STROUDWATER

SCALE SWING BED SUCCESS: LESSONS FROM A HIGH-PERFORMING COMMITTEE

June 10, 2025
CAH Virtual Conference

OUR TIME TOGETHER

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

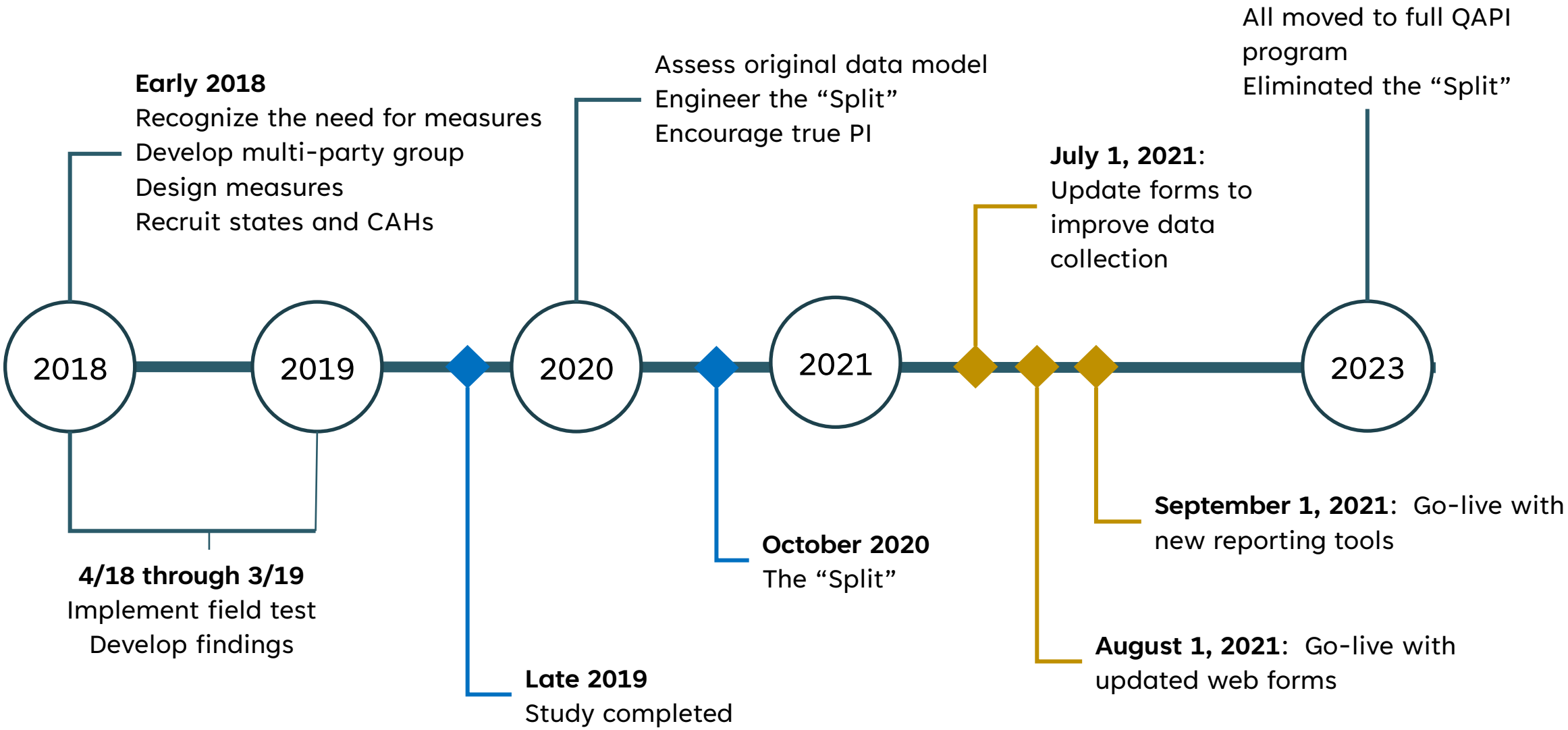
Results: 4-year quality outcomes

Findings from the Field: Lessons from a high-performing committee

Now What?: Leveraging swing bed quality data

BACKGROUND

SWING BED QUALITY REPORTING PROGRAM TIMELINE



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%, which 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

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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)

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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]

FIVE KEY METRICS

- The Swing Bed Quality Reporting Tool utilizes CMS's 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 of 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 or community (including discharge to home, ID/DD, hospice, and home with home health care).

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.

Records

Data Analysis

Reports

Reports

Monthly Hospital Report

State Benchmark Report

Performance Report

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.

	2023\Q3	2022\Q4 - 2023\Q3
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%

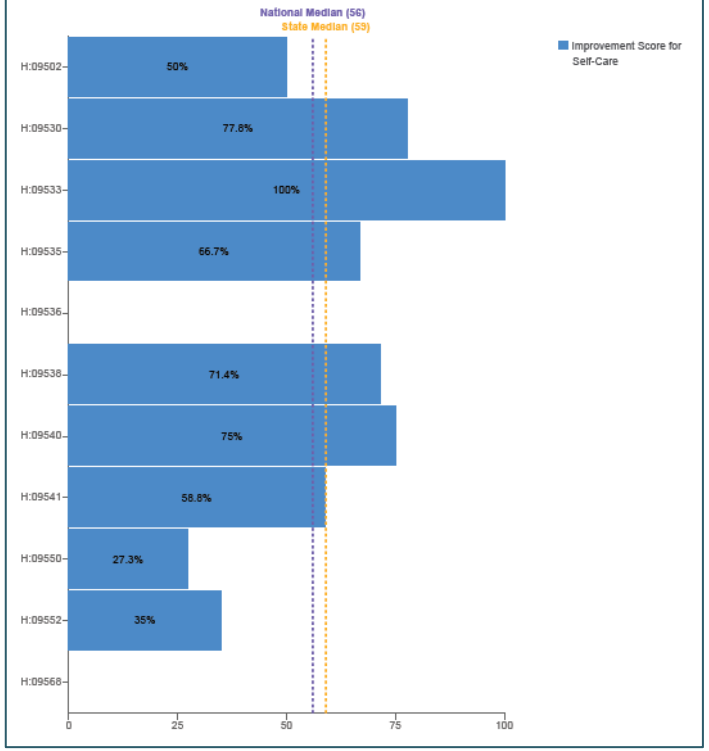
About Swing Beds

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, dieticians, 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)

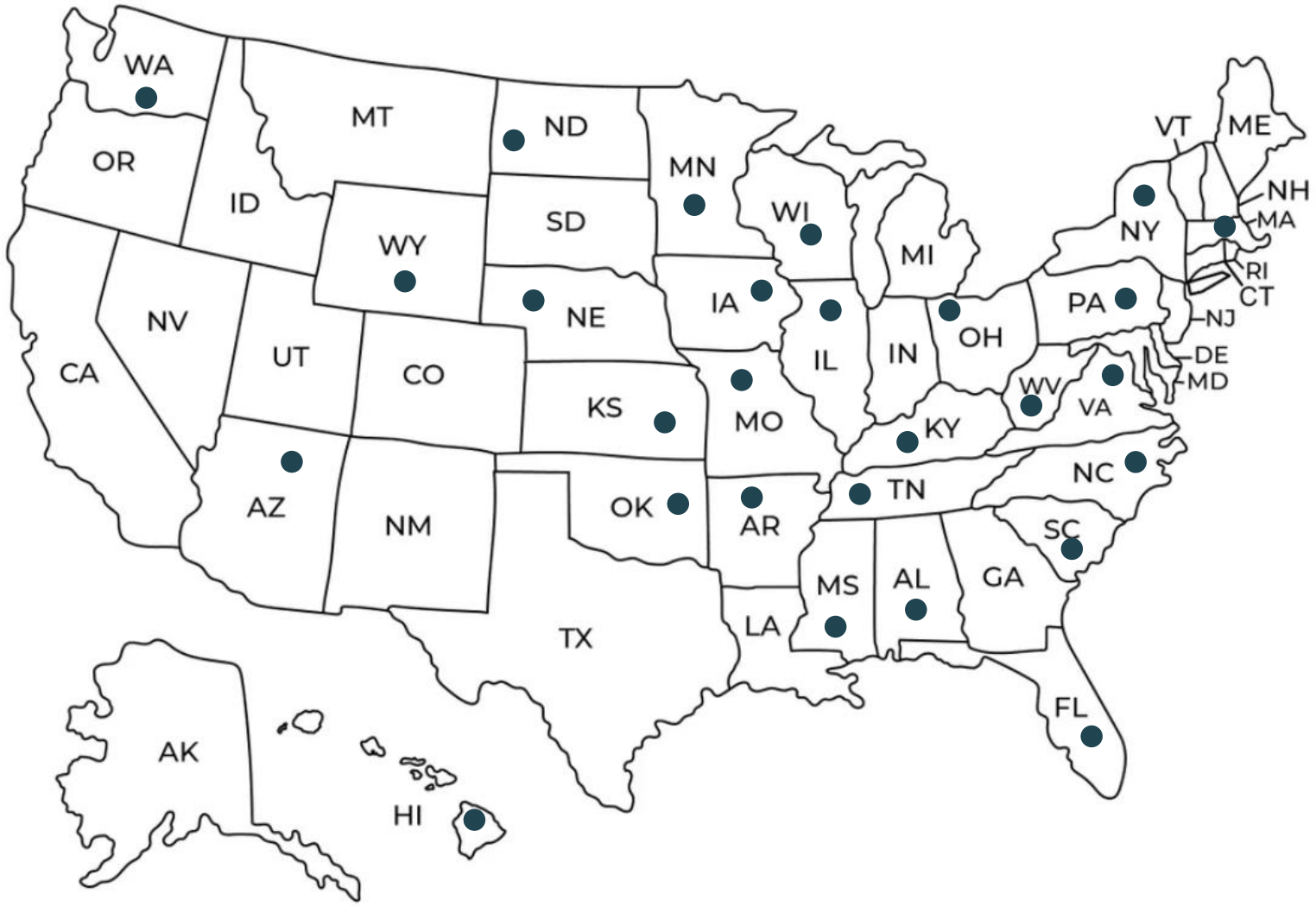
Risk adjusting the Self-Care assessment produces an expected improvement score for Self-Care. We compare your actual improvement score to the expected improvement score and return the percentage of discharges that met or exceeded the expected improvement score.



QUALITY OUTCOMES

PARTICIPATION 2023-2025

- 26 states
- Approximately 150 CAHs



KEY RESULTS: FOUR-YEAR TREND (CY)

- **Unplanned Return to Acute Care** has increased since 2021. CAHs attribute this increase to the pre-admission process and a higher-acuity swing bed patient.
- **Return to Acute Care Within 30-Days** has increased in 2024; CAHs attribute this increase to a higher-acuity swing bed patient, and potentially discharging patients too soon due to capacity factors.
- **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 to improved discharge planning, patient/family involvement, and education.

5 Key Swing Bed Metrics	2021	2022	2023	2024	
Return to Acute (Unplanned Returns)	7.3%	7.2%	8.8%	9.0%	
Return to Acute Post 30-Day Discharge	8.6%	9.6%	8.7%	10.0%	
Self-Care Improvement - Risk Adjusted	47.6%	47.3%	49.6%	52.4%	
Mobility Improvement - Risk Adjusted	36.9%	35.4%	42.5%	50.9%	
Discharge to Community	74.3%	73.7%	75.1%	76.0%	

CAH SWING BED PROGRAMS OUTPERFORM SNFs ON QUALITY PERFORMANCE

- 74.2% of CAH swing bed patients were **discharged to their community**, significantly exceeding SNFs' rate of 49.9% (10/1/21 through 9/30/23)
- 8.8% of CAH swing bed patients experienced **unplanned returns to acute care**, compared to SNFs' 25% (10/1/2023 through 9/30/2024)
- 9% of CAH swing bed patients had **returned to acute care within 30 days post-discharge**, whereas SNFs' rate stood at 10.5% (10/1/21 through 9/30/23)
- SNFs ranked slightly higher than CAHs in two categories: Risk-adjusted performance **improvement for mobility and self-care** (7/1/2023 through 6/30/2024)

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 29 states	Oct 20 through Jun 23	37.2%	47.8%	7.6%	9.0%	74.0%
All	Oct-Dec 2020	34.0%	46.2%	8.0%	9.5%	73.2%
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%
All	Jan-Dec 2024	50.9%	52.4%	9.0%	10.0%	76.0%
SNF Data from National Nursing Home Compare		50.2%	52.7%	25.0%	10.5%	49.9%
Data date from NH Compare		07/01/2023 - 06/30/2024	07/01/2023 - 06/30/2024	10/01/2023 - 09/30/2024	10/01/2021 - 09/30/2023	10/01/2021 - 09/30/2023
National CAH for same date range as NH Compare		45.6%	50.4%	8.8%	9.0%	74.2%

CAH SWING BED PROGRAMS OUTPERFORM SNFs ON QUALITY PERFORMANCE – ADDITIONAL MEASURES

- 79.8% of CAH swing bed patients needed and got the **influenza vaccine**, compared to the SNFs' rate of 79% (10/1/21 through 9/30/23)
- 1.7% of CAH swing bed patients experienced **a new or worsened pressure ulcer/injury**, compared to SNFs' 2.4% (7/1/2023 through 6/30/2024)
- 0.2% of CAH swing-bed patients had **a fall with injury**, whereas the SNFs' rate was 0.8% (7/1/23 through 6/30/24)
- SNFs ranked slightly higher than CAHs in performance in patients who needed and got a **pneumococcal vaccine** rate (10/1/2023 through 12/31/2024)

Measure	CAHs	Nursing Home Compare	Date Range
Influenza Vaccine	79.8%	79.0%	07/01/2023 - 06/30/2024
Pneumococcal Vaccine	75.4%	81.6%	10/01/2023 - 12/31/2024
Pressue Ulcers/Injuries	1.7%	2.4%	07/01/2023 - 06/30/2024
Falls with Major Injury	0.2%	0.8%	07/01/2023 - 06/30/2024

BENEFITS OF THE SWING BED QUALITY REPORTING PROGRAM

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

FINDINGS FROM THE FIELD

COXHEALTH: COX BARTON AND COX MONETT

OUR LOCATIONS

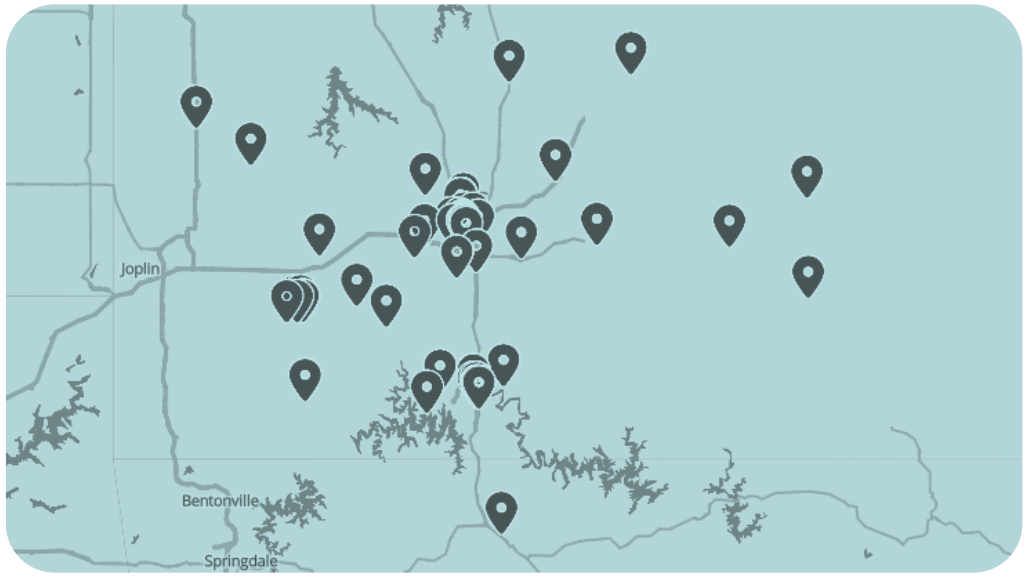
Cox Barton County Hospital

Built in 2007, Cox Barton County Hospital is a 25-bed critical access hospital in Lamar, Missouri, offering primary care, an emergency department and walk-in care, as well as specialized care in a range of areas.

Cox Monett Hospital

At Cox Monett Hospital, you'll find all the care you need in one place, close to home. At our 75,000 square foot hospital, you'll find a full-service Level 3 stroke and STEMI center emergency department, on-site surgery, sleep medicine, radiology with in-house MRI and a 64-slice CT scanner, pharmacy, and diabetes care, as well as enhanced women's care with 3D mammography and labor and delivery. Attached to the hospital is a 27,000 square foot medical office building housing physician clinics.

- Cox Barton County Hospital and Cox Monett Hospital – the only CAHs within the CoxHealth System – serve rural communities in southwest Missouri
- Cox Barton and Cox Monett leveraged the Stroudwater Swing Bed Quality Reporting Program to strengthen their swing bed programs, improve patient outcomes, and drive system-wide success



THE CHALLENGE: OPTIMIZING THE SWING BED PROGRAM

- Cox Barton and Cox Monett faced significant hurdles in optimizing their swing bed program:
  - Limited awareness of swing bed services among providers, staff, and the local community
  - Misalignment across the system, with varying policies and processes between facilities
  - Uncertainty about the program's value, which made it challenging to secure resources within the broader CoxHealth system
  - A lack of quality benchmarking to assess performance against SNFs or peer CAHs

"Without comparison data, we didn't have a way to market our program or demonstrate its quality. The Swing Bed Quality Reporting Program changed that."

– Heidi Clark, Administrative Director of Nursing at Cox Monett

THE SOLUTIONS: SWING BED OPTIMIZATION COMMITTEE & SWING BED QUALITY REPORTING TOOL

Cox Barton and Cox Monett established a Swing Bed Optimization Committee

This multidisciplinary team consisted of:

Director of Nursing	CAH case managers	Nurse managers	Utilization review	Therapy services	Discharge planners	System-wide case managers

The committee met bi-weekly and focused on:

Standardizing swing bed policies across both CAHs	Tracking referrals, denials, and patient days using the reporting program	Educating providers and the community on the benefits of swing bed services

THE SOLUTION: SWING BED OPTIMIZATION COMMITTEE AGENDA

Old Business

- **Swing Bed Patients**
  - Number of referrals
  - Number of denials with a high overview of reasons
  - Patient days for Swing Bed patients
- **Stroudwater Data**
  - Number entered into the Stroudwater Swing Bed Quality Reporting Tool
  - Discuss trends or highlights
  - Barriers/struggles/likes/dislikes of the program
- **Swing Bed Patients' Daily Activities**
  - How is a Swing Bed patient's day different from a Med-Surg patient's?
  - How are we validating that it is occurring daily?
- **List Provided to Patients for Choice**
- **Video Update**
- **Action Items:**
  - Community Awareness
  - Employee Awareness
  - Referring Facility Awareness
  - Form Letter
  - Brochure

New Business

- **Review Swing Bed Policies**
- **Focus for next meeting**

“Between Barton and Monett, we conducted a thorough review of every policy, going line by line to ensure alignment between the two hospitals. Our case manager led the effort, and we met frequently to refine our approach. Each meeting, team members also came prepared with data—utilization review, and case managers reported on referrals, denials, and the reasons behind them, as well as swing-bed patient days. By systematically entering and comparing this data across both hospitals and against other hospitals, we were able to identify gaps, streamline processes, and optimize our swing bed programs.”

Heidi Clark, Administrative Director of Nursing at Cox Monett

THE RESULTS

- By creating a focused and systematic approach to swing bed, the CAHs saw:
  - Increased swing bed admissions at Cox Monett by 71.8% in 2024, with patient days increasing by 30.3%
  - Increased average monthly swing bed admissions at Cox Monett from 4 in 2023 to 20 in 2024, with a record month of 26 admissions
  - A dedicated Swing Bed Coordinator position secured at both CAHs, ensuring long-term sustainability
  - Use of benchmarking data to highlight financial benefits and garner system-wide support

"Having access to data allowed us to prove that swing bed services aren't just about filling beds—they prevent readmissions, improve community care, and contribute to the hospital's financial sustainability."

– Rosie Hubbard, Administrative Director of Nursing at Cox Barton

THE RESULTS: SWING BED QUALITY SCORES

- Cox Barton and Cox Monett improved their performance in 4 of the 5 Swing Bed Quality Scores
  - ✓ Improvement in Self-Care (Risk Adjusted)
  - ✓ Improvement in Mobility (Risk Adjusted)
  - ✓ Discharged to Home
  - ✓ Return to Acute (unplanned)

	Barton			Monett			
Measure	**Q1 24**	**Q4 24**	**Improved by**	**Q1 24**	**Q4 24**	**Improved by**	
Improvement in Self-Care (Risk Adjusted)	40%	52%	30%	26%	28%	8%	Higher is better
Improvement in Mobility (Risk Adjusted)	7%	24%	242%	26%	54%	108%	Higher is better
Discharged to Home	74%	87%	17%	77%	81%	5%	Higher is better
Return to Acute (Unplanned)	6%	0%	100%	5%	2%	60%	Lower is better

CHALLENGES

Data reporting

Documentation and scoring

Staff turnover

Educating larger hospitals in the CoxHealth system on the Swing Bed Programs

Educating providers on patients who can be accepted to the Swing Bed Program

SUMMARY

- The measurable improvements at Cox Barton and Cox Monett had a positive ripple effect across the entire CoxHealth system, showcasing the value of swing bed programs in enhancing patient care and financial outcomes
- Key outcomes:
  - Increased Reimbursement
  - Referral Optimization
  - Reduction of Unplanned Rehospitalization
  - Improvement in Patient Mobility
  - Community & Provider Education
  - Creation of New Dedicated Roles

Over 12 months, Cox Barton boosted its swing bed reimbursement by $120,000, while Cox Monett increased reimbursement for its program by $200,000

LEVERAGING SWING BED QUALITY DATA

QUALITY DATA AND QUALITY REPORTING

Why Quality Data Matters

Capturing, reporting, and benchmarking quality data is more than just a means of regulatory compliance—it's a strategic opportunity. **When CAHs can demonstrate superior outcomes, they strengthen their reputation as providers of high-quality, community-centered care.**

The Benefits of Proactive Quality Reporting

Gain access to invaluable benchmarking data

Identify strengths

Discover opportunities for improvement

Utilize data to tailor services to meet the needs of the community and enhance patient outcomes

Optimize operational performance

Utilize data as a marketing tool by showing commitment to excellence in care

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 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

SWING BED QUALITY GOALS

Goals are to:

- Develop a measurement system
- Improve the quality performance of the swing bed program
- Apply best practice quality improvement tactics
- Improve and sustain results

QUALITY IMPROVEMENT BEST PRACTICES

Requires processes and a team on board

Great outcomes do not happen by chance

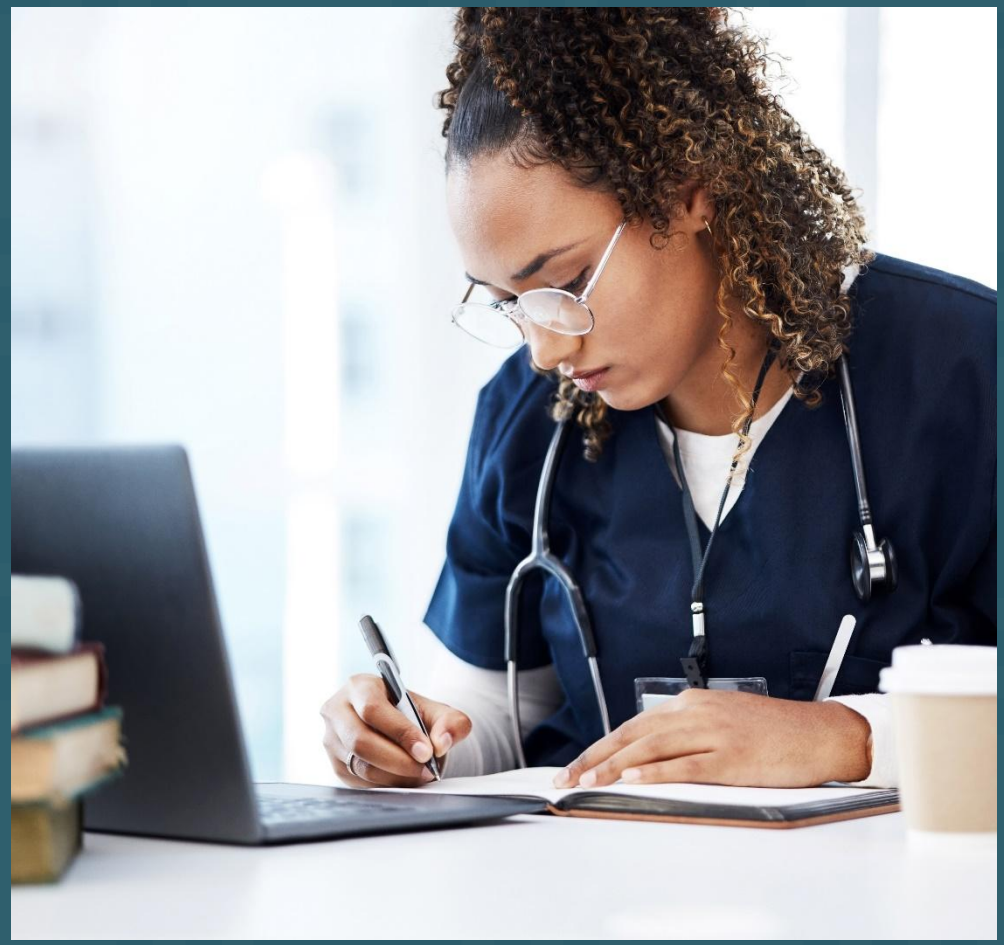
Do not wait for quarter-end to look at data—too late to make improvements

This is not an exercise to see if you can input data into a program

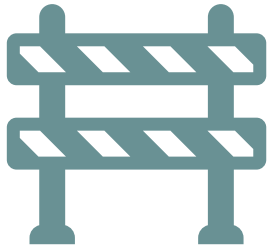
Garbage in = garbage out

QUALITY IMPROVEMENT BEST PRACTICES

- **General (applies to all measures), cont.**
  - Requires support from administration—quality comes first
  - Discuss the quality program with the staff
  - Pull reports monthly 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



KEY QUESTIONS TO ASK

						
Why should a hospital refer a swing bed patient to your facility?	What makes our swing bed program stand out?	Does our community understand what a swing bed is?	Are there opportunities to expand our swing bed capabilities/ services?	Are there gaps/ barriers to obtaining swing bed referrals (internal/ external)?	How will we measure success?	Goal to be the provider of choice

QUESTIONS?

STROUDWATER

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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