

Swing Bed Pilot Project Data Collection Form

Unique Patient Identifier															

A1900: Swing Bed Admission Date					
Month	Day	Year			
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

A0900: Patient Date of Birth					
Month	Day	Year			
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Patient's residence prior to the inpatient admission that preceded swing bed stay		
Choose one		
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	01. Community	
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	a. Private home/apartment
		b. Board/care
		c. Assisted living
		d. Group home
	02. Nursing home/SNF	
	04. Psychiatric hospital	
	05. Inpatient rehabilitation facility	
	06. ID/DD Facility	
	07. Hospice	
	09. Long Term Care Hospital (LTCH)	
	99. Other	

Expected primary payer source for swing bed stay	
Choose one	
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	01. Medicare
	02. Medicare Advantage
	03. Medicaid
	04. Commercial Insurance (includes Blue Cross)
	05. Self-pay
	06. Other

Risk Adjustment Elements

I0020. Primary Medical Condition: Indicate the patient's primary medical condition category included in provider's documentation

<p>Enter Code</p> <table border="1"><tr><td></td><td></td></tr></table>			<p>Indicate the patient's primary medical condition category that best describes the primary reason for admission</p> <ul style="list-style-type: none">01. Stroke02. Non-Traumatic Brain Dysfunction03. Traumatic Brain Dysfunction04. Non-Traumatic Spinal Cord Dysfunction05. Traumatic Spinal Cord Dysfunction06. Progressive Neurological Condition07. Other Neurological Conditions08. Amputation09. Hip and Knee Replacement10. Fractures and Other Multiple Trauma11. Other Orthopedic Conditions12. Debility, Cardiorespiratory Conditions13. Medically Complex Conditions14. Other Medical Conditions

J2000. Prior Surgery: Indicate if patient has had prior surgery (inpatient)

<p>Enter Code</p> <table border="1"><tr><td></td></tr></table>		<p>Did the patient have major surgery during the 100 days prior to admission?</p> <ul style="list-style-type: none">0. No1. Yes8. Unknown

Risk Adjustment Elements: Prior Functioning

GG0100. Prior Functioning: Everyday Activities. Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury

	↓	Enter Codes in Boxes
Coding: 3. Independent - Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper 2. Needed Some Help - Patient needed partial assistance from another person to complete activities 1. Dependent - A helper completed the activities for the patient 8. Unknown 9. Not Applicable	<input type="checkbox"/>	A. Self-Care: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury
	<input type="checkbox"/>	B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury
	<input type="checkbox"/>	C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as a cane, crutch, or walker) prior to the current illness, exacerbation, or injury
	<input type="checkbox"/>	D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury

GG0110. Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury

↓	Check all that apply
<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

Risk Adjustment Elements

M0210. Patient had one or more unhealed pressure ulcers/injuries at swing-bed admission
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<input type="checkbox"/>	0. No (Skip to next section)
<input type="checkbox"/>	1. Yes (Answer question below)
↓	M0300: Number of pressure ulcers/injuries
<input type="checkbox"/>	One or more Stage 1 pressure ulcers/injuries
<input type="checkbox"/>	One or more Stage 2 pressure ulcers/injuries
<input type="checkbox"/>	One or more Stage 3 pressure ulcers/injuries
<input type="checkbox"/>	One or more Stage 4 pressure ulcers/injuries
<input type="checkbox"/>	One or more unstageable pressure ulcers/injuries due to non-removable dressing, slough and/or eschar, or deep tissue injury

B0700. Makes self understood: Ability of patient to express ideas and wants, consider both verbal and non-verbal expression
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Choose one	
<input type="checkbox"/>	0. Understood
<input type="checkbox"/>	1. Usually understood - difficulty communicating some words or thoughts but is able if prompted or given time
<input type="checkbox"/>	2. Sometimes understood - ability is limited to making concrete requests
<input type="checkbox"/>	3. Rarely/never understood

B0800. Ability to understand others: Ability of patient in understanding verbal content
--

Choose one	
<input type="checkbox"/>	0. Understands
<input type="checkbox"/>	1. Usually understands - misses some part/intent of message but comprehends most
<input type="checkbox"/>	2. Sometimes understands - responds adequately to simple, direct communication only
<input type="checkbox"/>	3. Rarely/never understands

J1700. History of Falls: Did the patient have a fall anytime in the six (6) months prior to admission?

Choose one	
<input type="checkbox"/>	1. Yes
<input type="checkbox"/>	0. No

Risk Adjustment Elements			
Brief Interview for Mental Status (BIMS)			
C0100. Should Brief Interview for Mental Status be Conducted? Attempt to conduct interview with all patients			
Enter code <input type="text"/>	0. No (patient is rarely/never understood). Go to Memory/Recall Ability section below 1. Yes , continue to Repetition of Three Words below		
C0200. Repetition of Three Words			
Enter code <input type="text"/>	Ask patient: <i>"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words."</i> Number of words repeated after first attempt 0. None 1. One 2. Two 3. Three After the patient's first attempt, repeat the words using cues (<i>"sock, something to wear; blue, a color; bed, a piece of furniture"</i>). You may repeat the words up to two more times.		
C0300. Temporal Orientation (orientation to year, month, and day)			
Enter code <input type="text"/>	Ask patient: <i>"Please tell me what year it is right now."</i> A. Able to report correct year 0. Missed by >5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct		
Enter code <input type="text"/>	Ask patient: <i>"What month are we in right now."</i> B. Able to report correct month 0. Missed by >1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days		
Enter code <input type="text"/>	Ask patient: <i>"What day of the week is today?"</i> C. Able to report correct day of the week 0. Incorrect or no answer 1. Correct		
C0400. Recall			
Enter code <input type="text"/>	Ask patient: <i>"Let's go back to an earlier question. What were those three words that I asked you to repeat?"</i> If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. A. Able to recall "sock" 0. No - could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required		
Enter code <input type="text"/>	B. Able to recall "blue" 0. No - could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required		
Enter code <input type="text"/>	C. Able to recall "bed" 0. No - could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required		
Enter code <input type="text"/> <input type="text"/>	C0500. What was the patient's BIMS Summary Score from questions above? <i>Values should be 00 to 15</i>		
C0900. Memory/Recall Ability: please complete the below. Check all that patient is able to recall correctly if not able to perform BIMS.			
<input type="checkbox"/>	Current season	<input type="checkbox"/>	That he or she is in a hospital swing bed
<input type="checkbox"/>	Location of own room	<input type="checkbox"/>	None of the above were recalled
<input type="checkbox"/>	Staff names and faces		

Risk Adjustment Elements			
H0300. Urinary Continence		H0400. Bowel Continence	
Choose one		Choose one	
<input type="checkbox"/>	0. Always Continent	<input type="checkbox"/>	0. Always Continent
	1. Occasionally incontinent		1. Occasionally incontinent
	2. Frequently incontinent		2. Frequently incontinent
	3. Always incontinent		3. Always incontinent
	9. Not rated, pt had catheter, ostomy, or no urine output		9. Not rated, pt had ostomy or did not have bowel movement

K0510A. Total parenteral nutrition		K0150B. Tube Feeding	
Choose one		Choose one	
<input type="checkbox"/>	1. Yes	<input type="checkbox"/>	1. Yes
	0. No		0. No

Comorbidities: Indicate the patient's comorbidities included in provider's documentation	
Check all that apply	
<input type="checkbox"/>	Major infections: Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock; and Other Infectious Diseases
<input type="checkbox"/>	Metastatic Cancer and Acute Leukemia
<input type="checkbox"/>	Diabetes: Diabetes with Chronic Complications; Diabetes without Complication; Type I Diabetes Mellitus
<input type="checkbox"/>	Other Significant Endocrine and Metabolic Disorders
<input type="checkbox"/>	Delirium and Encephalopathy
<input type="checkbox"/>	Dementia: Dementia with Complications; Dementia without Complications
<input type="checkbox"/>	Tetraplegia (excluding complete tetraplegia) and Paraplegia
<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	Parkinson's and Huntington's Diseases
<input type="checkbox"/>	Angina Pectoris
<input type="checkbox"/>	Coronary Atherosclerosis/Other Chronic Ischemic Heart Disease
<input type="checkbox"/>	Hemiplegia, Other Late Effects of Cerebrovascular Accident: Hemiplegia/Hemiparesis; Late Effects of Cerebrovascular Disease, Except Paralysis
<input type="checkbox"/>	Dialysis Status and Chronic Kidney Disease - Stage 5
<input type="checkbox"/>	Urinary Obstruction and Retention
<input type="checkbox"/>	Amputations: Traumatic Amputations and Complications; Amputation Status, Lower Limb/Amputation Complications; Amputation Status, Upper Limb

Exclusions

If any of the following apply, skip to Discharge and 30-day Follow-Up
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Check all that Apply	
<input type="checkbox"/>	Died while in Swing Bed
<input type="checkbox"/>	Left the swing bed program against medical advice
<input type="checkbox"/>	Discharged to hospice care
<input type="checkbox"/>	Unexpectedly discharged to a short-stay acute hospital/CAH
<input type="checkbox"/>	Length of stay of less than 3 days
<input type="checkbox"/>	Independent with all self-care activities at the time of admission
<input type="checkbox"/>	Patient with any of the following medical conditions: coma/persistent vegetative state; complete tetraplegia; locked-in syndrome; severe anoxic brain damage, cerebral edema, or compression of brain
<input type="checkbox"/>	Younger than 21 years old
<input type="checkbox"/>	Not receiving Physical Therapy or Occupational Therapy

If None of the exclusions above apply complete the Functional Abilities sections

Functional Abilities - Admission

GG0130. Self-Care at Admission: Assessment period is days 1 through 3

Code the patient's usual performance at the start of the swing bed stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the swing bed stay (admission), code the reason.

Coding:

Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity
- 04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
- 01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity

If activity was not attempted, code reason:

- 07. **Patient refused**
- 09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

Admission Performance	Enter Codes ↓ in Boxes ↓	
<input type="text"/>	<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient
<input type="text"/>	<input type="text"/>	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): the ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment
<input type="text"/>	<input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing the equipment
<input type="text"/>	<input type="text"/>	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
<input type="text"/>	<input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable
<input type="text"/>	<input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear
<input type="text"/>	<input type="text"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable

Functional Abilities - Admission (1 of 2 pages)

GG0170. Mobility at Admission: Assessment period is days 1 through 3

Code the patient's usual performance at the start of the swing bed stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the swing bed stay (admission), code the reason.

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- 88. **Not attempted due to medical condition or safety concerns**

Admission Performance	
Enter Codes ↓ in Boxes ↓	
<input type="text"/> <input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed
<input type="text"/> <input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed
<input type="text"/> <input type="text"/>	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support
<input type="text"/> <input type="text"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed
<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair)
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode
<input type="text"/> <input type="text"/>	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt
<input type="text"/> <input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns
<input type="text"/> <input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space

Functional Abilities - Admission (2 of 2 pages)

GG0170. Mobility at Admission: Assessment period is days 1 through 3

Code the patient's usual performance at the start of the swing bed stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the swing bed stay (admission), code the reason.

Coding:

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Activities may be completed with or without assistive devices.

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- 88. **Not attempted due to medical condition or safety concerns**

Admission Performance	Enter Codes ↓ in Boxes ↓	
<input type="text"/>	<input type="text"/>	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel
<input type="text"/>	<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step
<input type="text"/>	<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail
<input type="text"/>	<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail
<input type="text"/>	<input type="text"/>	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor
<input type="text"/>	<input type="text"/>	P1. Does the patient use a wheelchair and/or scooter? <input type="text"/> 0. No → Skip rest of questions <input type="text"/> 1. Yes → Continue to Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns
<input type="text"/>	<input type="text"/>	RR1. Indicate the type of wheelchair or scooter used <input type="text"/> 1. Manual <input type="text"/> 2. Motorized
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space
<input type="text"/>	<input type="text"/>	SS1. Indicate the type of wheelchair or scooter used <input type="text"/> 1. Manual <input type="text"/> 2. Motorized

Functional Abilities - Discharge

GG0130. Self-Care at Discharge: Assessment period is the last 3 days of the swing bed stay

Code the patient's usual performance at the end of the swing bed stay (admission) for each activity using the 6-point scale. If activity was not attempted at the end of the swing bed stay (admission), code the reason.

Coding:

Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

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- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

Discharge Performance	
Enter Codes ↓ in Boxes ↓	
<input type="text"/> <input type="text"/>	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient
<input type="text"/> <input type="text"/>	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): the ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment
<input type="text"/> <input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing the equipment
<input type="text"/> <input type="text"/>	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable
<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear
<input type="text"/> <input type="text"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable

Functional Abilities - Discharge (1 of 2 pages)

GG0170. Mobility at Discharge: Assessment period is the last 3 days of the swing bed stay

Code the patient's usual performance at the end of the swing bed stay (admission) for each activity using the 6-point scale. If activity was not attempted at the end of the swing bed stay (admission), code the reason.

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Discharge Performance	
Enter Codes ↓ in Boxes ↓	
<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed
<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed
<input type="text"/>	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support
<input type="text"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed
<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair)
<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode
<input type="text"/>	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt
<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space
<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns
<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space

Functional Abilities - Discharge (2 of 2 pages)

GG0170. Mobility at Discharge: Assessment period is the last 3 days of the swing bed stay

Code the patient's usual performance at the end of the swing bed stay (admission) for each activity using the 6-point scale. If activity was not attempted at the end of the swing bed stay (admission), code the reason.

Coding:

Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity
- 04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
- 01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity

If activity was not attempted, code reason:

- 07. **Patient refused**
- 09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

Discharge Performance	
Enter Codes ↓ in Boxes ↓	
<input type="text"/>	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel
<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step
<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail
<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail
<input type="text"/>	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor
<input type="text"/>	Q1. Does the patient use a wheelchair and/or scooter? 0. No → Skip rest of questions 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns
<input type="text"/>	RR1. Indicate the type of wheelchair or scooter used 1. Manual 2. Motorized
<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space
<input type="text"/>	SS1. Indicate the type of wheelchair or scooter used 1. Manual 2. Motorized

Discharge Information

A2000. Swing Bed Discharge Date

Month

Day

Year

20

30-Day Follow-Up Status

Choose one

00. No Attempt to Contact Patient/Family

01. Contact with Patient/Family Attempted 3 times, no Response

02. Patient Reached but Readmission/Observation to Another Facility Unknown

03. Patient not Readmitted to any Facility

04. Patient received care at Acute, Swing Bed, Observation or ED

05. Deceased

Patient's Discharge Status

Choose one

01. Community

Where in community

a. Private home/apartment

b. Board/care

c. Assisted living

d. Group home

02. Nursing home/SNF

03. Acute hospital

04. Psychiatric hospital

05. Inpatient rehabilitation facility

06. ID/DD facility

07. Hospice

08. Deceased

09. Long Term Care Hospital (LTCH)

99. Other

30 Day Follow Up Description - Check all that apply

☐

A. Readmitted to Our Facility Acute Same or Related Condition as the Swing Bed stay

☐

B. Readmitted to Our Facility Acute New Condition Different from the Swing Bed Stay

☐

C. Readmitted to Our Facility Swing Bed Same or Related Condition as the Swing Bed stay

☐

D. Readmitted to Our Facility Swing Bed New Condition Different from the Swing Bed Stay

☐

E. ED Visit at Our Facility Same or Related Condition as the Swing Bed stay

☐

F. ED Visit at Our Facility New Condition Different from the Swing Bed Stay

☐

G. Observation Stay at Our Facility Same or Related Condition as the Swing Bed stay

☐

H. Observation Stay at Our Facility New Condition Different from the Swing Bed Stay

☐

I. Readmitted to Acute or Placed on Observation at Other Facility Same or Related Condition as the Swing Bed stay

☐

J. Readmitted to Acute or Placed on Observation at Other Facility New Condition Different from the Swing Bed Stay

☐

K. Readmitted to Acute or Placed on Observation at Other Facility Unknown

☐

L. Readmitted to Other Facility (Swing Bed/SNF) Same or Related Condition as the Swing Bed stay

☐

M. Readmitted to Other Facility (Swing Bed/SNF) New Condition Different from the Swing Bed Stay

☐

N. Readmitted to Other Facility (Swing Bed/SNF) Unknown

☐

O. ED Visit at Other Facility Same or Related Condition as the Swing Bed stay

☐

P. ED Visit at Other Facility New Condition Different from the Swing Bed Stay

☐

Q. ED Visit at Other Facility Unknown