

*Cody Rodeos to Cheyenne
Frontier Days
May 2023*



BURROWS

CONSULTING



Wyoming
Office of
Rural Health

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Presenter Biography



Kerry Dunning, MHA, MSH, CAH-CBS, Lean Six Sigma Black Belt

Kerry has over 35 years in the health care industry, and over 30 specifically working in post-acute. She has been a COO and CMO in national rehabilitation chains and in hospital leadership positions. Kerry has experience with start-up units/facilities, programs beginning Medicare services, ongoing management of hospital business office operations, IRF units, skilled facility operations, and in 100-day turn around programs centered on cost reduction, cost avoidance and revenue enhancement. She is the primary swing bed trainer for multiple state/healthcare associations as well as continuing SNF/SWB onsite audits, training, and regulatory/compliance reviews.

Her international work includes projects in Russia (training and starting the first nursing home services), China (teaching graduate students western post-acute services and western inpatient rehabilitation); volunteering with an orphanage clinic in Bolivia; teaching physicians outpatient surgery operations (National Health Services, England); training on Home Health (European Health Conference, Spain); presentations on Chinese Health in a Poster Session and a Free Theme Session at the 36th World Hospital Congress (Brazil); and study projects in Italy, Cuba, and Canada.



Course Intent

- Nursing requirements and Therapy requirements
- Topics Included: Staffing, Self-audits, Creative approaches to care including activities programming, therapy required documentation
- Audience: SWB leadership, Nursing director(s), Therapy department head, nurses representing different shifts (per facility choice), representative(s) from PT, OT and SLP



Learning Objectives

1. Review nurse staffing requirements and required care/documentation elements
2. Discuss therapy requirements and associated documentation, including creative approaches for SWB patients
3. Establish self-audits for documentation requirements, activities programming, and staffing



Steady Census vs. Largest Census



The Cody Stampede Rodeo will mark its 104th anniversary, and the 84th Cody Nite Rodeo is the longest running nightly rodeo (June-August)

Cheyenne Frontier Days, over 127 years old, began as a cowboy roundup and has grown into the world's largest outdoor rodeo



CHEYENNE
FRONTIER DAYS™
World's Largest Outdoor Rodeo & Western Celebration



Swing Bed Staff Planning

- ▶ Begin with knowing your program . . .
 - ▶ Rural areas have more patients with chronic diseases
 - ▶ Most often cancer, hypertension, cardiopulmonary issues
 - ▶ At the same time experiencing an outmigration of younger adults
 - ▶ Combined with staffing shortages

WHAT ARE YOUR STATISTICS? WHAT INFORMATION ARE YOU TRACKING?

Quick Look

1. Top five admitting diagnoses
2. ALOS by diagnosis
3. % of chart reviews completed
4. IDT in compliance, including physician AND patient/ patient representative in attendance
5. Coding and Billing in IDT or team meetings routinely
6. Billing: % of claims paid timely OR if not paid timely main reason for return of claim/denial



Study Financial Benefits

- ▶ Swing Bed patients are post-acute, not hospital patients BUT neither are they nursing home residents
- ▶ Swing bed programs should be based on needs of the community, physician specialties, etc. NOT happen by accident
 - ▶ More SWB programs are increasing clinically complex admissions
 - ▶ LOS for post-orthopedic patients is also a factor

**WHAT FINANCIAL GOALS HAVE BEEN SET?
ARE THEY BASED ON CENSUS? AVAILABLE
STAFFING? SPECIALISTS?**



STAFFING

- ▶ Need to know what shortages are in your immediate area, state, etc.
- ▶ CMS measures six areas for nursing home standards:
 - ▶ Adjusted total nursing hours per resident day
 - ▶ Adjusted RN nursing hours per resident day
 - ▶ Adjusted total nursing hours per resident on the weekend
 - ▶ Total nursing turnover
 - ▶ Administrator turnover
- ▶ Staffing for SWB has a different HPPD (hours per patient day) ratio -depends on primary diagnoses admitted
- ▶ OIG has not declared a “minimum” but does want “sufficient staffing”



Consider this . . .

1. What is a best practice for staffing a CAH SWB in Wyoming?
2. When was the last time for training on
 - a. SWBs
 - b. Therapy in SWBs
 - c. Physician requirements
3. Are there staffing shortages?
 - a. In SNF/SWB
 - b. In Home Health
 - c. In other services



To Be Skilled . . .

- ▶ To be “skilled”, the complexity of the services prescribed for the resident can only be performed safely under the general supervision of skilled-nursing or skilled-rehabilitation personnel
- ▶ Skilled-care coverage may be necessary to improve the resident's current condition, to maintain the resident's current condition, or slow further decline of the resident's condition
- ▶ Nursing documentation must maintain a standard to meet the skilled level of determination
- ▶ The medical record should provide a clear picture, to anyone reviewing the claim, of how the resident is accomplishing the goals



Underpinning Skilled Services

- ▶ Medicare determined there needs to be an “inherent complexity: for skilled services that **MUST BE DOCUMENTED**
- ▶ The question a swing bed program must determine is could that service be delivered with the same outcome in a home health or outpatient therapy setting instead of an inpatient (which SNF/SWB is) setting and cost
- ▶ In the judgment of the therapists (Physical Therapy, Occupational Therapy, Speech Pathology), there is an expectation that the patient has potential to benefit from skilled services



Nursing Documentation

- ▶ PPS nursing homes and swing bed programs must complete and submit a MDS
 - ▶ CAHs are required to complete a resident assessment and a comprehensive care plan so . . . **how do you know what needs to be on the assessment and/or in the care plan?**
- ▶ Basics for all SWB programs
 - ▶ Must be discharge orders from acute care services, appropriate progress notes, discharge summary, and subsequent admission orders to skilled-care or swing bed
- ▶ If staying in the same facility - must be separated documentation with admission orders, progress notes, any assessments or evaluations needed, and documentation



Nursing Documentation: Noridian

- ▶ Signed and dated physician certification (and recertification, if applicable) for skilled level of care
- ▶ Records of patient's condition before, during, and after this billing period to support medical necessity and reason the service was provided
 - ▶ Hospital discharge summary and transfer form
 - ▶ Emergency room record
 - ▶ Hospital history and physical
 - ▶ Nurses and nurse aide notes
 - ▶ Physician progress notes
 - ▶ Operative reports
 - ▶ Treatment records
 - ▶ Care plan
 - ▶ Consultation reports
 - ▶ Medication administration record (MAR)



Nursing Documentation - Noridian

- ▶ Records supporting skilled level of care
 - ▶ History and physical exam pertinent to patient's care, including response of changes in behavior to previously administered skilled services
 - ▶ Skilled services provided
 - ▶ Patient's response to the skilled services provided during current visit
 - ▶ Plan for future care based on rationale of prior results
 - ▶ Complexity of service to be performed



PT, OT, ST Documentation/RT Records

- ▶ Initial evaluation
- ▶ Plan of care
- ▶ Progress reports
- ▶ Treatment encounter notes
- ▶ Discharge summary
- ▶ Therapy minute logs



Therapy Requirements

- ▶ Therapy services cannot proceed without a written order of a physician as well as the promise that services will be provided by qualified personnel
- ▶ Specific Therapy orders are to include necessity, duration, and frequency for all patients receiving therapy
- ▶ Guidance can be found in the Medicare Benefits Policy Manual 30.2.2 (Specificity of Orders)



Therapy Documentation

- ▶ Services must be directly and specifically related to an active written treatment plan that is based upon an initial evaluation performed by a qualified physical therapist, after admission to the SNF/SWB and prior to the start of physical therapy services in the SNF, that is approved by the physician after any needed consultation with the qualified physical therapist.
- ▶ The SNF standard has become one in which physicians sign the therapist POC, in case a physician did not do an adequate job developing the plan of care in his/her documentation



Therapy Documentation

- ▶ Novitas, a Medicare Administrative Contractor (MAC) defines the care of a patient **to begin** when a physician certifies the plan of care AND there is evidence of physician involvement through a signed and dated order, and there are conference notes/team meeting notes.



Therapy Home Visits

- ▶ With rehospitalization penalties and falls being a primary culprit in the penalties, home visits seem to be regaining traction
- ▶ With the changes to PDPM, the increasing importance of scoring functional gain, and the need for realism in what a patient faces when they go home alone or to an elderly spouse, home visits are becoming part of the services provided by a skilled nursing facility/swing bed therapy program
- ▶ There should be clear medical necessity for the home visit
 - ▶ Not all patients require or even need a home visit to be included in their care plan
 - ▶ The visit usually entails an hour in the home (plus transport time) with a therapist



Therapy Documentation

- ▶ The plan of care and ensuing treatment must meet medical necessity standards
- ▶ Factors included in substantiation of medical necessity include:
 - ▶ Patient diagnoses, complicating factors, age
 - ▶ Severity, time since onset/acuity, self-effacing/motivation
 - ▶ Cognitive ability, prognosis, and/or
 - ▶ Medical, psychological, and social stability. It should be added that the diagnosis of dementia does not automatically disqualify a beneficiary from receiving skilled therapy



Activities - Grazing or Stampeding?

► Ideas/Resources

- 1.
- 2.
- 3.
- 4.
- 5.



Self Audits

- ▶ SWB Self Audit attached
- ▶ CAH SWB Self Audit (detailed) attached
- ▶ Activities Assessment attached
- ▶ Activities Log attached



Stampede: What do you need to fix?

1.

2.

3.

4.

5.



Roundup: What are you missing?

1.

2.

3.

4.

5.



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Resources

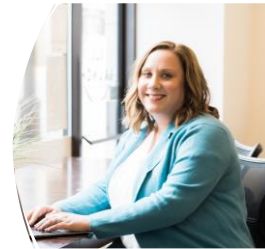
- ▶ CMS Pub 100-01, Chapter 4, Section 40-40.6
- ▶ <https://med.noridianmedicare.com/web/jea/topics/documentation-requirements/skilled-nursing-facility-snf>
- ▶ Medicare Benefit Policy Manual, Chapter 8, §30 - Skilled Nursing Facility Level of Care - General. (Accessed April 1, 2019)
- ▶ Medicare Benefit Manual 30.4.1.1 - General (Rev.73, Issued: 06-29-07, Effective: 07-30-99, Implementation: 10-01-07)
- ▶ Plan of Care Requirements Bulletin (October 4, 2012)
- ▶ SOM and 483.45



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Next Webinar

Thursday, June 22nd 3:00 pm ET/1:00 pm MST

Medicine Bow and Thunder Basin

Physician requirements and Pharmacy documentation

Topics included: Physician documentation, SWB visits, Pharmacy documentation and audits, Discharge planning and IDT participation.

Audience: SWB leadership, Medical Director and/or Primary Physician providers; Pharmacy leadership; Compliance



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