



# *Swing Bed Quality Improvement Project User Group Call*

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# Writing Swing Bed Policies and Procedures

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# Writing P&P Three Concepts

# 1. 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?

## 2. Use simple and concise language

- Don't use a big word if a simple word will do
- Write clear concise sentences – not complex with lots of commas and semi colons
- After you write the policy – ask someone else to follow the policy (at least the procedure part) and see if it is clear

### 3. Use consistent formatting

- Name Easy to find name that is searchable
- Header Effective date/ revision date/ dept.
- Purpose: Reason for policy
- Policy: Statement of what is intended
- Definitions CRITICAL – allows reader to understand terms
- Procedure How to do something – step-by-step guide
- Regulatory References Source Documents
- Cross-Reference If any other P&P was referred to – where can it be found

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# Swing Bed P&Ps



# Criteria and Initial Determination of 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

# 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*

# Physician Certification and Recertification

- ☐ Initial Physician Certification
- ☐ Periodic Physician Certification

Medicare Program Integrity Manual Chapter 6- 6.3

# 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*

# 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

# 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*

# 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.

- ☐ Patients are given a choice of physicians
- ☐ Patients are provided with contact information for providers, including any consulting physicians

# Financial Obligations

C-1608: Financial obligations are different 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:
  - The items and services that are included in services and for which the resident may not be charged
  - The items and services for which the resident may be charged, and the amount of charges for those services



# 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

# 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

# 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

# Visitation

C-1608; C-1054; C-106; C-1058

- ☐ Notification of visitation policies
- ☐ Immediate access for visitors

# Social Services

C-1616

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

# Education

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

# Other

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

# Long Term or Intermediate Swing Bed

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*



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# Thank you



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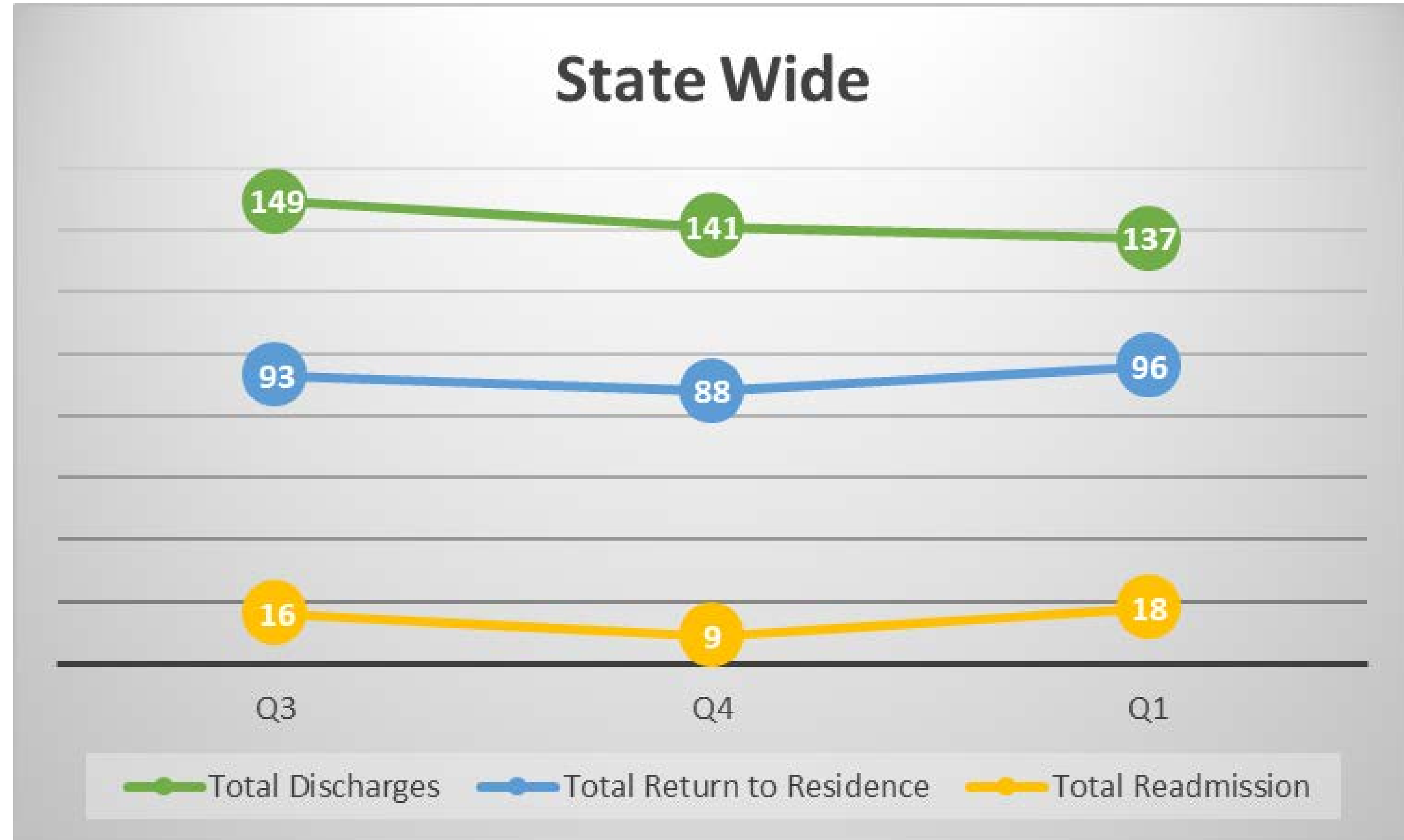
# Performance Update - Cohort

\*What was different in October – December?

\*Look at your numerators, rather than rates to make more sense of small populations.

\*Implement Readmission Interview. What is driving your readmissions?

\*Evaluate your progress on process measures for your interventions (see PDSA Tracker!)



# Next Up

Date	Activity
June 5	April Swing Bed Discharge Data Due
June 15	Monthly Swing Bed User Group Call
PDSA Tracker Section 3 to Jen	
Contact Carolyn this week to get your Records Review and On-Site Education on the calendar!	
We will start looking at interventions, what's working and what's not, so that we can drive improvement in these quality metrics.	

# Contact

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