Devils Tower: Building a Swing Bed Program

July 2023

BURROWS CONSULTING

Wyoming Office of Rural Health

Today's webinar is funded by the FLEX Grant through the Wyoming Office of Rural Health

Wyoming
Office of
Rural Health

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

- Setting clinical and financial goals
- Topics included: Program review (including data such as top ICD-10 admissions, financial components), Individualization of a SWB program, promotion and community awareness, required elements for success, Partnerships
- Audience: SWB leadership, Billing and Coding representatives, Planning and financial representatives, Marketing

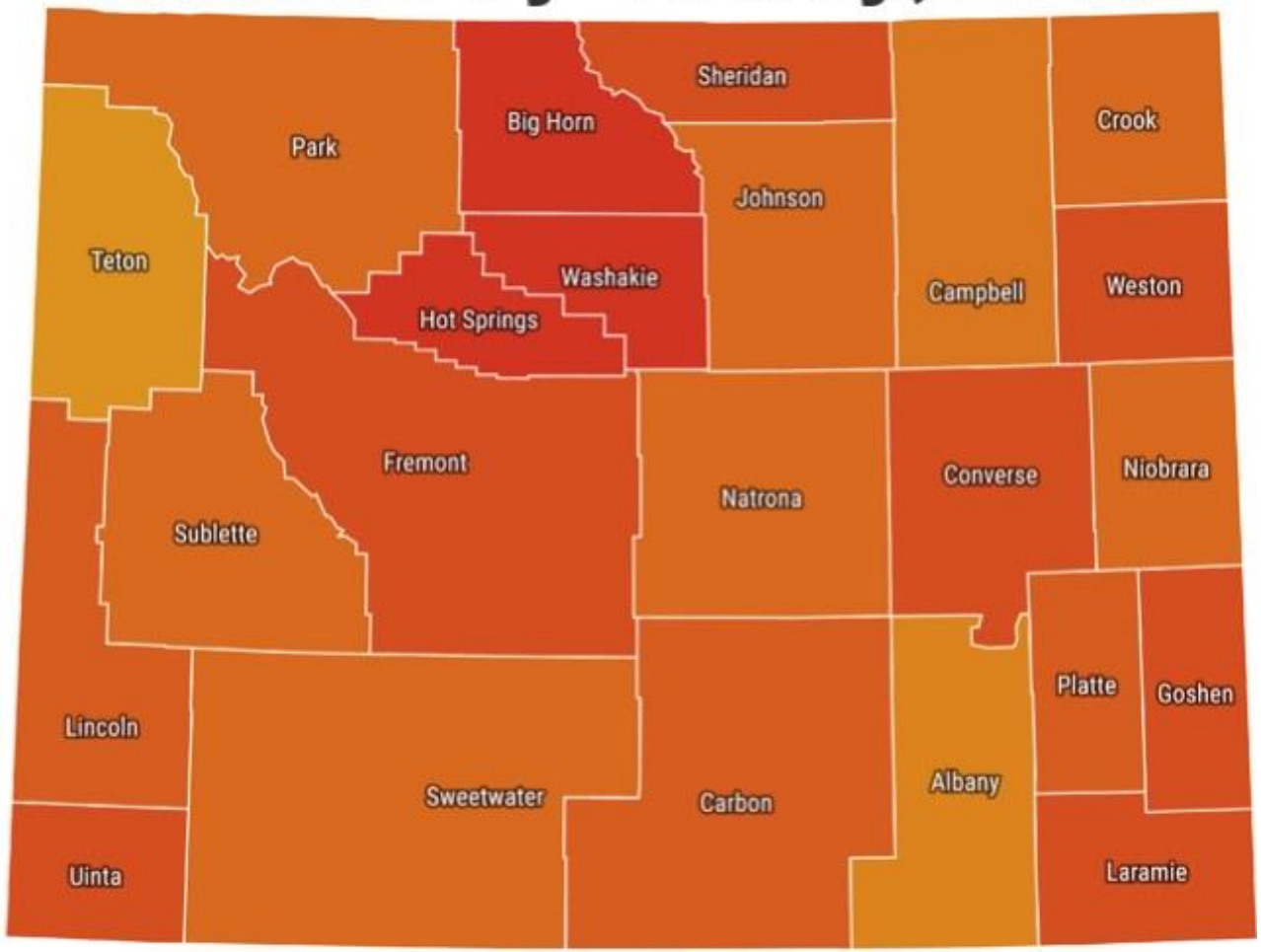
Devils Tower: Defining Attributes

- So the story goes that a geologist and a mapmaker had trouble translating the Indigenous American name for the amazing formation. . . One of them wrote that it was called “bad god’s tower” while the other swore it was “bears lodge”
- Now deciding it was “devil”, the US Board on Geographic Names (BGN) is tasked with naming places and since 1890 the policy was not to make a name possessive, hence no apostrophes
- Once the name has been determined, the National Park Service does not have the authority to change it so petitions to change it to Bear Lodge go unheeded.
- So naming, explaining, publicizing need to be deliberate and creative – it’s hard to change opinion

Benchmarks - Clinical

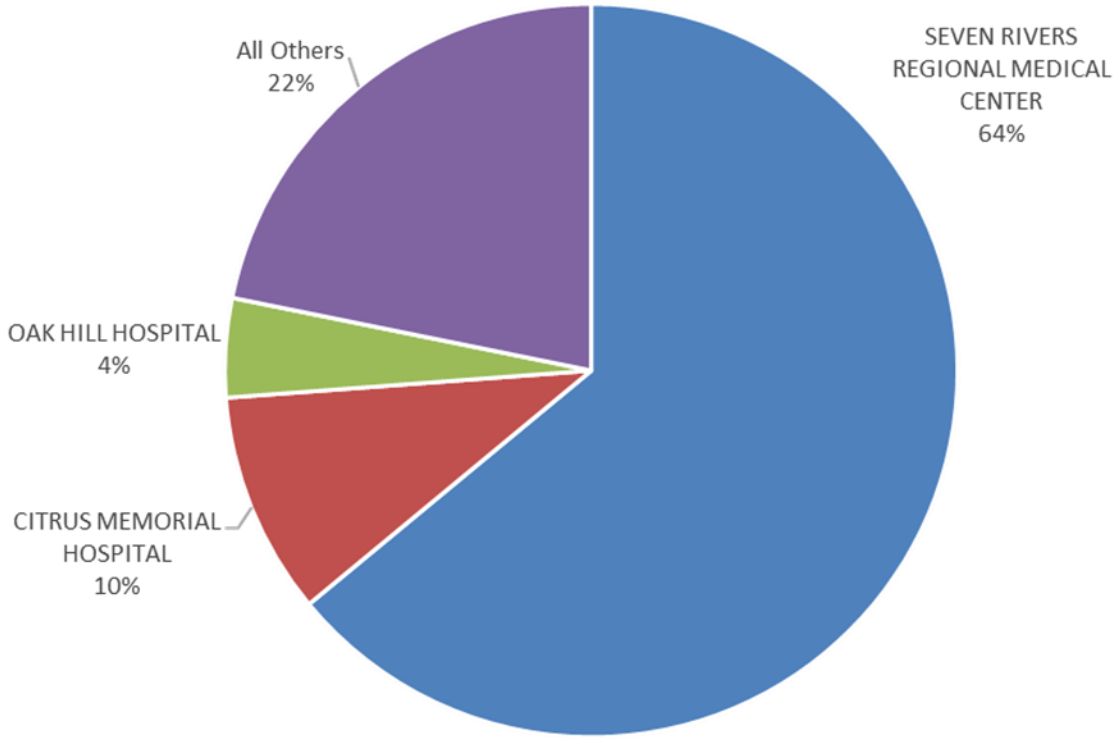
- No formal tracking – yet – but common sense
- Use the MDS 1.18.11 version 4 against the Swing Bed PPS item set (SP)
- What are your program strengths – track that data?
- What are clinical standards to maintain?

Diabetes by County, 2018



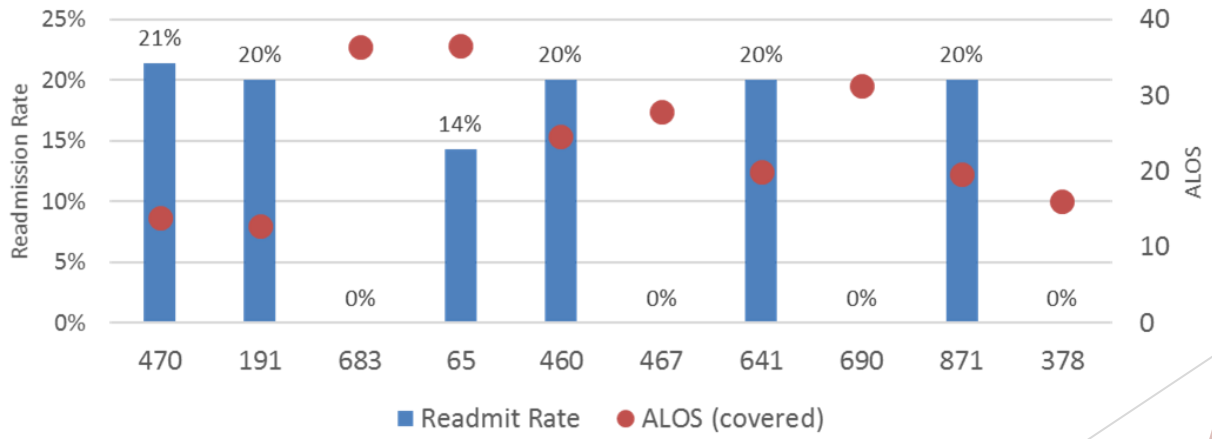
Wyoming Prevalence Rate:	9.0%
U.S. Prevalence Rate:	10.5%

Data –
Who Knows You vs. Outcomes

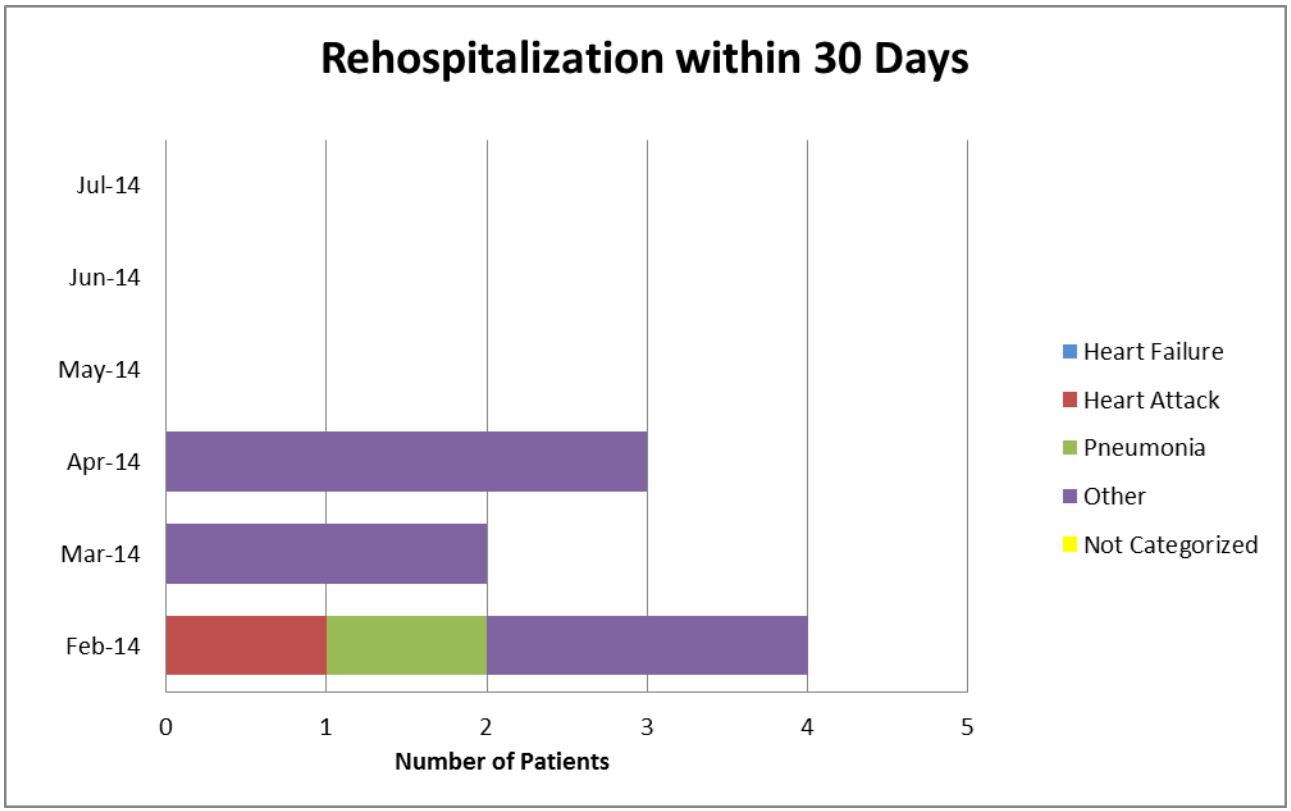


Admissions and Readmissions

Top DRGs	Description	Qual Admits	Readmit Rate	ALOS (covered)	Average Per Diem
470	Major joint replacement or reattachment of lower extremity w	14	21.4%	13.9	$ 463
191	Chronic obstructive pulmonary disease w CC	n	20.0%	12.8	$ 409
683	Renal failure w CC	n	0.0%	36.4	$ 476
65	Intracranial hemorrhage or cerebral infarction w CC	n	14.3%	36.6	$ 514
460	Spinal fusion except cervical w/o MCC	n	20.0%	24.6	$ 467
467	Revision of hip or knee replacement w CC	n	0.0%	27.8	$ 539
641	Misc disorders of nutrition,metabolism,fluids/electrolytes w	n	20.0%	20.0	$ 461
690	Kidney & urinary tract infections w/o MCC	n	0.0%	31.2	$ 470
871	Septicemia or severe sepsis w/o MV 96+ hours w MCC	n	20.0%	19.6	$ 463
378	G.I. hemorrhage w CC	n	0.0%	16.0	$ 477
All Others		160	20.6%	26.3	$ 466
Grand Total		228	18.4%	25.4	$ 468



Graph and Review



Medicare Intent

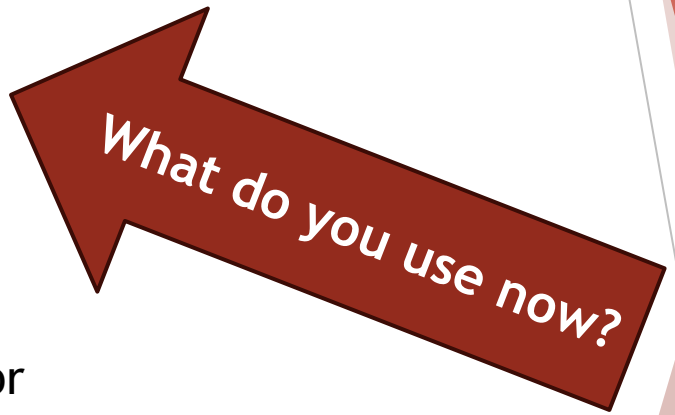
- Baseline care plan within 48 hours of patient admission – must include physician orders and patient goals
- Patient and/or patient representative must be involved in this process, and he/she must sign off on the goals being patient directed prior to discharge from the swing bed
- Starting point for compliance is that every patient will have care that is person-centered
- **When a resident is discharged or transferred, the facility must now notify the state ombudsman's office providing information on facility initiated or patient choice**
- Interest in Facility Assessment has heightened with natural disasters
- More emphasis on overall systems and how they interact

Use MDS Tracking Items

A1005. Ethnicity
Are you of Hispanic, Latino/a, or Spanish origin?

Check all that apply

A. No, not of Hispanic, Latino/a, or Spanish origin
B. Yes, Mexican, Mexican American, Chicano/a
C. Yes, Puerto Rican
D. Yes, Cuban
E. Yes, another Hispanic, Latino/a, or Spanish origin



A. White

B. Black or African American

C. American Indian or Alaska Native

D. Asian Indian

E. Chinese

F. Filipino

G. Japanese

H. Korean

I. Vietnamese

J. Other Asian

K. Native Hawaiian

L. Guamanian or Chamorro

M. Samoan

N. Other Pacific Islander

X. Resident unable to respond

Y. Resident declines to respond

Probably not this . . .

Include MDS language in documentation

Section GG Language –

Coding:

Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by themself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:
07. Resident refused
09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
88. Not attempted due to medical condition or safety concerns

Section I

I0020. Indicate the resident's primary medical condition category
01. Stroke
02. Non-Traumatic Brain Dysfunction
03. Traumatic Brain Dysfunction
04. Non-Traumatic Spinal Cord Dysfunction
05. Traumatic Spinal Cord Dysfunction
06. Progressive Neurological Conditions
07. Other Neurological Conditions
08. Amputation
09. Hip and Knee Replacement
10. Fractures and Other Multiple Trauma
11. Other Orthopedic Conditions
12. Debility, Cardiorespiratory Conditions
13. Medically Complex Conditions

I0020B. ICD Code

□□□□□□□□

Section J – Health Conditions

Other Health Conditions
J1100. Shortness of Breath (dyspnea)
↓ Check all that apply

A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)

B. Shortness of breath or trouble breathing when sitting at rest

C. Shortness of breath or trouble breathing when lying flat

Z. None of the above

Program Compliance - 4

- The patient **requires skilled nursing services or skilled rehabilitation services**, i.e., services that must be performed by or under the supervision of professional or technical personnel (see §§30.2 - 30.4); are ordered by a physician and the services are rendered for a condition for which the patient received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services;
- The patient requires these skilled services **on a daily basis** (see §30.6); and
- **As a practical matter**, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF. (See §30.7.)
- The services delivered are **reasonable and necessary** for the treatment of a patient's illness or injury, i.e., are consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice. The services must also be reasonable in terms of duration and quantity.

CODING BASICS

The ICD- 10 for the Primary Diagnosis is the key determinant of payment.

Primary Diagnosis refers to the reason the patient needs a Medicare A stay.

This is new and the Primary Diagnosis is likely to differ from the hospital codes.

ICD- 10 information is also needed to assign a patient to a therapy service component.

Compliance - Charting

- Documentation is essential for need of daily skilled services -- it's not that a patient has disease processes but it is that multiple staff members have documented the COMPLEXITY requiring skilled nursing/therapy involved with the patient daily
- Think about your own charts:
  - Sleeping comfortably
  - Walking 200 ft x 2

LOOK AT 24 HOURS OF A PATIENT CHART AS IF YOU ARE A SURVEYOR OR AUDITOR OR OIG OR MAC . . . .

THEN TELL YOURSELF THAT WHAT IS WRITTEN PROVES THE MEDICAL NECESSITY FOR INPATIENT CARE THAT MEDICARE WILL PAY FOR

Compliance: Med Rec and DRR

- **Medication Reconciliation** – the process of comparing the medications a patient is taking (and should be taking) with newly ordered medications in order to identify and resolve discrepancies. *(Reference: The Joint Commission, National Patient Safety Goals)*

- **Drug Regimen Review** – a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. *(Reference: Home Health Conditions of Participation §484.55c)*

Self-Audit -- Medications

Room #	Physician	Total Meds	Anti-Depressant	Type	Anti-Anxiety	Type	Anti-Psychotic	Type	Hypnotic	Type	Pain Med	Type	Opiod	Antibiotic	Type
99A	Hall	9	0		0		0		0		1				
102B	Johnson	11	1	Floxetine	0		0		0		0				
111B	Johnson	14	1	Celexa	1	Ativan Clonazepam	0		0		2	Lyrica Norco			
102A	Johnson	16	0		0		0		0		5	Celebrex	Ultram		
121B	Jones	13	0		0		0		0		0				
126P	Smith	10	2	Lexapro Trazadone	2	Ativan Clonazepam	1	Seroquel	0		2	Voltaren Mobic			
103B	Smith	16	1	Trazadone celexa	1	Xanax	0		0		0				
100B	Smith	30	1	Celexa	0		1	Risperdal	0		2		Norco Duragesic		
123A	Smith	30	1	citalopram					1	Ambien	2	Celebrex Gabapentin		1	Clarithromycin
113B	Williams	4	0		0		0		0		0	Voltaren Mobic			

PPS SWB QRP – Report Data to CMS

- Non-Critical Access Hospitals (CAHs) with swing beds are hospitals that provide Medicare Part A Skilled Nursing Facility (SNF) services to beneficiaries and must report data on certain measures of quality to Medicare through the Skilled Nursing Facility Quality Reporting Program (SNF QRP).
- This file contains a list of the swing bed units participating in the SNF QRP, as well as their results on quality measures implemented under the IMPACT Act.
- *Last updated: Jun 1, 2023/Released: Jun 28, 2023*

IF PPS HAS TO DO IT, WHEN DO CAH SWBS??

https://data.cms.gov/provider-data/dataset/6uyb-waub

SWB QRP

Provider Name	State	Measure (	Score	Footnote
MIZELL MEMORIAL HOSPITAL	AL	S_001_03_	Not Available	10
MIZELL MEMORIAL HOSPITAL	AL	S_001_03_	Not Available	10
MIZELL MEMORIAL HOSPITAL	AL	S_001_03_	Not Available	10
MIZELL MEMORIAL HOSPITAL	AL	S_013_02_	Not Available	10
MIZELL MEMORIAL HOSPITAL	AL	S_013_02_	Not Available	10
MIZELL MEMORIAL HOSPITAL	AL	S_013_02_	Not Available	10
MIZELL MEMORIAL HOSPITAL	AL	S_004_01_	5	
MIZELL MEMORIAL HOSPITAL	AL	S_004_01_	66	
MIZELL MEMORIAL HOSPITAL	AL	S_004_01_	7.58	
MIZELL MEMORIAL HOSPITAL	AL	S_004_01_	7.86	
MIZELL MEMORIAL HOSPITAL	AL	S_004_01_	5.97	
MIZELL MEMORIAL HOSPITAL	AL	S_004_01_	10.62	
MIZELL MEMORIAL HOSPITAL	AL	S_004_01_	No Different than the National Rate	
MIZELL MEMORIAL HOSPITAL	AL	S_005_02_	48	
MIZELL MEMORIAL HOSPITAL	AL	S_005_02_	61	
MIZELL MEMORIAL HOSPITAL	AL	S_005_02_	78.69	
MIZELL MEMORIAL HOSPITAL	AL	S_005_02_	71	
MIZELL MEMORIAL HOSPITAL	AL	S_005_02_	61.49	
MIZELL MEMORIAL HOSPITAL	AL	S_005_02_	79.32	
MIZELL MEMORIAL HOSPITAL	AL	S_005_02_	Better than the National Rate	
MIZELL MEMORIAL HOSPITAL	AL	S_006_01_	76	
MIZELL MEMORIAL HOSPITAL	AL	S_006_01_	0.63	
MIZELL MEMORIAL HOSPITAL	AL	S_039_01_	2	
MIZELL MEMORIAL HOSPITAL	AL	S_039_01_	47	
MIZELL MEMORIAL HOSPITAL	AL	S_039_01_	4.26	
MIZELL MEMORIAL HOSPITAL	AL	S_039_01_	7.04	
MIZELL MEMORIAL HOSPITAL	AL	S_039_01_	3.51	
MIZELL MEMORIAL HOSPITAL	AL	S_039_01_	13.51	
MIZELL MEMORIAL HOSPITAL	AL	S_039_01_	No Different than the National Rate	
CRENSHAW COMMUNITY HOS	AL	S_001_03_	Not Available	10
CRENSHAW COMMUNITY HOS	AL	S_001_03_	Not Available	10
CRENSHAW COMMUNITY HOS	AL	S_001_03_	Not Available	10
CRENSHAW COMMUNITY HOS	AL	S_013_02_	Not Available	10
CRENSHAW COMMUNITY HOS	AL	S_013_02_	Not Available	10
CRENSHAW COMMUNITY HOS	AL	S_013_02_	Not Available	10

CAH Billing Compliance

- CAH swing-bed services are not subject to the Skilled Nursing Facility (SNF) prospective payment system. Instead, CAHs are paid based on 101 percent of reasonable cost for swing-bed services.
- As is the case with CAH inpatient services, CAH swing-bed services are subject to the hospital bundling requirements at section 1862(a)(14) of the Social Security Act and in the regulations at 42 CFR § 411.15(m).

CAH Bundling Rules Example

- Example: Radiation Therapy for Swing Bed Patients
  - CMS IOM 100-04, Medicare Claims Processing Manual, Chapter 6, Section 10.2
    - *Thus, the Cancer Center should bill the services to the CAH swing bed and the CAH swing bed provider bills for those services.*
  - MM10962: Effective date April 1, 2019
    - *Therefore, because CAH swing-bed services are subject to the hospital bundling requirements, the Centers for Medicare & Medicaid Services (CMS) is clarifying that nonprofessional services provided to a CAH swing-bed patient must be included on the CAH's swing-bed bill.*

Building Census: Grocery Store Marketing

- **Employees – Six Degrees of Separation**
  - Use employees as brand ambassadors – give them the details they need
  - Try this test: go department by department and ask them to list all the services your swing bed provides. Give a prize for the employee who gets the most right or the department that guesses wrong, but it is a good idea
  - They need facts to promote swing bed – brochures, department meetings
    - Spread the word through social media, talking with family, visiting a grocery store

Building Census:
Swing Bed Staff Planning

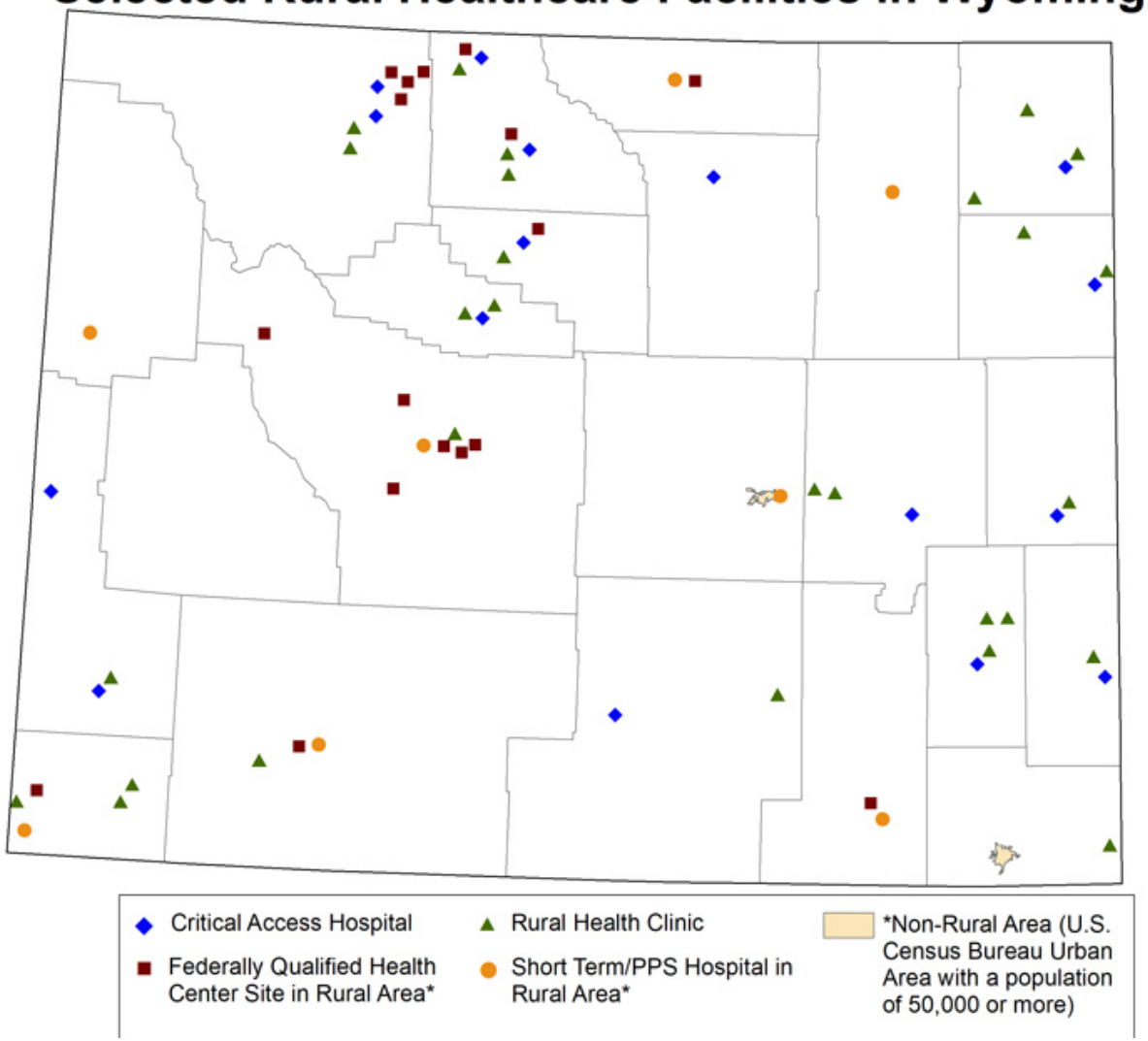
- Begin with knowing your program . . .
  - Rural areas have more patients with chronic diseases
    - Most often cancer, hypertension, cardiopulmonary issues
  - At the same time experiencing an outmigration of younger adults
    - Combined with staffing shortages

Nursing Home Compare

Laramie, WY/Cottonwood Health and Rehabilitation/ 2 star

- Health Inspections 2 star
  - 9 citations/WY average 6.1
  - Complaints leading to citations: 3
- Staffing 2 star
  - Nurse Staff Hours/resident/day 3 hours and 1 minute
  - National Average 3 hours and 44 minutes
- Quality Measures 2 star
  - % of short stay residents getting antipsychotic meds for the first time 2.2%
  - National average: 1.7%

Selected Rural Healthcare Facilities in Wyoming



RHIhub: data source HRSA, January 2023

Wyoming Public Health

- Wyoming ranks 19th in the nation in overall health and was listed as one of three states making the largest improvements in rankings from the previous year.
- Ranks above most states on physical activity but near the bottom for immunization rates, primary care physicians per capita, and occupational fatalities
- Leading cause of death: Cancer

What are your Benchmarks – internal and statewide?

Statistics for your hospital?

Top 5 ICD admissions to SWB

Need for specialists? Telehealth

https://mchb.tvisdata.hrsa.gov/Narratives/Overview/928ca6c6-9f40-4aa5-8bfa-f22dd52da28c
https://www.cdc.gov/nchs/pressroom/states/wyoming/wy.htm

Wyoming:
Social Determinants of Health

- 8.5% of Wyoming residents lack health insurance (Kaiser, 2021)
- The ERS reports, based on 2020 ACS data, that the poverty rate in rural Wyoming is 9.7%, compared with 8.3% in urban areas of the state
- The unemployment rate in rural Wyoming is 4.3%, and in urban Wyoming it is 4.9% (USDA-ERS, 2021)
- Population of 581,368 with 69.2% in nonmetro areas (402,009)

Building Census: Patient Satisfaction Measure?

- Qualitative (follow up phone calls within 2 days and once a week for a month)
- Quantitative (survey such as HCAHPS variation)
- Quality Measures to review . . .
  - Moderate to severe pain
  - Antipsychotic meds
  - Pressure Ulcers
  - Falls (with injury)
  - UTIs
  - Functional Gain (replaces ADLs)
  - Return to hospital/return to ED
  - Medicare spending per beneficiary

Have You Tried This?

- **Patient stories**
- Storytelling is a boon for branding. Healthcare, in particular, is a perfect candidate for telling uplifting success stories of patients who were saved by the care of a medical center.
- New York Presbyterian Hospital has built an entire video marketing strategy around this concept

Devils Tower: What do you need to work on?

ACTION PLAN

Room: _____ Time Period: _____

OBJECTIVES (List of Goals)	**TASKS** (what you need to do to achieve the goals)	**SUCCESS CRITERIA** (how you will identify your success)	**TIME FRAME** (by when you need to complete the tasks)	**RESOURCES** (what or who can help you complete tasks)

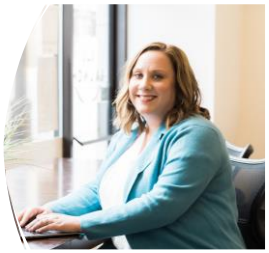
Learning Objectives

1. Establishing benchmarks specific to the hospital's swing bed program
2. Review key elements of program compliance
3. Explore creative ways to build SWB census

Resources

- CMS IOM 100-04, Medicare Claims Processing Manual, Chapter 6, Section 10.2 MM10962
- MDS 3.0 Swing Bed PPS (SP) 1.18.11, version 4, effective 10/1/2023
- Medicare Benefit Policy Manual, Chapter 8, §30 - Skilled Nursing Facility Level of Care - General
- Medicare Benefit Manual 30.4.1.1 – General (Rev.73, Issued: 06-29-07, Effective: 07-30-99, Implementation: 10-01-07)
- MedLearn – CAH Swing Beds; MM10962, November 2, 2018
- PPS Swing Bed Compliance – Program Compare https://data.cms.gov/provider-data/dataset/6uyb-waub

Contact Information for the Burrows Consulting Team:



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Next Webinar

Thursday, August 243:00 pm ET/1:00 pm MST

Hot Spring: Review and Hot Topics

Major changes for SNF/PPS SWBs and the impact on CAH SWB programs

Topics included: 2023 MDS updates; Telehealth, Long COVID

Audience: SWB leadership, Physician leadership (can include Board members or Community leaders)

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