

# MONTANA SWING BED BULLETIN

## Swing Bed - It Takes A Village

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## INTRODUCTION

A successful Swing Bed program requires organizational alignment and commitment. This newsletter will discuss six principles for achieving success.

But first, a little quiz to see how you rate your Swing Bed program. There are a possible of 100 points.

Answer questions on a scale of 1 – 10. (10 being highest or best)	Score
How would you rate your Swing Bed program overall?	
How would you rate staff involvement?	
How would you rate provider involvement?	
How would you rate leader involvement?	
How would you rate CEO involvement	
Answer Questions with <i>Always - Sometimes - Never.</i> <i>Always - 10 pts Sometimes - 5 pts Never - 0 pts</i>	Score
Are roles and responsibilities clearly delineated?	
Are there clearly established goals?	
Does everyone in the organization know what the Swing Bed goals are?	
Are Swing Bed outcomes communicated to the organization, including providers?	
Are Swing Bed outcomes communicated to the referral hospitals?	
<b>TOTAL</b>	
<div>90 – 100      Excellent</div> <div>70 – 80      Good</div> <div>60 - 70      Fair</div> <div>50 or less      Lots of opportunity</div>	



## Principle 1: Define your Village

We often identify one or maybe two individuals in the organization as having responsibility for Swing Bed. It's important to look at how each individual and department can help make your Swing Bed program successful.

For example:

- Provider – overseeing and managing Swing Bed care
- Plant and Maintenance – providing a safe environment
- Environmental Services - ensuring a clean and sanitary environment
- Nutrition Services – providing healthy diets that meet nutritional needs
- Pharmacy – reviewing and managing medication regimen
- Rehab – improving functional status and self-care
- Nursing – providing clinical care appropriate to patient needs
- Business Office and Admitting – insurance verification and billing
- Quality – Assistance with collecting and analyzing outcome data

## Principle 2: Define Roles & Responsibilities

Defining individual roles and responsibilities are critical to ensure you have smooth and efficient Swing Bed processes focused on achieving the best possible patient outcomes. An example is included in the grid below. As you will note, it's important to include both primary responsibility and a back-up whenever possible. This is especially important to ensure there is someone on evenings or weekends who are knowledgeable and can fill-in if needed.

Roles and responsibilities should be included in job descriptions, for at least clinical departments. It doesn't have to be extensive, but helps to both confirm the importance of Swing Bed as well as ensuring that each staff member understand their responsibilities.

See examples on the next page. *Note: Sometimes Case Management is also the Swing Bed Coordinator – or – in some organizations one person fills both roles. If you do have both Case Management and a Swing Bed Coordinator it is important to differentiate roles and responsibilities.*

<b>Responsibility</b>	<b>Primary or Required</b>	<b>Back-Up</b>		<b>Responsibility</b>	<b>Primary or Required</b>	<b>Back-Up</b>
Maintain knowledge of current regulations and share with team	*Swing Bed Coordinator	Quality Director		Discharge Summary	Provider	
Schedule periodic external or internal mock surveys	*Swing Bed Coordinator	Quality Director		Discharge - Plan of Care	Patient IDT	
Pre-Admission Screening and Insurance Verification	*Swing Bed Coordinator	Nsg. Supv.		Discharge - Choice of Post-acute provider	*Swing Bed Coordinator	Nsg. Supv.
Admission Decision	Provider *Swing Bed Coordinator	Provider Nsg. Supv.		Discharge - Medication Reconciliation	Nsg. or Provider	
Patient Notices at Admission	*Swing Bed Coordinator	Nsg. Supv.		Discharge - Information to next provider of care	*Swing Bed Coordinator	Nsg. Supv.
Comprehensive Assessment	Clinical staff by element of assessment			Patient Discharge - Notices	*Swing Bed Coordinator	Nsg. Supv.
Schedule and facilitate Interdisciplinary Team Meetings (IDT)	*Swing Bed Coordinator	Quality Director / CNO		Discharge - Notice to Ombudsman	*Swing Bed Coordinator	Nsg. Supv.
IDT Attendees	Provider, RN caring for patient, CAN caring for patient, Representative from Dietary, Patient (minimum)	Rehab Pharmacy		Job Descriptions and Competency	HR	
Develop Interdisciplinary Plan of Care	Patient IDT			Outcome Data (Collection, Analysis, Reporting)	Swing Bed Coordinator	Quality
Document Interdisciplinary Plan of Care	*Swing Bed Coordinator	Each discipline		Brand Marketing – Brochures, etc.	Marketing	Swing Bed Coordinator



### Principle 3: Identify Formal and Informal Leaders

A successful Swing Bed program requires the support of both formal and informal leaders. Identify those individuals in your organization who are passionate about swing bed. Utilize their knowledge, expertise, and passion! Include them in Swing Bed strategy meetings (i.e., how to grow the program and improve outcomes) - or - ask them to provide education to other staff – or - involve them in marketing, etc.!

*“Change no longer cascades solely top down within the firm & is best achieved through networks accommodating both formal and informal leader change agents” (Author Unknown)*

### Principle 4: Collect and Share Swing Bed Outcome Data

Collecting and sharing swing bed data provides the organization, community and referral hospitals with important data about your Swing Bed program. In addition to the data you are collecting as part of Montana Flex project consider collecting other data such as: 1) time from referral to decision to accept or not accept patient; 2) time from admission to completion of interdisciplinary plan of care and first meeting; 3) patient goals posted in room and updated after every interdisciplinary meeting; 4) attendance at interdisciplinary care meetings; 4) patient satisfaction.

### Principle 5: Education about Swing Bed Value.

There are numerous advantages for patients who receive Swing Bed care, with one of the most significant being that if they have received inpatient care in the hospital they do not have to change providers or be transferred to another facility. But there are other advantages as well, including more access to providers and diagnostic services and better nurse to patient ratios. Swing Beds can also typically take care of patients with higher acuity than most skilled nursing facilities.

	Swing Bed	Skilled Nursing Facility
Reimbursement	Cost-Based Per-Diem (Medicare)	Patient-Driven Payment Model (PDPM)
Providers	On-Site (usually) Same provider (if internal)	On-Call New Provider
Nursing Ratios	1:4 to 1:5 Nurse to Patient Ratios with more RN coverage	Minimum Nurse to Patient Ratios
Diagnostic Capability	On-Site (usually)	Requires transfer or ER visit
Length of Stay	10.6 – 12.2 (1)	26 days (2)
Readmission Rate	9% - 18% (1)	24.4% (2)
Discharge to Prior Residence	63% - 73% (1)	

(1) Montana Flex Cohort Data

(2) Rural Health Care White Paper Series: Illinois Critical Access Hospitals: *Exploring the Financial Impacts of the Swing Bed Program*. Published February 2019



## Principle 6: Set Goals - Celebrate Success

Setting goals for your Swing Bed program allows everyone in the organization to work together. Goals may be focused on admissions, length of stay, improving outcomes, or meeting regulatory requirements. Regardless of the goal, once established, develop a plan for how you are going to achieve the goal. Just wishing it will happen usually isn't successful.

Make use of both your formal and informal leaders to both establish goals and develop the plan.

celebrate