

A picture containing kitchenware

Description automatically generated

Swing Bed Audit Tool

5110 Maryland Way, Suite 200

Brentwood, TN 37027

615.309.6053

www.health-tech.us

**January 2023**

Please find attached a Swing Bed audit tool.

You may want to start with a comprehensive audit of 4 – 5 records. If you have areas of improvement, focus on those and then re-audit.

If possible, involve the IDT team by either having them assist with the audit or sharing the results and have them assist with developing an improvement plan.

Good Luck….. and please let me know if you have any questions.

![Text, letter

Description automatically generated]()

360-584-9868

[carolyn.stcharles@health-tech.us](mailto:carolyn.stcharles@health-tech.us)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRE-ADMISSION** | | | | |
| Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies, and Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care. **Sept 2019** | For patients in same facility moving from inpatient to Swing Bed:  Quality and Resource information for post-acute providers in the geographic area provided in writing, and patient choice documented. |  |  |  |
| **C-1102** | Provider: Discharge order from inpatient *if in the same facility* |  |  |  |
| **ADMISSION** | | | | |
| **C-1102** | Provider: Admission order to Swing Bed |  |  |  |
| **40.2** Medicare General Information, Eligibility, and Entitlement Chapter 4 | Provider: Reason for admission to Swing Bed documented in H&P |  |  |  |
| **40.3 / 40.4** Medicare General Information, Eligibility, and Entitlement Chapter 4 | Provider: Attestation for Swing Bed Stay   1. Certification that patient requires skilled care on a daily basis 2. Expected Length of Stay 3. Expected Discharge disposition |  |  |  |
| **Hospital Bylaws** | Provider: History and Physical within time frame specified in bylaws (usually 48 hours) |  |  |  |
| **C-0812:** Advance Directives  **C-1056 / C-1058 / C-1608:** Visitation  **C-1608:** Patient Rights  **F-941:** Rights verbally and in writing (Appendix PP)  **C-1608:** Financial Obligations  **C-1608:** Choice of Physicians | Patient Notices provided and discussed verbally in a language that the patient can understand.   1. Patient signature (attestation that information was received) 2. Choice of physician (requires specific choice) 3. Contact Info for physicians involved in care 4. Rights and Responsibilities 5. Advance Directives 6. Transfer and discharge rights 7. Financial obligations 8. Hospital responsibility for preventing abuse and how to report 9. Contact information for State licensing agencies and Ombudsman |  |  |  |
| **C-1620 §483.20(b)** | All components of assessment completed. May be completed by most appropriate discipline.   * Identification and demographic information * Customary routine * Cognitive patterns * Communication * Vision * Mood and behavior patterns * Psychosocial well-being – HISTORY of traumatic events * Physical functioning and structural problems * Continence * Disease diagnoses and health conditions * Dental and nutritional status * Skin condition * Activity pursuit * Medications * Special treatments and procedures * Discharge potential |  |  |  |
| **Hospital Policy** | Nursing Assessment completed within 24 hours of admission  (Needed to develop Baseline Plan of Care F-655Appendix PP) |  |  |  |
| **C-1620**  **F-656 and F-699** (Appendix PP) | History of Trauma |  |  |  |
| **C-1620** | Review of PASRR (if a PASRR has been completed prior to admission). Will usually have been completed if patient LTC resident) |  |  |  |
| **Hospital Policy** | Physical Therapy assessment within 72 hours of admission (if PT ordered)  (As soon as possible after admission so that multi-disciplinary plan of care can be developed.) |  |  |  |
| **Hospital Policy** | Occupational Therapy assessment within 72 hours of admission (if OT ordered)  (As soon as possible after admission so that multi-disciplinary plan of care can be developed.) |  |  |  |
| **Hospital Policy** | Speech assessment within 72 hours of admission (if Speech ordered)  As soon as possible after admission so that multi-disciplinary plan (of care can be developed.) |  |  |  |
| **Hospital Policy** | Dietician assessment within 72 hours of admission  As soon as possible after admission so that multi-disciplinary plan (of care can be developed.) |  |  |  |
| **Hospital Policy** | Pharmacist assessment if complex medication regimen  As soon as possible after admission so that multi-disciplinary plan (of care can be developed.) |  |  |  |
| **Hospital Policy** | Activities (Not required unless appropriate / needed for specific patient.)  Include as part of nursing assessment. |  |  |  |
| **PLAN OF CARE** | | | | |
| **F-655:** Appendix PP | Baseline Plan of Care developed within 24 hours of admission |  |  |  |
| **Hospital Policy** | Multi-disciplinary Plan of Care developed within 3 days of admission  (As soon as possible after admission) |  |  |  |
| **C-1620 §483.21(b)** | Comprehensive person-centred care plan for each resident, |  |  |  |
| **C-1620 §483.21(b)** | Plan of Care: Includes in consultation with the patient and the patient’s representative(s), the patient’s goals for admission and desired outcomes. Includes the patient's preference and potential for future discharge. Facilities must document whether the patient’s desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. |  |  |  |
| **C-1620 §483.21(b)** | The comprehensive care plan includes the patient’s preference and potential for future discharge. |  |  |  |
| **C-1620 §483.21(b)** | The comprehensive care plan includes any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. |  |  |  |
| **C-1620 §483.21(b)** | Plan of Care developed by multi-disciplinary team that includes at a minimum:   1. Attending physician 2. CNA with responsibility for the patient 3. Registered Nurse with responsibility for the patient 4. Member of food and nutrition staff 5. To the extent practicable, the participation of the patient and the patient’s representative(s) *(If do not attend – signs that they are in concurrence with plan)* 6. Other appropriate staff or professionals in disciplines as determined by the patient's needs or as requested by the patient. *(If patient is being seen by rehab, then they should attend. If there are complex medication issues, pharmacist should attend)* |  |  |  |
| **C-1620 §483.21(b)** | Plan of Care: An explanation must be included in a patient’s medical record if the participation of the patient and their representative is determined not practicable for the development of the care plan. |  |  |  |
| **C-1620 §483.21(b)** | Plan of Care: Includes measurable objectives and timeframes to meet patient's medical, nursing, and mental and psychosocial needs identified in the comprehensive assessment |  |  |  |
| **CONTINUED STAY** | | | | |
| **Hospital Policy** | Plan of Care: Plan of Care is updated at least weekly with input from the interdisciplinary team and the patient.  (Ideally twice per week given short length of stay for most swing bed patients.) |  |  |  |
| **Hospital Policy** | Plan of Care is implemented by appropriate discipline with documentation in the EMR. |  |  |  |
| **Hospital Policy** | Dietician recommendations implemented.  (For example, if dietician recommends weekly weights – check and see if they were done; if dietician recommends snack at bedtime – check and make sure snack was offered) |  |  |  |
| **Hospital Policy**  **C-1620 §483.21(b)** | Plan of Care posted in patient room (or written copy to ensure patient is aware of plan of care).  (There must be evidence of patient’s concurrence with the plan of care.) |  |  |  |
| **Hospital Policy** | Activities provided and documented, if activities are determined to be important for the patient well-being. |  |  |  |
| **C-1620 §483.20(b)** | Reassessment after Significant Change |  |  |  |
|  | **DISCHARGE** |  |  |  |
| **C-1620 §483.21(c)(2):** | Provider Documentation: Discharge Summary that includes a recapitulation of the patient’s stay that includes, but is not limited to diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results |  |  |  |
| Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies, and Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care. **Sept 2019** | *For patients being discharged to a post-acute provider (SNF, LTC, Home Health, IRF).* Quality and Resource information for post-acute providers in the geographic area provided in writing, discussed with patient, and documented in the medical record |  |  |  |
| **CMS Pub 100-04** Medicare Claims Processing Centers for Medicare & Medicaid Services (CMS) Transmittal 2711  260.2 | Patient provided with Notice of Medicare Non-Coverage 2 days before discharge |  |  |  |
| **C-1610 §483.15(c)(5)** | Patient Notice provided within 24 hours of discharge  Patient notified of transfer or discharge and the reasons for the move. The patient notice includes:   * The reason for transfer or discharge * The effective date of transfer or discharge * The location to which the patient’s transferred or discharged * A statement of the patient's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request * The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman * For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities |  |  |  |
| **C-1610** **§483.15(c)(3):** | Copy of the patient notice of transfer or discharge sent to the State Ombudsman |  |  |  |
| **C-1620 §483.21(c)(2):** | Reconciliation of all pre-discharge medications with the patient's post-discharge medications (both prescribed and over the counter). |  |  |  |
| **C-1620 §483.21(c)(2):** | A post-discharge plan of care that is developed with the participation of the patient and, with the patient’s consent, the patient representative(s), which will assist the patient to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the patient's follow up care and any post-discharge medical and non-medical services. |  |  |  |
| **C-1620 §483.21(c)(2):** | Final summary of patient goals. |  |  |  |
| **C-1610 §483.15(c)(2)** | Additional information provided to next *post-acute care provider*   1. Contact information of the practitioner responsible for the care of the patient 2. Patient representative information including contact information 3. Advance Directives 4. All special instructions or precautions for ongoing care, as appropriate 5. Comprehensive Care Plan Goals 6. Discharge Summary |  |  |  |