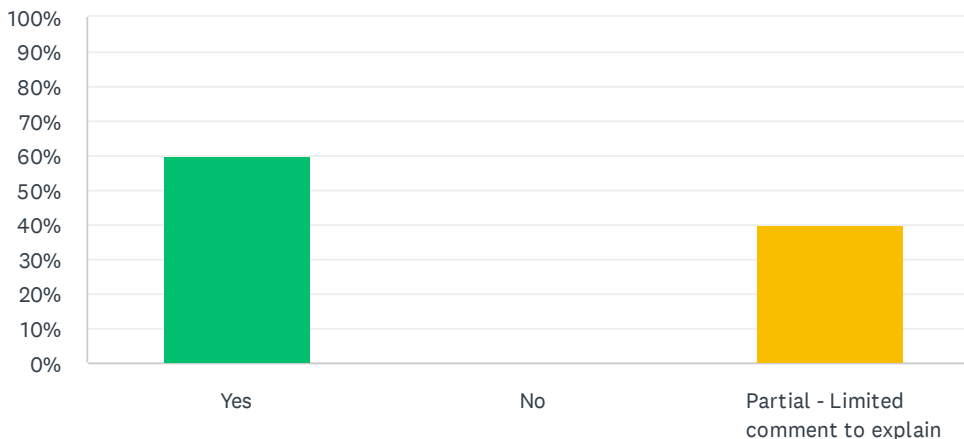


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q22 Therapy (if ordered) completes an assessment within 24 hrs. even when transferred from our acute bed.

Answered: 15 Skipped: 0

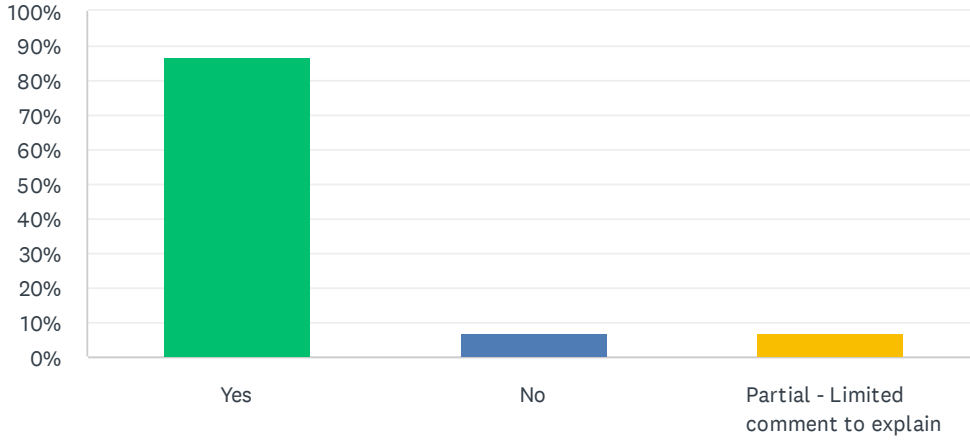


ANSWER CHOICES	RESPONSES	
Yes	60.00%	9
No	0.00%	0
Partial - Limited comment to explain	40.00%	6
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	There are times depending on the time of arrival on the weekend that the patient may not see therapy until Monday but the referring facility and patient are made aware of this prior to decision to come to facility.	9/26/2022 10:55 AM
2	If its a weekend or Friday evening, they miss until Sunday.	6/16/2022 9:48 AM
3	Yes, until recently. We have had some PT/OT staffing issues that have impacted the timeliness of evals.	6/15/2022 1:05 PM
4	Weekends are the exception, depending on availability	6/14/2022 10:45 AM
5	depending on staff coverage if patient is admitted on friday/saturday the admission assessment may be delayed till the following Monday.	6/8/2022 1:39 PM
6	depends on the day and time of admission. Always within 48 hours.	6/2/2022 3:35 PM

Q23 The patient bedside communication board is initiated on admission and added to as applicable with info pertinent to SB program.

Answered: 15 Skipped: 0

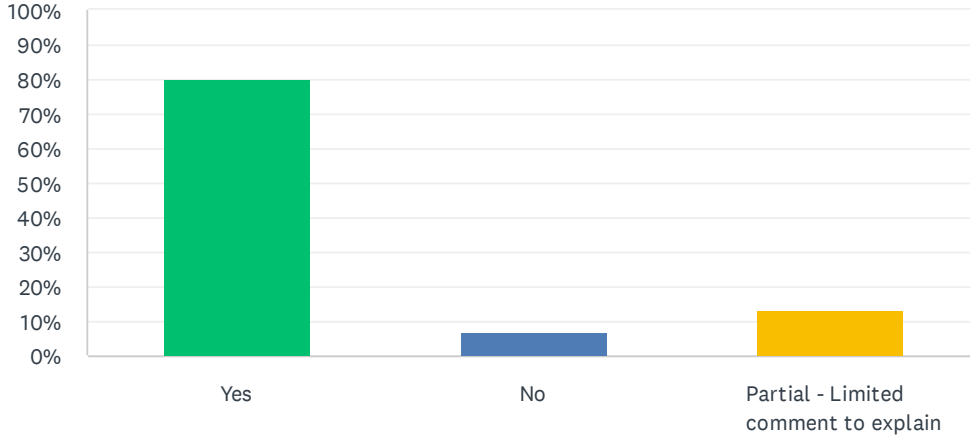


ANSWER CHOICES	RESPONSES	
Yes	86.67%	13
No	6.67%	1
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Only nurses name, Dr.'s name initiated, but it is frequently missed being updated.	6/16/2022 9:48 AM

Q24 Care Manager/Discharge Planner completes an assessment, discusses and documents discharge plan with patient and family as appropriate within 24 to 48 hrs.

Answered: 15 Skipped: 0

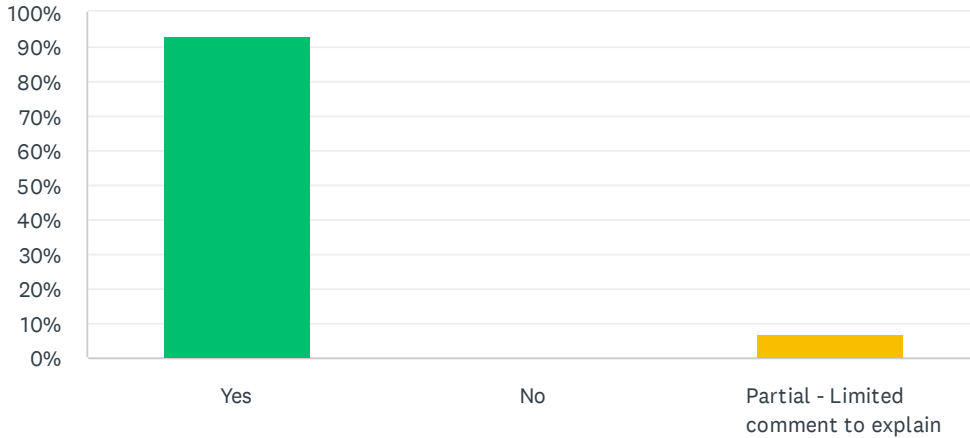


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	6.67%	1
Partial - Limited comment to explain	13.33%	2
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	No weekend coverage at this hospital	9/22/2022 9:20 AM
2	First 3 days is current policy	6/14/2022 10:45 AM

Q25 The Care Manager/Discharge Planner discusses the SB Orientation Packet to ensure that the patient/family understood all items or whether they have questions if such was not initially presented by the her/himself.

Answered: 15 Skipped: 0

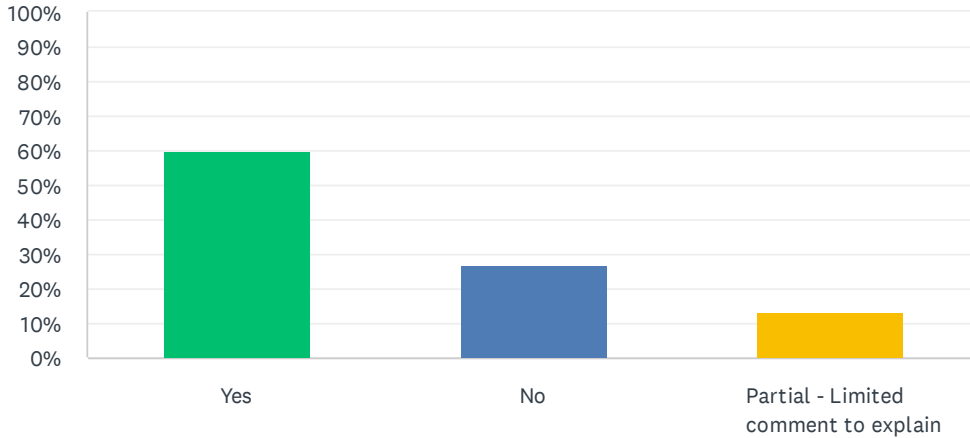


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	0.00%	0
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	swing bed coordinator usually does the swing bed orientation packet	6/1/2022 8:13 AM

Q26 We have a huddle for care management, nursing and therapy (if therapy is ordered) by day 2 of admission to discuss and agree on the self-care and mobility status coding. Not required for CAHs if no therapy.

Answered: 15 Skipped: 0

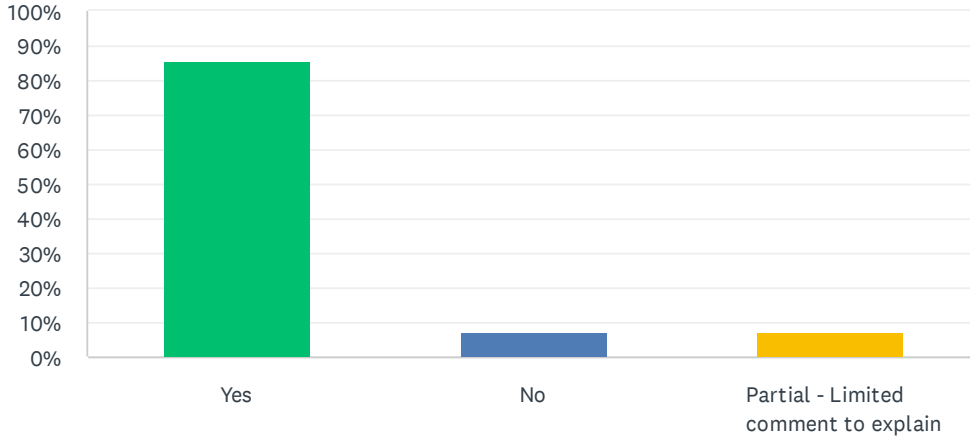


ANSWER CHOICES	RESPONSES
Yes	60.00% 9
No	26.67% 4
Partial - Limited comment to explain	13.33% 2
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We try to do within 24 hours but there are times it is day 2 or 3.	9/26/2022 10:55 AM
2	We have an intradisciplinary huddle every morning Mon-Fri. However, with the staffing issues impacted OT/PT therapy is often not in the morning huddle.	6/15/2022 1:05 PM

Q27 A dietary assessment is completed within 48 to 72 hrs. and earlier if there are known nutritional issues.

Answered: 14 Skipped: 1

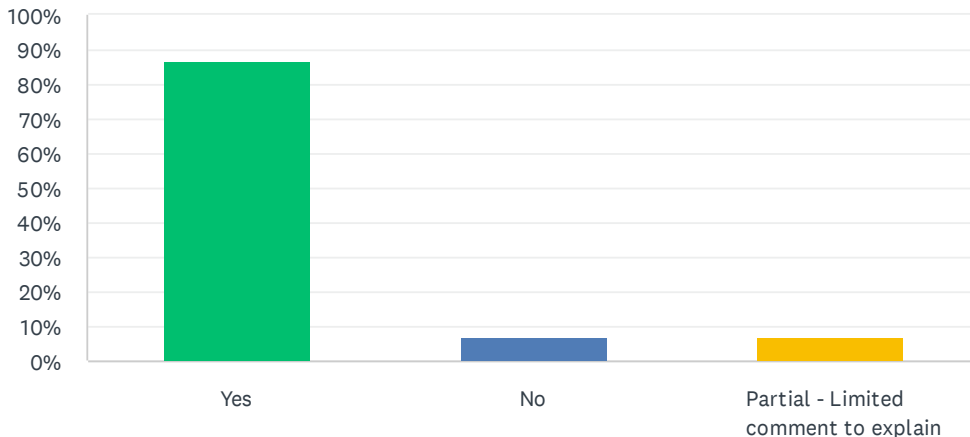


ANSWER CHOICES	RESPONSES	
Yes	85.71%	12
No	7.14%	1
Partial - Limited comment to explain	7.14%	1
TOTAL		14

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Screenings are done by all disciplines but not dietician within 48-72 hours.	6/16/2022 9:48 AM

Q28 An RT therapy assessment is completed on the admission shift when RT is part of the order set.

Answered: 15 Skipped: 0

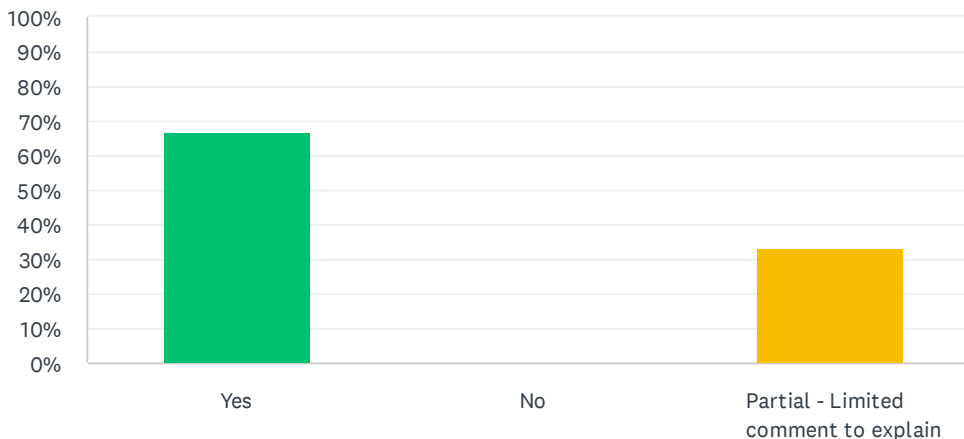


ANSWER CHOICES	RESPONSES
Yes	86.67% 13
No	6.67% 1
Partial - Limited comment to explain	6.67% 1
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	limited RT services. M-F 8-12 hours a day.	6/14/2022 10:45 AM

Q29 Wounds that require staging are assessed on admission and no less than weekly by a trained nurse as per standard and documented as such.

Answered: 15 Skipped: 0

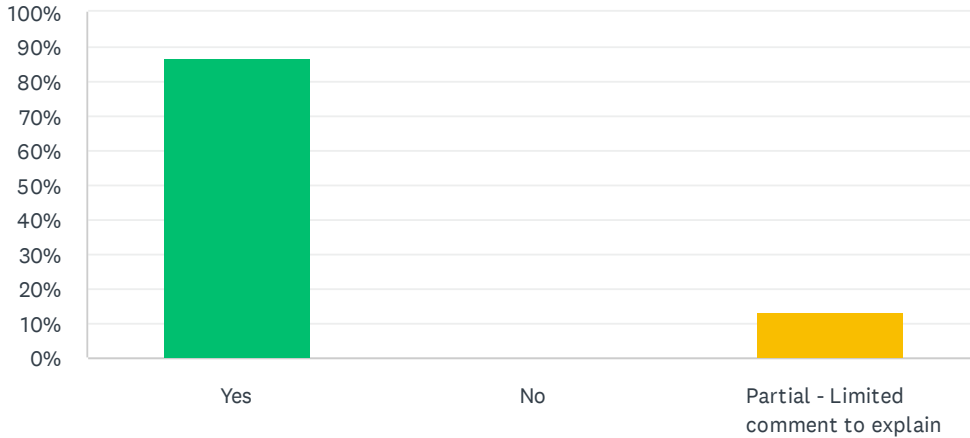


ANSWER CHOICES	RESPONSES	
Yes	66.67%	10
No	0.00%	0
Partial - Limited comment to explain	33.33%	5
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Routine assessment is completed by each nurse providing care to the patient, MD documents weekly to monitor progression. There is no wound care nurse established at JMC. We do have access to one through our sister facility.	7/3/2022 11:56 PM
2	We monitor wounds well, but staging seems to be a problem. Some system hospitals don't want nurses on the floor staging them, but we don't have a special wound care team to stage them. We are doing education now regarding this.	6/16/2022 9:48 AM
3	Wound are documented, measured, and staged on admission. We have certified wound nurse by she works in staffing is not always able consult on every pt with a wound. She is utilized for complicated/ complex wounds.	6/15/2022 1:05 PM
4	Wounds are accessed, but not staged accept by trained NP	6/14/2022 10:45 AM
5	Wound Care Dept.	6/2/2022 3:35 PM

Q30 We have in person interdisciplinary team meetings (IDT) made of care management, nursing rep, therapy, pharmacist, dietary, RT (and others as applicable).

Answered: 15 Skipped: 0

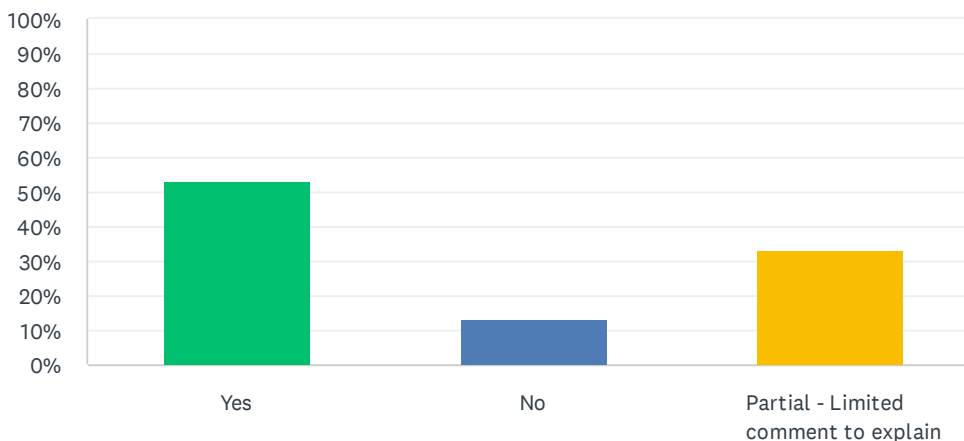


ANSWER CHOICES	RESPONSES	
Yes	86.67%	13
No	0.00%	0
Partial - Limited comment to explain	13.33%	2
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Pharmacy does not attend	9/22/2022 9:20 AM
2	No in house pharmacist. Dietary does not participate	6/14/2022 10:45 AM

Q31 Our first IDT is scheduled for day 3 (due to the short stay nature of the program) to report on assessments and develop discharge goals (medical, clinical, functional, education/training needs and discharge needs).

Answered: 15 Skipped: 0

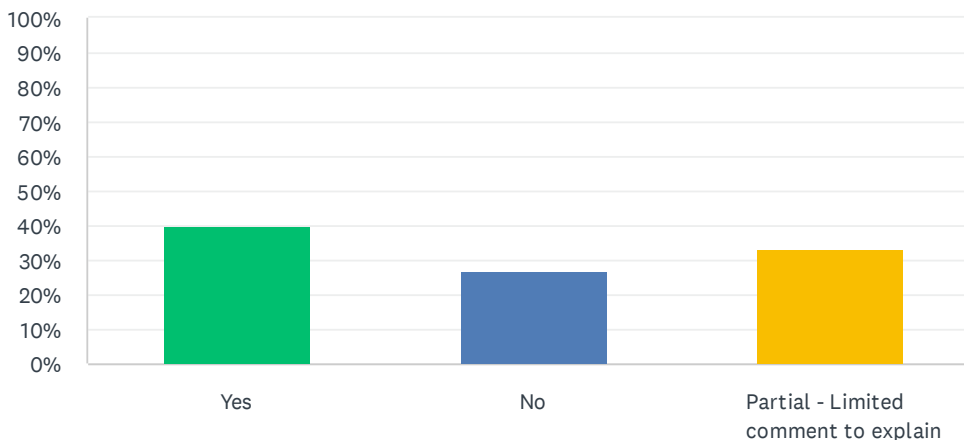


ANSWER CHOICES	RESPONSES	
Yes	53.33%	8
No	13.33%	2
Partial - Limited comment to explain	33.33%	5
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We are falling short in this area. We are presently working to correct it.	9/26/2022 10:55 AM
2	The team meets every Tuesday. If a pt will discharge before the Tuesday team meeting a meeting is held for that pt prior to discharge.	6/15/2022 1:05 PM
3	5 day a week huddle, one day a week IDT.	6/14/2022 10:45 AM
4	Friday admissions are not completed till day 4	6/8/2022 1:39 PM
5	not always	6/2/2022 3:35 PM

Q32 Care manager, nursing rep and therapy remain together after the initial patient specific IDT meetings to code the self-care & mobility functional goals agreed to as part of the treatment plan.

Answered: 15 Skipped: 0

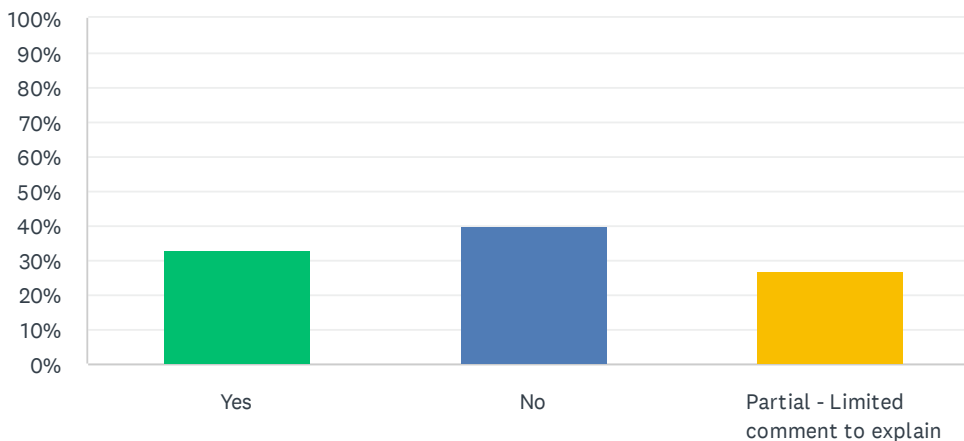


ANSWER CHOICES	RESPONSES	
Yes	40.00%	6
No	26.67%	4
Partial - Limited comment to explain	33.33%	5
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Sometimes this huddle is done in the unit with therapy and nursing.	7/3/2022 11:56 PM
2	They discuss together but not together at all times during coding	6/30/2022 8:33 AM
3	we meet, a form is filled out, but no coding is being done	6/30/2022 8:13 AM
4	PT/OT/Nursing. We don't sit together to code. We have seen discrepancies.	6/16/2022 9:48 AM
5	This was generally completed in the morning huddle, however with the recent loss of PT/OT staff we have been struggling with making this process smooth.	6/15/2022 1:05 PM

Q33 IDT meetings are at the bedside and S/O are invited.

Answered: 15 Skipped: 0

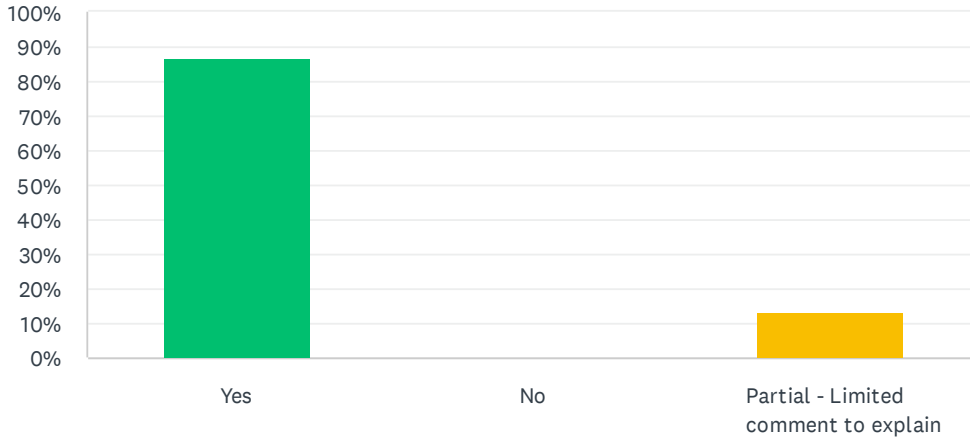


ANSWER CHOICES	RESPONSES	
Yes	33.33%	5
No	40.00%	6
Partial - Limited comment to explain	26.67%	4
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	IDT meetings are held in a closed room on the unit. Patient and/or family welcome to attend.	7/3/2022 11:56 PM
2	In admission packet, we tell them they can come, but none choose to.	6/16/2022 9:48 AM
3	The IDT meeting is held in the conference room on the unit. Family is invited if a family meeting is warranted otherwise the case manager and social worker round after the meeting and meet with the pt to discuss discharge plan. We have just started back with in person meeting in the last several month. During COVID it was completed via conference call.	6/15/2022 1:05 PM
4	Held in conference room	6/2/2022 3:35 PM

Q34 The care plan is reviewed at the time of the first team meeting and added to as needed, and weekly thereafter, during the IDT meeting making it interdisciplinary.

Answered: 15 Skipped: 0

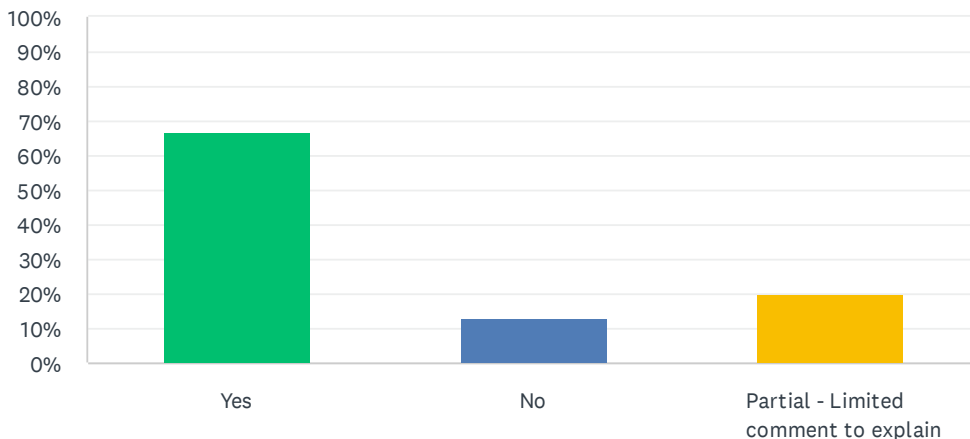


ANSWER CHOICES	RESPONSES	
Yes	86.67%	13
No	0.00%	0
Partial - Limited comment to explain	13.33%	2
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We meet Monday through Friday for the IDT meeting, but we meet with our SB coordinator to discuss care plan needs.	7/7/2022 7:24 AM
2	patient specific interventions/orders are discussed along with goals of stay. Care plan is not reviewed.	6/8/2022 1:39 PM

Q35 Nursing is notified of the discharge goals identified during the initial IDT meeting and the status of those are reported on at shift reports.

Answered: 15 Skipped: 0

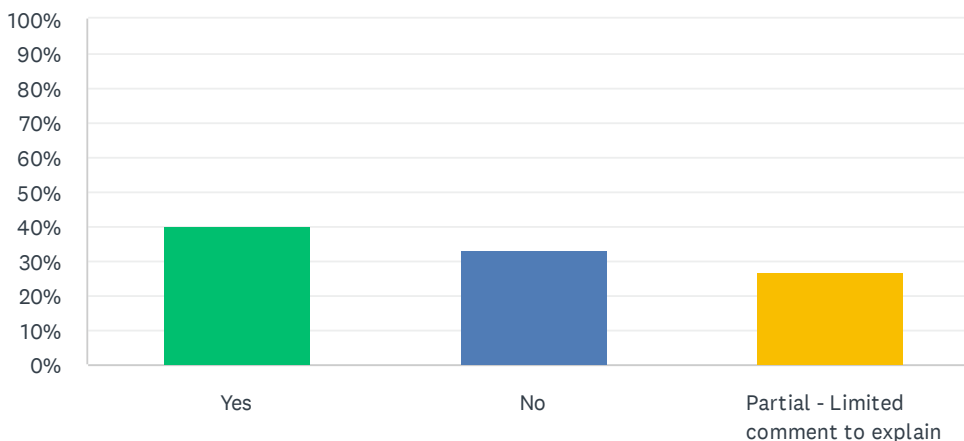


ANSWER CHOICES	RESPONSES
Yes	66.67% 10
No	13.33% 2
Partial - Limited comment to explain	20.00% 3
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Nursing is aware of the goals for the patient but not always discussed during shift change reports.	9/26/2022 10:55 AM
2	not on shift reports consistently	6/14/2022 10:45 AM
3	nursing is notified of goals and they are readily available for staff to review but not discussed during shift reports.	6/8/2022 1:39 PM

Q36 We have a patient-schedule board for PT, OT, SLP, RT, Nursing’s procedure times for care each day – this board also includes IDT dates and planned discharge date to improve communication. Nursing also uses this board to know which patient to prepare 1st for therapy, allows better planning for therapy and nursing.

Answered: 15 Skipped: 0

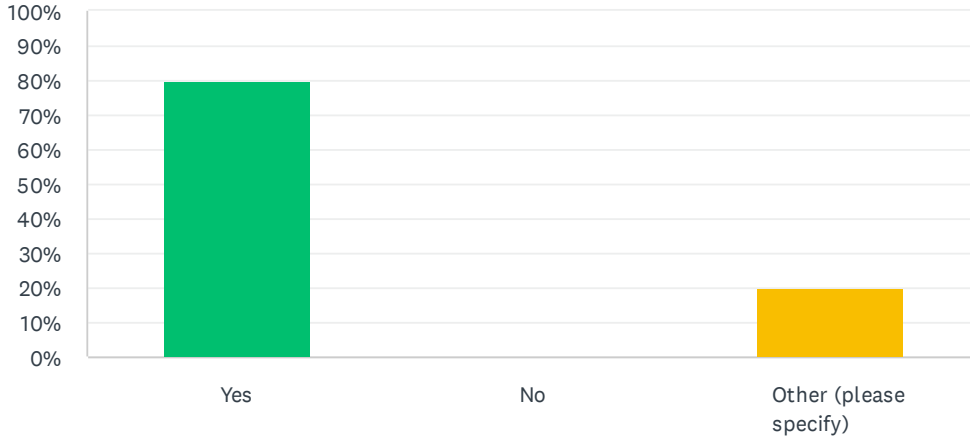


ANSWER CHOICES	RESPONSES
Yes	40.00% 6
No	33.33% 5
Partial - Limited comment to explain	26.67% 4
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	A board in the station identifies the assistance level of the patients. Updated as changes occur so all are aware of the patient's needs.	7/3/2022 11:56 PM
2	Not put on board, but is communicated to them verbally each day by case manager	6/30/2022 8:13 AM
3	We have a communication board in every room which is updated with discharge dates. We do not have a schedule for therapy.	6/15/2022 1:05 PM
4	There is a therapy schedule used for planning nursing care/who needs seen first	6/14/2022 10:45 AM

Q37 We have a process for OT to communicate if he/she will work with patient full ADLs or just upper or lower and nursing does the rest.

Answered: 15 Skipped: 0

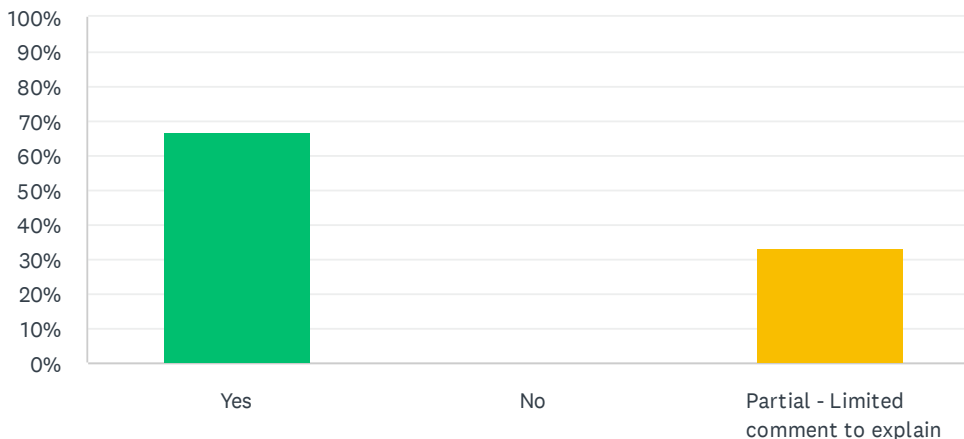


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	0.00%	0
Other (please specify)	20.00%	3
TOTAL		15

#	OTHER (PLEASE SPECIFY)	DATE
1	We do not have OT at this time	9/22/2022 9:20 AM
2	No OT at this facility	6/15/2022 7:15 AM
3	we do not have OT	6/1/2022 8:13 AM

Q38 Patients are dressed in street clothes unless medically contraindicated.

Answered: 15 Skipped: 0

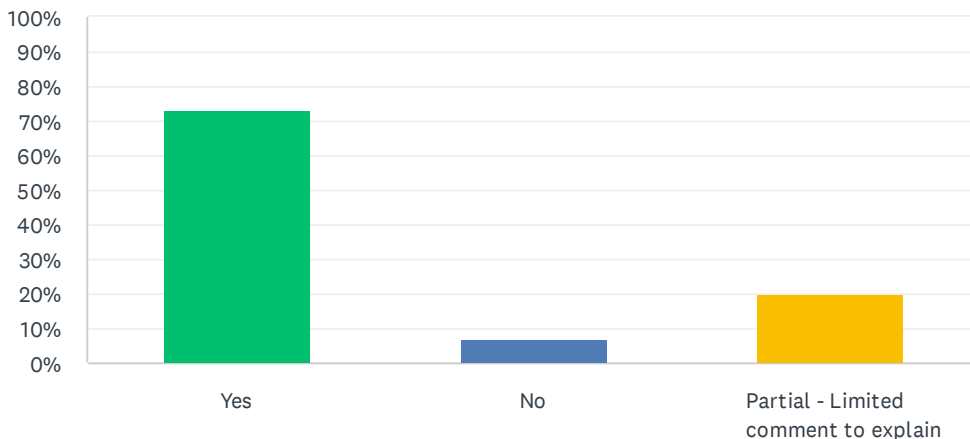


ANSWER CHOICES	RESPONSES	
Yes	66.67%	10
No	0.00%	0
Partial - Limited comment to explain	33.33%	5
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	still a challenge to get nursing to do this	6/29/2022 1:25 PM
2	Not everyone brings in clothes because they don't have someone to bring them in.	6/16/2022 9:48 AM
3	We encourage all swing pt to bring cloths from home and dress in street cloths. However, sometimes families do not bring in the clothing needed.	6/15/2022 1:05 PM
4	Not always	6/2/2022 3:35 PM
5	depending on patients wishes	6/1/2022 8:13 AM

Q39 Care plan or nursing orders specifically identifies what nursing rehab activities they are to perform and at what frequency.

Answered: 15 Skipped: 0

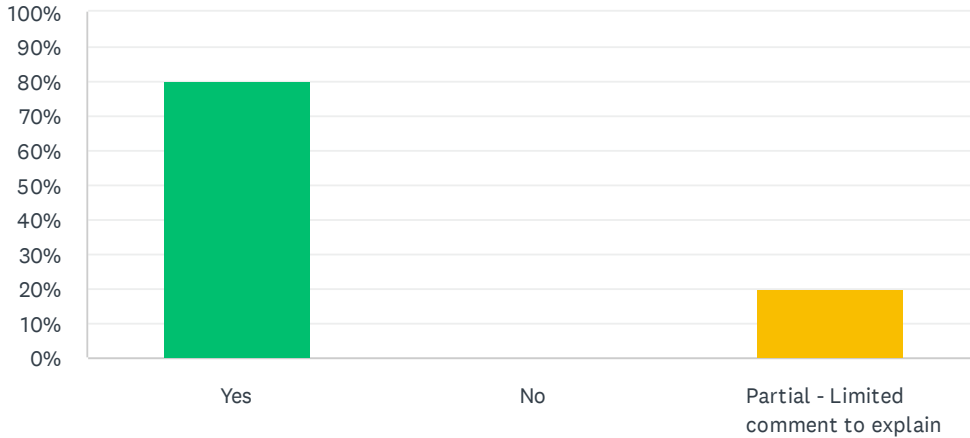


ANSWER CHOICES	RESPONSES	
Yes	73.33%	11
No	6.67%	1
Partial - Limited comment to explain	20.00%	3
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Working to improve this process.	9/26/2022 10:55 AM
2	working on education of staff for nursing restorative	6/29/2022 1:25 PM
3	Placed on communication board	6/14/2022 10:45 AM

Q40 Nursing actively participates in patient’s functional level of care; meals in chair vs bed (unless medically contraindicated), ambulated 2-3 times/day (unless medically contraindicated), ROM as directed by program nursing administration or therapy etc.

Answered: 15 Skipped: 0

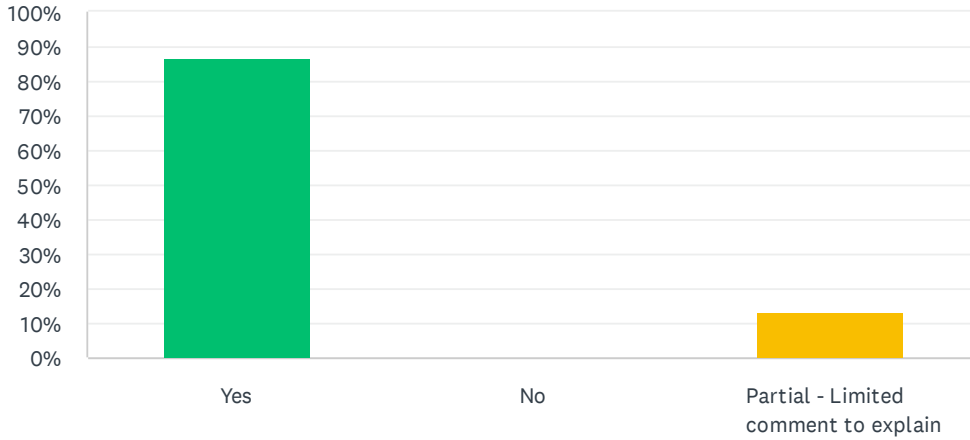


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	0.00%	0
Partial - Limited comment to explain	20.00%	3
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We have run into patients that have not gotten out of bed the entire weekend. Communication seems to be the root of the problem.	6/16/2022 9:48 AM
2	Not always consistent	6/14/2022 10:45 AM
3	nursing assists patient when they ask but lacks initiative to encourage patients.	6/8/2022 1:39 PM

Q41 Nursing shift reports include the clinical status, tests and treatments outcomes, reports not yet received, status of patient functional level and more specifically regarding discharge goals as well as concerns, social issues etc. identified during the shift.

Answered: 15 Skipped: 0

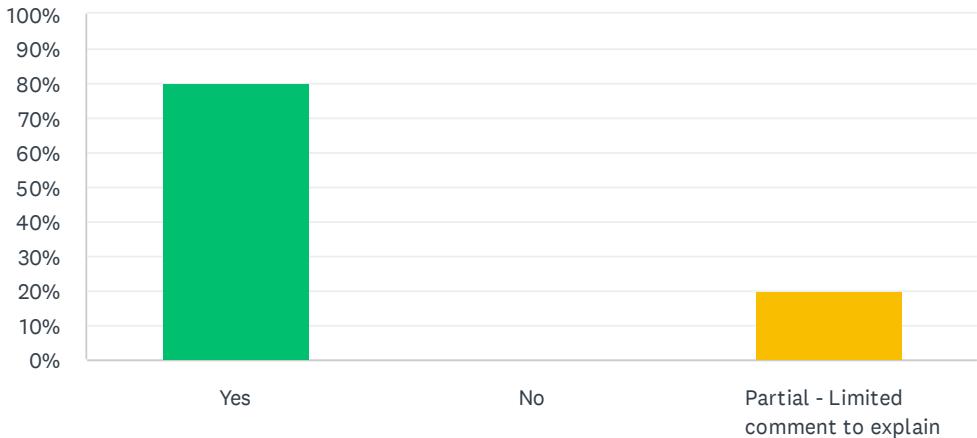


ANSWER CHOICES	RESPONSES	
Yes	86.67%	13
No	0.00%	0
Partial - Limited comment to explain	13.33%	2
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Doesn't talk consistently about discharge goals	6/14/2022 10:45 AM
2	all aspects are covered in report with the exception of focus on discharge goals.	6/8/2022 1:39 PM

Q42 Therapy space is available with usual equipment and treatment plans are based on functional rehab. What will the patients need to be able to do once home.

Answered: 15 Skipped: 0

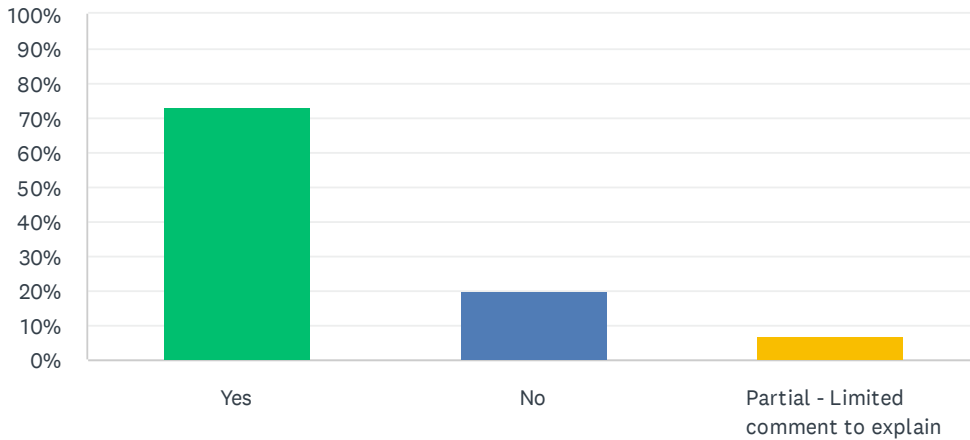


ANSWER CHOICES	RESPONSES
Yes	80.00% 12
No	0.00% 0
Partial - Limited comment to explain	20.00% 3
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	There is no therapy gym. Our rehab is limited by this as we have no equipment for upper body strengthening. Therapist visit in the rooms, ambulate the hallways and utilize unit stairs. They have equipment they bring to the rooms.	7/3/2022 11:56 PM
2	Most are in-room, hallway, and stairs. We are converting an unused sleep lab room to PT/OT therapy services	6/29/2022 1:25 PM
3	Can't do ideal (no "play" house) because we do not have the space.	6/16/2022 9:48 AM

Q43 The care manager meets or calls patient's S/O to report on the outcome of the meeting (unless we include the patient/family in the IDT meetings).

Answered: 15 Skipped: 0

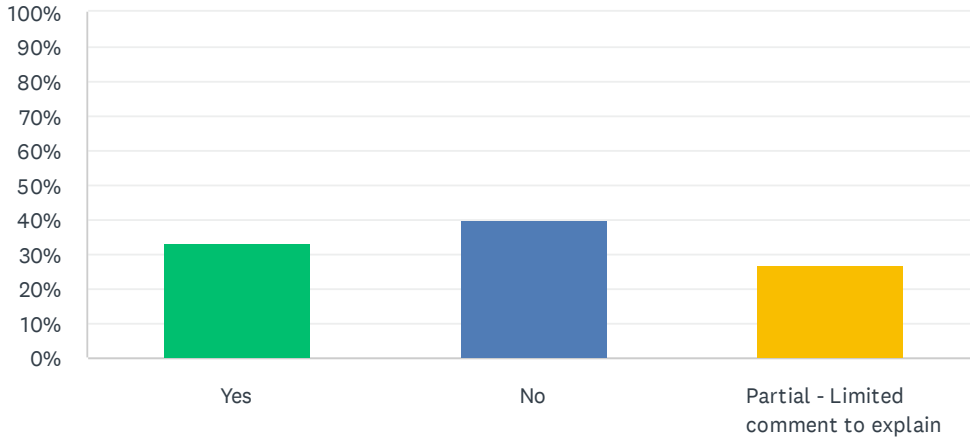


ANSWER CHOICES	RESPONSES	
Yes	73.33%	11
No	20.00%	3
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Only if issues identified. Family meetings sometimes arranged	6/14/2022 10:45 AM

Q44 Care manager or designee adds the discharge goals to the Patient Communication Board as they discuss with the patient based on the initial IDT meeting and is updated as appropriate throughout their stay.

Answered: 15 Skipped: 0

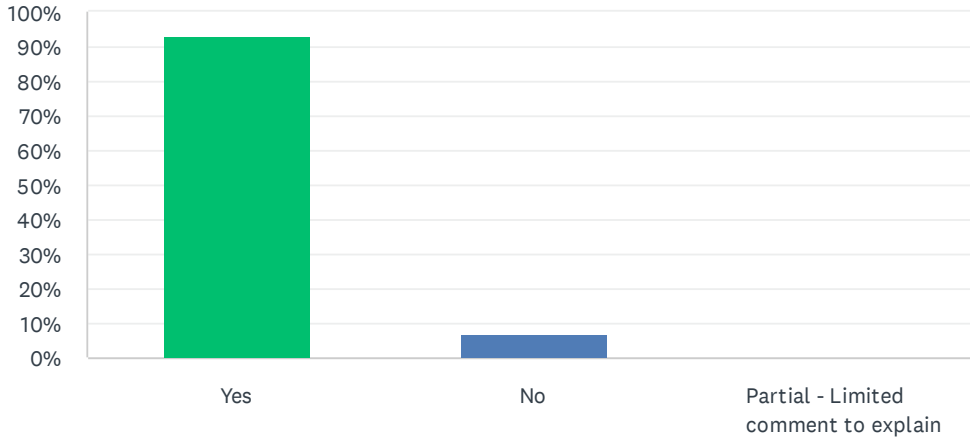


ANSWER CHOICES	RESPONSES	
Yes	33.33%	5
No	40.00%	6
Partial - Limited comment to explain	26.67%	4
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	This gets done infrequently and is certainly an area for improvement	7/3/2022 11:56 PM
2	This is reported and discussed with team, patient, and family but not usually put on communication board.	6/30/2022 8:33 AM
3	Not put on board but is discussed daily	6/30/2022 8:13 AM
4	We will add to next IDT	6/29/2022 1:25 PM

Q45 Every patient has a full ITD meeting weekly (7 days after their initial IDT meeting) to review the status of the goals and make alterations to the plan as needed including a review of the care plan for changes. These meetings are not replaced by daily Patient Discharge Mtgs in Acute/SB.

Answered: 15 Skipped: 0

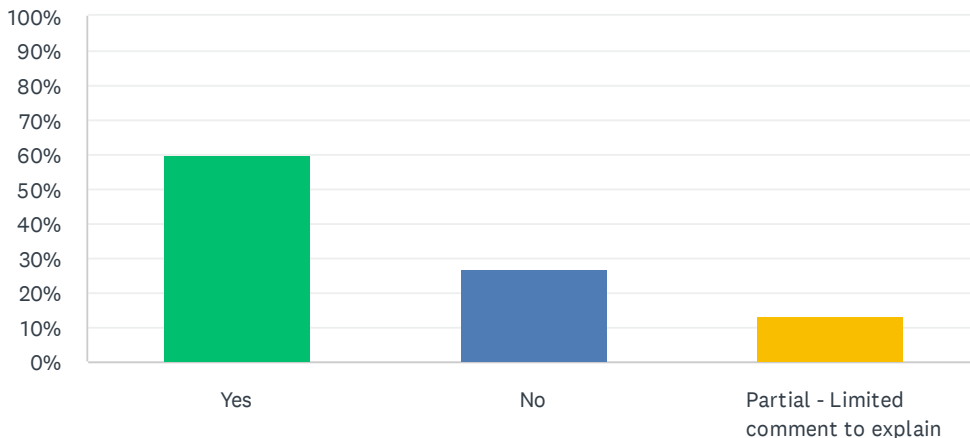


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	6.67%	1
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q46 Care manager, nursing and therapy review the status of the coded self-care & mobility scores compared to the goal as part of the continued plan of care during the follow-up IDT meetings.

Answered: 15 Skipped: 0

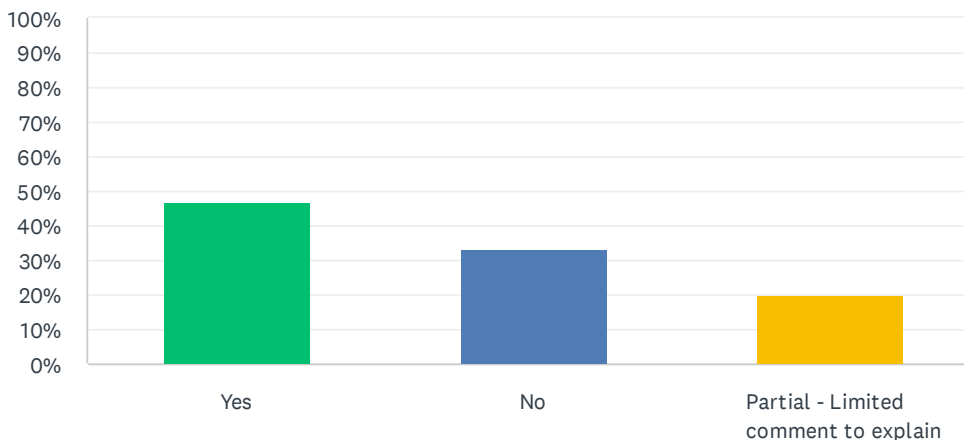


ANSWER CHOICES	RESPONSES
Yes	60.00% 9
No	26.67% 4
Partial - Limited comment to explain	13.33% 2
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Nursing needs to also review	6/29/2022 1:25 PM
2	We discuss it, not formal review process. Informal discussion.	6/16/2022 9:48 AM

Q47 The care manager reaches out to the patient/family prior to and after every IDT meeting to ensure we are all on the same page and report on outcome (unless patient/family attend the IDT meetings).

Answered: 15 Skipped: 0

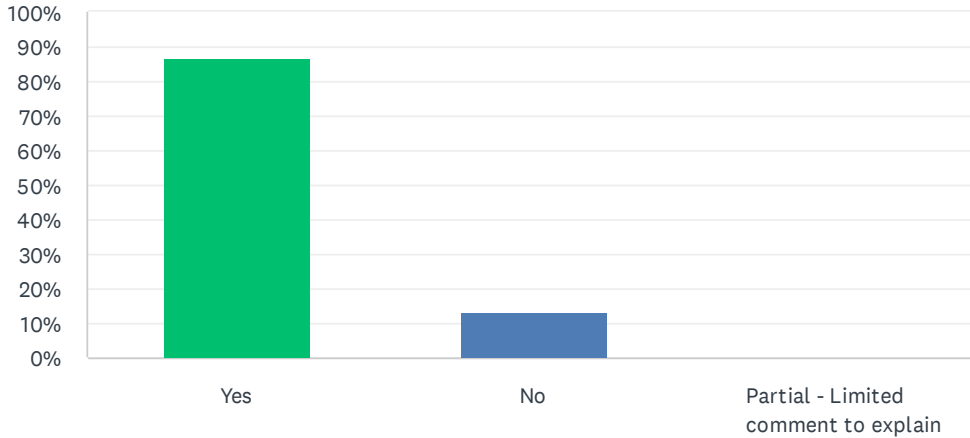


ANSWER CHOICES	RESPONSES
Yes	46.67% 7
No	33.33% 5
Partial - Limited comment to explain	20.00% 3
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Attempt to discuss with patient/family- dependent upon involvement.	6/30/2022 8:33 AM
2	Not every time, just as needed.	6/16/2022 9:48 AM
3	At admission and after every IDT meeting	6/15/2022 1:05 PM

Q48 The care manager also meets with the provider before and after every IDT meeting to discuss plan and updates (unless provider attends the IDT meetings).

Answered: 15 Skipped: 0

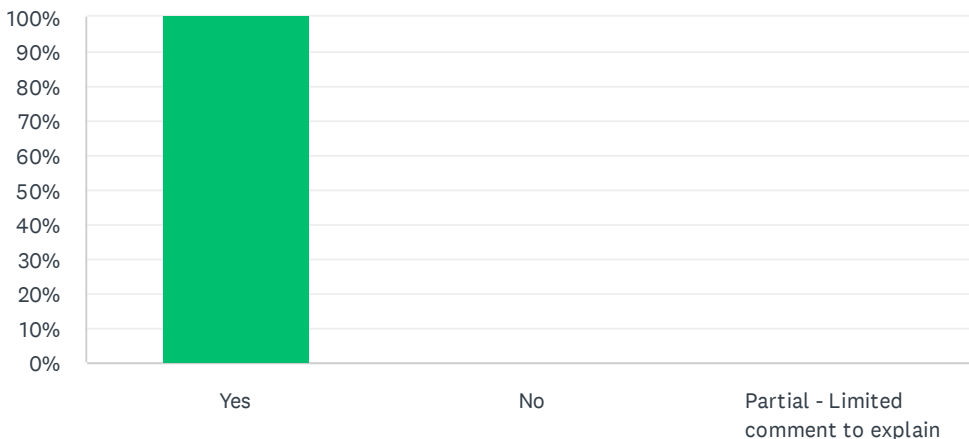


ANSWER CHOICES	RESPONSES	
Yes	86.67%	13
No	13.33%	2
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q49 Discharge date is determined by the team based on when discharge goals will be met (no one discipline makes the decision alone) unless the patient was admitted for a short medical stay only in which case the provider with input from care managements can make the decision.

Answered: 15 Skipped: 0

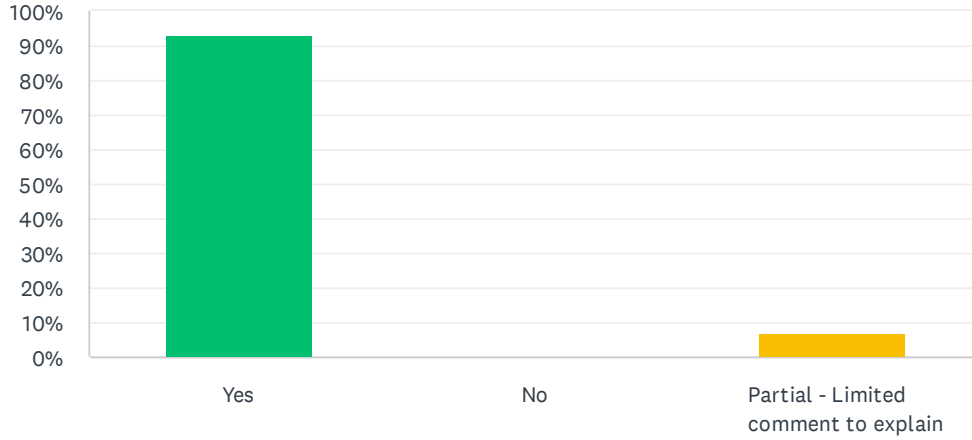


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q50 Patient is notified in writing of the discharge date at least 2 days in advance using the Medicare Notice of Non-Coverage.

Answered: 15 Skipped: 0

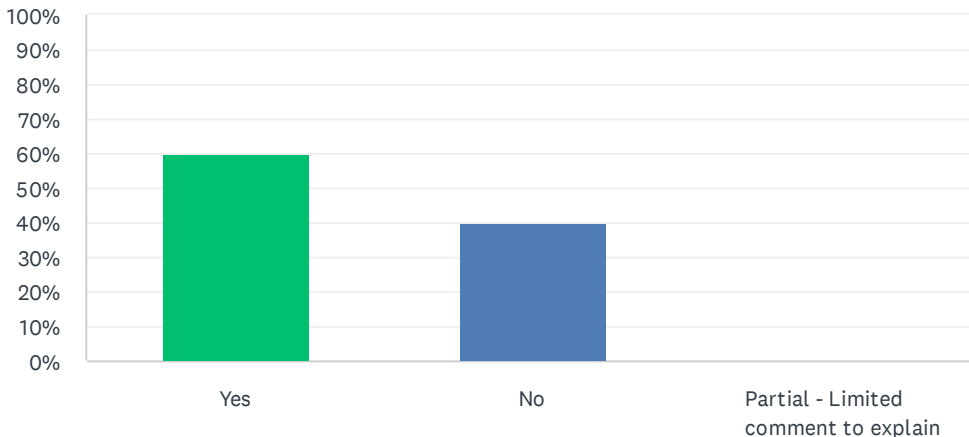


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	0.00%	0
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	90% of the time. We have missed a couple but have a process to stay on track	6/29/2022 1:25 PM

Q51 Non-Medicare payors are asked what form they want to use for the notification of discharge if not the above form.

Answered: 15 Skipped: 0

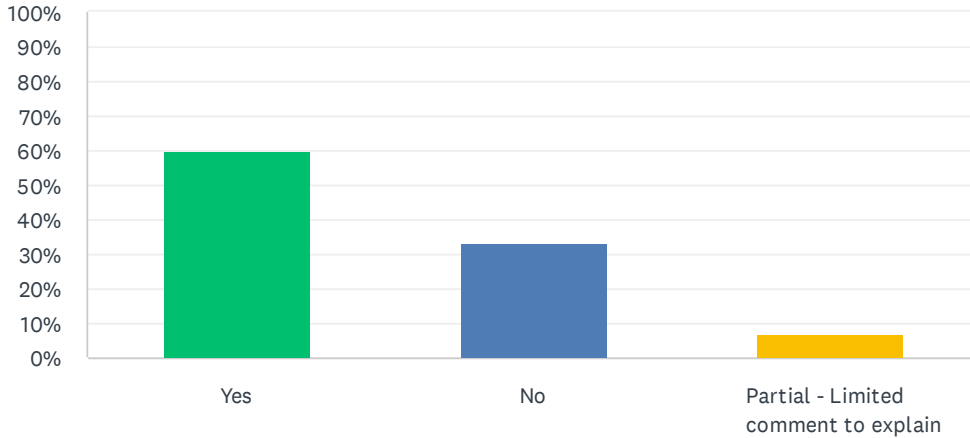


ANSWER CHOICES	RESPONSES	
Yes	60.00%	9
No	40.00%	6
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q52 A huddle between care manager, nursing and therapy is again convened the day before the day of discharge or preferably the day of discharge to code the patient's status re: Self-Care and Mobility.

Answered: 15 Skipped: 0

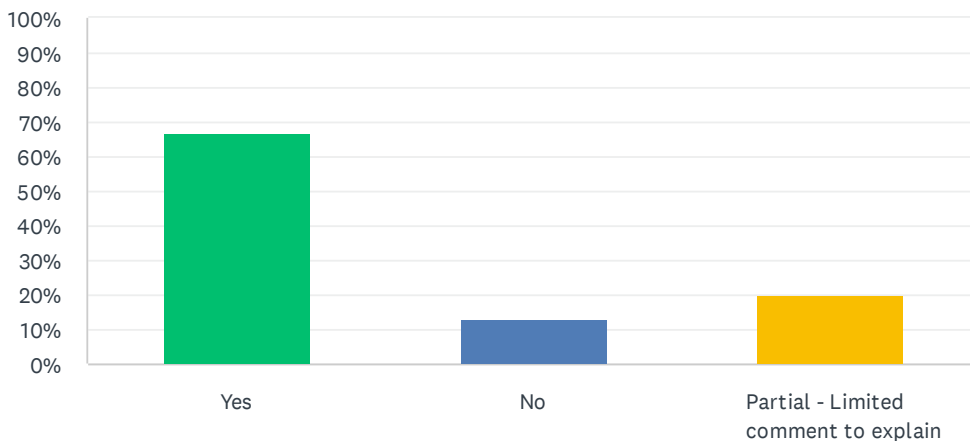


ANSWER CHOICES	RESPONSES
Yes	60.00% 9
No	33.33% 5
Partial - Limited comment to explain	6.67% 1
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	just a verbal review and discussion	6/30/2022 8:33 AM

Q53 Pharmacist is involved in providing medication education.

Answered: 15 Skipped: 0

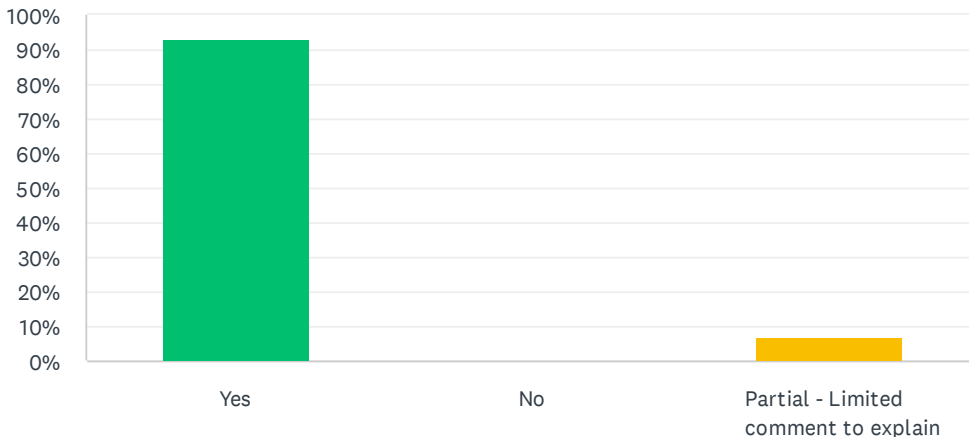


ANSWER CHOICES	RESPONSES	
Yes	66.67%	10
No	13.33%	2
Partial - Limited comment to explain	20.00%	3
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Consulted as needed for this, usually the MD will address new medicines with the patient.	7/3/2022 11:56 PM
2	No full time pharmacist but we are begging for this to be available	6/29/2022 1:25 PM
3	The pharmacist does not round or provide routine medication education. Only if asked by nursing to provide additional medication education.	6/15/2022 1:05 PM

Q54 We have a process for a thorough discharge medication reconciliation.

Answered: 15 Skipped: 0

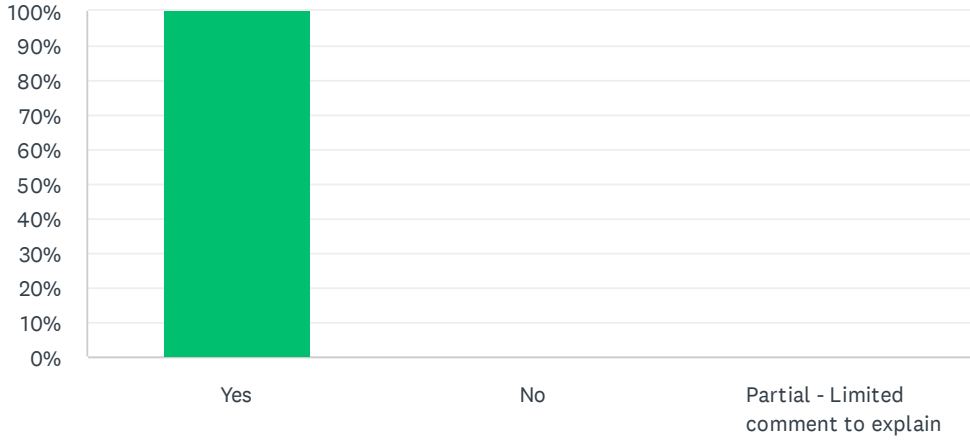


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	0.00%	0
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	the MD completes the discharge medication reconciliation but often times there can be discrepancies between the home list, the prior facility discharge list, and what they are on in house.	6/8/2022 1:39 PM

Q55 Follow-up appointments with provider, specialists and HH etc (if applicable) are made prior to discharge.

Answered: 15 Skipped: 0

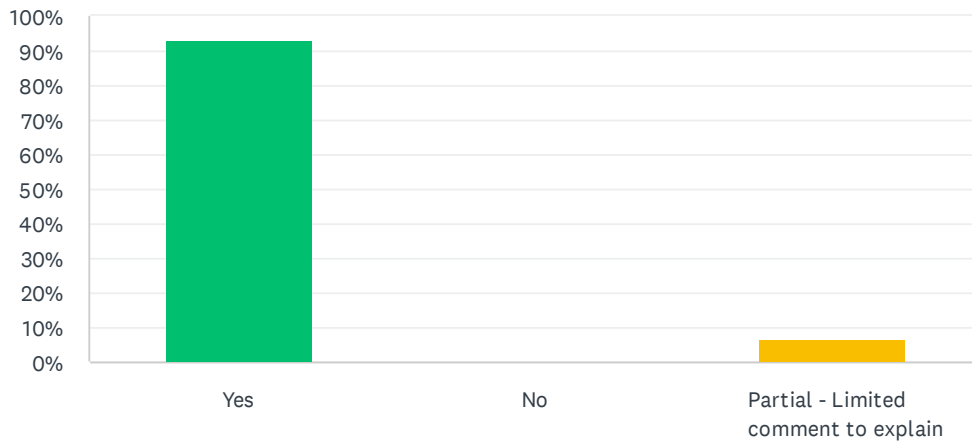


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q56 Discharge instructions are clear, easy to read and to follow.

Answered: 15 Skipped: 0

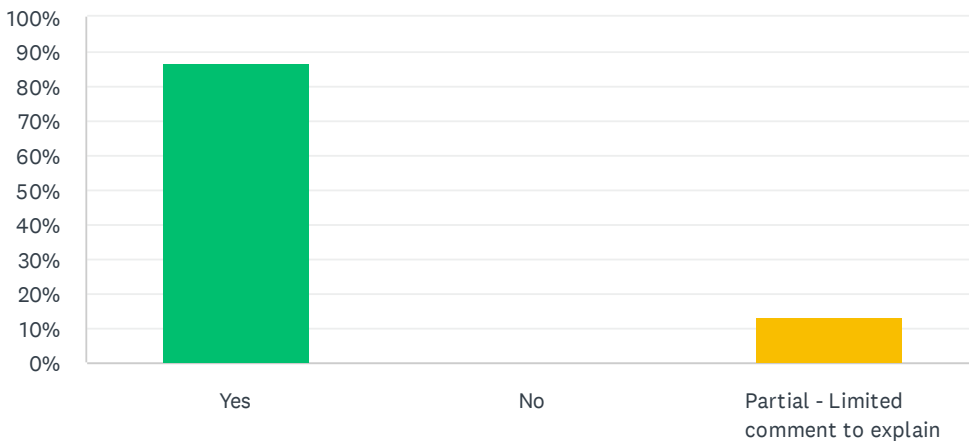


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	0.00%	0
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	D/C paperwork is from EPIC and is very long and not written at a 8th grade level (some in our group disagree). The education is not universally given (travelers don't do a thorough a job as regular staff.	6/16/2022 9:48 AM

Q57 Patient is informed of the clinical follow-up calls to be made within 24 to 72 hrs. post discharge and purpose for such. This is written on the discharge instruction form. A phone # the patient is easiest to be reached at is also documented at this time.

Answered: 15 Skipped: 0

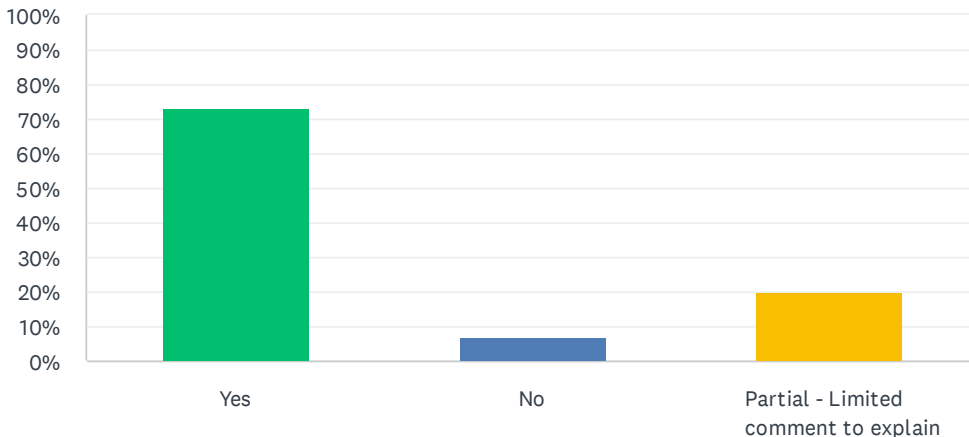


ANSWER CHOICES	RESPONSES	
Yes	86.67%	13
No	0.00%	0
Partial - Limited comment to explain	13.33%	2
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Identified area of improvement. This needs to be done more consistently	7/3/2022 11:56 PM
2	Not a part of the current written discharge instruction	6/14/2022 10:45 AM

Q58 The patient and/or S/O are provided with written information about their diagnoses which includes the Stop Light instructions.

Answered: 15 Skipped: 0

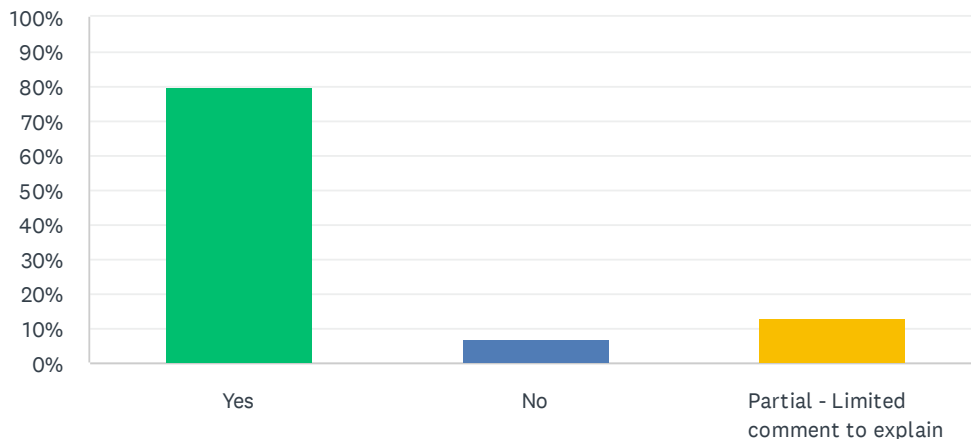


ANSWER CHOICES	RESPONSES	
Yes	73.33%	11
No	6.67%	1
Partial - Limited comment to explain	20.00%	3
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Attached information is given with each discharge packet.	7/3/2022 11:56 PM
2	Does not include stop light instructions	6/30/2022 8:33 AM
3	All but no stop light	6/29/2022 1:25 PM

Q59 Teach-back is used for patient education regarding their diagnosis, medication, and discharge instructions.

Answered: 15 Skipped: 0

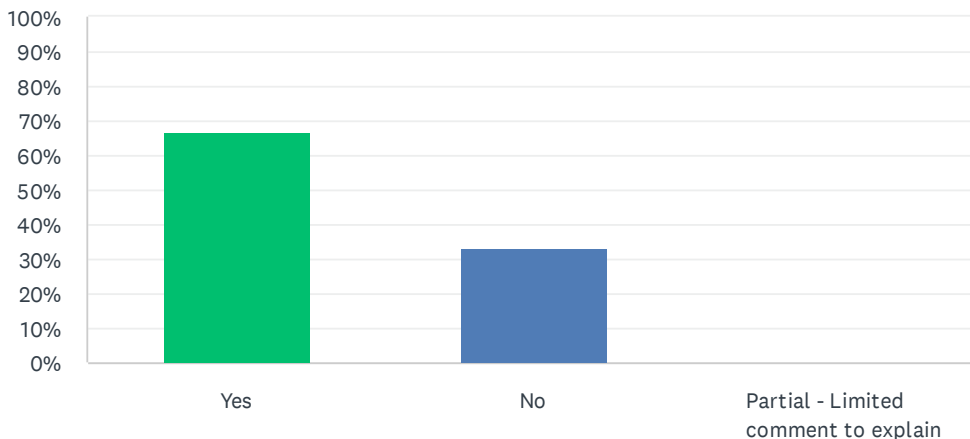


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	6.67%	1
Partial - Limited comment to explain	13.33%	2
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	nurse educates the patient according to their abilities. Because it is based on what is the best style for the patient we do not always have the patient demonstrate back.	9/22/2022 9:20 AM
2	Therapy - Yes; Nursing- Not always	6/16/2022 9:48 AM

Q60 Care manager determines when the post-discharge clinical follow up should occur (within 24, 48 or 72 hrs.) based on medical condition, potential for follow-thru, support available, etc.) and notifies the person responsible for clinical follow-up.

Answered: 15 Skipped: 0

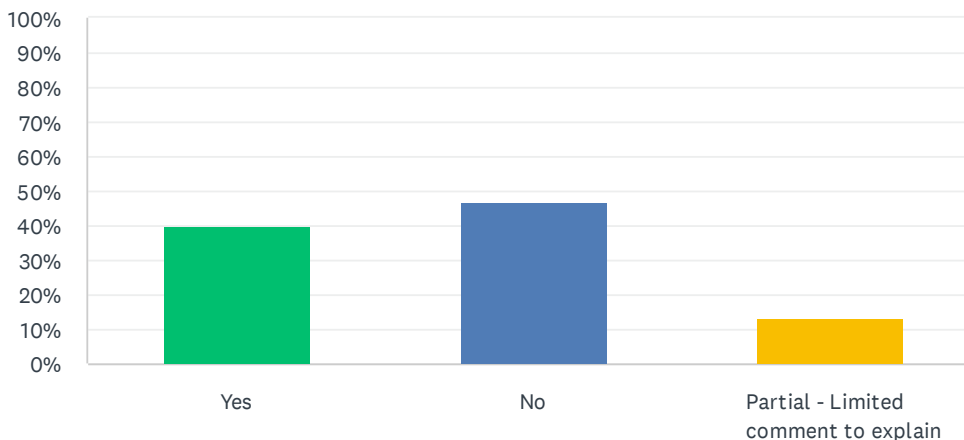


ANSWER CHOICES	RESPONSES	
Yes	66.67%	10
No	33.33%	5
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q61 Nurse calls the Nursing Home the day following the discharge where patient was discharged at to ensure that physician orders were clear and medications have been initiated as planned.

Answered: 15 Skipped: 0

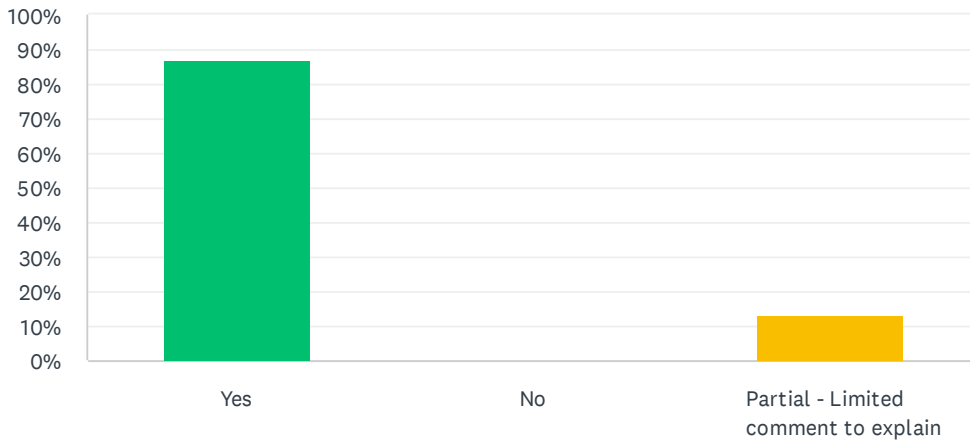


ANSWER CHOICES	RESPONSES
Yes	40.00% 6
No	46.67% 7
Partial - Limited comment to explain	13.33% 2
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Report is called by the nurse discharging the patient on the day of discharge	7/3/2022 11:58 PM
2	Call within 72 hours	6/14/2022 10:49 AM

Q62 Person making clinical follow-up calls to those discharged to home/community with or w/out HH or Hospice, is oriented to this process and documents outcomes: Act. # (name if internal tool), patient was able to verbalize how he/she feels, key S&S to report, medication was picked up, states follow-up appointments date(s) & time(s), HH or Hospice was initiated or knows when to expect them (at minimum).

Answered: 15 Skipped: 0

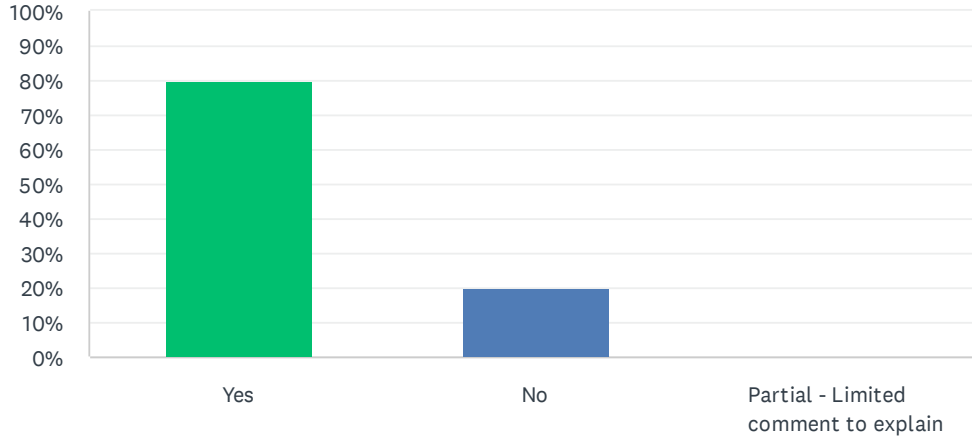


ANSWER CHOICES	RESPONSES
Yes	86.67% 13
No	0.00% 0
Partial - Limited comment to explain	13.33% 2
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Done infrequently. New staffing in the coordinator roles who still require education on completion of this	7/3/2022 11:58 PM
2	It's an automated call then if an issue is identified the coordinator is notified to make a clarification call	6/14/2022 10:49 AM

Q63 Clinical call back is done within 24 to 72 hrs. post discharge based on care manager's recommendation for the timing.

Answered: 15 Skipped: 0

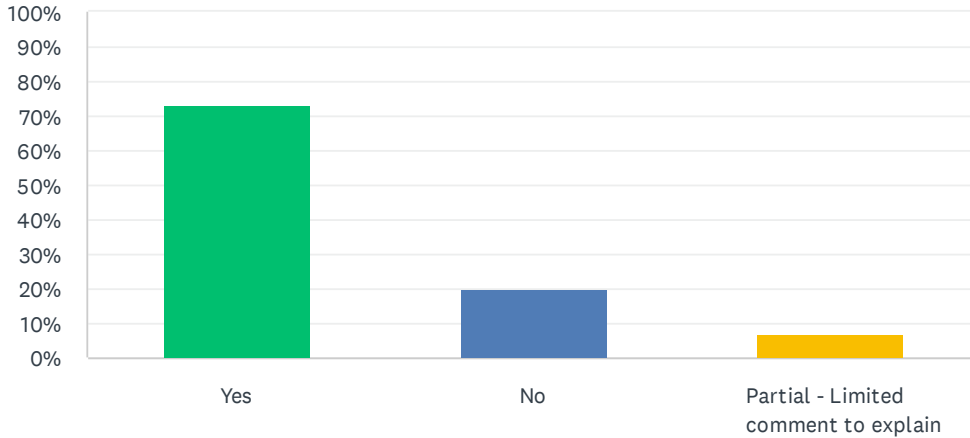


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	20.00%	3
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q64 Follow-calls to provider, HH etc. are made as necessary based on outcome of the call to the patient or S/O and is documented on the clinical follow-up call tracking form.

Answered: 15 Skipped: 0

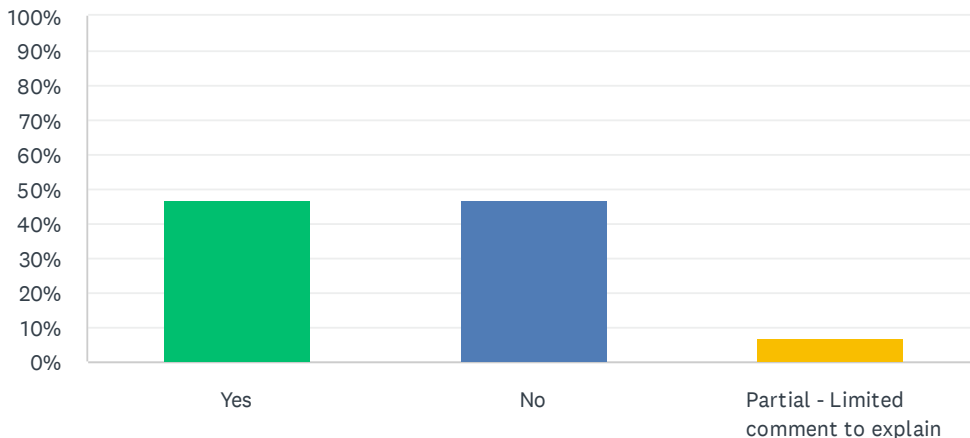


ANSWER CHOICES	RESPONSES	
Yes	73.33%	11
No	20.00%	3
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	documented in the patient's chart	6/8/2022 1:47 PM

Q65 A plan is made if/when the patient should be called again (such as weekly) to prevent a readmission within 30 days post-discharge, and such is documented on the form above.

Answered: 15 Skipped: 0

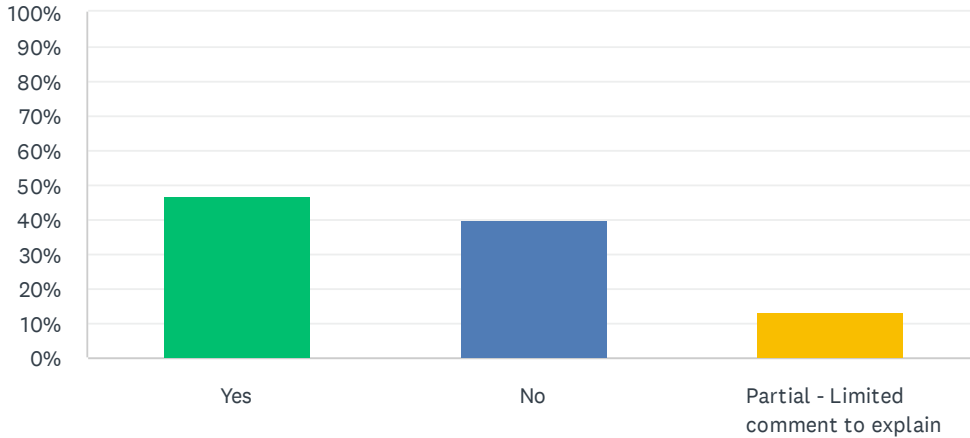


ANSWER CHOICES	RESPONSES
Yes	46.67% 7
No	46.67% 7
Partial - Limited comment to explain	6.67% 1
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	documented in the patient's chart	6/8/2022 1:47 PM

Q66 If a patient is directly admitted to SB within 30 days of their acute discharge, the care manager/discharge planner adds a readmission specific assessment to determine issues and what needs to happen to prevent reoccurrence.

Answered: 15 Skipped: 0

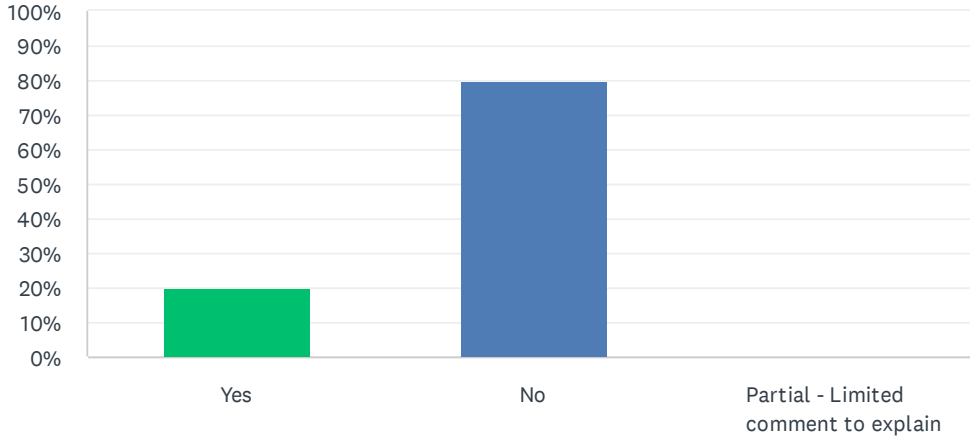


ANSWER CHOICES	RESPONSES
Yes	46.67% 7
No	40.00% 6
Partial - Limited comment to explain	13.33% 2
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We do address this in notes but we do not have an readmission specific assessment used for swing bed.	9/26/2022 10:58 AM
2	Repetitive concerns are addressed by care management as needed.	7/3/2022 11:58 PM

Q67 A synopsis of the above calls and readmission assessments are created for SB PI Meetings.

Answered: 15 Skipped: 0

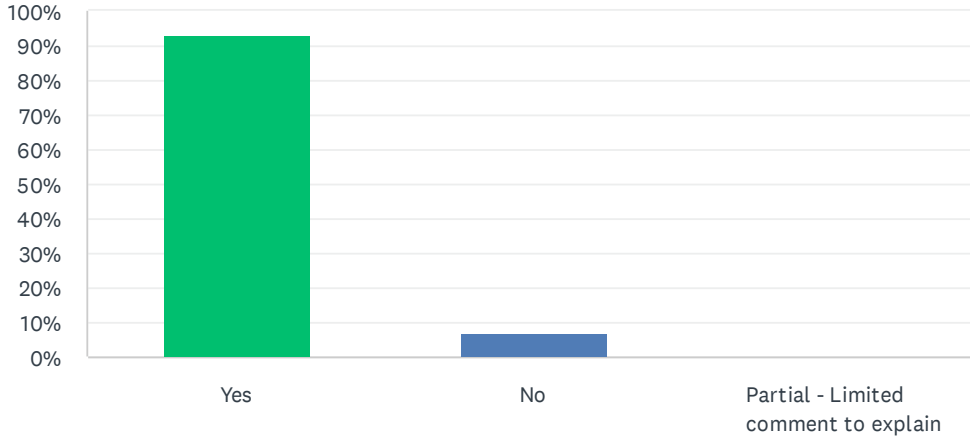


ANSWER CHOICES	RESPONSES
Yes	20.00% 3
No	80.00% 12
Partial - Limited comment to explain	0.00% 0
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
There are no responses.		

Q68 Physician Certification & Recert is completed – may be part of the admission and continued stay progress note or specific form.

Answered: 15 Skipped: 0

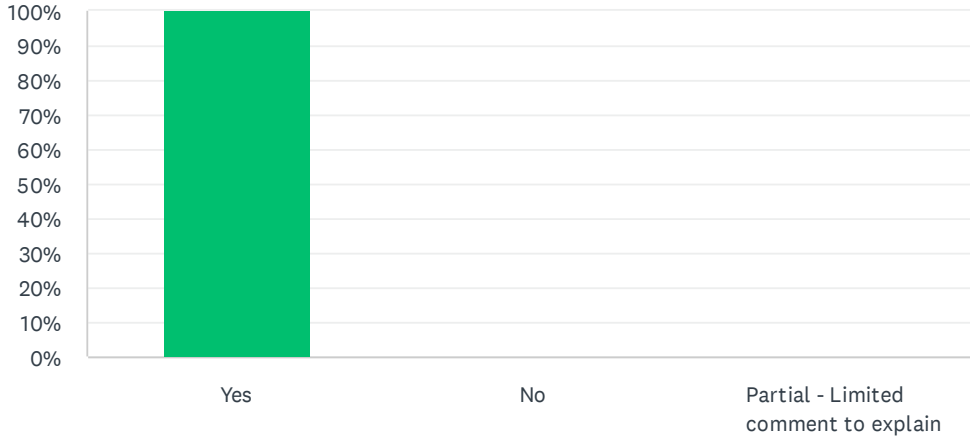


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	6.67%	1
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q69 Physician documentation supports medical necessity for skill care on an IP basis.

Answered: 15 Skipped: 0

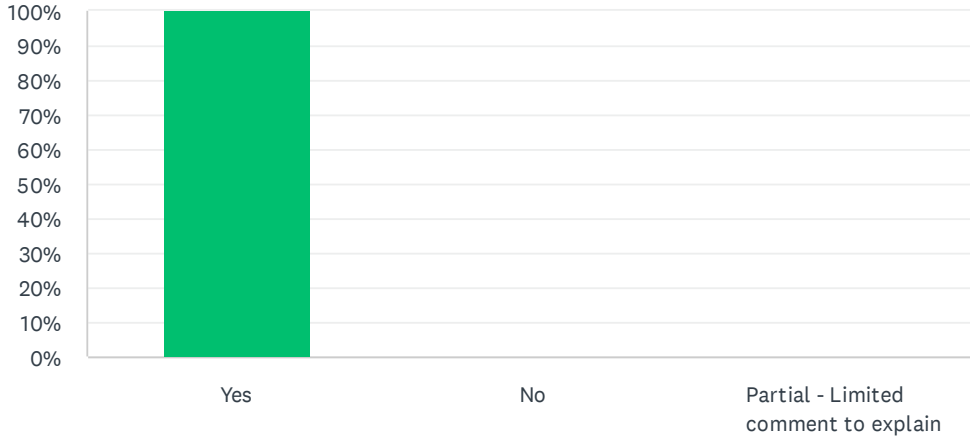


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q70 Skill needs are clearly identified in the chart and required on a daily basis for nursing and at least 5 days/week for therapy if the only skill need.

Answered: 15 Skipped: 0

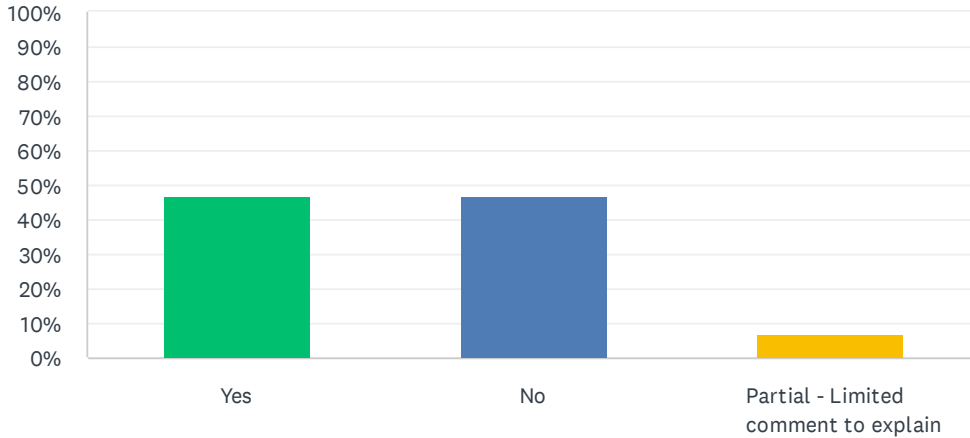


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q71 A PI team agreed to a % of all charts are reviewed using a chart review tool and outcomes are discussed with staff and part of the SB PI Mtgs.

Answered: 15 Skipped: 0

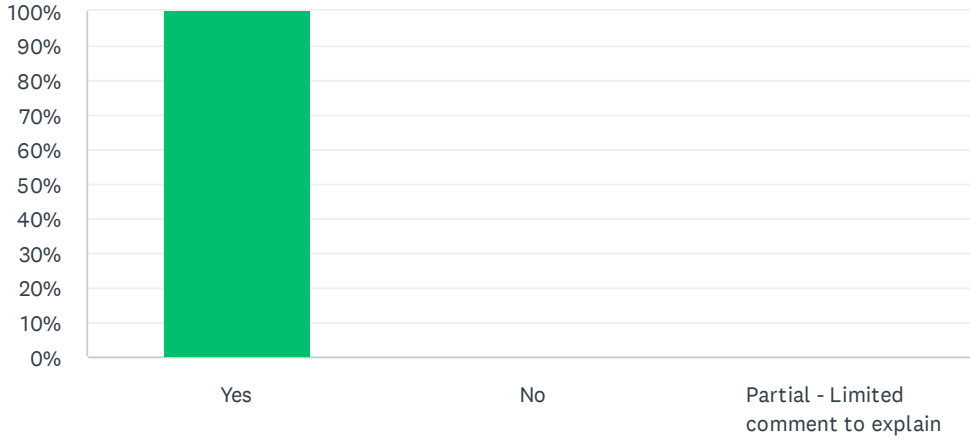


ANSWER CHOICES	RESPONSES
Yes	46.67% 7
No	46.67% 7
Partial - Limited comment to explain	6.67% 1
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Have initiated chart review, but not part of SB PI meetings	6/14/2022 10:53 AM

Q72 Therapy treatment plans or clarification orders are signed by the physician.

Answered: 15 Skipped: 0

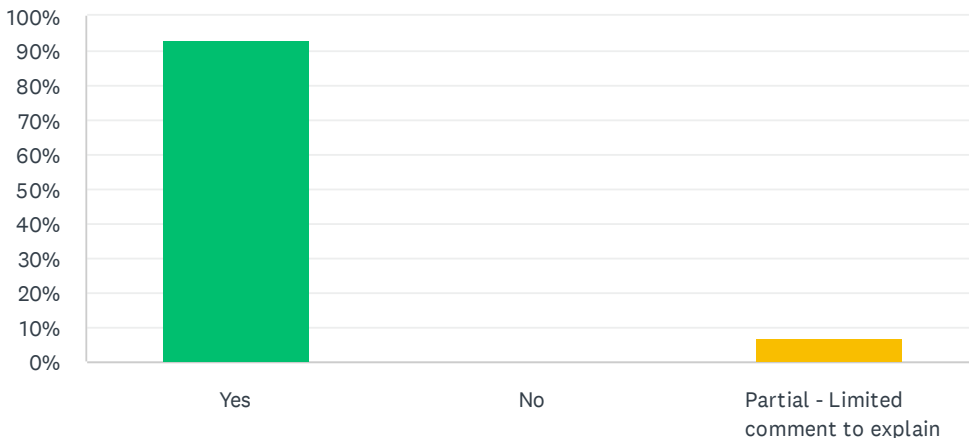


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q73 Nursing documentation supports at a minimum; skill needs, treatments provided and outcome, functional activity and tolerance as well as level based on discharge goals.

Answered: 15 Skipped: 0

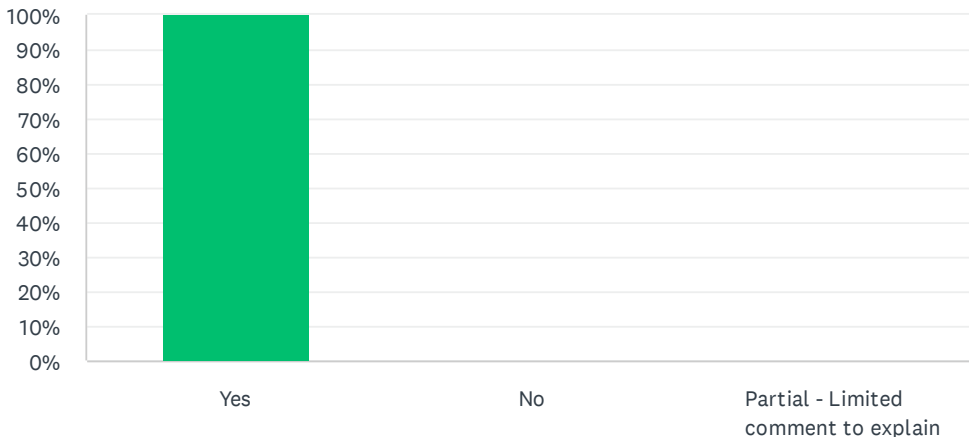


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	0.00%	0
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Working with nurses to improve documentation	6/29/2022 1:27 PM

Q74 Therapy documentation clearly supports therapy skill needs as per CMS.

Answered: 15 Skipped: 0

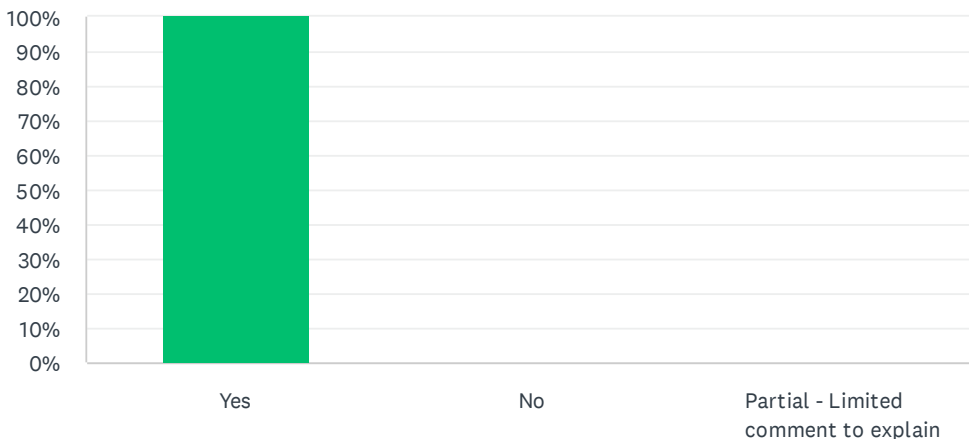


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q75 Provider completes an H&P per acceptable guidelines on admission even if the patient was referred from our hospital and a weekly site visit at a minimum to assess treatment plan status. The progress notes supports the need for continued stay on an IP basis.

Answered: 15 Skipped: 0

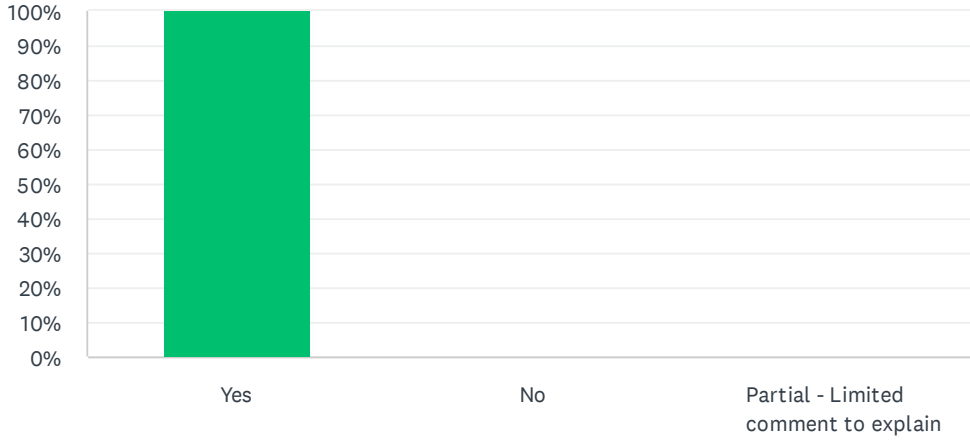


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q76 Provider progress notes support the need for weekly and additional visits.

Answered: 15 Skipped: 0

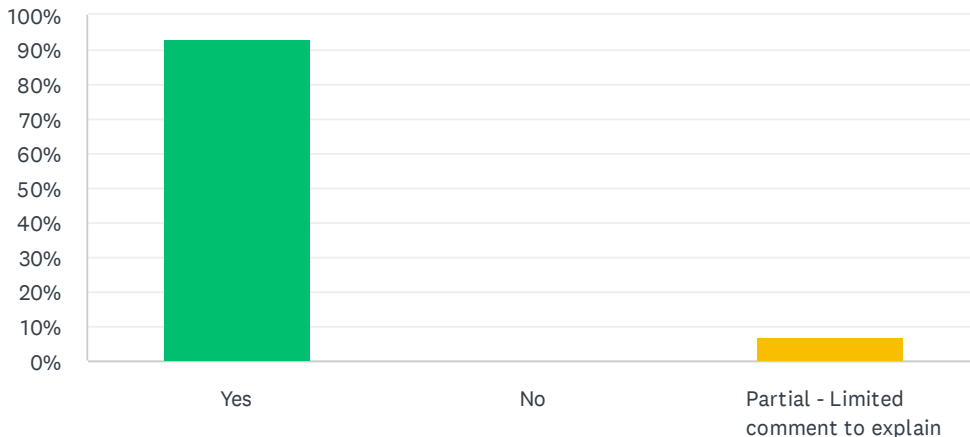


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q77 Documented patient education/training is obvious including new medication and disease management.

Answered: 15 Skipped: 0

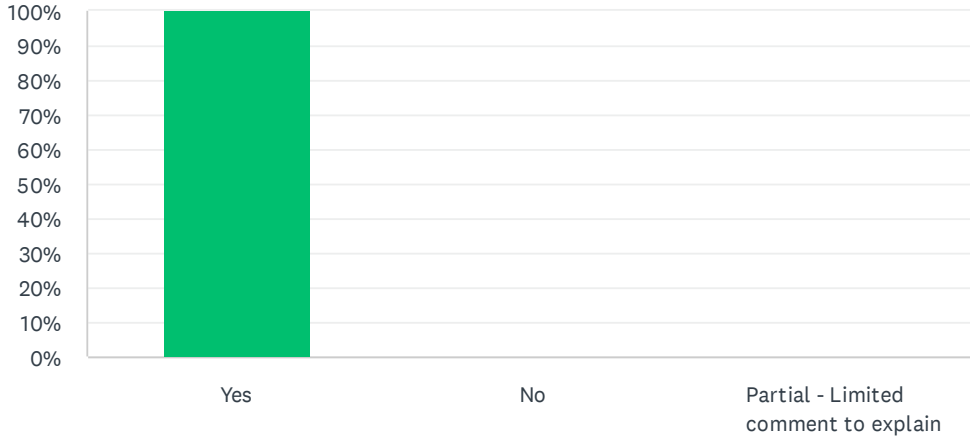


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	0.00%	0
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	education on disease management via exit care/teach back is easily reviewed. Medication education could use improvement as the documentation is limited.	6/21/2022 6:15 AM

Q78 Provider completes a discharge summary and such if shared with provider(s) who will be following the care.

Answered: 15 Skipped: 0

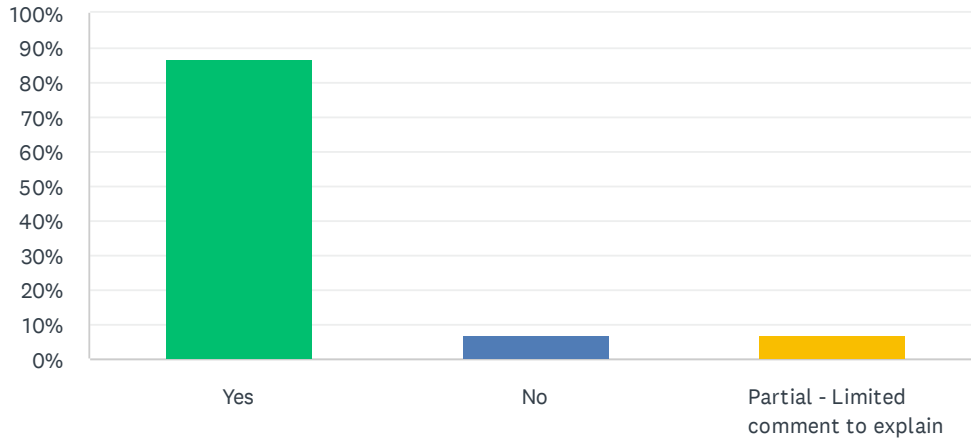


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q79 A transfer form is completed when a patient is transferred from SB to another post-acute care facility such as SNF, LTC, IRF, LTAC, Psych.

Answered: 15 Skipped: 0

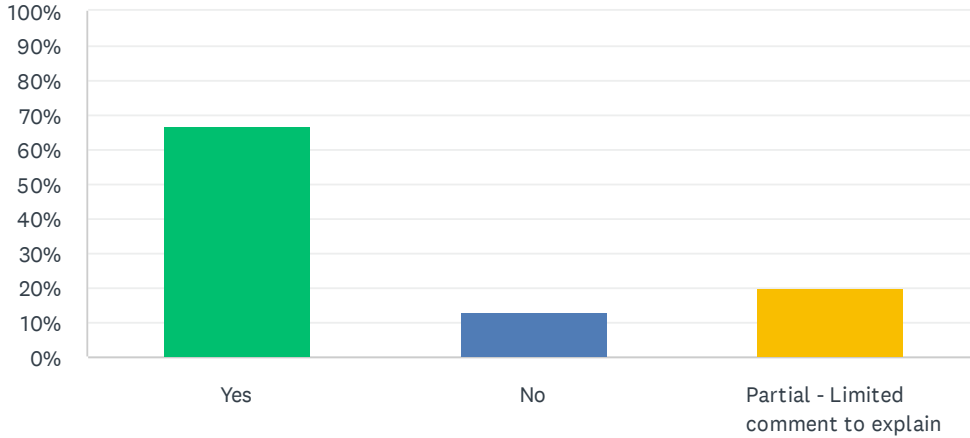


ANSWER CHOICES	RESPONSES
Yes	86.67% 13
No	6.67% 1
Partial - Limited comment to explain	6.67% 1
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	No set form for this. After visit summary, MAR report, and discharge summary and report is called	7/4/2022 12:00 AM

Q80 We have an identified SB Coordinator accountable to the program with documented job description and responsibilities.

Answered: 15 Skipped: 0

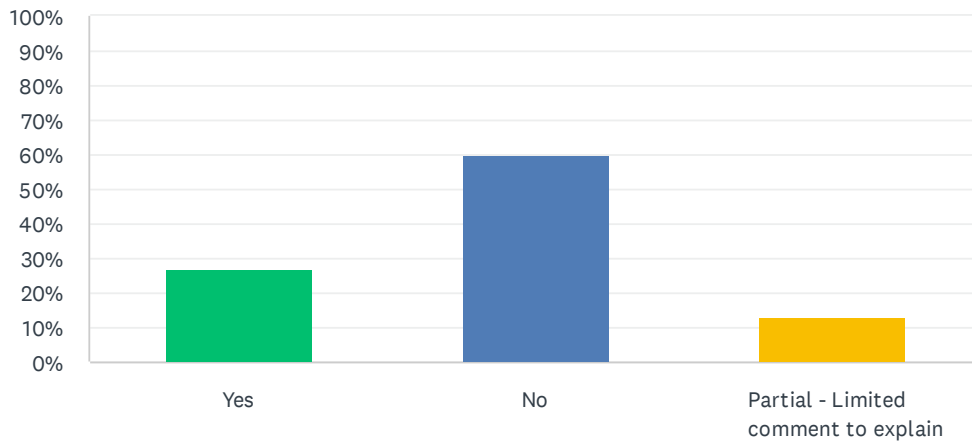


ANSWER CHOICES	RESPONSES
Yes	66.67% 10
No	13.33% 2
Partial - Limited comment to explain	20.00% 3
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Clinical coordinator for the Med Surg unit is in place, but has other duties beyond SB.	7/4/2022 12:08 AM
2	Need to write job description	6/30/2022 8:34 AM
3	Recently SB Coordinator left to pursue her NP	6/2/2022 3:46 PM

Q81 Our SB program is referred to a program name vs just “swing bed”.

Answered: 15 Skipped: 0

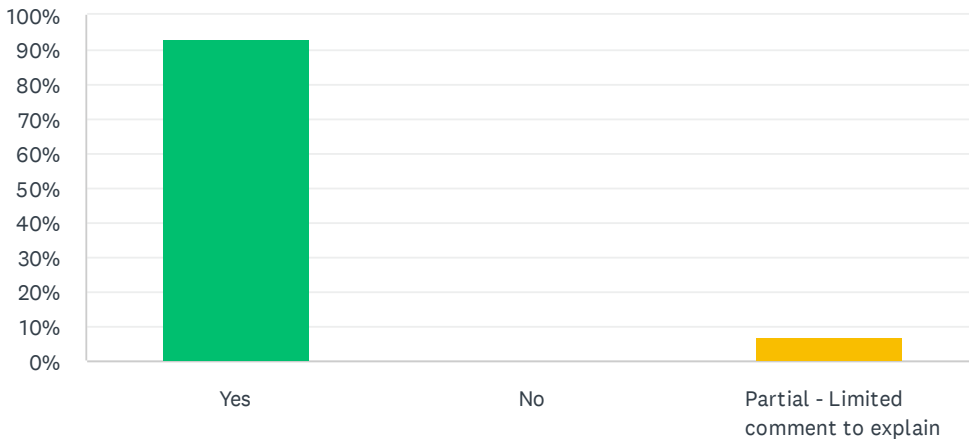


ANSWER CHOICES	RESPONSES
Yes	26.67% 4
No	60.00% 9
Partial - Limited comment to explain	13.33% 2
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	transitional care	7/4/2022 12:08 AM
2	In process	6/14/2022 11:05 AM

Q82 At a minimum, nursing management, SB Coordinator and Compliance are familiar with CoP pertinent to CAHs.

Answered: 15 Skipped: 0

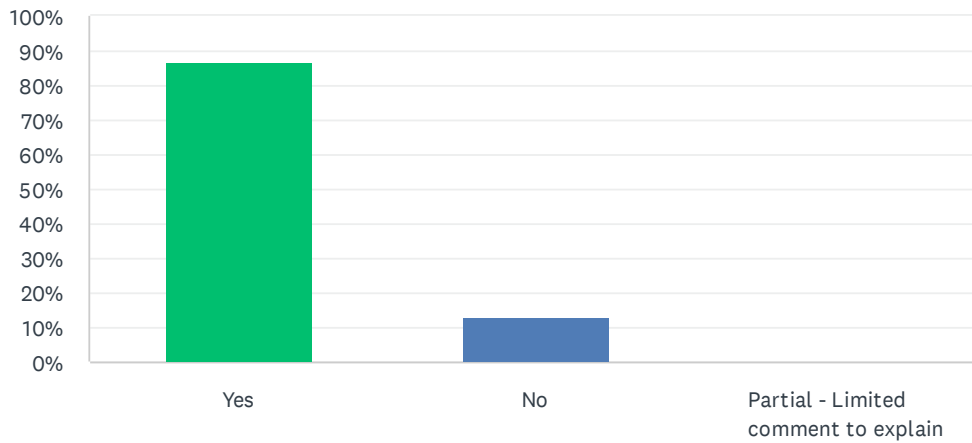


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	0.00%	0
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We have many new members on our team unfamiliar with Cop	6/2/2022 3:46 PM

Q83 Our CAH CMS surveys have no to minimal findings related to SB.

Answered: 15 Skipped: 0

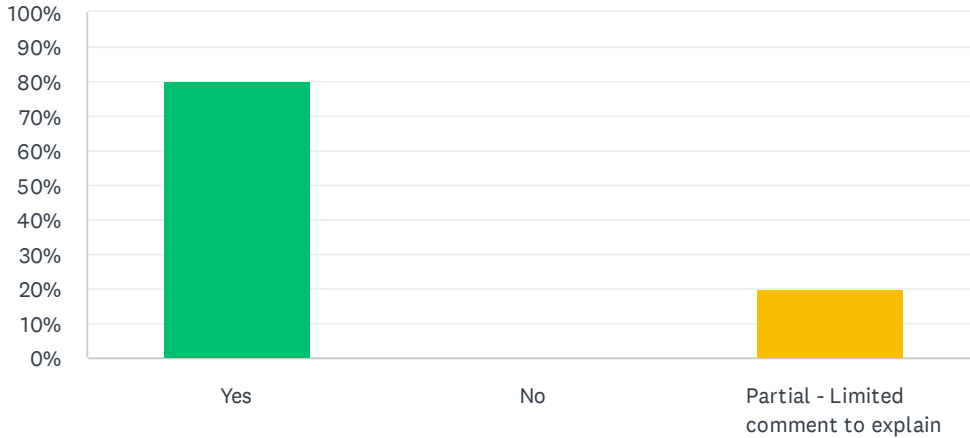


ANSWER CHOICES	RESPONSES	
Yes	86.67%	13
No	13.33%	2
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q84 Providers are oriented to overview of CMS expectations, what constitutes skill care, documentation required, ITD role (rehab model vs. medical model), and program processes.

Answered: 15 Skipped: 0

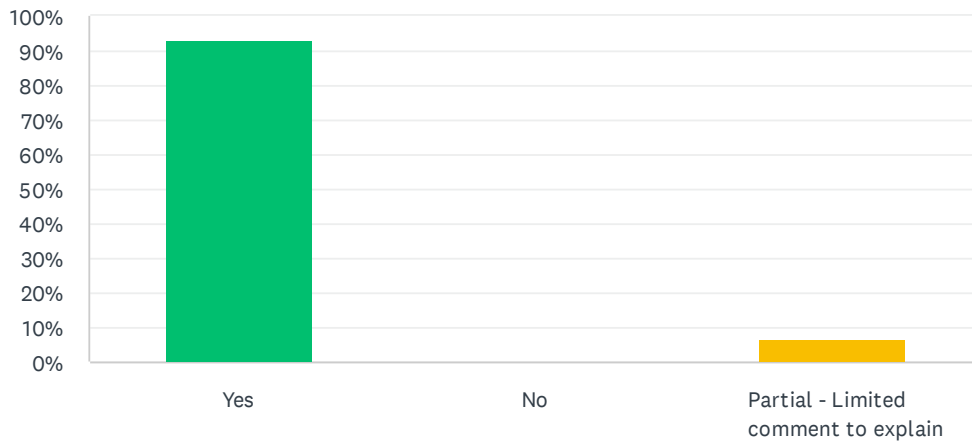


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	0.00%	0
Partial - Limited comment to explain	20.00%	3
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Working to develop a better process for this.	9/26/2022 11:07 AM
2	education has been completed in the past but further education will be required for newer providers	6/21/2022 6:19 AM
3	We can all benefit from education. Some insurances turn down potential swing bed patients that we think would be good ones.	6/16/2022 9:50 AM

Q85 Our SB P&Ps are reviewed annually and updated as needed.

Answered: 15 Skipped: 0

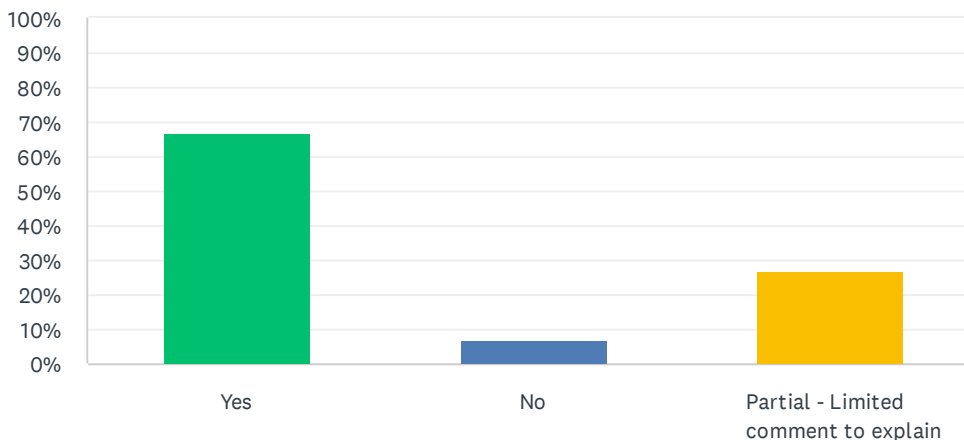


ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	0.00%	0
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Have identified a need for overview and updates needed to SB policies and procedures.	7/4/2022 12:08 AM

Q86 All staff working with SB patients are oriented to SB, program expectations and documentation from respective disciplines and such is documented.

Answered: 15 Skipped: 0

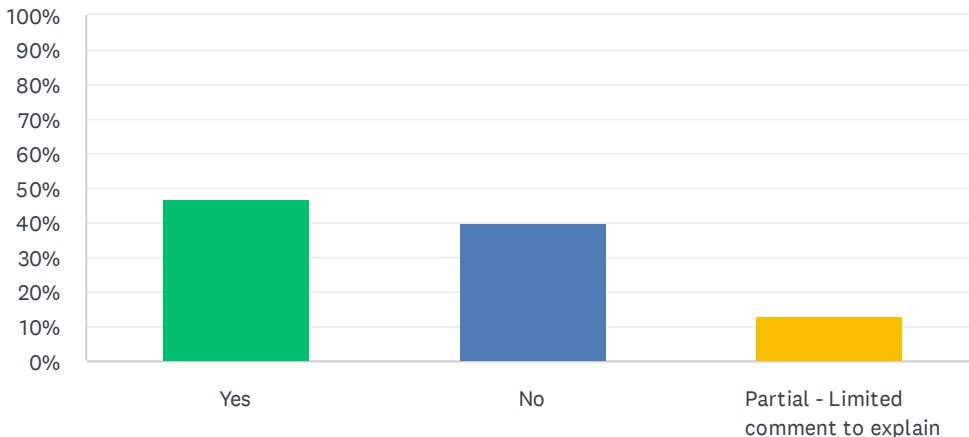


ANSWER CHOICES	RESPONSES	
Yes	66.67%	10
No	6.67%	1
Partial - Limited comment to explain	26.67%	4
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Working to develop a better process for this.	9/26/2022 11:07 AM
2	In process, a lot of turn over	6/29/2022 1:30 PM
3	education has been completed in the past but newer staff still require education	6/21/2022 6:19 AM
4	We do education periodically with our staff, but it is currently not on new employee's initial or skills checklists.	6/16/2022 9:50 AM

Q87 We have comprehensive Nursing Rehab specific competencies based on types of patients we accept, and outcome is documented in HR.

Answered: 15 Skipped: 0

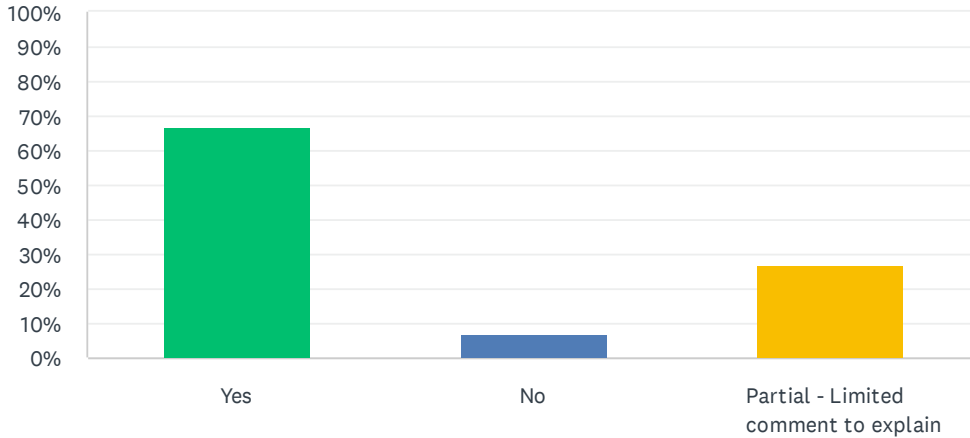


ANSWER CHOICES	RESPONSES	
Yes	46.67%	7
No	40.00%	6
Partial - Limited comment to explain	13.33%	2
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Annual competencies are base on low volume high risk	6/15/2022 1:19 PM
2	not comprehensive	6/14/2022 11:05 AM

Q88 Nursing and therapy staff working with SB patients have been trained in how to code self-care and mobility and required documentation to support the coding level.

Answered: 15 Skipped: 0

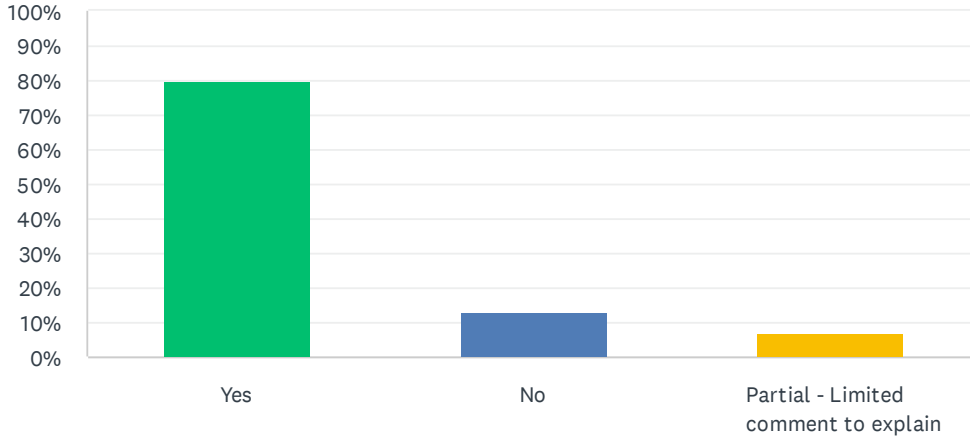


ANSWER CHOICES	RESPONSES
Yes	66.67% 10
No	6.67% 1
Partial - Limited comment to explain	26.67% 4
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Needs done again due to several new staff	9/26/2022 11:07 AM
2	Recent influx of new staff, this needs to be redone for all staff but definitely for the new employees	7/4/2022 12:08 AM
3	Therapy is. Nursing in process of being fully trained	6/30/2022 8:34 AM
4	We have recently had a large turn over in nursing staff and have several agency nurses/ cna in the staffing mix.	6/15/2022 1:19 PM

Q89 Nursing and therapy (together) determine self-care & mobility discharge goals based on admission status.

Answered: 15 Skipped: 0

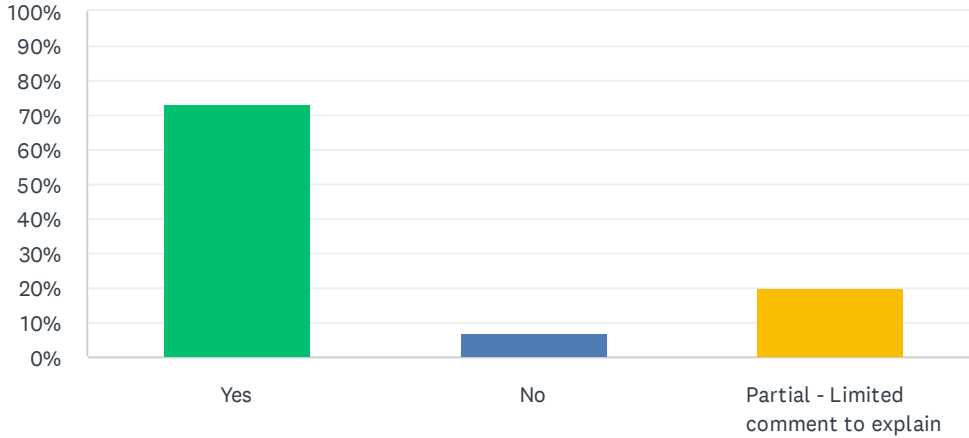


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	13.33%	2
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We need to improve communication in this area	9/26/2022 11:07 AM

Q90 We track utilization by monthly discharges, payors, ALOS, ADC and such is discussed with leadership.

Answered: 15 Skipped: 0

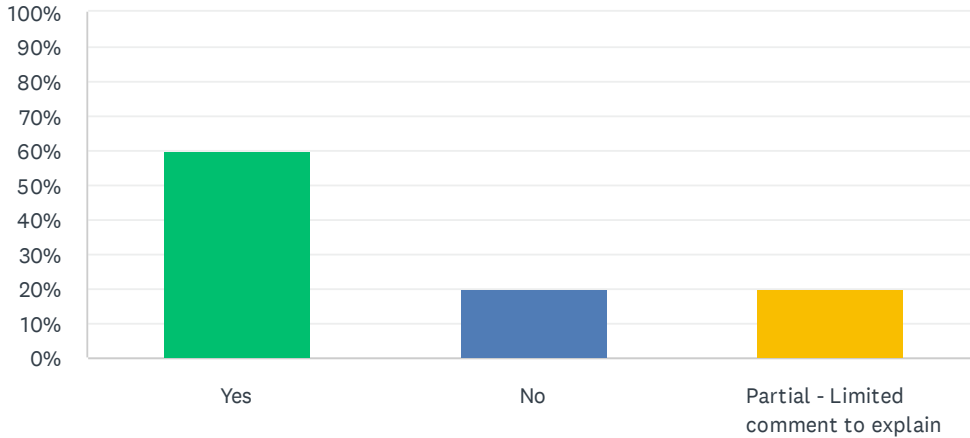


ANSWER CHOICES	RESPONSES	
Yes	73.33%	11
No	6.67%	1
Partial - Limited comment to explain	20.00%	3
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Tracking log is completed, reviewed with manager of the unit.	7/4/2022 12:08 AM
2	Still working on getting tools to complete reviews	6/29/2022 1:30 PM
3	Is tracked	6/15/2022 1:19 PM

Q91 We use a tool to track referrals: at a minimum; referring hospital, discharge planner, reason for referral, payor, accepted or denied, reason for denial and such is shared with leadership.

Answered: 15 Skipped: 0

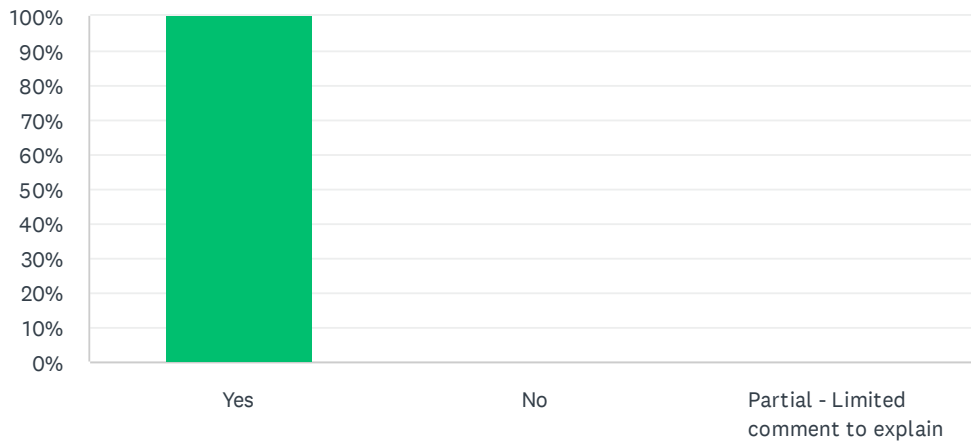


ANSWER CHOICES	RESPONSES
Yes	60.00% 9
No	20.00% 3
Partial - Limited comment to explain	20.00% 3
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Most of this is tracked. Most referrals come from sister facility via email and easiest to trend	7/4/2022 12:08 AM
2	Not currently tracking where being referred from	6/30/2022 8:34 AM
3	Social Worker cannot keep up with it.	6/16/2022 9:50 AM

Q92 Our CEO/Administrator supports and encourages the SB program.

Answered: 15 Skipped: 0

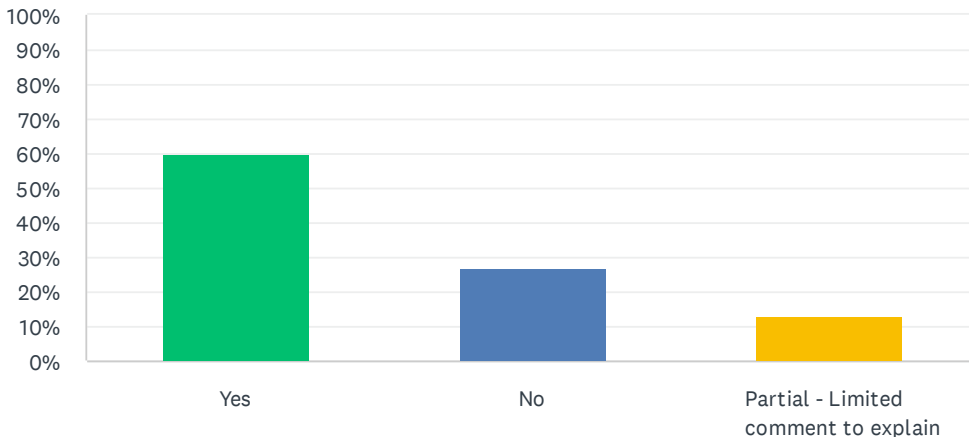


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q93 We have goals set for ADC and SB days with transparency and we celebrate when meeting those goals with all staff.

Answered: 15 Skipped: 0

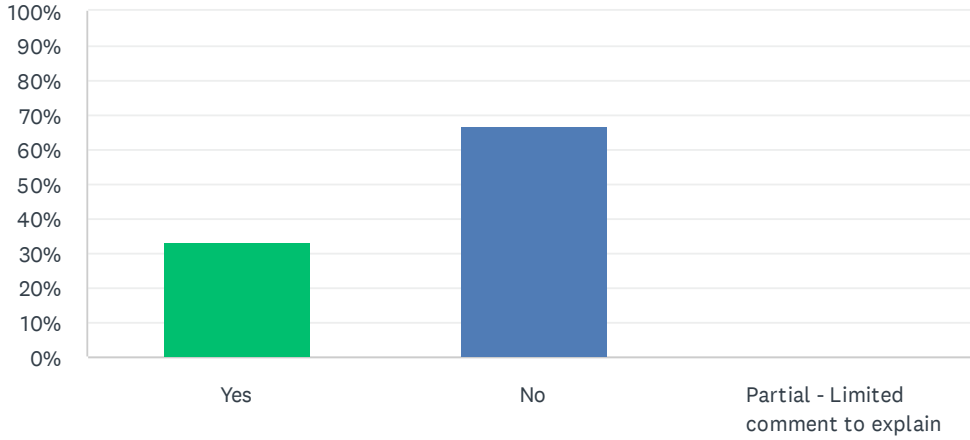


ANSWER CHOICES	RESPONSES
Yes	60.00% 9
No	26.67% 4
Partial - Limited comment to explain	13.33% 2
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	COVID inhibited our program, it is slowly building up. We need to go back to celebrating with staff the successes of the program	7/4/2022 12:08 AM
2	Need to celebrate successes more	6/16/2022 9:50 AM

Q94 The SB Coordinator knows what the payor pays and tracks gross revenue to be used as a motivator.

Answered: 15 Skipped: 0

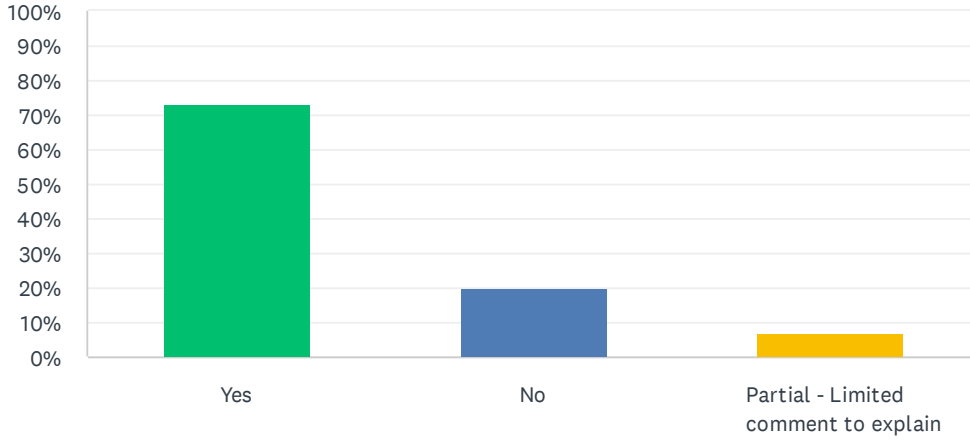


ANSWER CHOICES	RESPONSES
Yes	33.33% 5
No	66.67% 10
Partial - Limited comment to explain	0.00% 0
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q95 We have had a meeting with leadership to discuss type of patients we can accept, what we need to expand the program and what the plan is.

Answered: 15 Skipped: 0

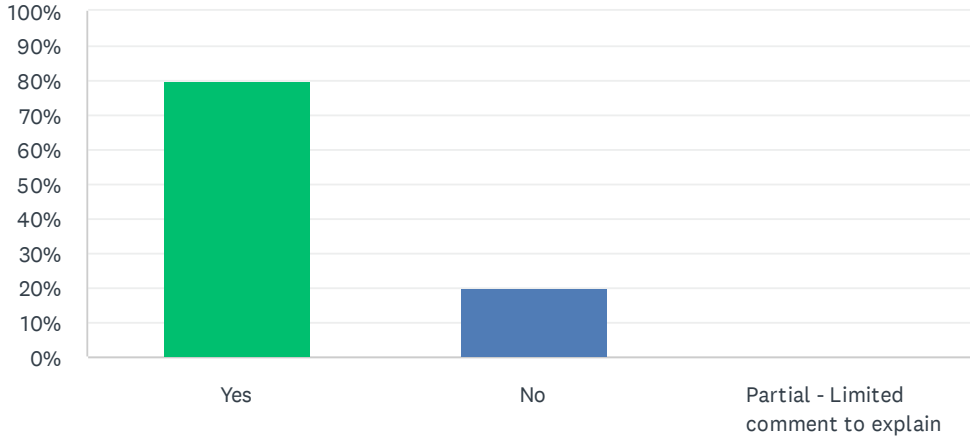


ANSWER CHOICES	RESPONSES	
Yes	73.33%	11
No	20.00%	3
Partial - Limited comment to explain	6.67%	1
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Leadership is involved in the SB program. No formal meetings are held.	6/15/2022 1:19 PM

Q96 We have a brochure specific to our hospital that explains an overview of our SB program.

Answered: 15 Skipped: 0

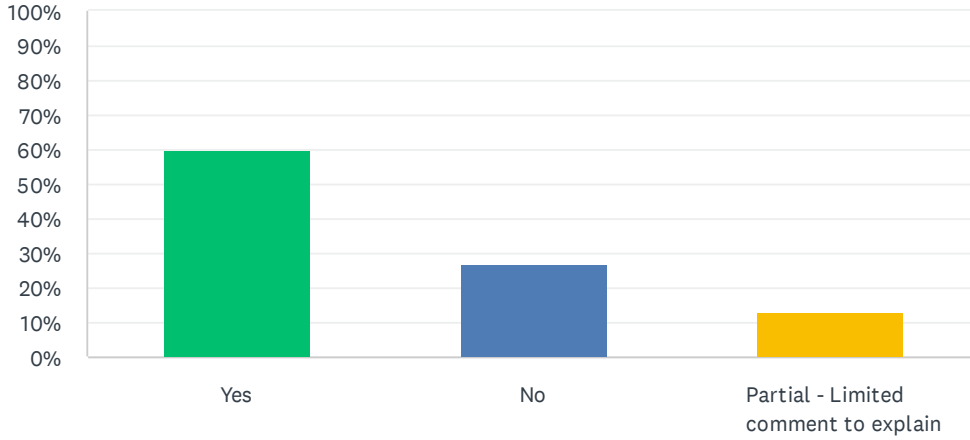


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	20.00%	3
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q97 We have a more detailed list of programs and definition of types of patients we can accept to share with referring hospitals.

Answered: 15 Skipped: 0

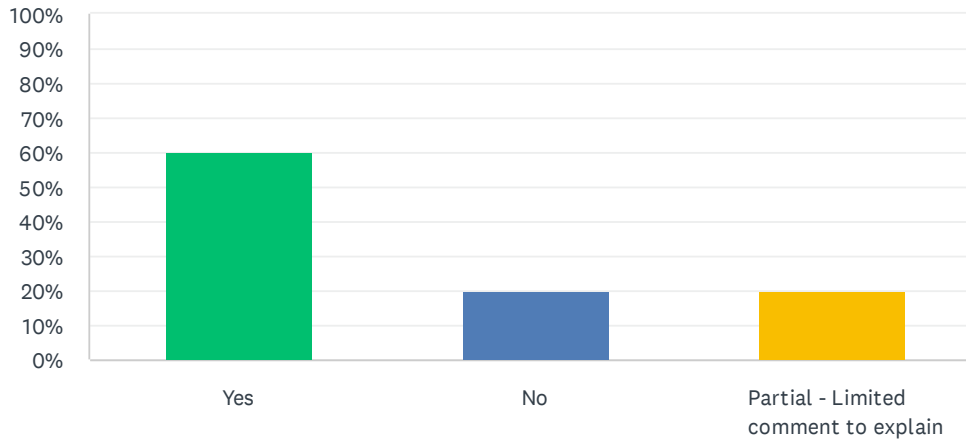


ANSWER CHOICES	RESPONSES
Yes	60.00% 9
No	26.67% 4
Partial - Limited comment to explain	13.33% 2
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	If a facility calls, it is verbally explained to them	6/30/2022 8:34 AM
2	Our current brochure needs updated (doesn't have Speech Therapy on it)	6/16/2022 9:50 AM

Q98 We have met with Care Management/Discharge Planning for the community & tertiary hospitals applicable to our service area to identify how we can better meet needs.

Answered: 15 Skipped: 0

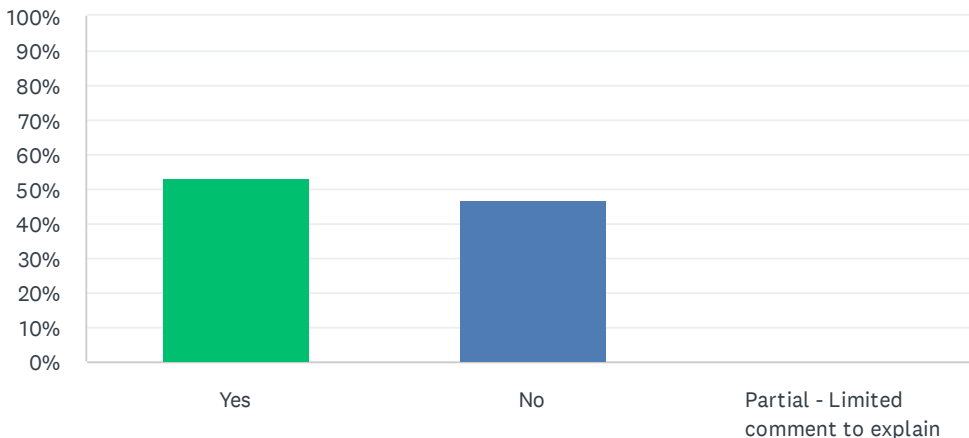


ANSWER CHOICES	RESPONSES
Yes	60.00% 9
No	20.00% 3
Partial - Limited comment to explain	20.00% 3
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	It has been a while since able to meet with outside agencies due to COVID but we do have telephone calls with discharge planners.	9/26/2022 11:07 AM
2	We do a community needs assessment, but not specific to the SB program.	7/7/2022 7:36 AM
3	Tertiary facilities do not allow this.	6/14/2022 11:05 AM

Q99 We are active in increasing our SB utilization by asking for referrals vs acting as “an order taker” – such as weekly calls if we have beds or when planning to have beds available.

Answered: 15 Skipped: 0

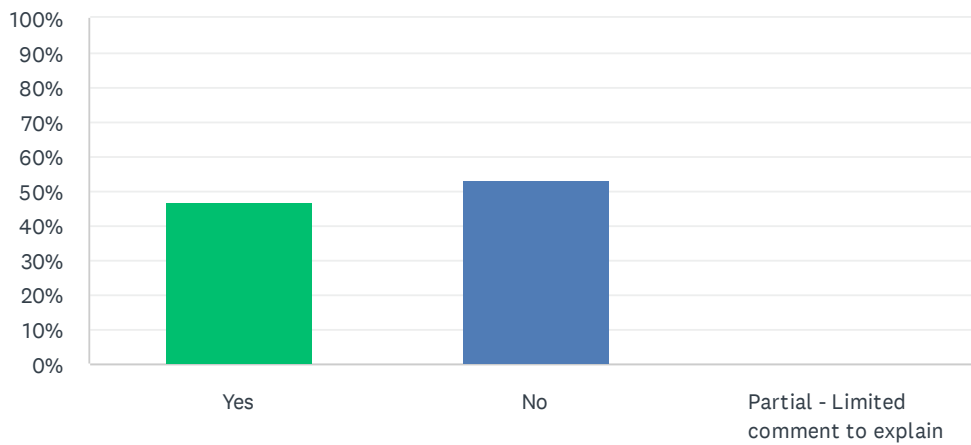


ANSWER CHOICES	RESPONSES	
Yes	53.33%	8
No	46.67%	7
Partial - Limited comment to explain	0.00%	0
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q100 We actively work to increase support from payors.

Answered: 15 Skipped: 0

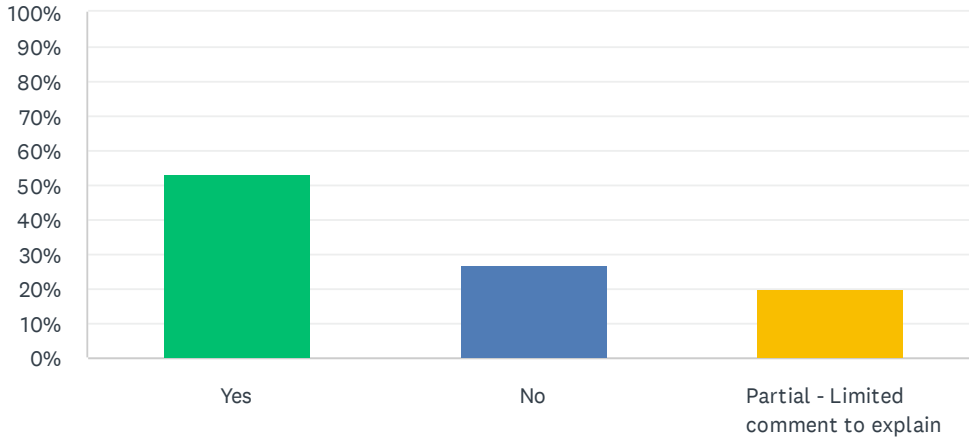


ANSWER CHOICES	RESPONSES
Yes	46.67% 7
No	53.33% 8
Partial - Limited comment to explain	0.00% 0
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q101 We follow-up with ED patients/family/acute hospital discharge planner when a patient is transferred from our ED to or Acute Care to a community or tertiary hospital.

Answered: 15 Skipped: 0

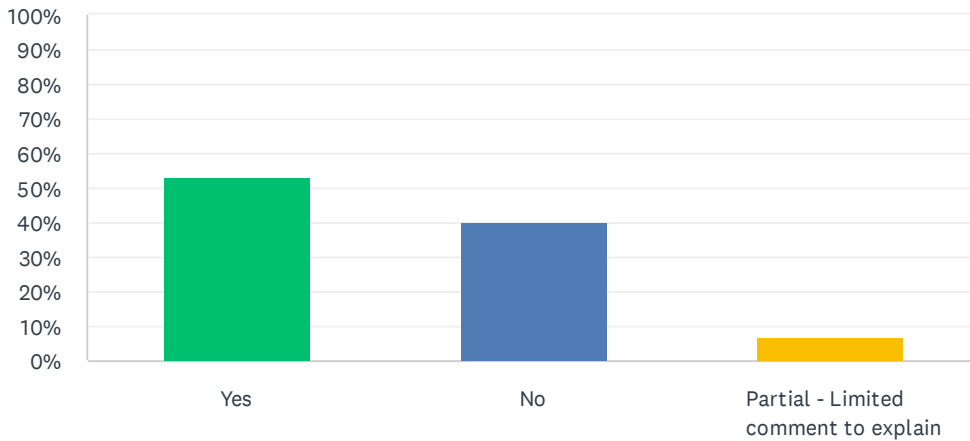


ANSWER CHOICES	RESPONSES	
Yes	53.33%	8
No	26.67%	4
Partial - Limited comment to explain	20.00%	3
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	if ED patient is a bed hold on acute care, patient/family are informed of swing bed program and if they are a candidate	6/30/2022 8:34 AM
2	follow ups were being completed prior to covid and will be resumed.	6/21/2022 6:19 AM
3	not consistently	6/14/2022 11:05 AM

Q102 We educate all staff and promote the program internally including receptionist, switchboard staff, volunteer desk staff given that all hospital staff and volunteers may have an opportunity to promote the program to patients, people calling for information, at their churches, with neighbors, family, friends.

Answered: 15 Skipped: 0

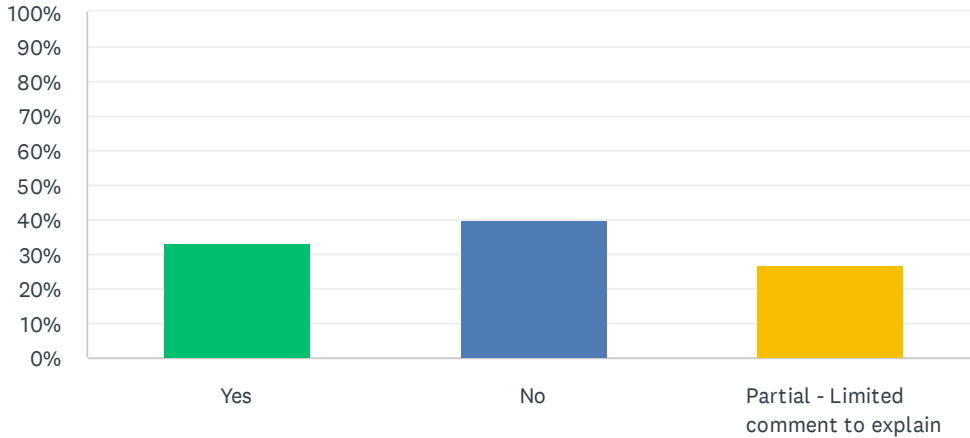


ANSWER CHOICES	RESPONSES
Yes	53.33% 8
No	40.00% 6
Partial - Limited comment to explain	6.67% 1
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We could do better, but COVID has put a hamper on this. Pre-COVID, we had magnets, taught the auxillary staff, article in the paper, went to the local health fair.	6/16/2022 9:50 AM

Q103 We have a marketing plan as to physicians to reach out to, brochures and meeting with clinics front office staff, community education/fairs etc., speakers bureau presentations, brown bag education re: topics around patient's potentially needed skill rehab.

Answered: 15 Skipped: 0

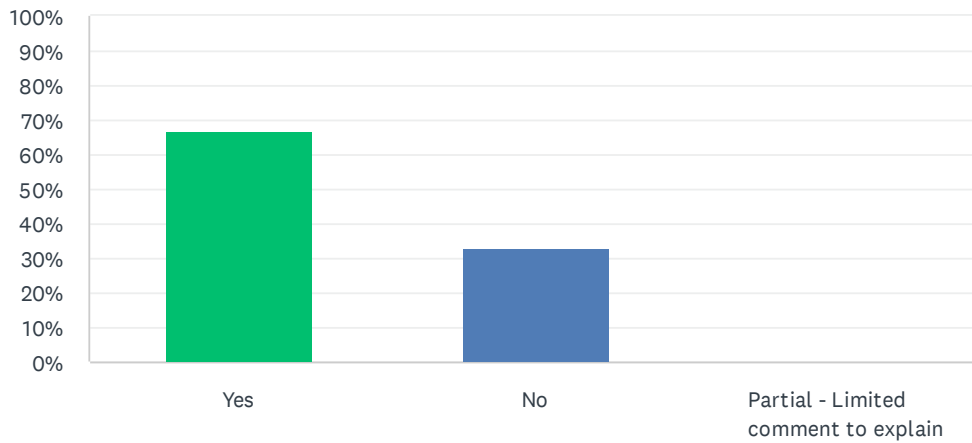


ANSWER CHOICES	RESPONSES	
Yes	33.33%	5
No	40.00%	6
Partial - Limited comment to explain	26.67%	4
TOTAL		15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	We have a marketer for the hospital, but I'm unsure about how often she is meeting with other hospitals to expand our SB program. We are in a small community, so unless the patient lives in this area, we will have limited ability to bring other patients to this facility due to our location.	7/7/2022 7:36 AM
2	Local physicians aware of program	6/30/2022 8:34 AM
3	We could do better, but COVID has put a hamper on this. Pre-COVID, we had magnets, taught the auxillary staff, article in the paper, went to the local health fair.	6/16/2022 9:50 AM
4	In process	6/14/2022 11:05 AM

Q104 We have a hospital website, and it clearly explains our SB program.

Answered: 15 Skipped: 0

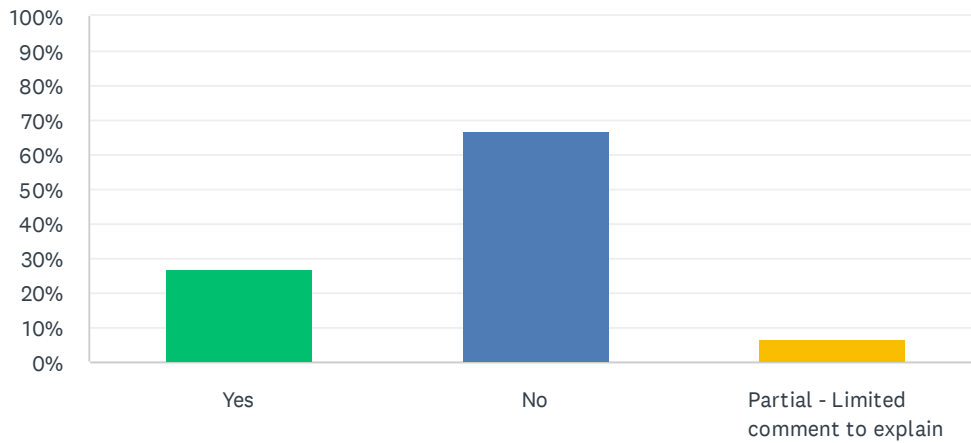


ANSWER CHOICES	RESPONSES
Yes	66.67% 10
No	33.33% 5
Partial - Limited comment to explain	0.00% 0
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
	There are no responses.	

Q105 We have a SB specific patient satisfaction survey.

Answered: 15 Skipped: 0

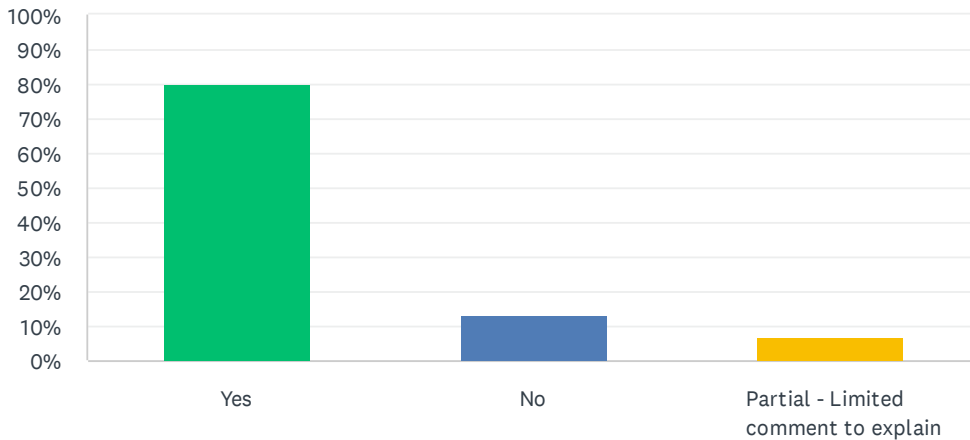


ANSWER CHOICES	RESPONSES
Yes	26.67% 4
No	66.67% 10
Partial - Limited comment to explain	6.67% 1
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Not official. Press Ganey does not offer a Swing bed survey, but does send inpatient surveys out to our swing bed patients.	6/16/2022 9:50 AM

Q106 We have a SB specific PI/QI program with key quality measures which are tracked such as: Return to acute from SB, death in SB, Readmission to acute w/in 30 days post discharge, quantified improvement in Self-Care and Mobility, Falls, nosocomial infections, acquired decubitus/injury etc. Such is reviewed and discussed at least on a monthly basis with the SB team and quarterly with the hospital PI Committee.

Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	80.00% 12
No	13.33% 2
Partial - Limited comment to explain	6.67% 1
TOTAL	15

#	PARTIAL - LIMITED COMMENT TO EXPLAIN	DATE
1	Utilize the QAPI tool for this.	7/4/2022 12:08 AM