



CRITICAL ACCESS HOSPITAL
FINANCIAL AND OPERATIONAL VIRTUAL
CONFERENCE

June 2024

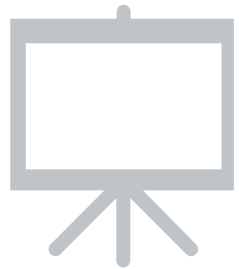
HOUSEKEEPING



Participants will be muted automatically. If you would like to ask a question or make a comment, please use the chat or Q&A feature.



All sessions will be recorded



Slides and recordings will be made available to all registrants following the webinar

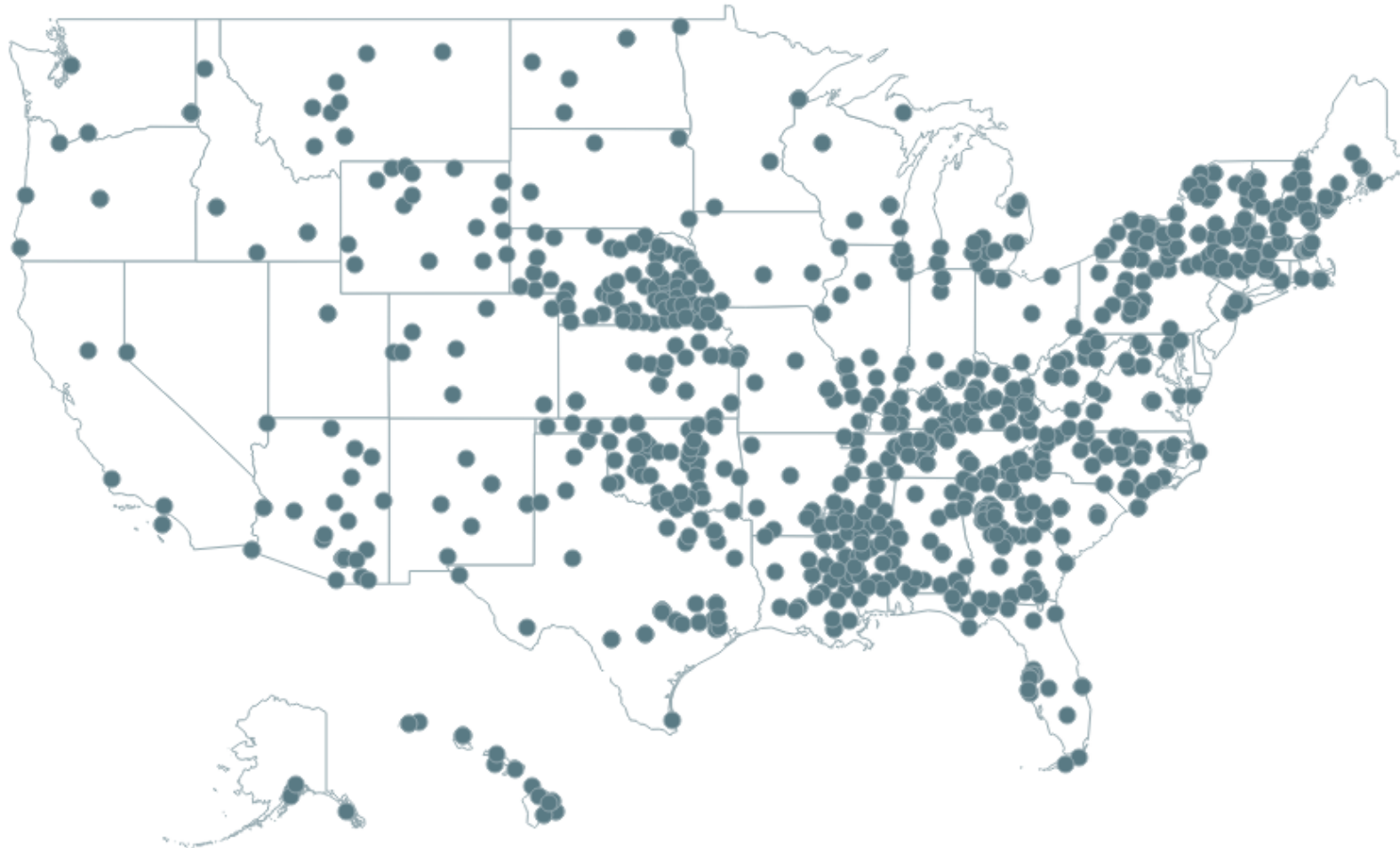


A short survey will follow each conference session. Your feedback is very important to us, and we appreciate your time in helping us improve.





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- Post-Acute Care Operations
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SWING BED QUALITY OUTCOMES: A THREE-YEAR REVIEW

**June 14, 2024
CAH Regional Conference**

OUR TIME TOGETHER



Background - How did the Swing Bed Quality Reporting Program for CAHs come about?



Results – 3-year quality outcomes

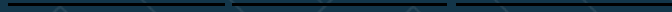


Findings from the field – CAH improvement stories



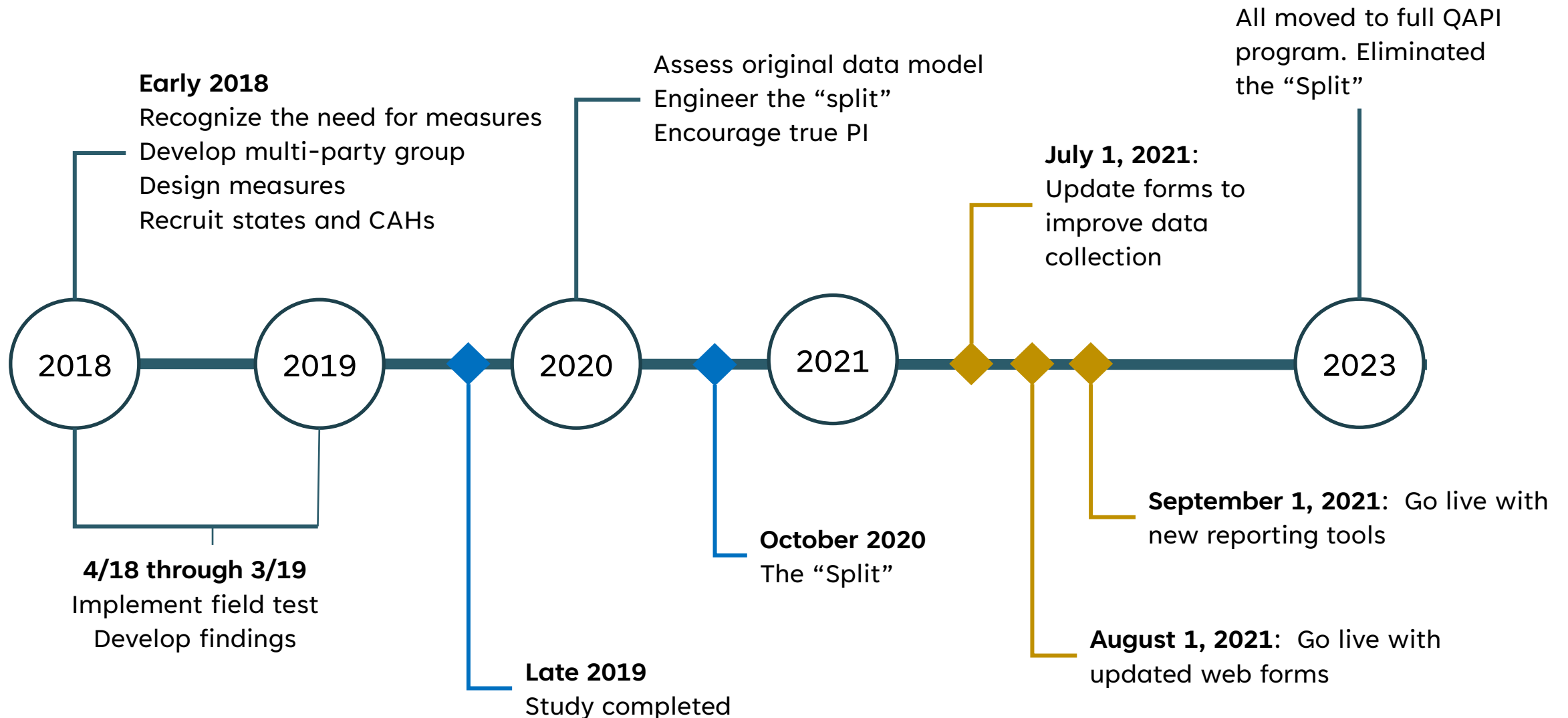
Now what? How to leverage swing bed quality data





BACKGROUND

SWING BED QUALITY REPORTING PROGRAM




CAH SWING BED NATIONAL STUDY - 2019

Conclusion: CAH swing beds have very positive outcomes for patients as evidenced by

- A 30-day risk-adjusted hospital readmission rate of 13.6% that is **significantly less** than the 30-day risk-adjusted hospital readmission rate for rural SNFs in the U.S. of 21.1%
- **Approximately 3/4** of patients returned to their prior living situation or a more independent level of care after their swing bed stay
- **Substantial average improvement** in patient functional status as measured by change in self-care and mobility scores
- You can find the complete study on our [WEBSITE](#)

POLICY BRIEF
October 2019



UNIVERSITY OF MINNESOTA
RURAL HEALTH
RESEARCH CENTER

Quality Measures for Critical Access Hospital Swing-Bed Patients

Michelle Casey, MS
Ira Moscovice, PhD
Henry Stabler, MPH

Key Findings:

Quality measures relevant for CAH swing-bed patients include:

- Two outcome measures (discharge status of swing-bed patients and 30-day follow-up status after a swing-bed stay)
- Two functional status measures (risk-adjusted change in self-care and mobility scores between admission and discharge for CAH swing-bed patients)

Background

The Medicare swing-bed program allows rural hospitals with fewer than 100 beds to use their inpatient beds either for acute care or skilled nursing facility (SNF-level swing-bed care).¹ Swing-bed services provided in rural Prospective Payment System (PPS) hospitals are paid for under the SNF PPS, while Critical Access Hospitals (CAHs) receive cost-based reimbursement for swing-bed services. Currently, approximately 90% of CAHs and 60% of rural PPS hospitals nationally provide swing-bed services.^{2,3}

PPS hospitals are required to collect patient data and provide it to the Centers for Medicare & Medicaid Services (CMS) using the swing-bed Minimum Data Set (MDS), a tool for implementing standardized assessment and facilitating care management, which is a subset of the MDS used in SNFs. However, CAHs are exempt from this requirement. The lack of nationally comparable swing-bed quality measure data for CAHs creates two problems. First, CAHs are not uniformly able to demonstrate the quality of care provided to their swing-bed patients or compare it to national benchmarks. Second, the lack of quality data for their swing-bed services limits the ability of CAHs to participate in alternative payment models involving post-acute care, since organizations need outcome data to select appropriate partners.

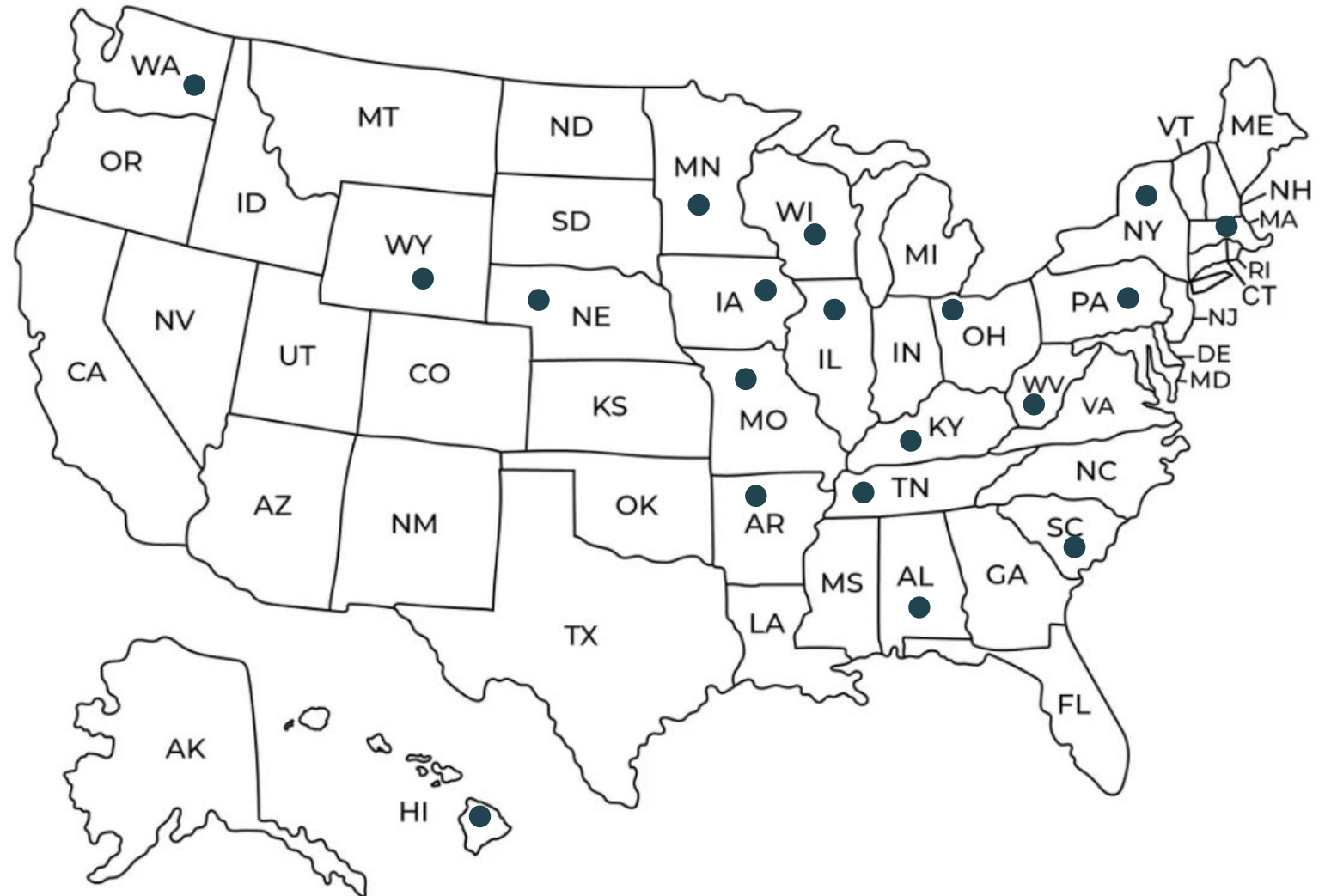
Swing-bed quality of care has received little attention since a 1990 study compared the quality of care in SNFs and swing-beds.⁴ Recent studies have focused on the cost of swing-bed care^{5,6} and on comparing swing-bed and SNF patient characteristics and diagnoses.⁷ Swing-beds also have not been included in recent national quality measurement efforts. The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT) requires post-acute providers, including Long-Term Care Hospitals (LTCHs), Skilled Nursing Facilities (SNFs), Home Health Agencies (HHAs), and Inpatient Rehabilitation Facilities (IRFs), to submit standardized and interoperable patient assessment data that will facilitate coordinated care, improved outcomes, and overall quality comparisons, but does not include CAH swing-beds. Similarly, the National Quality Forum (NQF) Measure Application Partnership project to select post-acute and long-term care quality measures focused on SNFs, HHA, hospice, IRFs, and LTCHs, but did not address swing-beds.⁸

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PARTICIPATION 2023-2024

- 19 states
- Approximately 200 CAHs

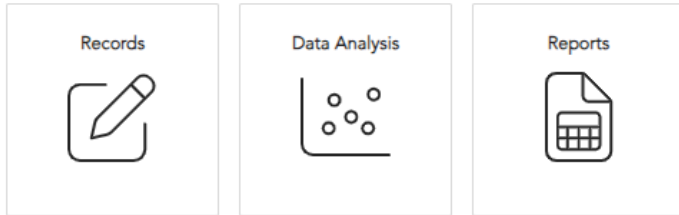


SWING BED QUALITY REPORTING PROGRAM

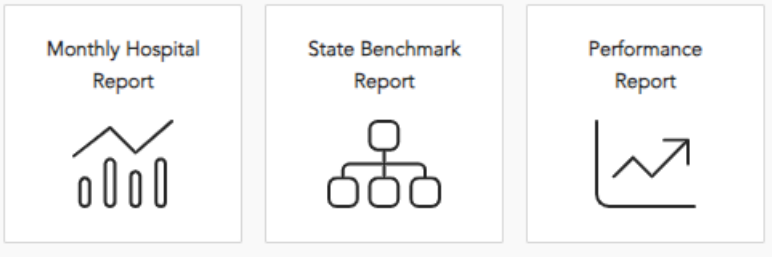
CAH Swing Bed Quality Reporting Program

The CAH Swing Bed Quality Reporting Program allows CAHs to collect, report and benchmark a set of research-based clinical process and outcomes measures for their swing bed program.

Participating hospitals will gain access to a rural relevant data infrastructure to promote enhanced, team-based clinical care and increase swing bed utilization.



Reports



Stroudwater Hospital

Our Swing Bed Program supports our motto, "Where you are a name and not a number" in that it provides a comfortable, quiet and supportive environment where individuals can recover after surgery, injury, illness or stroke. Our professional staff of physicians, nurses, social workers, rehabilitation therapists, respiratory therapists, pharmacists, and dietitians work diligently with patients and families to help meet their physical, social, and psychological needs, which may otherwise negatively impact their recovery. Hospital was recently selected as a Top 20 Critical Access Hospital-patients receive high-quality care close to home near friends, family and loved ones.

	2023IQ3	2022IQ4 - 2023IQ3
Measure 1. Return to Acute Care from Swing Bed This measure scores the percentage of the hospital's swing bed patients who were re-hospitalized after a swing bed admission. Lower score is better.	0%	9%
Measure 2. Return to Acute Care Post Discharge This measure scores the percentage of swing bed patients who were readmitted to the hospital's acute unit within 30 days from swing bed discharge date. Lower score is better.	0%	6%
Measure 3. Improvement in Mobility This measure scores the percentage of risk-adjusted swing bed patients who made at or above average improvement in mobility based on 17 measured items. Higher score is better.	75%	67%
Measure 4. Improvement in Self-Care Improvement in Self-Care - This measure scores the percentage of risk-adjusted swing bed patients who made at or above average improvement in self-care based on 7 measures. Higher score is better.	50%	49%
Measure 5. Discharge to Community This measure scores the percentage of the hospital's swing bed patients who were discharged to home/community (includes d/c to home, hospice, ID/DD and home with home health care). Higher score is better.	67%	62%

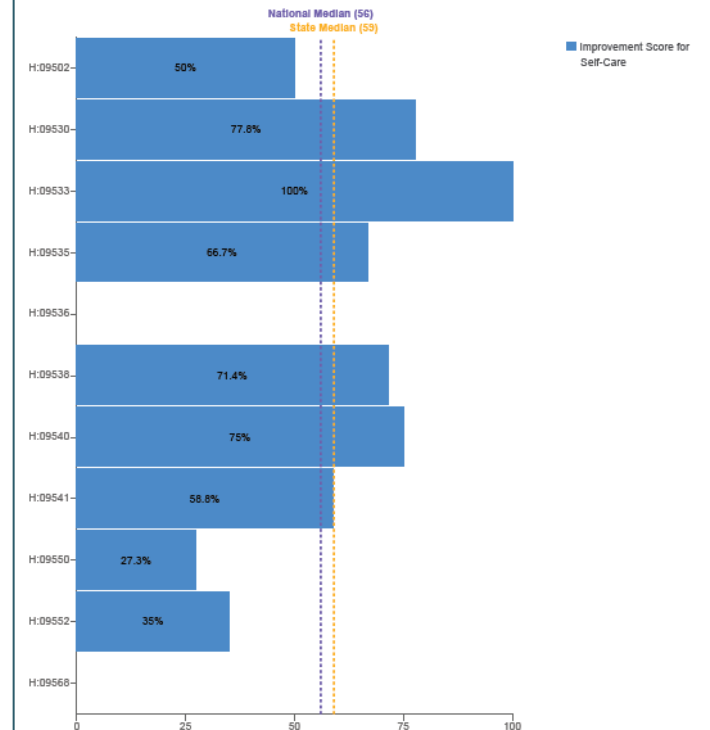
About Swing Beds

Swing beds provide a comprehensive post-acute inpatient program for the patient who has had an acute medical or surgical event as a result of an illness, injury or exacerbation of a disease process. The patient needs these skilled services for a medical condition that is either a 1.) Hospital-related medical condition that they were admitted with and treated for during a qualifying three-day inpatient hospital stay or 2.) Skilled level of care need that developed while hospitalized, even if it was not the reason they were admitted to the hospital. Swing beds offer an outcomes-focused interdisciplinary approach comprised of the patient and family, and utilizes a professional team including physicians, nurses, therapists, dietitians, pharmacists and respiratory therapists as needed to deliver clinical interventions (medical and/or physical rehabilitation). Compared with Skilled Nursing Facilities (SNF), swing beds traditionally have shorter lengths of stay, lower hospital readmission rates during the hospital stay and lower readmission rates to acute care within 30 days post swing bed discharge.

Performance Improvement Score - Self Care (Risk Adjusted)

Time period (2022Q2)

Risk adjusting the Self-Care assessment produces an expected improvement score for Self-Care. We compare your actual improvement score to the expected improvement score and return the percentage of discharges that met or exceeded the expected improvement score.



FIVE KEY METRICS

- The Swing Bed Quality Reporting Tool utilizes CMS' methodology to calculate results for the five Key Metrics as defined by CMS:

Measure 1: Return to Acute Care from Swing Bed (Unplanned)

- This measure scores the percentage of the hospital's swing bed patients re-hospitalized after a swing bed admission.

Measure 2: Return to Acute Post 30-day Discharge

- This measure scores the percentage of swing bed patients readmitted to the hospital's acute unit within 30 days from the swing bed discharge date.

Measure 3: Risk-adjusted Performance Improvement in Mobility

- This measure scores the percentage of risk-adjusted swing bed patients who made average or above-average improvement in mobility based on 17 measured activities.

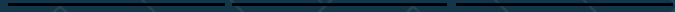
Measure 4: Risk-adjusted Performance Improvement in Self-Care

- This measure scores the percentage of risk-adjusted swing bed patients who made average or above average improvement in self-care based on 7 measured activities.

Measure 5: Discharge to Community

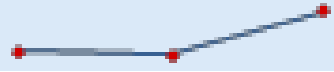

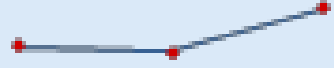


- This measure scores the percentage of the hospital's swing bed patients discharged to home/community (includes discharge to home, ID/DD, hospice and home with home health care).





3-YEAR QUALITY OUTCOMES

KEY RESULTS: THREE-YEAR TREND

5 Key Swing Bed Metrics	2021	2022	2023	
Return to Acute (Unplanned Returns)	7.3%	7.2%	8.8%	
Return to Acute Post 30-Day Discharge	8.6%	9.6%	8.7%	
Self-Care Improvement - Risk Adjusted	47.6%	47.3%	49.6%	
Mobility Improvement - Risk Adjusted	36.9%	35.4%	42.5%	
Discharge to Community	74.3%	73.7%	75.1%	

Unplanned Return to Acute Care has increased since 2021. CAHs attribute this increase to limitations with discharge planning or the pre-admission process.

Return to Acute Care Within 30-Days has decreased since 2022, CAHs attribute improvement with timely discharge follow-up phone calls to patients

Self-Care and Mobility Improvement – Risk Adjusted performance have both improved since 2022 largely due to strong IDT, discipline communication, and discharge planning

Discharge to Community has increased since 2021, CAHs attribute this with improved discharge planning, patient/family involvement, and education

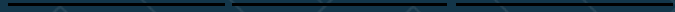


KEY RESULTS – COMPARISON TO SNF PERFORMANCE

- 73.6% of CAH swing bed patients were discharged to their community, significantly exceeding SNFs' rate of 49.7% (10/1/20 through 9/30/22)
- 8% of CAH swing-bed patients experienced unplanned returns to acute care, compared to SNFs' 11.4% (7/1/22 through 6/30/23)
- 9.2% of CAH swing-bed patients had returned to acute care within 30 days post-discharge, whereas SNFs' rate stood at 10.5% (10/1/20 through 9/30/22)
- SNFs ranked slightly higher than CAHs in two categories: Risk-adjusted performance improvement for mobility and self-care (4/1/2022 through 3/31/2023)

Area	Year	Mobility Risk Adjusted Higher is better	Self-Care Risk Adjusted Higher is better	Return to Acute (Unplanned) Lower is better	Return to Acute 30-Day Post Discharge Lower is better	Discharge to Community Higher is better
All	Jan-Dec 2021	36.8%	47.5%	7.3%	8.6%	74.3%
All	Jan-Dec 2022	35.5%	47.3%	6.0%	9.6%	73.7%
All	Jan-Dec 2023	42.2%	48.8%	8.8%	9.3%	75.1%
SNF Data from National from Nursing Home Compare		46.3%	50.5%	11.4%	10.5%	49.7%
Data date from NH Compare		04/01/2022 - 03/31/2023	04/01/2022 - 03/31/2023	7/1/2022 to 6/30/2023	10/01/2020 - 09/30/2022	10/01/2020 - 09/30/2022
National CAH for same date range as NH Compare		37.0%	47.7%	8%	9.2%	73.6%





FINDINGS FROM THE FIELD

WHAT CAHS HAVE SEEN SINCE STARTING



NOW CAN EASILY
TRACK AND TREND
SWING BED
QUALITY DATA



OPPORTUNITY FOR
GOAL SETTING AND
PERFORMANCE
IMPROVEMENT FOR
THE CARE TEAM



ABILITY TO
BENCHMARK AND
COMPARE TO PEER
CAHS, STATE AND
NATIONAL
AVERAGES



IMPROVED
COMMUNICATION
ACROSS ALL
DISCIPLINES
(NURSING, REHAB,
CASE
MANAGEMENT,
ETC.)



ABILITY TO SHARE
PERFORMANCE
REPORTS WITH KEY
LEADERS



IMPROVEMENT IN RISK-ADJUSTED MOBILITY FUNCTIONAL ASSESSMENT

Wayne County Hospital in Kentucky uses the Swing Bed Quality Reporting Program for improvements in Risk-Adjusted Mobility Functional Assessment

Qualitative Results

- Increased communication between rehabilitation staff, nursing, and the patient
- Provided education for nursing and rehab staff to ensure coding is accurate and consistent
- Established patient care huddles, resulting in better communication and more staff involvement
- Increased family involvement

Quantitative Results

- Risk-adjusted Performance Improvement in Mobility: Risk-adjusting the mobility assessment produces an expected improvement score for mobility. Stroudwater compared the actual improvement score to the expected improvement score and returned the percentage of discharges that met or exceeded the expected improvement score.
 - Baseline value: Q3 2022 – 14%
 - Improvement shown in Q1 2023 at 16.7% and again for Q2 2023 at 24%



IMPROVEMENT IN RISK-ADJUSTED MOBILITY FUNCTIONAL ASSESSMENT

Kearney County Health System in Nebraska uses Swing Bed Quality Reporting Program for improvements in Risk-Adjusted Mobility Functional Assessment

Qualitative Results

- Increased communication between rehabilitation staff, nursing, and the patient
- Education for nursing staff, patients, and patient's families on the importance of staying mobile and increasing daily activities to heal
- Utilization of a whiteboard to put daily goals in front of staff, patient, and patient's family
- Discussions between staff, patient, and family (if present) of patients' daily goals, ensuring that patients understand their accountability in being active

Quantitative Results

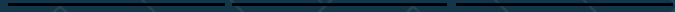
- Risk-adjusted Performance Improvement in Mobility: Risk adjusting the mobility assessment produces an expected improvement score for mobility. Stroudwater compared the actual improvement score to the expected improvement score and returned the percentage of discharges that met or exceeded the expected improvement score.
 - Baseline value: Q3 2021 – 15.4%
 - Improvement was shown in Q1 2022 at 31.7% and again for Q2 2022 at 64%



IMPROVEMENT IN RISK-ADJUSTED MOBILITY AND SELF-CARE FUNCTIONAL ASSESSMENT

- Marshfield Medical Center – Park Falls in Wisconsin uses the Swing Bed Quality Reporting Program for improvements in Risk-Adjusted Mobility and Self-Care Functional Assessment
- Swing-bed patients needed to build greater mobility and reach self-care goals to heal and return home, yet there seemed to be a disconnect between rehabilitation staff, nursing, and the patient on knowing who was responsible for what. MMC-PF wanted nursing staff to be an integral part of the team helping swing bed patients improve their mobility and self-care goals.
 - **Risk-adjusted Performance Improvement in Mobility**
 - Q4 2021 – 7 discharges – 42.9%, which is better than the national median of 27%
 - **Risk-adjusted Performance Improvement in Self-Care**
 - Q4 2021 – 7 discharges – 71.4%, which is better than the national median of 48%





LEVERAGING SWING BED QUALITY DATA

WHY SWING BED QUALITY?

- Given the quality of care within swing bed programs, **QUALITY MUST BE HIGHLIGHTED!**
- There is no “Swing Bed Compare”
- Discharge planning per CMS
 - Must inform the patient (and/or the patient’s representative) of their freedom of choice in selecting their post-acute provider/service
 - Must assist the patient (and/or the patient’s representative) in selecting a post-acute provider/service by using and sharing data that includes, but is not limited to, SNF, HHA, IRF, or LTCH data on **quality measures** and resource use measures that are relevant and applicable to the patient’s care goals and treatment preferences
 - Patients discharged to a SNF, HHA, IRF or LTCH must be provided with a list of such post-acute providers/services in the patient's geographic area



SWING BED QUALITY GOALS



Goals are to:

- Develop a measurement system
- Improve the quality performance of swing bed
- Apply best practice quality improvement tactics
- Improve and sustain results
- Market and promote performance to providers, referral sources, and community



QUALITY IMPROVEMENT BEST PRACTICES

- Requires support from administration – quality comes first
- Discuss the quality program with the staff
- Pull reports every month to assess the status of the program – assess and analyze the correlation between measures
 - For instance, any correlation between short LOS and self-care & mobility scores?
 - Therapy availability and self-care & mobility scores
 - Lack of nursing staff for census
 - High % of return to acute during SB stay and very low census
- Discuss action plans for measures not within the expected results
- Work on increasing utilization – a low census can impact scores





COMMITTED TO INCREASING THE IMPACT OF RURAL AND COMMUNITY HEALTHCARE.

Our team of rural and community healthcare experts support the leadership of hospitals, health systems with a rural footprint, and the groups and clinics that form an essential care network across the 97% of the US that is defined as rural.

Thank you!

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