



Swing Bed Quality Improvement Project User Group Call

Readmission Definitions Admission Criteria and Processes

Carolyn St. Charles, HealthTechS3
November 19, 2021

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Roll Call

Unmute and tell us your:

Name
Facility



In the chat box...

*What is the most important question
you hope to have answered today?*



READMISSION DEFINITIONS

2. Percentage of swing bed patients discharged (excluding deaths) during the time period that returned to their previous residence.

Previous residence is defined as where the patient resided immediately prior to the qualifying acute care or swing bed admission. This may include:

- Skilled Nursing Facility
- Long Term Care Facility
- Group Home
- Assisted Living
- Intermediate Rehab Facility (IRF)
- Home, including if patient was living with another person or relative in a home environment

Count Return to Previous Residence if the patient was discharged directly from Swing Bed to previous residence. Do not count if the patient is discharged to any setting other than previous residence.

READMISSION DEFINITIONS

3. Percentage of swing bed patients discharged (excluding deaths) during the time period that were readmitted to the facility with-in 30 days of discharge for any or all cause.

- Exclude patients who leave against medical advice.
- Exclude patients who die while a patient in Swing Bed.

Readmissions

- Count all discharges regardless of discharge disposition including: Acute Care Hospital, Critical Access Hospital, LTC, Group Home, Assisted Living, IRF, Home.
- Count all readmissions within 30 days from any of the discharge settings noted above, except planned readmissions as noted in exclusions..

Inclusions

- Count all readmissions for any cause, except certain planned readmissions, within 30 days from the date of discharge from Swing Bed from Acute Care Hospital, Critical Access Hospital, LTC, Group Home, Assisted Living, IRF, Home.
- If the patient has more than one unplanned admission (for any reason) within 30 days after discharge from the Swing Bed admission, only count one readmission.

Exclusions

- Exclude any patients who have a planned admission to acute care in the same hospital where the patient is receiving swing bed care, or to another acute care facility, within 30 days from the date of discharge from Swing Bed. To be excluded, the planned readmission must have been determined at the time of admission to Swing Bed.

READMISSION DEFINITIONS

4. Percentage of swing bed patients discharged (excluding deaths) during the time period that were readmitted by location of readmission. (Denominator: # of patients readmitted)

- Exclude patients who leave against medical advice.
- Exclude patients who die while a patient in Swing Bed.

Inclusions

- Count all readmissions for any cause, except certain planned readmissions, within 30 days from the date of discharge (see exclusions)
- Count patients discharged from Swing Bed and admitted to inpatient status in the same hospital where the patient is receiving swing bed care, or admission to inpatient in another hospital within 30 days of Swing Bed stay.
- Count patients discharged from Swing Bed and admitted to swing bed status in the same hospital where the patient is receiving swing bed care, or admission to observation in another hospital within 30 days of Swing Bed stay.
- Count patients discharged from Swing Bed and admitted to observation status in the same hospital where the patient is receiving swing bed care, or admission to observation in another hospital within 30 days of Swing Bed stay.
- If the patient has more than one unplanned admission (for any reason) within 30 days after discharge from the Swing Bed admission, only count one readmission.

Exclusions

- Exclude any patients who have a **planned** admission to acute care in the same hospital where the patient is receiving swing bed care, or to another acute care facility, within 30 days from the date of discharge from Swing Bed. To be excluded, the planned readmission must have been determined at the time of admission to Swing Bed.

READMISSION EXAMPLES

Patient admitted to Swing Bed after orthopedic procedure. Complications occur and the patient must be readmitted.
Count as a readmission.

Patient admitted to Swing Bed after orthopedic procedure. Surgeon plans to take the patient back to surgery after 7 – 14 days, then to return the patient to Swing Bed.
Do not count as readmission.

Patient admitted from Swing Bed to inpatient and back to Swing Bed three times during total hospital stay.
Only count one readmission.

Patient discharged from Swing Bed and readmitted 45 days later.
Do not count as readmission.

Patient discharged from Swing Bed and readmitted to Swing Bed 14 days later for different problem / diagnosis.
Count as a readmission.

DISCUSSION

ADMISSION CRITERIA

Montana Medicaid Swing Bed Admission Criteria

Medicaid requires a preadmission screening to determine the level of care required by the patient's medical condition. Admission requirements can be found in the Administrative Rules Services (ARM) at 37.40.202, 37.40.205, 37.40.405, and 37.40.420.

Medicare Swing Bed Admission Criteria

Medicare requires that a patient can only be admitted for skilled nursing care if all of the four factors below are met. If any one of the four factors are not met, the stay, even though it might include the delivery of some skilled services, is not covered. (Chapter 8, 30.0)

1. The patient requires skilled nursing services or skilled rehabilitation services, i.e., services that must be performed by or under the supervision of professional or technical personnel; are ordered by a physician and the services are rendered 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.
2. The patient requires these skilled services on a daily basis.
3. As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF.
4. The services delivered are reasonable and necessary for the treatment of a patient's illness or injury, i.e., are consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice. The services must also be reasonable in terms of duration and quantity.

Inpatient Qualifying Stay (3-days for Medicare)

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ADMISSION DIAGNOSIS

Medical Diagnosis

The Medicare Benefits manual does not refer to medical diagnosis in discussing the types of patients that qualify for skilled care. However, diagnosis that should always be on the radar for a potential swing bed admission including:

- major joint procedures
- neurologic events including stroke
- respiratory diagnosis such as COPD or pneumonia
- complex surgical procedures including amputations
- cardiac diagnosis including congestive heart failure
- complex medical diagnosis

CRITICAL - ESTABLISH THE TYPES OF PATIENTS YOUR FACILITY IS ABLE TO CARE FOR (STAFFING, SUPPLIES, EQUIPMENT, CLINICAL EXPERTISE)

CRITICAL - NOT JUST REHAB!

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ADMISSION CHECKLIST

An admission checklist can

- Prevent surprises
- Prevent readmissions

ADMISSION CHECKLIST

MEDICARE

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

Benefit days are available.

OTHER PAYORS

Payor authorization obtained if needed. If traditional Medicare,

ADMISSION CHECKLIST

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

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ADMISSION CHECKLIST

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.)

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ADMISSION CHECKLIST

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

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Wrapping Up...

Questions or Discussion?



In the chat box...

What was the most useful or valuable to you today?

Next Up

Date	Activity	Notes
December 5, 2021	October 2021 Discharges SWB Data Due	Enter/Upload to QHi
December 17, 2021	User Group Call	
Schedule records review and site education		



Contact

Jennifer Wagner, M90	HealthTechS3
MT Flex Program/MHA	Chief Clinical Officer
Rural Hospital Improvement Coord.	carolyn.stcharles@healthtechs3.com
Jennifer.wagner@mha.org	360-584-9868
406-457-8000	

Group Email - swbqip21@googlegroups.com

Project Website - <https://mtpin.org/swbqip/>

