

MONTANA SWING BED BULLETIN

The Admission Process

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Swing Bed Admission Process

The order for admission has been written and the patient is ready to begin their Swing Bed stay. This newsletter will walk through the three basic steps of the Admission Process.

Step 1: Complete Certification and the History & Physical

In addition to completing orders for Swing Bed care and a new History and Physical, the Medicare Benefits Manual Chapter 8, Section 40 requires that the physician must document that the patient:

- Requires daily skilled care for an ongoing condition for which he/she was receiving inpatient hospital services (or for a new condition that arose while in the SNF for treatment of that ongoing condition)
- Will require skilled care on a daily basis

There is no requirement for a specific procedure or form.

Certification or recertification statements may be in forms, notes, or other records that would normally be signed in caring for a patient, or on a separate form.

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Step 2: Provide Patient with Required Information & Disclosures (Admission Packet)

Appendix W outlines the information that must be provided to the patient at the time of admission. It's important that written documents are provided as well as designating someone to review the information verbally with the patient.

The contents of the Admission Packet should include:

1. Overview of Swing Bed Program

Although not required by CMS, an overview and description of your program is a great way to provide patients and their families with information regarding their stay in Swing Bed. Include information about visitors, provider visits, care conferences, activities, as well as patient expectations such as actively participating in the development of the plan of care.

2. Advance Directives: C-0812 §485.608(a)

Request information regarding Advance Directives or provide information to the patient regarding how to execute an Advance Directive. If the patient already has an Advance Directive on file, make sure there is documentation in the Swing Bed record, and the staff are able to access it.

If there is a No Code or Do Not Resuscitate Order, the provider must document the discussion with the patient in the medical record.

3. Resident Rights and Responsibilities: C-1608 §483.10(d)

The Resident Rights for Swing Bed are not the same as those for hospitals or long term care. A list of Resident Rights are included at the end of the newsletter as a reference.

4. Choice of Physicians and Provider Contact Information: C-1608 §483.10(d)(1-5)

I know this is tough, but the standards are very clear that patients must be given a choice of physicians. If you have hospitalists or a small number of physicians that provide care for Swing Bed patients, you can disclose that to the patient. However, patients still have the right to choose another physician if they are on your medical staff. But of course, the physician they choose does not have to accept care of the patient.

You must also provide contact information for any providers, including consulting physicians, who are involved with providing care to the patient. The patient has a right to contact their provider directly and not go through the nursing staff who may filter the request.



Admission Packet Continued

5. Financial Obligations: C 1608 §483.10(g)(17-18)

For Medicaid the disclosure must include those items and services that may be charged to the patient and those that may not be charged. For Medicaid and Medicare, the disclosure must include services available and charges for those services, including any charges for services not covered under Medicare, Medicaid or by the facility's per diem rate.

For patients with traditional Medicare, there is not a co-pay for days 1 – 20. However, there is a co-pay for days 21 – 100. The co-pay is determined by CMS annually. Make sure you develop a reliable process to ensure the co-pay information is updated each year in your Admission Packet.

6. Visitors: C-1608 §483.10(f)(4)(iii)

Subject to appropriate restrictions, such as infectious disease outbreak or Covid-19 precautions, the patient has the right to 24 hour access by visitors of their choice. You may want to ask the patient for a list of individuals, especially if they are not immediate family members, that they want to visit during their Swing Bed stay.

7. Grievances and Complaints

Include information about how to make both an internal as well as external complaint or to report abuse or misappropriation of property. Contact information should include both the State Licensing Agency and the Ombudsman.

ADMISSION PACKET CHECKLIST

- Overview of Swing Bed Program
- Advance Directives
- Resident Rights and Responsibilities
- Choice of Physicians and Provider Contact Information
- Financial Obligations
- Visitors
- Grievances and Complaints



Step 3: Complete the Admission Assessment

First let's talk about timeframes. The CoPs state that the admission assessment must be completed within 14 days of admission (C-1620 §483.20(b)(2)(i)). The average Swing Bed length of stay is 12 days, so obviously 14 days is too long.

To be appropriate for the average length of stay, the admission assessment should be completed within 48 hours of admission which then allows the multi-disciplinary plan of care to be developed as early as possible in the Swing Bed stay. (Appendix PP F655 §483.21(b)(3) requires that a baseline care plan is developed within 48 hours, although the initial nursing care plan would meet this requirement.) The absolute maximum length of time to complete the assessment should be 72 hours if necessary to span a weekend when some staff do not work.

§483.20(b) and §483.21(b) identify the required categories of the comprehensive assessment, including assessment of trauma. However, the categories are general and don't include specific elements. The end of the newsletter has recommendations for what should be assessed within each category, as well as a cognitive assessment tool.

Assign each assessment category to the discipline with the most expertise and knowledge. For example, assign the nutrition assessment to the dietician, physical functioning to physical therapy, cognition and behavior to social work or case management. It's important to recognize that the comprehensive assessment is not solely a nursing assessment.

Test Your Knowledge

Answer each T (true), F (false), M (maybe).

1. The Long Term Care Resident Rights are the same as Swing Bed Resident Rights.
2. Swing Bed patients must be provided a choice of physicians, as well as information about how to contact any provider involved in their care.
3. Disclosure of financial obligations is only required for Medicaid patients.
4. The initial admission assessment must be completed within 48 hours.
5. Nursing is solely responsible for the admission assessment.

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Answer Key

1. False
2. True
3. False
4. Maybe
5. False

January Issue
Discharge Processes

Your Rights as a Swing Bed Patient

As a swing bed patient, you have certain rights and protections under federal and state law.

1. If you are adjudged incompetent under the laws of a State by a court of competent jurisdiction, your rights will be exercised by the patient representative appointed under State law to act on your behalf. The court-appointed patient representative exercises your rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.

Your wishes and preferences must be considered in the exercise of rights by the representative. To the extent practicable, you must be provided with opportunities to participate in the care planning process.

In the case of a patient representative whose decision-making authority is limited by State law or court appointment, you retain the right to make decisions outside the representative's authority.

2. You have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.
3. You have the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising your rights. You have the right to be supported by the facility in the exercise of your rights.
4. You have the right to be informed of, and participate in, your treatment, including the right to be fully informed in a language that you can understand of your total health status, including but not limited to your medical condition.
5. You have the right to be informed, in advance, of changes to your plan of care.
6. You have the right to request, refuse, and/or discontinue treatment.
7. You have the right to participate in or refuse to participate in experimental research
8. You have the right to formulate an advance directive.
9. You have the right to choose an attending physician. You have the right to be informed if the physician you have chosen is unable or unwilling to be your attending physician, and to have alternative physicians discussed with you, and to honor your preferences, if any, in identifying options.
10. You have the right to be informed of the name, specialty, and way of contacting your physician and other primary care professionals responsible for your care.
11. You have the right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights of health and safety or other residents.
12. You have the right to share a room with your spouse when you and your spouse are in the same facility, and both you and your spouse consent to the arrangement.

Resource #1 Swing Bed Patient Rights

13. You have the right to immediate access by immediate family and other relatives, subject to your right to deny or withdraw consent at any time.
14. You have the right to immediate access by others who are visiting with your consent, subject to reasonable clinical and safety restrictions, and your right to deny or withdraw consent at any time.
15. You have the right to secure and confidential personal and medical records.
16. You have the right to personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and patient groups, but this does not require the facility to provide a private room for each resident.
17. You have the right to send and promptly receive unopened mail and other letters, packages, and other materials delivered to the facility, including those delivered through a means other than the postal service.
18. You have the right to be informed in writing, if you have Medicaid insurance, at the time of admission or when you become eligible for Medicaid of:
 - The items and services that are included in nursing facility services under the State plan and for which you may not be charged
 - Those other items and services that the Hospital offers and for which you may be charged, and the amount of charges for those services
 - Be informed when changes are made to items and services
19. You have the right to be informed before, or at the time of admission, and periodically during your stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/Medicaid or by the facility's per-diem rate.
20. You have the right to access stationery, postage, and writing implements at your own expense.
21. You have the right to secure and confidential personal and medical records. You have the right to refuse the release of personal and medical records except as required or provided by federal or state laws. The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine your medical, social, and administrative records in accordance with State law.
22. You have the right to contact the Office of the State Long-Term Care Ombudsman.
23. You have the right to remain in a swing bed and not be transferred or discharged unless:
 - The transfer or discharge is necessary for your welfare, and your needs cannot be met in the facility
 - The transfer or discharge is appropriate because your health has improved sufficiently so that you no longer need the services provided by the facility
 - The safety of individuals in the facility are endangered due to your clinical or behavioral status
 - The health of individuals in the facility would be endangered
 - You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Non-payment applies if you do not submit the

Resource #1 Swing Bed Patient Rights

necessary paperwork for third-party payment or after the third party, including Medicare or Medicaid, denies the claims and you refuse to pay for your stay.

- The facility ceases to operate.
24. The facility may not transfer or discharge you while an appeal is pending unless the failure to discharge or transfer would endanger the health or safety of you or other individuals in the facility.
25. You have the right to be free from abuse, neglect, misappropriation of property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat your medical symptoms.

Comprehensive Assessment

Customary Routine

- Time wake up
- Time go to sleep
- Naps
- Time eat meals (Breakfast / Lunch / Dinner)
- Other

Cognitive Patterns

- Cognition Measurement Tool

Communication

- Ability to express ideas and wants, consider both verbal and non-verbal expression
- Able to make self-understood
- Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time
- Sometimes understood - ability is limited to making concrete requests
- Rarely/never understood

Vision

- Corrective Lenses
- Cataracts
- Blind

Mood

- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless
- Trouble falling or staying asleep, or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling bad about yourself – or that you are a failure or have let yourself or your family down
- Trouble concentrating on things such as reading the newspaper or watching television
- Moving or speaking so slowly that other people have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual
- Thoughts that you would be better off dead, or of hurting yourself in some way

Behavior

- Hallucinations
- Delusions
- Physical behavioral symptoms directed towards others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others)
- Verbal behavioral symptoms directed toward others (threatening, screaming, cursing)
- Other behavioral symptoms not directed towards others (physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily waste)

Resource #2: Comprehensive Assessment

History of Trauma

- Has there been anything within the last six months to a year that has caused you to be upset or very worried?
- Have you experienced the loss of a close friend, relative or a pet that you loved recently?
- Have you had any past trauma in your life that we should know about so we can better care for you?
- If you have experienced some kind of trauma is there something that helps you feel better?
- Is there anything we can do to help while you are in the hospital?

Culturally Competent Care

- Are there any cultural beliefs / customs that we need to know about?

PASRR

- IF patient has a PASRR (usually completed if patient was a resident of LTC) review PASRR

Physical Functioning and Structural Problems

- Independent
- Setup or Clean-up Assistance
- Supervision or touching assistance
- Partial/moderate assistance
- Substantial/maximal assistance
- Dependent

Continence

- Urinary incontinence (Is this always or sometimes)
- Bowel incontinence (Is this always or sometimes)

Medical Care

- Active Diagnosis
- Health Conditions
- Special Treatments and Procedures (Orders)

Dental

- Dentures (fitting / loose)
- Broken Teeth
- Overall dentation

Swallowing

- Loss of liquids/solids from mouth when eating or drinking
- Holding food in mouth/cheeks or residual food in mouth after meals
- Coughing or choking during meals or when swallowing medications
- Complaints of difficulty or pain with swallowing

Nutrition

- Nutrition Assessment
- Loss of 5% or more in the last month or loss of 10% or more within last 6 months

Resource #2: Comprehensive Assessment

Skin

- Braden Scale
- If pressure ulcers or skin breakdown, describe

Activities

What do you like to do?

- Reading – print or audio books
- Puzzles
- Word games
- Watching TV
- Knitting / Crocheting
- Visiting with friends
- Other

Medications

- Medication Reconciliation

Goals

- Patient's desired discharge plan (where they would like to reside after discharge)
- Patient's goals for Swing Bed stay

Cognitive Assessment Tool

MDS 3.0 RESIDENT ASSESSMENT AND CARE SCREENING

Ask Resident:	Measurement	Values	Resident Score
"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."	Number of words repeated after first attempt.	0. None. 1. One. 2. Two. 3. Three.	
<i>After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.</i>			

Ask Resident:	Measurement	Values	Resident Score
"Please tell me what year it is right now."	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.	

Ask Resident:	Measurement	Values	Resident Score
"What month are we in right now?"	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.	

Ask Resident:	Measurement	Values	Resident Score
"What day of the week is today?"	Able to report correct day of the week.	0. Incorrect or no answer. 1. Correct.	

Ask Resident:	Measurement	Values	Resident Score
"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.</i>	Able to recall "sock".	0. No - could not recall. 1. Yes, after cueing ("something to wear"). 2. Yes, no cue required.	
	Able to recall "blue".	0. No - could not recall. 1. Yes, after cueing ("a color"). 2. Yes, no cue required.	
	Able to recall "bed".	0. No - could not recall. 1. Yes, after cueing ("a piece of furniture"). 2. Yes, no cue required.	