

Swing Beds in Rural Hospitals

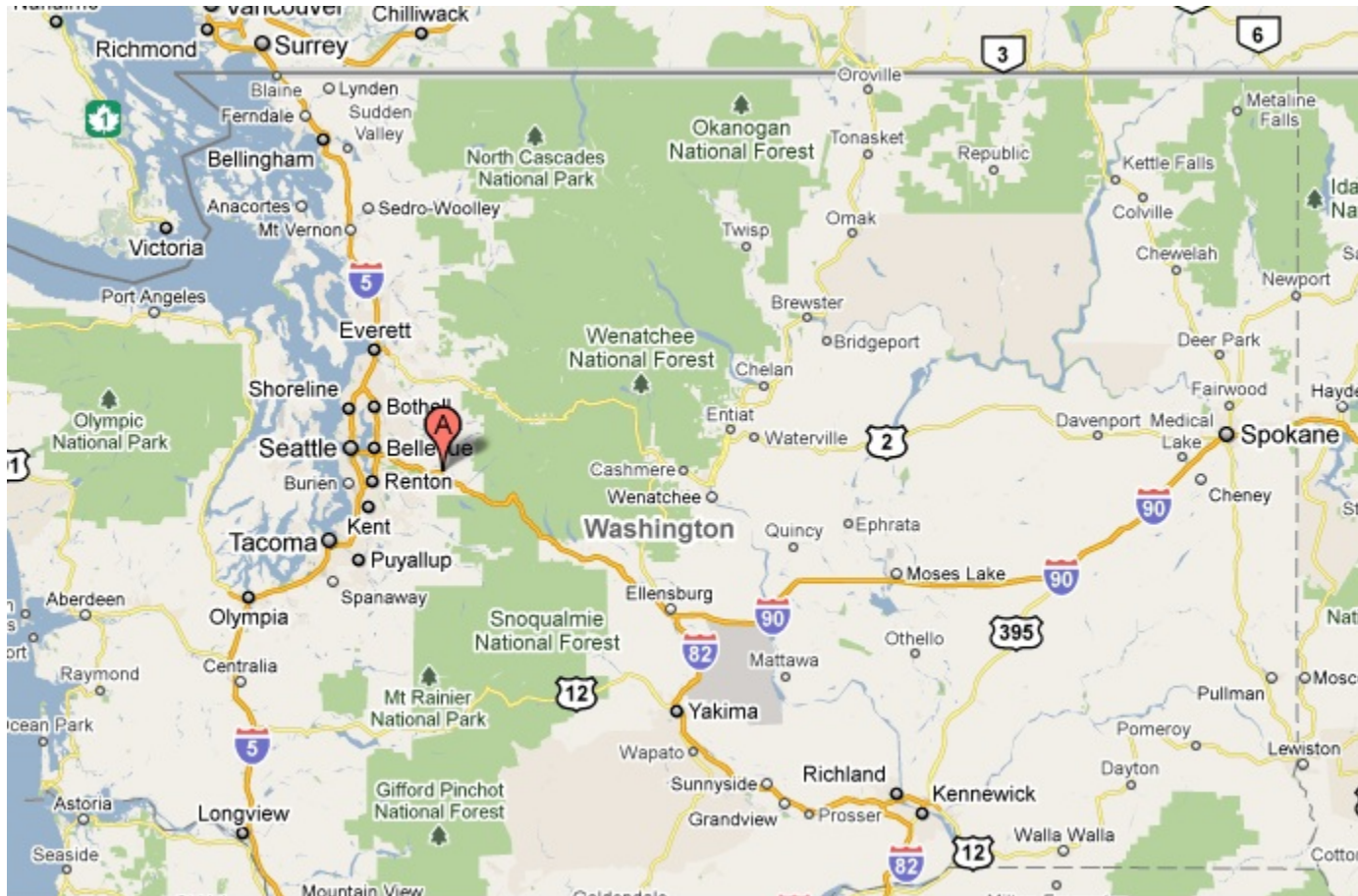
Webcast 2

Thursday, March 3, 2011
12:00pm–1:00pm



Washington
State
Hospital
Association

Snoqualmie Valley Hospital



Snoqualmie Valley Hospital Swing Bed Program


Who Are We?

- ▶ CAH with full 25 bed allowance for Swing Beds.
- ▶ Located on the periphery of growing metro area.
- ▶ 5100 Swing Bed days (180 patients), LOS of 25 days.
- ▶ 460 Acute days (200 patients).
- ▶ No OB or Pediatric inpatients (local standard of care).
- ▶ ED continuously staffed by a physician.
- ▶ Our proximity to metro tertiary care facilities allows the transfer of severely acute patients for initial care.



Snoqualmie Valley Hospital Swing Bed Program

Who Are Our Swing Bed Patients?

- ▶ Acute admissions in our facility who are transitioned to Swing Bed status after 3 midnights if they have qualified skilled needs.
 - ▶ Acute admission in tertiary care facilities in our region
 - ▶ Many Swing Bed patients live in the community, or have families who live in the area.
 - ▶ Patients are referred due to our ability to care for a higher acuity patient in a Swing bed compared to a nursing home setting.
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Snoqualmie Valley Hospital Swing Bed Program

Construction of our Swing Bed Program.

- ▶ A tightly constructed team of:

Physicians

Utilization review

Dietician

Social Work

Nursing staff

Rehab staff

Pharmacy

- ▶ Multidisciplinary team is led by the hospitalist.
- ▶ Swing Bed patients are co-mingled with our Acute care patients.


Snoqualmie Valley Hospital Swing Bed Program

Outcomes Data

- ▶ Re-admission rates to Acute is less than 5%.
- ▶ HAUTI rate of 16.6/1000 patient days.
- ▶ Approximately 90% of Swing Bed discharges return to their prior level of care.


Snoqualmie Valley Hospital Swing Bed Program

Clinical Benefits: For Our Patients

- ▶ Continuous presence of a physician on-site allows acceptance of higher acuity patients to the Swing Bed Program.
 - ▶ Hospital based ancillary services of lab, medical imaging and pharmacy offer more efficient care.
 - ▶ Recovery and rehabilitation in a facility close to family and friends is invaluable.
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Snoqualmie Valley Hospital Swing Bed Program

Benefits: For Our Staff and Facility

- ▶ Medical and nursing staff are exposed to a broader array of patients and disease processes.
 - ▶ Intellectual challenges remain present and valued for staff with prior experience in a tertiary care environment.
 - ▶ Additional volume of Swing Bed patients supports our hospitalist program.
 - ▶ Hospitalist program supports acceptance of higher acuity patients.
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Snoqualmie Valley Hospital Swing Bed Program

Benefits: For Our Staff and Facility—cont'd

- ▶ Offers the opportunity for a unique relationship with referring tertiary facilities.
 - A financial benefit to tertiary facilities to refer to CAH.
 - We are perceived as a continuation of their quality program. They desire excellence and we are motivated by their expectations.
 - Builds confidence in a lower re-admission rate returning to them from a Swing Bed program.


Snoqualmie Valley Hospital Swing Bed Program

Benefits: For Our Staff and Facility—cont'd

- ▶ Many patients require Specialty follow-up during their Swing Bed stay.
 - This creates another unique opportunity for professional relationships that otherwise would not be extended to a community hospital.
- ▶ Longer LOS for Swing Bed vs Acute Care patients offers many-fold opportunities for visiting family and friends to have repeated positive exposure to our facility.

Snoqualmie Valley Hospital Swing Bed Program

Benefits: To Our Community

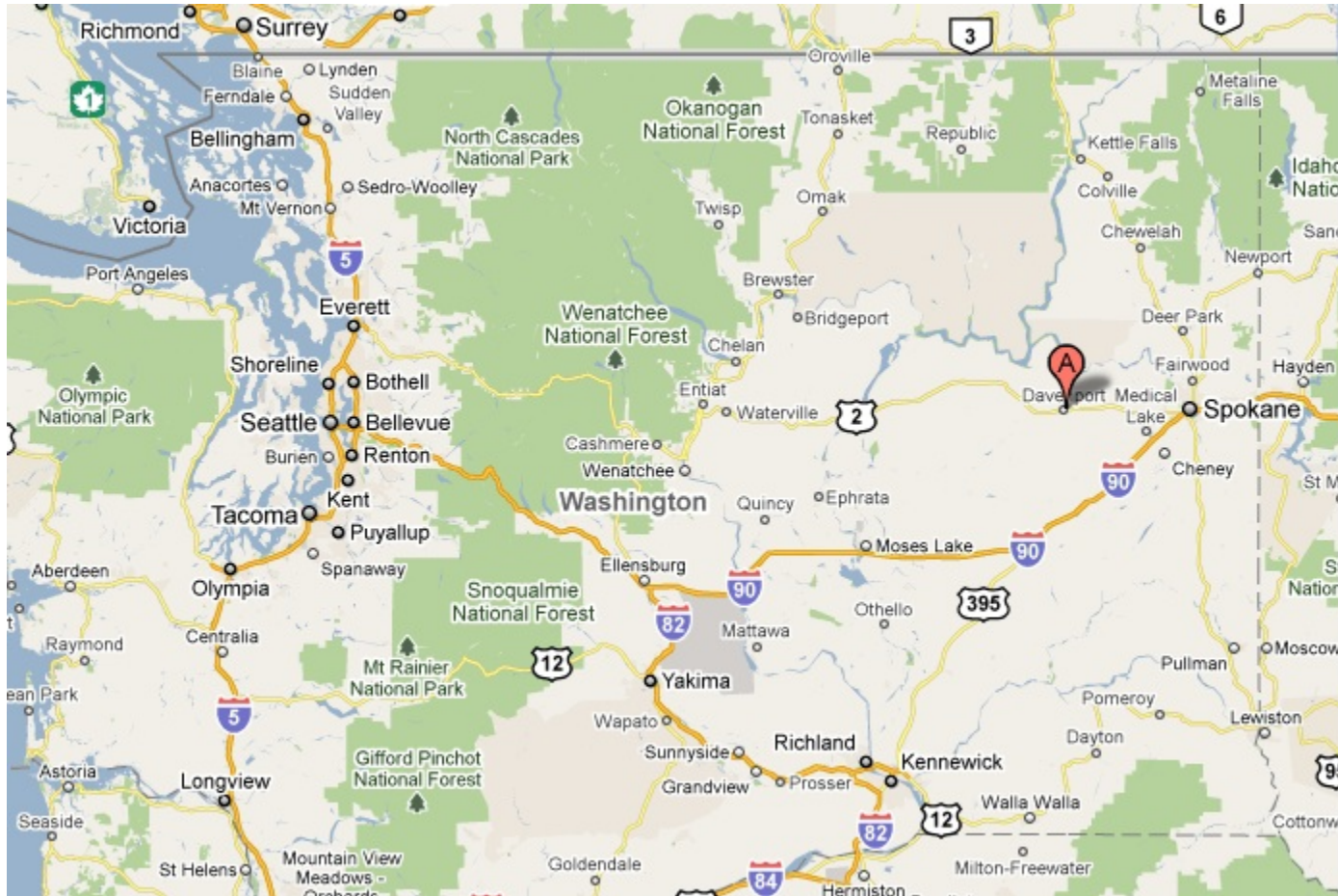
- ▶ Obvious benefit of having their loved-one nearby for recovery and rehabilitation.
 - ▶ Community at-large becomes more involved in the Swing Bed program through:
 - ✓ Patient community re-integration outings
 - ✓ Animal assisted therapy
 - ✓ Entertainment brought in for social activities
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Snoqualmie Valley Hospital Swing Bed Program

Keys To Our Successful Program

- ▶ Cohesive team approach led by the Hospitalist.
- ▶ Well-defined and consistently applied criteria and processes for patient acceptance, admission and discharge.
- ▶ Busy discharge planners in a major facility will remember an easy discharge to your CAH for future patients.
- ▶ Administrative commitment to a strong Swing Bed program.
 - Will be resource heavy to get started; to start lean can hamper the ability to grow and limit the ability to establish a good reputation with referral sources on first impression.

Lincoln Hospital



Lincoln Hospital

Who Are We?


- ▶ CAH with full 25 bed allowance for Swing Beds.
- ▶ Located on the periphery of growing metro area.
- ▶ 4020 Swing Bed days (189 patients), LOS of 21 days.
- ▶ 1909 Acute days (476 patients).
- ▶ No OB or Pediatric inpatients (local standard of care).
- ▶ ED continuously staffed by a physician.
- ▶ Our proximity to metro tertiary care facilities allows the transfer of severely acute patients for initial care.

Lincoln Hospital: What is Care Coordination?


- ▶ “.... Organizing care around patients, working in teams and coordinating tracking care over time.”
PCMH 2011 Standards and Guidelines

Lincoln Hospital: Development a Medical Home

Guiding Principle: Right care at the Right time in the Right Place

- ▶ Assessment of what we do
 - What works
 - Areas for improvement
 - Identified gaps/challenges
 - ▶ Change to our current process
 - ▶ PDSA – Let's try it!
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Lincoln Hospital: Identified 3 Initial Areas of Focus


- ▶ Referral Tracking and Follow-up
 - ▶ Coordination of Care Transitions
 - ▶ Chronic Disease Management and Prevention
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Lincoln Hospital PCMH: Track and Coordinate Care

- ▶ Referral Tracking and Follow-up
 - Track our referrals to specialists
 - Track consults returned from specialists
 - Follow-up

- ▶ Service Agreement with Orthopedic Surgeon
 - Agreed upon timeframes
 - Guidelines for effective patient care
 - Continuous discussion and improvement

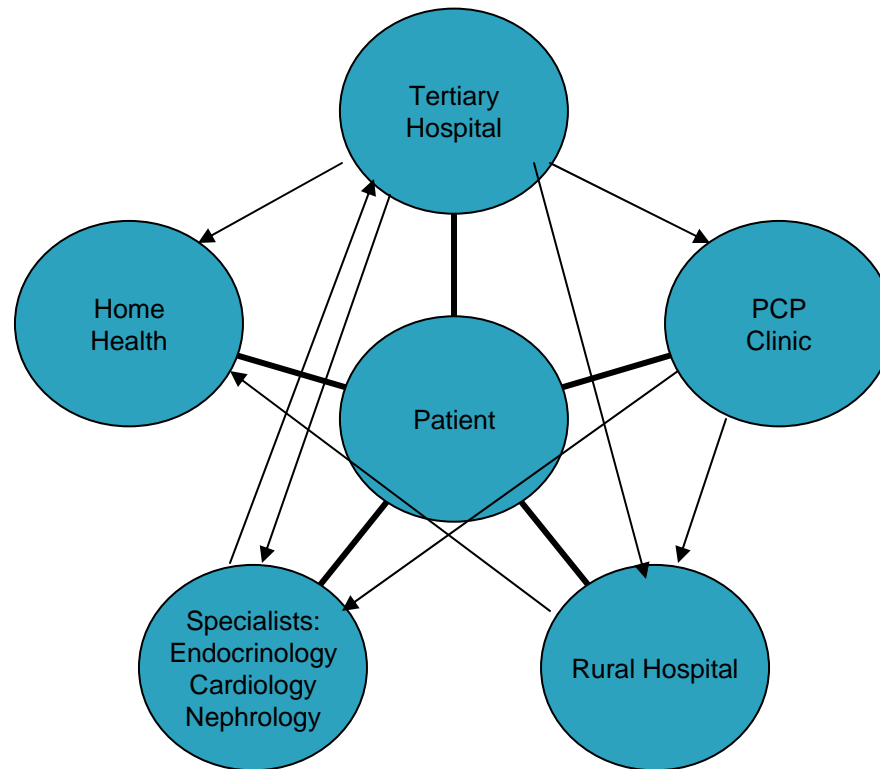
Lincoln Hospital: What We've Experienced

- ▶ Standardization of referral information, process and tracking – closing the loop!
 - ▶ Better communication
 - ▶ Better access for patients
 - ▶ Opportunities for further improvement
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Lincoln Hospital PCMH: Coordinate with Facilities and Care Transitions


- ▶ Transfers to Tertiary Hospitals
- ▶ Discharges from Tertiary Hospitals
 - INFORMATION EXCHANGE IS CRUCIAL

Lincoln Hospital: Patients can enter the healthcare system at multiple points



Lincoln Hospital: Involvement in Discharge Planning


- ▶ Want to be aware of all of our patients – not just those transferred
 - ▶ Want to provide services available in our community
 - ▶ Want to be aware when a patient has re-entered our community

 - ▶ Tertiary Hospitals agree – and are working with us to achieve this
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Lincoln Hospital: Discharge Planning

- ▶ PCP's need to know change of Care Plan: med changes, new needs, etc.
- ▶ Patients may need additional services once discharged

Information Exchange

- ▶ PCP's need to know change of Care Plan: med changes, new needs, etc.
 - ▶ Patients may need additional services once discharged
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Lincoln Hospital: Using New Technology



Questions



Contact Information

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Thank

You