



# North Carolina Swing Bed Directory

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# Project Overview

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## **Unlocking the Value of Rural Hospital Swing Beds**

- New statewide swing bed project to help rural hospitals increase volumes, expand services and more effectively market your inpatient skilled level of care program
- The goal is to:
  - Educate nurse managers and swing bed coordinators on the full potential of swing beds
  - Identify opportunities to add services to the swing bed program
  - Learn from a cohort of peer rural hospitals
  - Hardwire marketing initiatives to increase referrals

**It is available at no cost to your hospital!**

***Thanks to the North Carolina Healthcare Association (NCHA)***

***and the 2020 – 2021 FLEX Grant***

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- The Swing Bed Directory project will give your hospital access to a **secure, web-based application** where an inventory of the *Care Delivery Spectrum* of inpatient post-acute skilled services available at your hospital
- The web-based swing bed directory serves as:
  - Comprehensive portfolio of patient care services that can be offered by swing bed programs
  - Hospitals identify the services they currently offer, based on available resources and staff
- This information will assist your hospital leaders in **marketing** their services to regional referral partners, defining **potential partners**, and **expanding services** where possible

# Project Overview

- The following clinical programs will be reviewed:
  - Cardiac and pulmonary rehab
  - Post-stroke rehab
  - Pneumonia management & rehab
  - Short term medical management
  - Wound care management
  - Long-term IV management
  - Management of newly diagnosed specific conditions
  - Neuro-muscular disease specific rehab
  - Orthopedic rehab
  - Short-term new tracheostomy care
- Short-term ventilation rehab
- Post bariatric rehab surgery
- Short-term nutritional support
- Short-term pain management
- General malaise and/or debility rehab
- Post-acute kidney disease management
- Medically complex/multiple trauma

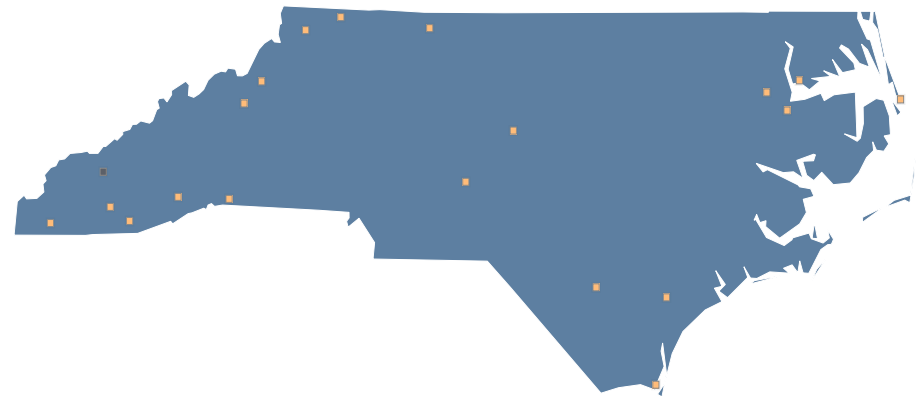
In addition to the resource requirements for each: care and nursing competencies, equipment, support services

# Why Participate

## Hospital Data

State	Hospname	Meets ADC Target	Avg. Swing Bed ADC	Max. ADC Per10K W	Avg. PopW_SA_Adjusted	Avg. PopW	Avg. SB SNF Days	Avg. SB NF Days	Avg. Total SB Days
NC	ALLEGHANY MEMORIAL HOSPI..	Below Target	0.19	4.99	12,483	12,483	44	26	70
	ANGEL MEDICAL CENTER	Below Target	0.62	13.53	33,831	33,831	167	58	225
	ASHE MEMORIAL HOSPITAL	Below Target	0.79	9.76	24,411	24,411	290	0	290
	BERTIE MEMORIAL HOSPITAL	Below Target	0.00	5.52	13,791	13,791	0	0	0
	BLADEN COUNTY HOSPITAL	Below Target	4.10	8.39	20,967	20,967	719	778	1,497
	BLUE RIDGE REGIONAL HOSPIT..	Below Target	0.86	11.95	29,871	29,871	160	155	315
	CAH #1 - WASHINGTON	Below Target	0.22	4.27	10,668	10,668	79	0	79
	CHARLES A. CANNON MEMORI..	Below Target	0.98	11.25	28,114	28,114	94	263	357
	CHATHAM HOSPITAL INC	Below Target	6.56	14.27	35,676	35,676	2,069	326	2,395
	CHOWAN HOSPITAL INC.	Below Target	0.00	11.92	29,803	29,803	0	0	0
	FIRSTHEALTH MONTGOMERY ..	Below Target	1.27	7.76	19,408	19,408	430	32	462
	HIGHLANDS CASHIERS HOSPIT..	Below Target	2.33	4.61	11,514	11,514	754	98	852
	J ARTHUR DOSHER MEMORIAL ..	Below Target	0.73	14.35	35,883	35,883	248	18	266
	LIFEBRITE COMMUNITY HOPIT..	Below Target	3.21	4.47	11,182	11,182	1,173	0	1,173
	MURPHY MEDICAL CENTER	Below Target	0.45	16.00	40,000	40,244	163	0	163
	PENDER MEMORIAL HOSPITAL	Below Target	8.10	13.68	34,205	34,205	2,957	0	2,957
	ST LUKES HOSPITAL	Below Target	1.56	15.45	38,631	38,631	503	65	568
	SWAIN COUNTY HOSPITAL	Meets Target	8.61	6.55	16,370	16,370	2,173	968	3,141
	THE OUTER BANKS HOSPITAL	Below Target	0.00	16.00	40,000	45,644	0	0	0
	TRANSYLVANIA COMMUNITY H..	Below Target	0.30	14.21	35,522	35,522	28	82	110

- Swing bed utilization varies across the state, based on data presented, there is significant opportunity to increase swing bed volume through leveraging the swing bed directory
- 1 out of 20 CAHs are below swing bed target ADC in NC



# Value Proposition

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- Identify clinical, operational and infrastructure barriers that may inhibit inpatient post-acute skilled admissions
- Analyze gaps in patient care services to identify opportunities for service line growth by clarifying the types of skilled medical and physical rehabilitation programs and/or capabilities that can be developed to meet the referring hospitals' skilled care needs
- Participate in micro-networks to help hospitals add new swing bed services through peer hospital matching and knowledge exchange
- Be included in a statewide *Transfer Opportunity* tool available at no cost to urban/community hospital case managers to help them identify eligible and qualifying small rural hospitals for swing bed patient transfers

# Value Proposition

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## COVID-19 Pandemic

- Swing bed services remain a vital resource during this pandemic
- Utilization of swing bed services to lessen the burden on critically impacted facilities presents a viable resolution to the current climate and supports hospitals as they serve the needs of patients throughout the country

# Case Study

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- **BACKGROUND:** 25-bed critical access hospital in rural Georgia who had a negative 8% operating in 2017 and a swing-bed ADC of 1.1 days
- **IMPLEMENTATION:**
  - New leadership, renewed focus on growth and importance of swing-beds
  - Replaced contracted rehab groups
  - Implemented a ventilator and trach program
  - Partnered with another rural GA hospital with similar program as a referral source
- **RESULTS:** Increased swing-bed ADC to 7.4 days in 2020 – goal of 10 patients per day





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