CAH Swing Bed Webinar
North Carolina Critical Access Hospitals
February 2020
Collaborating Organizations

- **Value (Our Priority)**
- **Improvement**
- **Research**
- **Policy**

- Support

Locations:
- WA, OR, CA, AK, NV, MT, CO, OK, WI, NE, HI, ID, WY, AZ, KS, ND, IA, AK, UT, NM, TX, MN, MO, LA, SD, MS, KY, IL, MI, NY, GA, SC, VA, MD, AL, TN, IN, OH, PA, FL, NC, WV, DE, NJ, ME, VT, NH, MA, RI, CT
CAH Swing Bed Quality Measures

• **Discharge disposition**
  - To home
  - Transferred to a NH/LTC facility
  - Transferred to a higher level of care

• **Functional status**
  - Change in self-care score between swing bed admission and discharge
  - Change in mobility score between swing bed admission and discharge

• **30-day follow-up status**
  - Readmitted to CAH
  - Readmitted to other hospital
  - ED visit at CAH
  - ED visit at other hospital
Summary Findings

The analytical results indicate a significantly lower overall (i.e. during the swing bed stay and 30 days post swing bed discharge) risk-adjusted hospital readmission rate for swing bed patients (18.6%) compared to the overall risk-adjusted hospital readmission rate for rural SNF patients of 33.3%. Risk-adjusted changes in self-care and mobility scores were similar for patients in CAH swing beds and all SNF patients in the U.S. These results contribute to building an evidence base that quantifies the value of CAH swing beds and allows fair comparisons with rural SNFs and other post-acute care options.
CMS Discharge Planning Final Rule: Overview (9/26/19)

- On 9/26/19, CMS issued a final rule regarding discharge from acute care into post-acute care (PAC), a process called “discharge planning.”
- The rule is intended to improve care transitions and support interoperability by “promoting the seamless exchange of patient information between health care settings and ensuring that a patient’s health care information follows them after discharge from a hospital or PAC provider.”
- The rule “requires the discharge planning process to focus on the patient’s goals of care and treatment preferences” and “revises the hospital patient’s rights and the facility’s requirements regarding a patient’s access to their medical records.”
- The following types of facilities must comply with the new requirements in order to participate in Medicare and Medicaid programs:
  - Long-term care hospitals (LTCHs) and inpatient rehabilitation facilities
  - Inpatient psychiatric facilities
  - Children’s hospitals
  - Cancer hospitals
  - Critical access hospitals (CAHs)
  - Home health agencies (HHAs)

Source: CMS.gov Fact Sheet, CMS' Discharge Planning Rule Supports Interoperability and Patient Preferences, 9/26/19
CMS Discharge Planning Final Rule: Detail

- Under the final rule, hospitals, CAHs, and HHAs will be required to:
  - Assist patients, families, or the patient’s representative in selecting a post-acute care (PAC) services provider or supplier by using and sharing PAC data on quality measures and resource use measures.
  - Comply with new discharge planning process requirements for CAHs and HHAs
    - The rule requires a hospital (or CAH) to discharge the patient, and also transfer or refer the patient where applicable, along with his or her necessary medical information (current course of illness and treatment, post-discharge goals of care, and treatment preferences), at the time of discharge, to not only the appropriate post-acute care service providers and suppliers, facilities, agencies, but also to other outpatient service providers and practitioners responsible for the patient’s follow-up or ancillary care.
  - Send all necessary medical information (current course of illness and treatment, post-discharge goals of care, and treatment preferences), to the receiving facility or health care practitioner to ensure the safe and effective transition of care
    - The HHA must comply with requests made by the receiving facility or health care practitioner for additional clinical information necessary for treatment of the patient.
  - Send necessary medical information to the receiving facility or appropriate PAC provider (including the practitioner responsible for the patient’s follow-up care) after a patient is discharged from the hospital or transferred to another PAC provider or, for HHAs, another HHA
  - Ensure and support patients’ rights to access their medical records in the form and format requested by the patient, if it is readily producible in such form and format (including in an electronic form or format when such medical records are maintained electronically)

Source: CMS.gov Fact Sheet, CMS’ Discharge Planning Rule Supports Interoperability and Patient Preferences, 9/26/19
## Swing Bed Program Participation

### North Carolina CAHs Participating in Swing Bed Program are highlighted

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleghany Memorial Hospital</td>
<td>LifeBrite Community Hospital of Stokes</td>
</tr>
<tr>
<td>Angel Medical Center</td>
<td>Montgomery Memorial Hospital</td>
</tr>
<tr>
<td>Ashe Memorial Hospital</td>
<td>Outer Banks Hospital</td>
</tr>
<tr>
<td>Bladen County Hospital</td>
<td>Pender Memorial Hospital</td>
</tr>
<tr>
<td>Blue Ridge Regional Hospital</td>
<td>St. Luke’s Hospital</td>
</tr>
<tr>
<td>Charles A Cannon Jr Memorial Hospital</td>
<td>Swain County Hospital</td>
</tr>
<tr>
<td>Chatham Hospital</td>
<td>Transylvania Hospital</td>
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<td>Erlanger Western Carolina Hospital</td>
<td>Vidant Bertie Hospital</td>
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<tr>
<td>Highlands-Cashier Hospital</td>
<td>Vidant Chowan Hospital</td>
</tr>
<tr>
<td>J. Arthur Dosher Hospital</td>
<td>Washington County Hospital</td>
</tr>
</tbody>
</table>

Data submission is not consistent.
Swing Bed Discharges by Hospital

Excluded Records
- Yes
- No

Source: Stroudwater Swing Bed Portal 7/1/2019 through 12/31/2019 – Data pulled 2/18/2020
# SB Average Length of Stay (ALOS)

**Hospital ALOS by Hospital for NC**

<table>
<thead>
<tr>
<th>Org Name</th>
<th>03-2019</th>
<th>04-2019</th>
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<tbody>
<tr>
<td>Cape Fear Valley Health - Bladen County Hospital</td>
<td>13.7</td>
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<td>Alleghany Memorial Hospital</td>
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<tr>
<td>First Health Montgomery Memorial Hospital</td>
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<td>9.3</td>
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<tr>
<td>Chatham Hospital</td>
<td>16.5</td>
<td></td>
</tr>
<tr>
<td>St. Luke's Hospital, Inc.</td>
<td>8.4</td>
<td>9.3</td>
</tr>
</tbody>
</table>

*excluded records added*

Source: Stroudwater Swing Bed Portal 7/1/2019 through 12/31/2019 – Data pulled 2/18/2020
State Comparison - July 2018 through December 2019

Discharges

ALOS

BIMS Score

Discharged to Community

Readmit Acute SB Stay

Source: Stroudwater Swing Bed Portal 7/1/2019 through 12/31/2019 – Data pulled 2/18/2020
State Comparison (July 2018 through December 2019)

From 30-day Follow Up Calls

- % Readmits to Acute: 15.1%
- % Readmits to SB/SNF: 8.1%
- PI Self Care: 5.7
- PI Mobility: 21.3
- PI Overall: 27.0

excluded records have been removed for PI scores

Source: Stroudwater Swing Bed Portal 7/1/2019 through 12/31/2019 – Data pulled 2/18/2020
State Comparison (July 2018 through December 2019)
Reason for Admission (count of records)

Source: Stroudwater Swing Bed Portal 7/1/2019 through 12/31/2019 – Data pulled 2/18/2020
State Comparison (July 2018 through December 2019)  
PI Self Care by Primary Condition

Excluded records have been removed for PI scores

Source: Stroudwater Swing Bed Portal 7/1/2019 through 12/31/2019 – Data pulled 2/18/2020
State Comparison (July 2018 through December 2019)
PI Mobility by Primary Condition

PI Mobility Primary Condition

- Neuro Group (1-7)
- Ortho Group (8-11)
- Debility Group (12)
- Medically Complex Group (13)
- Other Medical Condition (14)

Source: Stroudwater Swing Bed Portal 7/1/2019 through 12/31/2019 – Data pulled 2/18/2020

excluded records have been removed for PI scores