



# Swing Bed Quality Improvement Project User Group Call

## Swing Bed Admission Processes

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December 17, 2021

Welcome! We will begin  
shortly while everyone gets  
logged in!

## 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?*



## ADMISSION PROCESSES – 3 STEPS

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**Step 1: Physician Responsibilities**

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

**Step 3: Complete Admission Assessment**

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## STEP 1: PHYSICIAN RESPONSIBILITIES

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- Discharge order from acute care
- New admission order to Swing Bed
- New History and Physical
- Certification
  - 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

*Medicare Benefits Manual Chapter 8, Section 40*

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

Information provided both **orally and in writing in a language that the resident understands** of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under section 1919(e)(6) of the Act.

***(Think not only about language but culture and cognition)***

Such notification must be made prior to or upon admission and during the resident's stay.

Receipt of such information, and any amendments to it, must be acknowledged in writing

A facility must promote the exercise of rights for all residents, including those who face barriers such as communication problems, hearing problems and cognition limits.

- Description of Swing Bed
- Advance Directives C-0812 §485.608(a)
- Patient Rights and Responsibilities C-1608 §483.10(d)
- Choice of physicians C-1608 §483.10(d)(1)
- Information on how to contact providers (ALL) C-1608 §483.10(d)(1)
- Financial Obligations C 1608 §483.10(g)(17-18)
- Choice of Visitors 1608 §483.10(f)(4)(iii)
- Transfer and discharge C-1610 §483.15(c)(2)
- Notice of privacy practices
- How to file grievance or complaint
- Hospital responsibility for preventing patient abuse – how to report abuse
- Information for reporting abuse and neglect
- Contact information for Hospital and State Agencies including State Ombudsman

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## PATIENT RIGHTS AND RESPONSIBILITIES

### C-1608 §485.645(d) SNF Services.

The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter: §485.645(d)(1) **Resident Rights** (§483.10(b)(7), (c)(1), (c)(2)(iii), (c)(6), (d), (e)(2) and (4), (f)(4)(ii) and (iii), (g)(8) and (17), (g)(18) introductory text, (h) of this chapter).

**Make sure you aren't using Long Term Care Rights**

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## FINANCIAL OBLIGATIONS

### C-1608 §483.10(g)(17)

§483.10(g)(17) The facility must—

- (i) Inform each **Medicaid-eligible resident**, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of—
  - (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged
  - (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and
- (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.

### C-1608 §483.10(g)(18)

The facility must inform each resident before, or at the time of admission, and periodically during the resident's 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.

Make sure you are providing both Medicare and Medicaid information –  
and update Medicare co-pay every year

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## STEP 3: COMPLETE ADMISSION ASSESSMENT

### C-1620 §483.20(b)

A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. **(CAHs don't have to use RAI)**

The assessment must include at least the following:

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Identification and demographic information</li> <li>2. Customary routine</li> <li>3. Cognitive patterns</li> <li>4. Communication</li> <li>5. Vision</li> <li>6. Mood and behavior patterns</li> <li>7. Psychosocial well-being – HISTORY of traumatic events</li> </ol> | <ol style="list-style-type: none"> <li>8. Physical functioning and structural problems</li> <li>9. Continence</li> <li>10. Disease diagnoses and health conditions</li> <li>11. Dental and nutritional status</li> <li>12. Skin condition</li> <li>13. Activity pursuit</li> <li>14. Medications</li> <li>15. Special treatments and procedures</li> <li>16. Discharge potential</li> <li>17. Review of PASSAR – if one has been done</li> </ol> |
|--|--|

Make sure all elements are assessed including  
History of Trauma and  
Review of PASSAR

Not everything has to be assessed by nursing!

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## CULTURALLY COMPETENT TRAUMA INFORMED CARE

**C-1620 §483.21(b)**

(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—

- (i) Meet professional standards of quality. (ii) Be provided by qualified persons in accordance with each resident's written plan of care.
- (iii) Be culturally-competent and trauma-informed.

Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

<http://traumainformedcareproject.org/index.php>

**Goal: Eliminate or mitigate triggers that could cause re-traumatizing of the resident (F-699)**

**Sample Assessment Questions - MY QUESTIONS – NOT FROM CMS**

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

**Include as part of Nursing or Social Work or Case Management Assessment**

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## Comprehensive Assessment

Assessment	Components of Assessment	Primary	Secondary
Customary Routine	<input type="checkbox"/> Time wake up <input type="checkbox"/> Time go to sleep <input type="checkbox"/> Naps <input type="checkbox"/> Time eat meals (Bkf / Lunch / Dinner) <input type="checkbox"/> Other	Activities Nursing	
Cognitive Patterns	<input type="checkbox"/> Cognition Measurement Tool at end	Provider	Nursing
Communication	<input type="checkbox"/> Ability to express ideas and wants, consider both verbal and non-verbal expression. <input type="checkbox"/> Understood. <input type="checkbox"/> Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time. <input type="checkbox"/> Sometimes understood - ability is limited to making concrete requests. <input type="checkbox"/> Rarely/never understood.	Nursing	Provider
Vision	<input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Cataracts <input type="checkbox"/> Blind	Nursing	

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## Comprehensive Assessment

Assessment	Components of Assessment	Primary	Secondary
Mood	<input type="checkbox"/> Little interest or pleasure in doing things <input type="checkbox"/> Feeling down, depressed or hopeless <input type="checkbox"/> Trouble falling or staying asleep, or sleeping too much <input type="checkbox"/> Feeling tired or having little energy <input type="checkbox"/> Poor appetite or overeating <input type="checkbox"/> Feeling bad about yourself – or that you are a failure or have let yourself or your family down <input type="checkbox"/> Trouble concentrating on things such as reading the newspaper or watching television <input type="checkbox"/> 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 <input type="checkbox"/> Thoughts that you would be better off dead, or of hurting yourself in some way	Social Work or Nursing	
Behavior	<input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Physical behavioral symptoms directed towards others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others) <input type="checkbox"/> Verbal behavioral symptoms directed toward others (threatening, screaming, cursing) <input type="checkbox"/> 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)	Nursing	Provider

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## Comprehensive Assessment

Assessment	Components of Assessment	Primary	Secondary
History of traumatic events	<input type="checkbox"/> Has there been anything within the last six months to a year that has caused you to be upset or very worried? <input type="checkbox"/> Have you experienced the loss of a close friend, relative or a pet that you loved recently? <input type="checkbox"/> Have you had any past trauma in your life that we should know about so we can better care for you? <input type="checkbox"/> If you have experienced some kind of trauma is there something that helps you feel better? <input type="checkbox"/> Is there anything we can do to help while you are in the hospital?	Social Work	Nursing
Cultural Component	<input type="checkbox"/> Determine if there are any cultural beliefs / customs that will impact care.	Social Work	Nursing
PASRR	<input type="checkbox"/> IF patient has a PASRR (usually completed if patient was a resident of LTC) review PASRR	Social Work	Nursing
Physical functioning and structural problems	<input type="checkbox"/> Independent <input type="checkbox"/> Setup or Clean-up Assistance <input type="checkbox"/> Supervision or touching assistance <input type="checkbox"/> Partial/moderate assistance <input type="checkbox"/> Substantial/maximal assistance <input type="checkbox"/> Dependent	PT	Nursing

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## Comprehensive Assessment

Assessment	Components of Assessment	Primary	Secondary
Continence, bladder and bowel	<input type="checkbox"/> Urinary incontinence <input type="checkbox"/> Bowel incontinence	Nursing	
Active diagnosis		Provider	
Health conditions		Provider	
Dental	<input type="checkbox"/> Dentures (fitting / loose) <input type="checkbox"/> Broken Teeth <input type="checkbox"/> Overall dentation	Nursing	Dietician
Swallowing	<input type="checkbox"/> Loss of liquids/solids from mouth when eating or drinking <input type="checkbox"/> Holding food in mouth/cheeks or residual food in mouth after meals <input type="checkbox"/> Coughing or choking during meals or when swallowing medications <input type="checkbox"/> Complaints of difficulty or pain with swallowing	Nursing	Dietician
Nutrition	<input type="checkbox"/> Nutrition Risk Assessment <input type="checkbox"/> Loss of 5% or more in the last month or loss of 10% or more within last 6 months	Nursing	
	<input type="checkbox"/> Dietician Nutrition Assessment	Dietician	
Skin condition	<input type="checkbox"/> Braden Scale	Nursing	
	<input type="checkbox"/> If pressure ulcers or skin breakdown, describe in nursing notes		

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## Comprehensive Assessment

Assessment	Components of Assessment	Primary	Secondary
Activity pursuit	What do you like to do? <input type="checkbox"/> Reading – print or audio books <input type="checkbox"/> Puzzles <input type="checkbox"/> Word games <input type="checkbox"/> Watching TV <input type="checkbox"/> Knitting / Crocheting <input type="checkbox"/> Visiting with friends <input type="checkbox"/> Other	Activities or Nursing	
Medications	<input type="checkbox"/> Medication Reconciliation	Nursing	Pharmacy
Special treatments and procedures and programs		Provider Orders	
Restraints and alarms		Nursing	

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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
January 5, 2021	November 2021 Discharges SWB Data Due	Enter/Upload to QHi
January 21, 2021	User Group Call	
Schedule records review and site education		

Watch for an email from me for  
a demo on SWB Patient  
Satisfaction Surveys!

12 months paid for by MT Flex!





# Contact

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