



Swing Bed Quality Improvement Project User Group Call

Strategies for Growing Your Swing Bed Program

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Assessment

"Those with keen understanding of their strengths and needs are in a much better position than those with limited or faulty self-knowledge". Howard Gradner, Frames of Mind

1. Form a Team
2. Gather basic data
3. Complete a SWOT analysis
4. Develop strategic goal
5. Develop strategies (and build an action plan)

1. FORM AN ASSESSMENT TEAM

Multi-Disciplinary
 Key Stakeholders
 Include a provider

The team guides the Assessment and helps to develop strategies

2. GATHER BASIC DATA

1. Annual admissions in total and by payor
2. Average daily census in total and by payor
3. Average length of stay in total and by payor
4. Source of admissions including referral source
5. Financial analysis by payor
6. Nurse to patient ratio
7. Patient outcomes
8. Patient, family, provider, staff and referral source satisfaction

3. COMPLETE A SWOT ANALYSIS

INTERNAL

STRENGTHS

Leverage

1. What makes your Swing Bed program unique and different from other Swing Bed programs? *(i.e., staffing, outcomes, private rooms, etc.)*
2. What do people or customers praise you for?
3. What services / capabilities do you offer that other Swing Bed programs or SNFs may not?

WEAKNESSES

Minimize and Eliminate

1. What places you at a disadvantage? *(i.e., staffing, bed availability, lack of Swing Bed coordinator, lack of knowledge, time from referral to acceptance, etc.)*
2. What do patients/families/communities say need to be improved?
3. What do staff and physicians say need to be improved?
4. What do referral sources say need to be improved?

3. COMPLETE A SWOT ANALYSIS

EXTERNAL

OPPORTUNITIES

Make use of the opportunities

1. What opportunities are there in the environment (i.e., aging population, SNFs closed to admissions due to staffing, PPS hospitals at capacity and need to discharge patients, nursing home closure(s), lack of Swing Beds, etc.)

THREATS

Reduce the impact of threats

1. Increased regulatory requirements.
2. Changes in reimbursement.

4. DEVELOP THE STRATEGIC GOAL

Make the goal realistic

For example if you have 15 beds for Swing Bed – it is unlikely you can keep all 15 beds full all the time.

Make the goal specific

Our goal is to increase the average daily census in Swing Bed from six to twelve within twelve months
This will increase admissions to 30 per month with an average length of stay of 12 days

You may also want to identify goals related to:

- Specific payor mix
- Specific geographic area

5. DEVELOP STRATEGIES

For each goal develop strategies and an action plan
You may have both process and outcome goals

For each goal:

What is the measurable target?

What needs to be done (action)?

Who is responsible?

When will it be done? (timeline)

NEW INITIATIVES What do you need to start doing?	
High probability of meeting goal Timeline 6 – 12 months Low to moderate investment in resources	High probability of meeting goal Timeline 6 – 12 months Significant investment in resources
Strategy 1: Strategy 2:	Strategy 1: Strategy 2:
BUILD ON STRENGTH – DEFEND CURRENT BUSINESS What do you need to keep doing?	
Strategy 1: Strategy 2:	

“The secret of getting ahead is getting started.” — Mark Twain

Goals allow you to control the direction of change in your favor.” — Brian Tracy

Strategies for Growth

“The most accurate solution is a combination of many approaches.” Sukant Ratnakar, Quantraz

1. Review length of stay opportunities
2. Expand types of patients you accept
3. Streamline the process for accepting referrals
4. Measure and improve outcomes
5. Make Swing Bed a Service Line
6. Invest in Marketing

1. REVIEW LENGTH OF STAY OPPORTUNITIES (PATIENT MUST STILL REQUIRE SKILLED CARE)

30.4.1: *The services must be provided with the expectation, based on the assessment made by the physician of the patient's restoration potential, that the condition of the patient will improve materially in a reasonable and generally predictable period of time; or, the services must be necessary for the establishment of a safe and effective maintenance program; or, the services must require the skills of a qualified therapist for the performance of a safe and effective maintenance program.*

30.4.1.2: *Therapy services in connection with a maintenance program are considered skilled when they are so inherently complex that they can be safely and effectively performed only by, or under the supervision of, a qualified therapist.*

30.0: *Coverage of nursing care and/or therapy to perform a maintenance program does not turn on the presence or absence of an individual's potential for improvement from the nursing care and/or therapy, but rather on the beneficiary's need for skilled care*

Source: Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf>

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2. EXPAND THE TYPES OF PATIENTS YOU ACCEPT

Complex Wound Care

Bariatric

Stroke

Spinal Cord Injury

Ventilator Weaning

In-House Dialysis

Medicare Benefits Manual Chapter 8
30.2.2 and 30.2.3.3.

- Teaching and training
- Nutrition Management
- Medication Management
- Skilled Nursing (IV therapy / Wound Care, etc.)

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3. STREAMLINE PROCESS FOR ACCEPTING REFERRALS

Decrease time from referral to acceptance or denial

- Develop criteria that team agrees to and allows case manager and physician to make the decision
- Accept patients on the weekend

Checklist was provided in the November 2021 Newsletter

4. MEASURE AND IMPROVE OUTCOMES

Identify outcome measures

Measure outcomes

Improve outcomes

Share internally and with referral sources

5. MAKE SWING BED A SERVICE LINE

A service line provides a focus on Swing Bed as an important service – not just another bed on Med-Surg.

Hire a Swing Bed Coordinator (or dedicate hours/time if a part-time position).

The Coordinator will be responsible for program development and oversight of the Swing Bed program.

Responsibilities will include: developing and maintaining policies and procedures; marketing and outreach to external referral sources; reviewing referrals and obtaining insurance verification; providing patients with required regulatory notices at admission and discharge; managing and facilitating interdisciplinary team meetings; collecting and reporting patient experience and quality data; maintaining compliance with regulatory requirements; educating staff and providers.

6. INVEST IN MARKETING

Evangelist are the best source of marketing - *patients, families, staff, providers, referral sources.*

Web Site

Print Material

Social Media

IMPORTANT: Provide EVERY (appropriate) patient that leaves the ER with a brochure and information that they can return to Swing Bed for follow-up care.

Meet Your Goals and Celebrate



*That's my daughter in the Galapagos
A life long dream*

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PDSA Tracker Section 3 - Do

Section Three

Do

As you implement the project, capture notes regarding the Flex level interventions.

What happened as the project was implemented?

Was each aspect of the project implemented as expected? Note any deviations from the plan and why they were made.

(Your answer here)

What surprises or challenges came up along the way?

How did this impact the project? What changes did you make as a result?

(Your answer here)

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Next Up

Date	Activity
March 30	PDSA Tracker Section 3: Do
April 5	February Swing Bed Discharge Data Due
April 13	Monthly Swing Bed User Group Call

Contact Carolyn this week to get your Records Review and On-Site Education on the calendar!

Contact

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