

2023

# Swing Bed Quality Certification



# Meet the Presenters



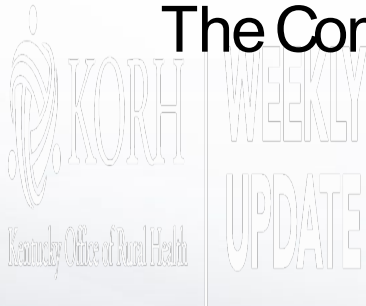
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# Overview

# Today's Objectives

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- Overview
- Why Swing Bed Quality Certification?
- TCT Quality Standards Review
- Operational and Financial Benefits

# The Big Picture

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- With uncertainty around several significant provisions, such as payment, insurance, and delivery-system reforms, the healthcare industry must address future market changes
- Swing-bed services provide an important care resource for rural patients and a volume growth opportunity for the hospital
  - However, concerns continue to be raised about the cost of swing-bed care
- An effective Swing Bed Strategy and process will have a significant impact on the number of patients in your Swing Bed program
  - Swing-beds have not been included in national efforts to address comparability of post-acute quality measures (e.g. IMPACT Act and NQF)

# Background

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- Swing-bed programs in rural Prospective Payment System hospitals and Skilled Nursing Facilities must submit Minimum Data Set patient data to CMS.
  - CAHs are exempt
- CAHs are not uniformly demonstrating the quality of care provided to their swing-bed patients.
  - In fact, broad differences exist in the quality of services received at one CAH when compared to another
- Inability to demonstrate swing bed quality potentially limits CAHs' ability to participate in alternative payment models.

# Swing Bed Value

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$$\text{VALUE} = \frac{\text{COST}}{\text{QUALITY}}$$

# Risk Adjusted Metrics

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**COST**  

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**QUALITY**



## Discharge disposition

- To home
- Transferred to a NH/LTC facility
- Transferred to a higher level of care

## 30-day follow-up status

- Readmitted to CAH
- Readmitted to other hospital
- ED visit at CAH
- ED visit at other hospital

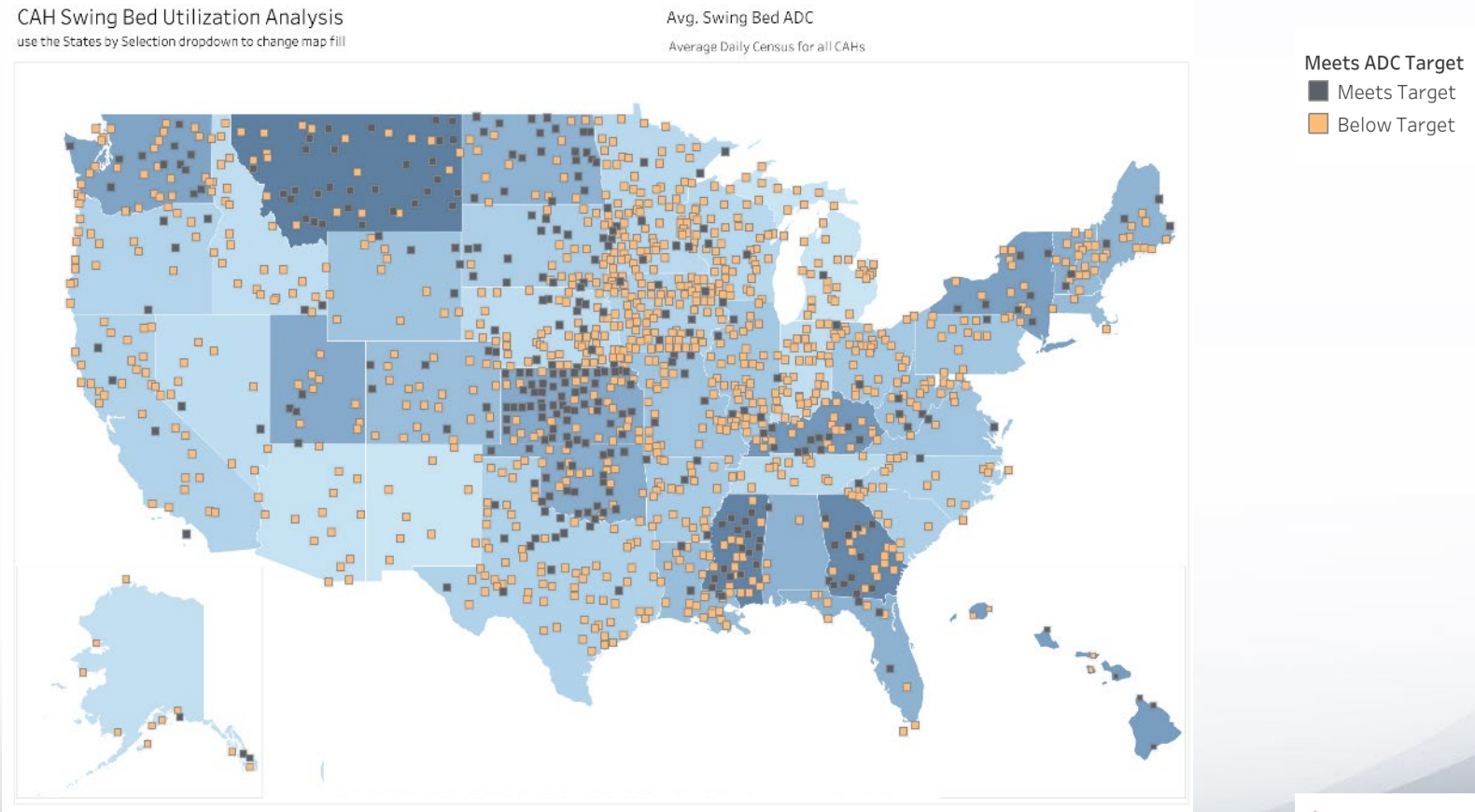
## Functional status

- Change in self-care score between swing-bed admission and discharge
- Change in mobility score between swing-bed admission and discharge



# Swing Bed Utilization

- Best practice CAHs achieve a swing-bed ADC at a minimum of 4.0 per 10,000 people in service area



# Quality Certification

# Why? Improved Outcomes!

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- 3rd party validation of your quality
- Differentiate yourself from other Post-Acute Care Providers
- Provide transparency about your program
- Make your Swing Bed program stronger
- Demonstrate that bigger is not always better
- Quantify and Qualify the value of your swing bed program
- Set yourself up for success

# TCT Swing Bed Quality Certification

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## Transparency Standards

- Medical Oversight
- Patient/Family Rights
- Staffing Types and amounts

## Care and Services Standards

- Patient/Family Expectations Met
- Patient/Family Engagement and Education
- Cleanliness/Environment
- Team Approach and Coordination
- Medication Management
- Infection Prevention
- Quality of Life
- Transitional Management
- Rehabilitative Services

## Safety and Security

- Fall Prevention
- Security of both surrounding and belongings

# Validating Quality of Swing Bed Program

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## Quality Validation

- Every patient is notified of patient and family rights and responsibilities
- Ensure that the healthcare staff is sufficient to provide all essential services
- Staffing numbers are made available to families upon request
- Provide access to behavioral health care services as needed, to ensure each patient attains the highest level of function possible
- The Swing Bed staff will listen and resolve complaints
- Meets patient and family expectations

# Validating Quality of Swing Bed Program

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## Patient and Family Education

- Provide Patient Education and Self-Management tools to patients and their family/caregivers
  - Education including written material, audio-visual resources, and referral to individual counseling or group classes
  - Self-management tools including medication management plans, goal-oriented action plans, web-based interactive health programs

## Physical Plant

- The premises of the Swing Bed facility are clean and orderly
  - Lighting is suitable for care, treatment, and services
  - Areas used by patients are clean and free of offensive odors
  - The temperature in the facility is comfortable for the patients
  - The facility is free of clutter and other hazards

# Validating Quality of Swing Bed Program

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## Team Based Care

- The Swing Bed Quality Program uses a team-based approach for the services, care and treatment it provides
  - Evidence of care coordination with the treatment team (i.e., team meeting notes, comprehensive assessment/team huddles)
  - A process to ensure all team members are aware of each patient's individual needs, concerns, and specialized care
  - Employ a unified treatment approach (i.e., plan of care) to focus on what matters most to the patient

# Validating Quality of Swing Bed Program

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## Medications

- Medication Management is sufficient to meet the needs of the patient
- A process to safely dispense medications to the patients that includes, but is not limited to:
  - Educating the patient and/or caregiver on medication prescribed, the purpose of the medication, and methods of obtaining and taking each medication
  - If patient is discharged home, a follow-up phone call is made to ensure the patient understands any medication(s) prescribed
  - Provides clear written medication instructions using health literacy concepts to ensure patient understanding (i.e., easy to understand text and/or pictures are used when appropriate)
  - Special attention to medications at transfer points



# Validating Quality of Swing Bed Program

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## Infection Prevention

- Infection control techniques that relate to the type of patient served, service provided and staff risk for exposure, and to protect the patient and staff from the spread of infection:
  - Hand washing before and after each patient contact or use of alcohol-based gel
  - Utilization of gloves while handling or cleaning dirty equipment or touching the patient Utilization of Standard Precautions when at risk for exposure to blood-borne pathogens
  - Proper disposal of gloves
  - All staff has documented training on proper use of PPE and infection control prevention
- The infection prevention polices of the facility, including but not limited to the use of PPE, will be followed by family, visitors, and vendors

# Validating Quality of Swing Bed Program

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## Quality of Life: Quality of life is enhanced in the CAH Swing Bed Quality Program

- The facility provides specialized rehabilitative services (physical therapy, occupational therapy, and/or speech language pathology) either directly or thru contract to meet patient needs.
  - The facility provides an ongoing program of activities designed to meet the interests, physical, mental, and psychological well-being of each resident
  - The facility posts or provides patients with an activity calendar that is available
  - The facility ensures activities are offered at hours that meets the need of patients.
  - The facility ensures all activities offered occur as planned
  - The facility helps patients to participate in social and recreational activities according to their abilities and interests

# Validating Quality of Swing Bed Program

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## Quality Validation

- Continuity of medical oversight through transition of care provided at multiple health care settings
- A process to coordinate the patient's care, treatment and services based on the patient's needs
  - **Note:** Coordination involves resolving conflicts and duplication of care, treatment, and services
- Rehabilitative Services (i.e., PT,OT, and/or Speech-Language Pathology), if applicable, are provided by qualified individuals under an established plan of care
- Conducts a fall-risk assessment on all patients
- Develops and implements a system that prevents mistreatment, neglect or abuse of patients and misappropriation of resident's property.

# Validating Quality of Swing Bed Program

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## Transitions

- The patient and/or caregivers are involved in all transition of care.
- Provide a safe and seamless transition thru multiple health care settings, the facility ensures the following:
  - A process to support a reconciled medication list at each transition point.
  - A process that ensures the timely transfer of essential transitions of patient care information (e.g., diagnosis, co-morbidities, chronic condition, medications, labs and other tests, cognitive or functional impairments, behavioral health issues) to key stakeholders, including the care giver and care manager in the next setting.
  - Before the patient is discharged or transferred, the facility informs and educates the patient and patient's family about follow-up care, treatment, and services.

# Validating Quality of Swing Bed Program

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## Patient Satisfaction

- Develop a process, with clear goals to measure patient/family satisfaction, that includes interviews, one on one conversations with patients and family about their care and treatment provided
- Each patient receives a patient satisfaction survey
- The results of the patient satisfaction surveys are collected, evaluated, and presented at QI/staff meetings

**How do you improve when you are already providing quality care? Ask your patients!**

# Validating Quality of Swing Bed Program

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## Commitment to Quality

- Stroudwater Project/Analytics
  - \*Provides quantitative data on outcomes\*

## Commitment to Compliance

- The Swing bed Certification Program
  - \*Ensures and validates that CAH's are meeting all required policies and procedures and implementing best practice for transitional care\*

# Validation

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## In the end we are validating the following and then some:

- A comprehensive patient assessment
- A Comprehensive care plan
- A Discharge summary
- Medication management at all transition points
- A patient activity plan
- Safety and security for the patients
- Team based care.

# Where to Begin?

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## Remember this is a team project, but you need a provider champion.

- Look at workflow.
- Educate all providers and staff on quality performance measures.
- Use Huddles to scrub the schedule for issues, delegate what you can.
- Involve your pharmacists, Remember 50% of all prescriptions will either not be used at all or used improperly. One study shows that people who received MTM services from a pharmacist were three times more likely to remain out of the hospital after 60 days.
- Start asking your patients today.



# **Financial & Operational**

# Swing Bed Economics

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Deliver additional inpatient (IP) rehabilitation services to the community

Provide increased reimbursement while assisting in length-of-stay management

Help to dilute fixed and step-fixed costs in the nursing unit

Financial benefit occurs by increasing the proportion of IP costs that are reimbursed on a cost basis

- Reduces overall unit costs by diluting fixed costs related to IP services

# Fixed versus Variable Costs

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## Fixed costs are those which exist irrespective of volume

- Unit staffing, medical direction, medical equipment, par levels of supplies

## Variable costs are those which would be incurred with each additional IP day

- Incremental medical supplies, pharmaceuticals, food for patient meals

## In comparison to fixed costs, variable costs represent only a fraction of IP costs

- As volume grows, fixed costs are diluted faster than variable costs grow

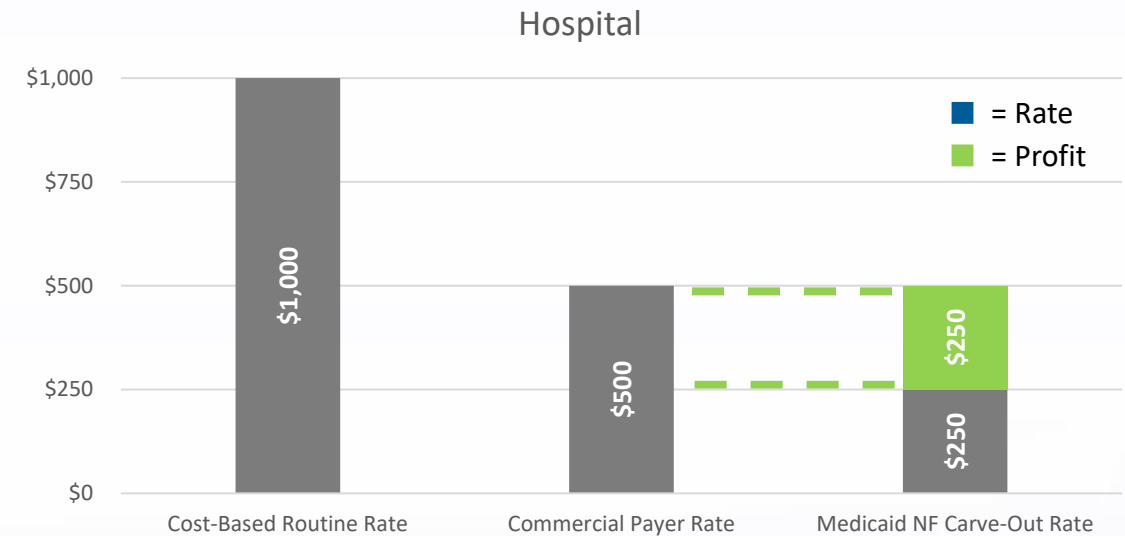


# Leveraging the Swing Bed Program

**Cost-based reimbursement will only ever allow a hospital to break even**

## The opportunity: Non-Medicare or Medicare Advantage (Swing Bed NF) patient days

- Common misconception: If contracted reimbursement rate is less than cost-based rate, negative financial impact
  - Medicaid NF carve-out rate
    - Carved out of routine costs at statewide
    - Do not negatively impact cost-based rates
- If contracted reimbursement rates exceed statewide NF carve-out rate, the hospital makes profit



# Swing Bed Economics

Deliver additional inpatient (IP) rehabilitation services to the community

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Help to dilute fixed and step-fixed costs in the nursing unit

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## Base Case

	ADC	Total Days	Cost-Based Mix	Cost-Based Days	Non-Cost-Based Days	Payment Per Day	Non-Cost-Based Payment
Acute (includes ICU)	5.9	2,154	83%	1,787	366	\$ 1,750	\$ 640,666
Observation	2.7	986	27%	266	719	1,250	899,269
Swing Bed - SNF	3.2	1,168	96%	1,121	47	1,250	58,400
Swing Bed - NF	0.1	37	0%	-	37	250	9,125
Total Days	11.9	4,344		3,175	1,169		\$ 1,607,460
Total Acute, SB SNF, Obs		4,307	73%				
Inpatient Fixed Costs		\$6,765,480					
Inpatient Variable Costs		1,096,825 <sup>1</sup>					
Swing Bed - NF Carve Out		(6,908)					
Total Inpatient Costs		\$7,862,305					
Inpatient Costs Per Day				\$ 1,825.47			
Cost-Based Payment				\$5,795,451			\$ 5,795,451
Total Payment							\$ 7,402,911
Inpatient Costs Per Day							7,862,305
<b>Net Margin</b>							<b>\$ (459,393)</b>

## Swing Bed ADC Increase of 2.0

	ADC	Total Days	Cost-Based Mix	Cost-Based Days	Non-Cost-Based Days	Payment Per Day	Non-Cost-Based Payment
Acute (includes ICU)	5.9	2,154	83%	1,787	366	\$ 1,750	\$ 640,666
Observation	2.7	986	27%	266	719	1,250	899,269
Swing Bed - SNF	5.2	1,898	96%	1,822	76	1,250	94,900
Swing Bed - NF	0.1	37	0%	-	37	250	9,125
Total Days	13.9	5,074		3,876	1,198		\$ 1,643,960
Total Acute, SB SNF, Obs		5,037	73%				
Inpatient Fixed Costs		\$6,765,480					
Inpatient Variable Costs		1,242,825 <sup>1</sup>					
Swing Bed - NF Carve Out		(6,908)					
Total Inpatient Costs		\$8,001,396					
Inpatient Costs Per Day				\$ 1,588.52			
Cost-Based Payment				\$6,156,437			\$ 6,156,437
Total Payment							\$ 7,800,397
Inpatient Costs Per Day							8,001,396
<b>Net Margin</b>							<b>\$ (201,000)</b>
						<b>Difference:</b>	<b>\$ 258,394</b>

1- Assumes \$275/day marginal Acute/Obs costs and \$200/day marginal swing bed SNF and NF costs

# Swing Bed Growth

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## Care Spectrum

- Organizations must evaluate the services provided and continue efforts to expand service delivery to increase reliance on the hospital for post-acute care services

## Active Pursuit

- With a limited number of Swing Bed patients, hospitals need to actively pursue patients to increase volumes

Best practice rural hospitals will establish relationships with larger hospitals and actively pursue Swing Bed patients whenever beds are available

- One of the primary concerns of a PPS hospital looking for Swing Bed placement is to free up the bed for a future Acute admission
- The goal of the rural hospital is to establish a relationship with the other hospital so that you are the first hospital call when they have a patient needing Swing Bed services
- Ensure patients who are transferred for Acute services elsewhere return to the hospital when needing Swing Bed services

# Admissions Process

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Hospitals that operate a swing bed program should implement a defined process to pursue Swing Bed patients and increase overall IP volumes

- The following is a best-practice admissions process for Swing Bed volume growth:



# Final Takeaways

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**Important to build a high-quality swing bed program and use it to differentiate our services from others offering post-acute care**

- Swing bed quality certification and tracking swing bed outcomes

**High quality swing bed services provide a tailwind for swing bed program growth**

- Developing a Care Spectrum and using Active Solicitation techniques

**Improves financial position of the hospital through volume growth, which drives revenue growth and dilutes fixed costs resulting in service efficiency**



# QUESTIONS?

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