HealthTech

Swing Bed Success

#ItTakesAVillage

Carolyn St. Charles
Chief Clinical Officer, HealthTech | August 2022

Disclaimer

HealthTech hopes that the information contained herein will be informative and helpful on industry topics. However, please note that this information is not intended to be definitive. HealthTech and its affiliates expressly disclaim any and all liability, whatsoever, for any such information and for any use made thereof. HealthTech does not and shall not have any authority to develop substantive billing or coding policies for any hospital, clinic or their respective personnel, and any such final responsibility remains exclusively with the hospital, clinic or their respective personnel. HealthTech recommends that hospitals, clinics, their respective personnel, and all other third party recipients of this information consult original source materials and qualified healthcare regulatory counsel for specific guidance in healthcare reimbursement and regulatory matters.

What We'll Cover

1. Define your village
2. Define roles and responsibilities
3. Identify formal and informal leaders
4. Collect and share Swing Bed outcome data
5. Communicate Swing Bed value
6. Set Goals – Celebrate Success

Quiz – Part 1

Question Answer all questions on a scale of 1 – 10 – with 10 being highest or best	Score
1. How would you rate your Swing Bed program overall?	
2. How would you rate staff involvement?	
3. How would you rate provider involvement?	
4. How would you rate leader involvement?	
TOTAL	

Quiz – Part 2

Question Answer with Yes – No - Partial	YES 10 points	Partial 5 points	No 0 Points
1. Are roles and responsibilities clearly delineated?			
2. Are there clearly established goals for your Swing Bed program?			
3. Does everyone in the organization know what the goals are for your Swing Bed program			
4. Are Swing Bed outcomes communicated to the organization, including providers?			
5. Are Swing Bed outcomes communicated to referral hospitals?			
TOTAL			

1. Define Your Village (It's Not Just Clinical!)

Imaging

IT

CNA

Provider

RT

ADMIN

RN

EVS

PATIENT

Dietary Dietician

Marketing

Social Work

Speech

HIM

Case Management

HR

LAB

Admitting

PT

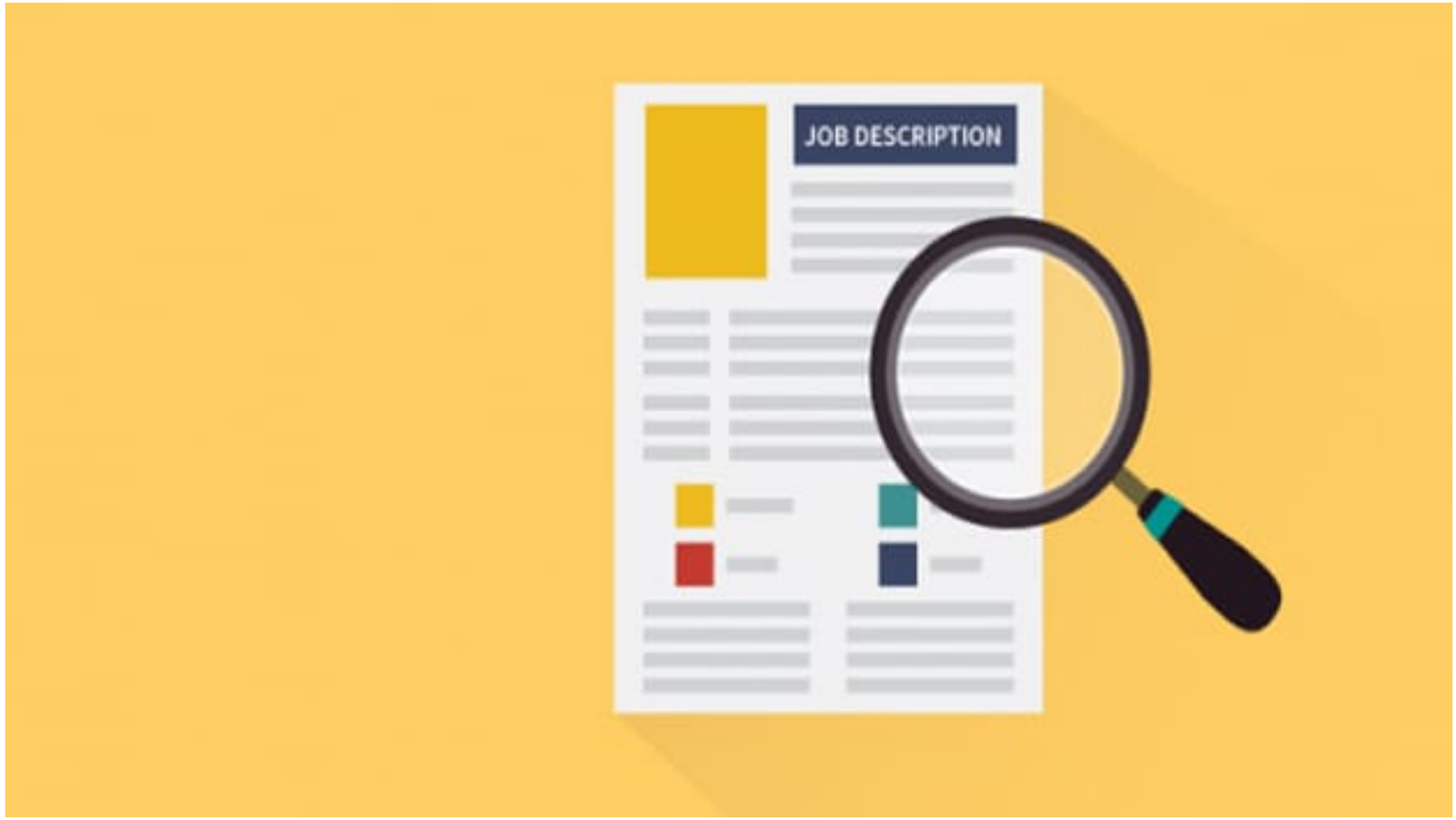
Facilities

LPN

Business Office

HUC

2. Define Roles & Responsibilities



Job Descriptions and Competency

1. Include responsibilities related to Swing Bed in EACH disciplines job description

2. If Rehab or Dietary are a contract service – include responsibilities related to Swing Bed in contract including timeliness

3. Provide education about Swing Bed, including value to hospital, at least annually to ALL staff regardless of position.

4. Develop competencies for all clinical staff. A Swing Bed patient does not have the same needs as a patient in an acute bed. *Note: TJC requires "population specific" competencies. Swing Bed is a type of "population".*

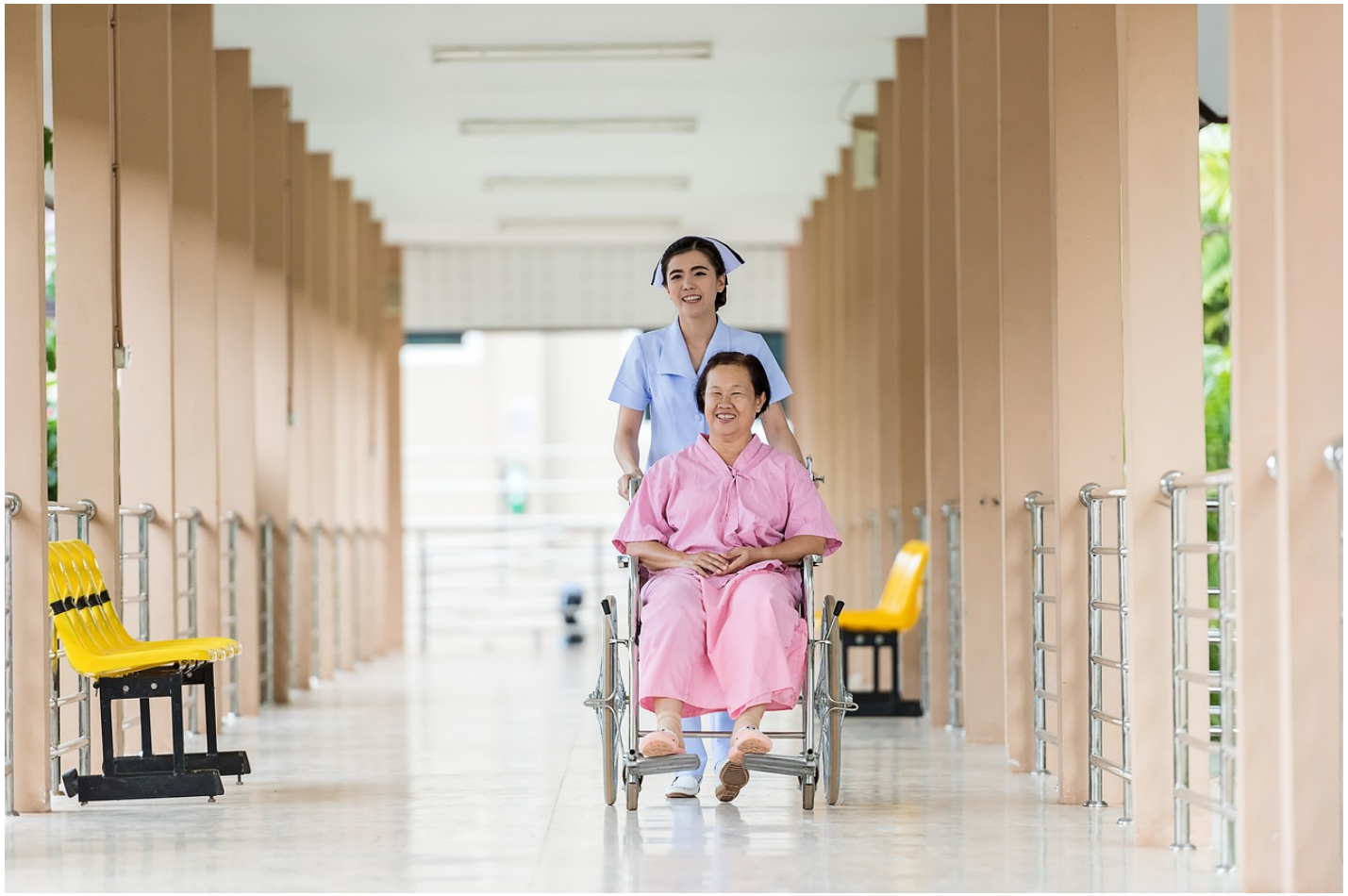
Responsibilities - Example

Responsibility	Primary or Required	Back-Up or Others	Responsibility	Primary or Required	Back-Up or Other
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	Case Mang.	Nsg. Supv.	Discharge: Choice of Post-Acute provider	Case Mang.	Nsg. Supv.
Admission Decision	Provider Case Mang.	Provider Nsg. Supv.	Discharge: Medication Reconciliation	Nsg. or Provider	
Patient Notices at Admission	Case Mang.	Nsg. Supv.	Discharge: Information to Next Provider of Care	Case Mang.	Nsg. Supv.
Comprehensive Assessment	Assign by element of assessment		Discharge: Notices to Patient	Case Mang.	Nsg. Supv.
Schedule and facilitate IDT meetings	Swing Bed Coordinator	Quality Director CNO	Discharge: Notice to Ombudsman	Case Mang.	Nsg. Supv.
IDT Attendance	Patient, Provider, RN, CNA, Dietary	Rehab Pharmacy	Staff Job Descriptions, Education, Competency	HR	
Develop Interdisciplinary Plan of Care	Patient IDT		Outcome Data (Collection, Analysis, Reporting)	Swing Bed Coordinator	Quality
Communication with Patient About Plan of Care	Case Mang	Provider	Brand Marketing – Brochures, etc.	Marketing	Swing Bed Coordinator
Communication with patient about Plan of Care	Swing Bed Coordinator	Provider	Daily outreach to referral hospitals	Swing Bed Coordinator	CNO

3. Identify Formal and Informal Leaders

Change no longer cascades solely top down within the firm & is best achieved through networks accommodating both formal and informal leaders as change agents

4. Collect and Share Swing Bed Outcome Data



4. Educate About Swing Bed Value

- to your hospital team (village)
- to your patients
- to your community
- to other hospitals

Swing Bed Value Proposition

	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
ALOS	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*

6. Set Goals

Communicate Goals
Develop a Plan
Celebrate Success

HealthTech

Your Questions

What has contributed to your Swing Bed success?

Next Up

Date	Activity
July 26	4-State Cohort Education Register: https://us06web.zoom.us/meeting/register/tZwvdOmrrz0tGtSOgRHLuLIuGvGBjufX8UEz
August 5	June Discharge Data Due
August 10	COP Gap Analysis (sent previously) Due
August 10	Project Update Slides (template sent previously) due to Jen
August 17	MT User Group Call with Data Evaluation and Facility Presentations.

MHA MONTANA HOSPITAL ASSOCIATION
Advancing Health in Montana

Contact

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

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

MHA MONTANA HOSPITAL ASSOCIATION
Advancing Health in Montana

Thank you

HealthTech

https://www.health-tech.us | Carolyn.stcharles@health-tech.us

360-584-9868