**Admission Packet**

***DO NOT DISTRIBUTE BEYOND YOUR OWN FACILITY***

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If you have any questions, please contact

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**Signature Page**

**NAME OF HOSPITAL** is required to provide you with certain information at the time you are admitted to a Swing Bed.

By signing this document, you acknowledge that ***Name of Hospital*** has gone over the documents listed below verbally in a language that you can understand and provide you with a written copy. ***Name of Hospital*** has given you the opportunity to ask any questions you may have. You may ask any questions you have at any time during your stay.

* + Swing Bed General Information
  + \*Advance Directives
  + Rights and Responsibilities
  + \*Choice of Physician
  + Physician Contact Information
  + Financial Obligations
  + Privacy Practices
  + Grievances and Complaints
  + Abuse and Neglect
  + Transfer and Discharge
  + Contact information for Hospital, QIO, and State Ombudsman

**Patient Printed Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and title of person who reviewed information with patient** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Swing Bed Information**

**Welcome to NAME OF HOSPITALSwing Bed Program**

We hope you find the following information about our Swing Bed program helpful. Please feel free to ask questions at any time during your stay.

# About Swing Bed Care

**NAME OF HOSPITAL** provides Swing Bed care.

Medicare covers swing bed services in certain hospitals and critical access hospitals (CAHs) when the hospital or CAH has entered into a “swing-bed” agreement with the Department of Health and Human Services, under which the facility can “swing” beds and provide either acute hospital or skilled nursing facility-level care, as needed.

When your physician has determined that you have recovered from the acute phase of your illness, accident, or surgery, but you are not able to go home yet, he or she may recommend transfer to Swing Bed. Some types of patients who may benefit from skilled services in a Swing Bed include patients who are:

* Recovering from joint replacement or other types of surgery
* Recovering from a stroke, cardiac or respiratory illness, or other medical condition
* Require management of complex wounds that need long-term antibiotic therapy that can’t be treated in an outpatient setting
* Require assistance to learn how to manage medications

# Swing Bed Services

The following services may be provided as part of a Swing Bed program.

* Skilled Nursing
* Physical Therapy
* Occupational Therapy
* Speech Therapy
* Respiratory Therapy
* Intravenous Therapy
* Wound Care
* Medication Management
* Nutritional Counseling
* Patient & Family Education

# Financial Obligations

Your costs will depend on your insurance coverage. You will receive separate information about financial obligations.

# Doctor Visits

Similar to your acute care stay, you will receive around-the-clock nursing care, and your physician oversees your care. However, since you are no longer in the acute phase of your care, your physician may not make daily rounds but will visit with you at the very minimum at least once every week. Nursing staff will communicate any concerns or questions with your physician.

# Planning your Care

Your Care Team, including your physician, nursing staff, and therapists, will work with you to set up personalized treatment goals and will share your progress with you throughout your stay. During the day, you will receive treatment(s) based on your condition and recovery goals. As a Swing Bed patient, you’ll be encouraged to do as much as you can for yourself.

You have the right to be fully informed in advance about care and treatment and of any changes in that care or treatment. You also have the right to participate in planning your care and treatment and any changes in care and treatment, including planning for discharge.

There will be a care planning meeting at least once each week. We encourage you or your family to attend. This is the opportunity to ask questions and provide input to your care team. If you can’t or choose not to participate, someone will meet with you after the conference to discuss the recommendations of your care team.

# Family / Support Person Involvement

Your family or support person(s) are encouraged to play an active role in your recovery. They can help by providing emotional support and encouragement as well as by participating in any education that will help you care for yourself once you are discharged.

# Clothing

While you are a patient in Swing Bed, we want you to be as comfortable as possible, so we expect you to wear your own clothes every day. Please have your family or friend bring clothes that are loose-fitting and a pair of comfortable and supportive shoes.

# Length of Stay

How long you are in the hospital will depend on your progress toward the goals set by you and by the care team.

If you have traditional Medicare, you may remain in a Swing Bed as long as you are making progress toward your goals. Other insurance companies may have different limits on how long you can stay.

A member of the care team will meet with you to discuss discharge plans and options, which may include discharge back to home, assisted living, or other options. The care team will be actively involved in this process and may provide recommendations and alternatives for future care when necessary.

We will give you notice, at least two (2) days before you are discharged or transferred, letting you know the discharge date, the place you will be discharged to, and who to contact if you think you are being discharged too early. You have the right to appeal this decision if you feel you are being discharged too soon.

# Questions

The Case Management Department and can answer questions you may have related to Swing Bed Care. You can also talk to your nurse or your doctor.

CONTACT INFO

**Advance Directives**

Provide Hospital Information

**Your Rights as a Swing Bed Patient**

As a swing bed resident at **NAME OF HOSPITAL**, you have certain rights and protections under federal and state law.

* If you are adjudged incompetent under the laws of a State by a court of competent jurisdiction, your rights will be exercised by the patient representative appointed under State law to act on your behalf. The court-appointed patient representative exercises your rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.

Your wishes and preferences must be considered in the exercise of rights by the representative. To the extent practicable, you must be provided with opportunities to participate in the care planning process.

In the case of a patient representative whose decision-making authority is limited by State law or court appointment, you retain the right to make decisions outside the representative's authority.

* You have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.
* You have the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising your rights. You have the right to be supported by the facility in the exercise of your rights.
* You have the right to be informed of, and participate in, your treatment, including the right to be fully informed in a language that you can understand of your total health status, including but not limited to your medical condition.
* You have the right to be informed, in advance, of changes to your plan of care.
* You have the right to request, refuse, and/or discontinue treatment.
* You have the right to participate in or refuse to participate in experimental research
* You have the right to formulate an advance directive.
* You have the right to choose an attending physician. You have the right to be informed if the physician you have chosen is unable or unwilling to be your attending physician, and to have alternative physicians discussed with you, and to honor your preferences, if any, in identifying options.
* You have the right to be informed of the name, specialty, and way of contacting your physician and other primary care professionals responsible for your care.
* You have the right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights of health and safety or other residents.
* You have the right to share a room with your spouse when you and your spouse are in the same facility, and both you and your spouse consent to the arrangement.
* You have the right to immediate access by immediate family and other relatives, subject to your right to deny or withdraw consent at any time.
* You have the right to immediate access by others who are visiting with your consent, subject to reasonable clinical and safety restrictions, and your right to deny or withdraw consent at any time.
* You have the right to secure and confidential personal and medical records.
* You have the right to personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and patient groups, but this does not require the facility to provide a private room for each resident.
* You have the right to send and promptly receive unopened mail and other letters, packages, and other materials delivered to the facility, including those delivered through a means other than the postal service.
* You have the right to be informed in writing, if you have Medicaid insurance, at the time of admission or when you become eligible for Medicaid of:

# The items and services that are included in nursing facility services under the State plan and for which you may not be charged

# Those other items and services that the Hospital offers and for which you may be charged, and the amount of charges for those services

# Be informed when changes are made to items and services

* You have the right to be informed before, or at the time of admission, and periodically during your stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/Medicaid or by the facility’s per-diem rate.
* You have the right to access stationery, postage, and writing implements at your own expense.
* You have the right to secure and confidential personal and medical records. You have the right to refuse the release of personal and medical records except as required or provided by federal or state laws. The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine your medical, social, and administrative records in accordance with State law.
* You have the right to contact the Office of the State Long-Term Care Ombudsman.
* You have the right to remain in a swing bed and not be transferred or discharged unless:

# The transfer or discharge is necessary for your welfare, and your needs cannot be met in the facility

# The transfer or discharge is appropriate because your health has improved sufficiently so that you no longer need the services provided by the facility

# The safety of individuals in the facility are endangered due to your clinical or behavioral status

# The health of individuals in the facility would be endangered

# You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Non-payment applies if you do not submit the necessary paperwork for third-party payment or after the third party, including Medicare or Medicaid, denies the claims and you refuse to pay for your stay.

# The facility ceases to operate

* The facility may not transfer or discharge you while an appeal is pending, unless the failure to discharge or transfer would endanger the health or safety of you or other individuals in the facility.
* You have the right to be free from abuse, neglect, misappropriation of property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat your medical symptoms.

**Your Responsibilities as a Swing Bed Patient**

1. To provide, to the best of your knowledge, accurate and complete information about your present illness, past illnesses, hospitalizations, medications, mobility, and other matters relating to your health.
2. To report unexpected changes in your condition to your physician or other members of the Health Care Team.
3. To let us know if you clearly understand your plan of care or need further explanation.
4. To actively participate in your plan of care.
5. To follow hospital rules and regulations.
6. To be considerate of the rights of other residents and facility personnel.
7. To be respectful of the property of other residents and of the hospital.
8. To follow the **NAME OF HOSPITAL** smoke-free campus policy.

**Choice of Physician**

The NAME OF HOSPITAL Physician Group are designated as the attending physician(s) for Swing Bed patients. On nights and weekends coverage is provided by OPUS ER physicians. If you are OK with the NAME OF HOSPITAL Physician Group and OPUS ER physicians, please check below:

* **NAME OF HOSPITAL Physician Group and OPUS ER Group**

The NAME OF HOSPITAL Physician Group includes:

Include NAMES of all providers (physicians, NPs and PAs) in group

If you prefer a different physician, please let us know which physician you prefer. Please note that the physician must have privileges to practice at **NAME OF HOSPITAL** and must agree to be your primary physician.

I would like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be my physician while I am a patient in Swing Bed.

**Physician Contact Information**

We understand you may want to contact your physician or other providers that are caring for you. You may let the nursing staff or any member of the care team you would like to speak to your physician, and they will call the physician for you.

You may also contact the physician(s) or other provider(s) directly by calling the number(s) below:

**Provider Name:**

**Contact Info:**

**Provider Name:**

**Contact Info:**

**Provider Name:**

**Contact Info:**

**Financial Obligations**

The following information shows what we may charge you for and your financial obligations based on your insurance.

**Medicaid NOTE ---- THIS WILL DEPEND ON YOUR STATE MEDICAID PLAN. PLEASE EDIT.**

If you have Medicaid insurance or when you become eligible for Medicaid, we may charge you for any of the following items:

* Telephone
* Television/radio for personal use
* Personal comfort items including notions, novelties, and confections
* Cosmetic and grooming items and services in excess of those for which payment is made
* Person clothing
* Personal reading matter
* Gifts purchases on behalf of a patient
* Flowers and plants
* Social events and entertainment offered outside the scope of the activities program
* Non-covered special care services such as privately hired nurses or aides
* Private room, except when therapeutically required, for example, isolation for infection control
* Specially prepared or alternative food you request, not ordered by your physician

**Medicare**

If you have Medicare insurance, Medicare will cover 100% of Medicare covered charges, as outlined below, for the first 20 days as long as you meet Swing Bed criteria. You will receive a separate bill from your physician. Continued stay in a Swing Bed is always based on meeting Swing Bed criteria for skilled care.

Days 1 – 20 $0 for each benefit period

Days 21 – 100 $\_\_\_ patient responsibility per day in 20\_\_\_

Days 100 and beyond All costs

Medicare-Covered Services include:

* Semi-private room (a room you share with other patients)
* Meals
* Skilled nursing care
* Physical and occupational therapy
* Medical social services
* Medications
* Medical supplies and equipment in the facility
* Ambulance transportation (when other transportation endangers health) to the nearest supplier of needed services that aren't available in the swing bed
* Dietary counseling

If you have private insurance, your policy may cover the coinsurance after the first 20 days based on your plan's benefits. Case Management will call your insurance company to see what benefits you have, but it is always a good idea for you to call as well. If you do not have secondary insurance, you will be responsible for the copayment. If you are here longer than 100 days, Medicare will no longer cover your stay.

**Privacy Practices**

Provide Hospital Information

**Grievances and Complaints**

Provide Hospital Information

**Abuse and Neglect**

As a patient at **NAME OF HOSPITAL*,*** you have the right to be free from verbal abuse, sexual abuse, physical abuse, mental abuse, corporal punishment, and/or involuntary seclusion.

To prevent abuse, (**NAME OF HOSPITAL**) completes a criminal background check of all employees. In addition, we provide education which includes, but is not limited to:

* Patient rights
* Abuse prevention
* Appropriate interventions to deal with aggressive behaviors
* Mandatory reporting procedure without fear of reprisal
* Recognizing signs of burnout, frustration, and stress that may lead to abuse
* What constitutes abuse, neglect, and misappropriation of property

**NAME OF HOSPITAL** will ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of an unknown source, and misappropriation of patient property are reported immediately, but no later than 2 hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury.

If the events that cause the allegations do not involve abuse and do not result in serious bodily injury, the violation will be reported not later than 24 hours, to the administrator of the facility and other officials in accordance with State law including the State survey agency.

**NAME OF HOSPITAL** has zero-tolerance for any behavior on the part of anyone who could encounter a patient that could be perceived to constitute verbal abuse, sexual abuse, mental abuse, physical abuse, corporal punishment, and/or involuntary seclusion.

If you or your family believe that you have been subject to any type of abuse, please contact:

**Contact Info**

If you wish to file a complaint about any type of abuse, neglect, misappropriation of property, or involuntary restraint, you may file a complaint any of the agencies listed below.

Contact Info State DHS and Ombudsman

**Transfer or Discharge**

You will be given as much advance notice as possible before you are transferred or discharged.

The reasons you may be transferred or discharged include:

1. The transfer or discharge is necessary for your welfare, and your needs cannot be met at (**NAME OF HOSPITAL**).
2. The transfer or discharge is appropriate because your health has improved sufficiently so that you no longer need the services provided by (**NAME OF HOSPITAL**).
3. The health and/or safety of individuals at (**NAME OF HOSPITAL**) are endangered.
4. You have failed, after reasonable and appropriate notice, to pay for your stay at (**NAME OF HOSPITAL**) (or to pay under Medicare or Medicaid).
5. **NAME OF HOSPITAL** ceases to operate.

You will be notified at least 30 days before you are transferred or discharged unless one of the following occurs:

1. The health or safety of individuals at **NAME OF HOSPITAL** are endangered
2. Your health has improved sufficiently to allow a more immediate transfer or discharge
3. An immediate transfer or discharge is required due to urgent medical needs
4. You have not been at **NAME OF HOSPITAL** in a Swing Bed for at least 30 days

The notice of discharge will include:

* Date of transfer or discharge
* Reason for transfer or discharge
* The place where you will be transferred or discharged to
* Right to appeal the discharge or transfer to the State, including the State Long-Term Ombudsman

**Contact Information**

**Risk Management:**

**Chief Nursing Officer:**

**Administrator:**

**Ombudsman:**

**Local:**

**Area:**

**State:**

**Long-Term Care Office of Regulatory Services:**

**State:**