

HealthTech

Swing Bed Length of Stay

Carolyn St.Charles | June 2022



Carolyn St. Charles is the Chief Clinical Officer for HealthTech. Carolyn has extensive experience working with rural hospitals to develop and strengthen Swing Bed programs. St. Charles earned a master's degree in Business Administration from the Foster School of Business at the University of Washington and a bachelor's degree in Nursing from Northern Arizona University.

Carolyn St.Charles, RN, BSN, MBA
Chief Clinical Officer
Carolyn.stcharles@healthtechs3.com
360-584-9868

Section Title Here | HealthTech

Regulatory Requirements

For patients with Medicare as their primary payor, there is no limit to swing bed days

C-1600 §485.645 Special Requirements for CAH Providers of Long-Term Care Services ("Swing-Beds")

However, the patient must meet skilled criteria to both be admitted and continue to receive skilled care.

Medicare Benefits Manual Chapter 8: 30 - Skilled Nursing Facility Level of Care - General, and 30.2.2 - Principles for Determining Whether a Service is Skilled.

Other payors of course, including Medicare Advantage plans, have their own criteria and typically approve a certain number of days at the time of admission.

Co-pay for Medicare from day 21 - 100 (\$194.50 in 2022), and 100% of costs starting on day 101.

HealthTech

Average Length of Stay

- Illinois Critical Access Hospitals February 2019 10 days
- Indiana Flex Sept - Dec 2021 11.4 days
- Illinois Flex Sept - Dec 2021 10.6 days
- Montana Flex Sept - Dec 2021 12.2 days

Month	ALOS	# Patient Days # Discharges
January 2022	10.6	637 60
February 2022	12.2	637 52
March 2022	12.2	596 49

HealthTech

What is the “Right” Length of Stay

It depends.....

1. What is the discharge setting?
2. Has the patient met their goals? And have they had time to confirm the goals can be sustained?
3. Does the multi-disciplinary team, the patient, and if appropriate the family, all agree that the patient is ready for discharge?
4. Have all discharge arrangements been made and confirmed?
5. What is your readmission rate?
6. How does your length of stay compare with other Swing Bed programs.

HealthTech

HealthTech

1. What is the discharge setting?



HealthTech

2. Has the patient met their goals? And has there been time to confirm the goals can be sustained?



HealthTech

3. Does the multi-disciplinary team, the patient, and if appropriate the family, all agree that the patient is ready for discharge?



HealthTech

4. Have all discharge arrangements been made and confirmed?



HealthTech

5. What is your readmission rate?



HealthTech

6. How does your length of stay compare to other swing bed programs?

!!!CAUTION!!!!



HealthTech

If your length of stay is NOT where you would like it to be.....



Ask Why 5 Times



1. Write down specific problem
2. Ask WHY the problem occurred
3. If the answer explains the problem – you're good
4. If the answer doesn't explain the problem – ask WHY again (And Repeat)

**Note that some problems have more than one root cause
And, the first "root cause" may not actually be the real "root cause"**

HealthTech

Root Cause – Ishikawa (Fishbone)

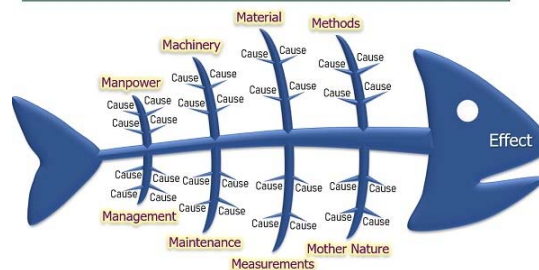


An Ishikawa diagram is the pictorial representation depicting the factors responsible for a certain problem in such a manner that the root cause is identified. It is a problem-solving approach which focuses on uncovering the effect of various factors over a particular issue.

Typically includes:

- Manpower
- Machines
- Methods
- Measurement
- Materials
- Mother Nature (Environment)

Ishikawa (Fishbone or Cause and Effect) Diagram



HealthTech

Thank you

Carolyn St.Charles, RN, BSN, MBA
Chief Clinical Officer
360-584-9868

HealthTech

carolyn.stcharles@healthtechs3.com

Project Workshop

Question 1:

What happened as the project was implemented?

Was each aspect of the project implemented as expected?

Question 2:

What surprises or challenges came up along the way?

How did this impact the project?

What changes did you make as a result?

Facility	Topic	Metric
Benefis Teton Medical Center	*Self Care & Mobility Improvement (MDS SectionGG)	*% pts discharged with GG form complete and in chart
	* Consistency of Interdisciplinary Team meet and documentation	*% pts discharged with IDT documented/in chart
Central Montana Medical Center	Readmissions - Readmit interviews	% readmissions
Logan Health Conrad	*ADLs and Mobility Improvement	% pts discharged with IDT documented/in chart
	*CCP for D/C to home	*% pts discharged w/CCP complete
Logan Health Shelby	CCP for D/C to home	% pts discharged w/CCP complete
St Luke Community Healthcare	Readmissions - Indications for appropriate move from IP	% readmission
Sidney Health Center	Improve scheduled ADLs - starting with showers	% residents with 2 showers per week.
Clark Fork Valley Hospital	Admission process - COP Compliance - Provider Choice	% patients with documentation to meet COPs
Rosebud Health Care Center	Multidisciplinary care plan consistently updated and completed	% patients with completed Multi-disciplinary Car Plan
Frances Mahon Deaconess Hospital	Goals for Discharge	% pts discharged with discharge goals met

Next Up

Date	Activity
July 5	May Swing Bed Discharge Data Due
July 20	Monthly Swing Bed User Group Call

Policy & Procedure Review & Site Education

This is of no cost to the CAH and is a service of this project.

Contact Carolyn St. Charles by the end of the June and **schedule a review to be completed by August 31.**

carolyn.stcharles@healthtechs3.com | 360-584-9868



Contact

Jennifer Wagner, CPHQ	Carolyn St. Charles, RN, BSN, MBA
MT Flex Program/MHA	HealthTechS3
Rural Hospital Improvement Coord.	Chief Clinical Officer
Jennifer.wagner@mtha.org	carolyn.stcharles@healthtechs3.com
406-457-8000	360-584-9868

Project Website - <https://mtpin.org/swbqip/>

