

MONTANA SWING BED BULLETIN

Writing Swing Bed Policies & Procedures

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This issue:

Introduction to Writing P&Ps

PAGE 01

Swing Bed P&Ps

PAGE 02

P&P Checklist

PAGE 03

Introduction to Writing Policies and Procedures

Policies and procedures set expectations and the right way of carrying out a task. Written correctly they help promote consistency in practices, reduce mistakes, and keep patients and staff safe.

Consider the following when writing or revising a policy.

Reduce Redundancy

Review current policies and take the opportunity to reduce redundancy. Are there other policies that cover the same topic? Can the policies be combined? Do they conflict?

Use simple and concise language

Although certainly many policies and procedures require the use of medical terminology, use simple to understand sentences and clear directions.



Introduction to Writing Policies and Procedures (cont)

Use Consistent Formatting

Each hospital has a different format for writing P&Ps. However, regardless of specific format always include:

- **Name:** The policy name should be clear and searchable.
- **Header:** The header should include the effective date, revision date, and department. The header may also include the owner of the policy.
- **Purpose:** The purpose is a simple statement that describes the reason for having the policy and why it is needed.
- **Policy:** Statement of what is intended and the organizational mandate.
- **Definitions:** Definitions are critical. They allow the reader to understand clearly the meaning of terms.
- **Procedure:** The procedure is the “how to”. It is a step-by-step guide for implementing the policy and the order in which steps need to be taken. Well-written procedures are precise, factual, short and to the point.
- **Regulatory References or other Source Documents:** Source documents allows the reader to check source documents, but it also alerts anyone editing the policy to check and make sure the reference is still current.
- **Cross-Reference:** If the policy refers to another policy, the specific title of the referenced policy

Swing Bed P&Ps

Critical Access Hospitals are required to review P&Ps every two years. The review must include one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists. The P&Ps must be approved by the CAH’s governing body. C-10086; C-1008

Many hospitals have P&Ps that apply to all patients including patients in a Swing Bed such as policies related to falls, medication administration, etc. However, there are also specific P&Ps required for Swing Bed.

The following is a list of P&Ps organized as a checklist. Please note there are references to both Appendix W and Appendix PP (Long Term Care). As you know there are no Swing Bed Interpretative Guidelines for Swing Bed and you are referred back to Appendix PP. The list does not mean to imply separate policies for each element listed, but rather what should be included.



Swing Bed P&P Check List

1. Criteria and Initial Determination of Swing Bed Eligibility

- Hospital admission criteria for the types of patients you can accept
- Criteria for admitting a Medicare patient: *Medicare Benefits Manual Chapter 8*
- Medicaid criteria if you accept Medicaid patient: *State regulations*
- What information should be reviewed and by whom prior to making an admission decision
- Time frames for making an admission decision

2. Admission Processes

- Admission orders
- New medical record account number
- Patient required notices and disclosures
 - Individual(s) responsible for providing notices and disclosures
 - Patient Rights: *C-1608; F-550*
 - Choice of Physicians: *C-1608; F-555*
 - Advanced Directives: *C-0812; F-578*
 - Financial Obligations: *C-1608; F-620*
 - Abuse and Neglect: *C-1612; F-585; F-602*
 - Contact information including Ombudsman: *C-1608; F-585*

3. Physician certification and recertification: *Medicare Program Integrity Manual Chapter 6 – 6.3*

- Initial Physician Certification
- Periodic Physician Certification

4. Assessment

- Comprehensive admission assessment: *C-1620; F-636*
- Review of PASARR at admission: *C-1620; F-645*
- Assessment of Trauma at admission: *C-1620; F-659; F-659; F-741; F-7422*
- Reassessment after significant change: *C-1608; F-637*



Swing Bed P&P Check List (cont)

5. Plan of Care

The Swing Bed multi-disciplinary plan of care has very different requirements from a nursing plan of care including who participates in development and the requirement that the plan is measurable and time limited.

- Baseline care plan within 48 hours: F-655
- Multi-disciplinary plan of care: C-1620; F-553; F-655; F-656
 - Responsibility for facilitating development of plan of care
 - Required participation in development of plan of care
 - Frequency of care planning meetings
 - Patient involvement – include how you involve patient including posting goals in room
 - Care plan with measurable goals that are time-limited

6. Abuse, Neglect and Exploitation: C-1612; F-600

Requirements for Swing Bed are not the same as for a mandatory reporter. The requirements, which are almost identical to those for a Skilled Nursing Facility, include:

- Patient right to be free from abuse, neglect and exploitation
- Not employ staff who have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law
- Prohibit abuse, neglect, exploitation and misappropriation of property
- Timelines for reporting, investigation and follow-up both internally and to the State
- Staff and provider education and competency: F-838

7. Choice of Physicians: C-1609

Choice of physicians is always tricky, but it's required. The policy must include the right of a patient to choose a physician as well as providing contact information.

- Choice of physicians
- Contact information for providers, including any consulting physicians

8. Financial Obligations: C-1608

Financial obligations are different than those included as part of the Conditions of Admission, typically signed at the time of admission. Information about financial obligations must include specific information for Medicare and Medicaid patients.

- Medicare: Any charges for services not covered under Medicare or by the facility's per diem rate.
- Medicaid:
 - Items & services that are included in services and for which the resident may not be charged.
 - Items and services for which the resident may be charged, and the amount of charges for those services.



Swing Bed P&P Check List (cont)

9. Nutrition *C-1626; F-800; F-803*

- Dietician assessment (even if patient not at nutritional risk)
- Maintaining acceptable nutritional status including body weight and fluid intake

10. Dental Care: *C-1624; F-791*

- Routine and emergency dental care
 - Assist with appointments and transportation
 - Refer within 3-days if lost or damaged dentures
 - Documentation of what was done to ensure adequate nutrition and hydration awaiting dental services and extenuating circumstances
- When loss or damage of dentures is the facility's responsibility

11. Discharge or Transfer: *C-1610; C-1620; F-622; F-623; F-624*

- Reasons for transfer or discharge
- Documentation in the medical record by a physician
- Information provided to receiving provider
- Patient notice
- Timing of patient notice
- Content of patient notice
- Orientation before transfer or discharge
- Discharge Summary
- Post-Discharge plan of care
- Ombudsman notification

12. Visitation: *C-1608; C-1054; C-1056; C-1058*

- Notification of visitation policies
- Immediate access for visitors

13. Social Service: *C-1616*

- Social Services
 - Provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being

14. Education

- Communication: *F-941*
- Resident Rights: *F-941*
- Abuse, Neglect and Exploitation: *F-943*

Swing Bed P&P Check List (cont)

15. Other (These policies generally cover all patients)

- Medication Administration
- Pain Assessment and Reassessment
- Fall Prevention and follow-up after a fall
- Restraints

16. Long Term or Intermediate Swing Bed Patients

Additional policies for long term Swing Bed patients (intermediate Swing), may be appropriate.

- Psychotropic Drug Review: F-757; F-758
- Activities Program: F-679
- Restorative Program: F-688
- Quarterly Assessments: F-657
- Patient or Family Council: F-565

SELF ASSESSMENT: HOW ARE YOU DOING?

1. Are your policies written so they are easy to understand?

YES MAYBE NO

2. Are your policies easy to find?

YES MAYBE NO

3. Do your policies include all of the required elements (i.e., name, date, purpose, policy, definitions, etc.)?

YES MAYBE NO

4. Have your policies been reviewed and approved within the last two years?

YES MAYBE NO

5. Do you have all of the required P&Ps for Swing Bed?

YES MAYBE NO

6. If you have intermediate Swing Bed, do you have additional policies for this population?

YES MAYBE NO

Count 1 for each Yes:

- Score of 5 - 6 Excellent! You deserve a coffee (or tea) break!
- Score of 3 - 4 No bad - but opportunity.
- Score of 1 - 2 Ask Carolyn for some help!