**Quality Measures for CAH Swing-Bed Patients**

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CAHs are exempt from collecting swing bed quality measure data. As a result, CAHs are not uniformly able to demonstrate the quality of care provided to their swing-bed patients or compare it to national benchmarks. In addition, the lack of quality data for their swing-bed services limits the ability of CAHs to participate in alternative payment models involving post-acute care.

Our goal is to identify quality measures that can be used to assess the quality of care provided to Critical Access Hospital (CAH) swing-bed patients. To accomplish this, we identified a comprehensive list of quality measures currently being used in post-acute care settings; conducted an email survey of State Office of Rural Health and Flex Program staff, and completed a series of key informant interviews with CAH networks, CAHs, and consultant groups; and an online survey of CAH quality experts.

**Recommended CAH Swing-Bed Quality Measures for Pilot Project**

We recommend that CAHs collect data for four measures, including discharge disposition, return to the CAH, and two functional status measures (self-care and mobility), as well as the data elements needed to risk-adjust the self-care and mobility scores in the near future as specified below. In addition, we recommend that CMS calculate discharge to the community and risk-adjusted readmission measures for CAH swing-bed patients using Medicare claims data, similar to the measures they already calculate for other post-acute care providers.

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| **Summary of Recommended CAH Swing-bed Quality Measures** |
| Measures recommended to be collected by CAHs | Discharge disposition: number and percent of CAH swing-bed patients who are: 1) discharged to home; 2) transferred to a nursing home/long term care facility; and 3) transferred to a higher level of care (e.g., acute care at the CAH or another hospital).  |
| Return to the CAH: number and percent of discharged CAH swing-bed patients who return to the CAH for: 1) an inpatient admission, 2) an Emergency Department visit, 3) an observation stay or 4) another swing-bed stay within 30 days of swing-bed discharge. |
| Risk-adjusted mean change in self-care score between admission and discharge for CAH swing-bed patients, including data elements needed to risk-adjust the score |
| Risk-adjusted mean change in mobility score between admission and discharge for CAH swing-bed patients, including data elements needed to risk-adjust the score |
| Measures recommended to be calculated by CMS | Risk-adjusted rate of discharge to the community for CAH swing-bed Medicare patients. |
| Risk-adjusted 30 day unplanned inpatient readmission rate for CAH swing-bed Medicare patients. |