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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).



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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.



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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



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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



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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



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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)



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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



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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



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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



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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



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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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