Measuring the Quality of Swing-Bed Care in Critical Access Hospitals

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Background

- CAH swing-bed quality of care is an important Medicare policy issue that has received little attention.
- Recent studies have focused on the cost of swing-bed care (e.g., Office of the Inspector General 2015).
- Swing-beds have not been included in national efforts to address comparability of post-acute quality measures (e.g., IMPACT Act and NQF).
Background

• Swing-bed programs in rural Prospective Payment System hospitals and Skilled Nursing Facilities must submit Minimum Data Set patient data to CMS. CAHs are exempt.

• CAHs are not uniformly demonstrating the quality of care provided to their swing-bed patients.

• Inability to demonstrate swing bed quality potentially limits CAHs’ ability to participate in alternative payment models.
Purpose of Project

• To identify quality measures that can be used to assess the quality of care provided to CAH swing-bed patients, and recommend appropriate uses of the measures.
Research Questions

• Are any quality measures being used in acute or other post-acute care settings potentially relevant for CAH swing-bed patients?

• How are CAHs currently assessing the quality of care provided to their swing-bed patients?

• Which quality measures would be the most useful and feasible to assess the quality of CAH swing-bed care?
Methods

• Review of literature and organizational websites
  – Identify quality domains/measures used in acute & other post-acute care settings

• Identify hospitals for interviews with input from UMRHRC Expert Work Group members

• Identify state/network efforts to assess CAH swing-bed quality of care and additional hospitals to interview with input from SORH/State Flex contacts
  – 18 Flex states responded to email survey; 6 reported some activity related to CAH swing-bed quality
Methods (cont.)

- Phone interviews to discuss efforts to assess swing-bed quality of care, including measures being used/considered, data collection strategies, usefulness
  - CAH networks in NY, WV, and IL
  - Several consultant groups working with CAHs on swing-bed quality issues
  - Individual CAHs in AK, KY, MN, MT, NE, SC, WI, WV and rural PPS hospitals in MS, NH
Results: swing bed quality measures being used or considered by CAHs

• Discharge Disposition
  – Discharge to home (or other pre-hospital setting) vs. other location
  – Discharge location by patient category (deconditioned, neuro, ortho): home, transfer to higher level of care, transfer to LTC/SNF
Results: swing bed quality measures being used or considered by CAHs

• Readmissions
  – Inpatient hospital readmission from home within 30 days of swing-bed or inpatient discharge
  – Readmission to acute care from swing bed: with & without primary diagnosis
  – Readmission back to swing bed
Results: swing bed quality measures being used or considered by CAHs

- Average length of stay (LOS) for swing-bed patients
  - Average LOS
  - Average LOS vs. current goal for LOS

- Analysis of LOS and cost to demonstrate total cost & value relative to SNF care
Results: swing bed quality measures being used or considered by CAHs

- Therapy/Functional Status
  - CMS Minimum Data Set (MDS): functional status initial assessment and discharge scores on 0-4 scale measuring independence/need for assistance with activities of daily living (ADLs)
Results: swing bed quality measures being used or considered by CAHs

- Therapy/Functional Status
  - Time from admit to evaluation and treat for therapy services
  - Barthel Index: admit and discharge scores for 10 items on 0-2 scale measuring independence/need for assistance with ADLs
Results: swing bed quality measures being used or considered by CAHs

• Therapy/Functional Status (cont.)
  – Functional Independence Measure (FIM): measure gain from admission to discharge in motor and cognitive items; part of CMS Inpatient Rehabilitation Facility PPS
  – Physical therapy assessment scales (e.g., balance, walking, risk of falls)
Results: swing bed quality measures being used or considered by CAHs

- Process of care/teamwork measures
  - Weekly multidisciplinary team conducts bedside rounds
  - Patient goal and team goal identified, team discusses goals with patient
  - Highest risk to patient identified
  - Update communication board daily
  - Team plan for discharge
Results: swing bed quality measures being used or considered by CAHs

- Patient Satisfaction/Assessment of Care
  - Qualitative (e.g., follow-up phone call after discharge)
  - Quantitative (e.g., patient satisfaction survey administered to swing-bed and inpatient discharges by Press-Ganey; considering variations of HCAHPS survey)
  - Survey development efforts underway
Results: swing bed quality measures being used or considered by CAHs

- Potential additional measures (primarily from IMPACT domains and MDS elements)
  - Skin integrity (pressure ulcer status)
  - Medication reconciliation
  - Incidence of major falls
  - Transfer of health information and care preferences when an individual transitions
  - Healthcare Associated Infections
Results: Interview Themes

• Motivation to assess CAH swing-bed quality
  – Assess whether patients are getting appropriate care; help them return home as quickly as possible; prevent hospital readmissions
  – CAH desire to increase patient volume in swing-bed programs, compare swing-bed care to SNFs
  – Ensure compliance with CMS requirements/ intent regarding swing-bed care
Results: Interview Themes

- Challenges measuring CAH swing-bed quality
  - Deciding which specific measures to use
  - Are different functional measures needed for different categories of medical diagnoses? (e.g., ortho patient getting intensive physical therapy vs. pneumonia patient on IV antibiotics)
  - Ensuring data collection and entry is not a burden
Results: Interview Themes

• Challenges measuring CAH swing-bed quality (cont.)
  – Some measures are not collected/analyzed separately for inpatient & swing-bed patients
  – EHR limitations/need to manually abstract some data elements
  – Staff resources; turnover in key staff positions
Summary

• CAH swing-bed quality initiatives are just getting started with measure selection and initial data collection

• Some data is being used within CAHs to identify quality issues/improve care; some data is being shared with CAH networks & consultant groups
Summary

• General agreement on importance of measuring discharge disposition, LOS, and readmissions, but...
  – Measure specifications may differ
  – May be important to consider diagnosis category when evaluating discharge disposition
  – Readmission to another hospital may be difficult to track

• Multiple measures/tools are available for assessing functional status
Questions for Discussion

• What do you think the top priority areas should be for measuring swing-bed quality?

• Should CAH swing-bed quality measures be added to MBQIP?
Additional Information

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