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| **PATIENT INFORMATION**  If possible request the entire medical record and not just the H&P or discharge summary for any external referrals. | |
| Name and Age | |
| Attending physician | |
| Date of admission and reason for admission to acute care | |
| Anticipated discharge date from acute care | |
| Stated reason for admission to swing bed | |
| Acute Care Stay   * Surgical procedures * Major complications or adverse events that occurred during the hospital stay * Medications including IVs * Nutritional status * Functional status * Continence * Skin (including any skin breakdown) * Wounds * Mental status / Cognition * Behavior * Fall risk * Ventilator weaning record (if applicable) * Restraints during any point in hospital stay | |
| Swing Bed Care Needs   * IV Therapy * Simple Wound Care * Complex Wound Care * Ventilator Weaning * Teaching / Training * Nutrition Deficit * PT/OT to increase ADLs / Functional status * Speech Therapy thru-out swing bed stay * Swallow exam(s) * Special Equipment (i.e., specialty bed, wound vac, etc.) * Non-formulary medications * Other (i.e., dialysis, etc.) | |
| Prior Living Arrangements   * Home * Assisted Living * Group Home * Long Term Care * Homeless * Other | Anticipated Living Arrangements   * Home * Assisted Living * Group Home * Long Term Care * No clear plan * Other |
| Family support structure and willingness to accept Swing Bed admission | |
| Payor authorization obtained if needed. If traditional Medicare, benefit days are available. | |
| **MEDICARE CRITERIA** | |
| The patient requires skilled nursing or skilled rehabilitation services | |
| There is a physician order for skilled services | |
| Services are for a condition for which the patient received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services | |
| Services are required at least 7 days per week for skilled nursing | |
| Rehab if required, is available at least 5 days per week | |
| If Physical Therapy is required, it is available at the frequency and duration required by the patient | |
| If Occupational Therapy is required, it is available at the frequency and duration required by the patient | |
| If Speech Therapy is required, it is available at the frequency and duration required by the patient | |
| As a practical matter, the daily skilled care can only be provided on an inpatient basis | |
| The services are reasonable and necessary for treatment of the patient’s illness or injury | |
| 3-Day inpatient qualifying stay within the last 30 days. | |