**SWING BED SELF AUDIT (SHORT)**

|  |  |  |  |
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| **SHORT LIST (routinely scheduled)** | | | |
| **REVIEW** | **FINDINGS** | | **COMMENTS** |
| **YES** | **NO** |
| MSP completed for SWB admission |  |  |  |
| H&P signed and dated |  |  |  |
| Physician cert/recert completed |  |  |  |
| Interim care plan in place within 48 hours |  |  |  |
| Documentation review x 2 “departments” |  |  |  |
| IDT scheduled at least once every 7 days |  |  |  |
| IDT meeting/notes |  |  |  |
| IDT attended by patient/ patient representative |  |  |  |
| IDT provider involvement |  |  |  |
| MDS audit (PPS) |  |  |  |
| Discharge planning/ Ombudsman |  |  |  |
| Activity Assessment |  |  |  |
| Patient Rights |  |  |  |
| ADLs/Functional Gain |  |  |  |
| Liability Notices |  |  |  |
| Review before “closed” chart status |  |  |  |
| **QUARTERLY (MORE IF NEEDED)** | | | |
| **REVIEW** | **FINDINGS** | | **COMMENTS** |
| **YES** | **NO** |
| Swing Bed Policies are up to date |  |  |  |
| Review QAPI plan |  |  |  |
| TIC training for staff |  |  |  |
| TIC for patients documented |  |  |  |
| Review emergency preparedness plan, risk assessments, and supporting documentation. |  |  |  |
| Quality Measures reviewed |  |  |  |
| Chart Review(s) scheduled |  |  |  |
| Menus (30 days) ready for survey |  |  |  |
| Kitchen “audit” |  |  |  |
| List of key personnel, location, and phone updated |  |  |  |
| Staff competencies |  |  |  |
| Review isolation patient charts |  |  |  |
| Drill documentation |  |  |  |
| Transfer agreement review |  |  |  |
| Use of PPE |  |  |  |
| PASRR review |  |  |  |
| Physician Orders audit |  |  |  |
| Med review (DRR, psych meds) |  |  |  |
| Med Room/Cart audit |  |  |  |
| Environmental rounds |  |  |  |
| Infection Control |  |  |  |
| Coding Review |  |  |  |
| Claims Review |  |  |  |
| After Discharge Calls |  |  |  |