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Quality Measures for CAH Swing Bed Patients

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NRHA Annual Meeting

New Orleans, LA

May 9, 2018



Rural Health Research
& Policy Centers

Funded by the Federal Office of Rural Health Policy

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Acknowledgements

- This research was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under PHS Grant #5U1CRH03717.
- The information, conclusions and opinions expressed are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.



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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).

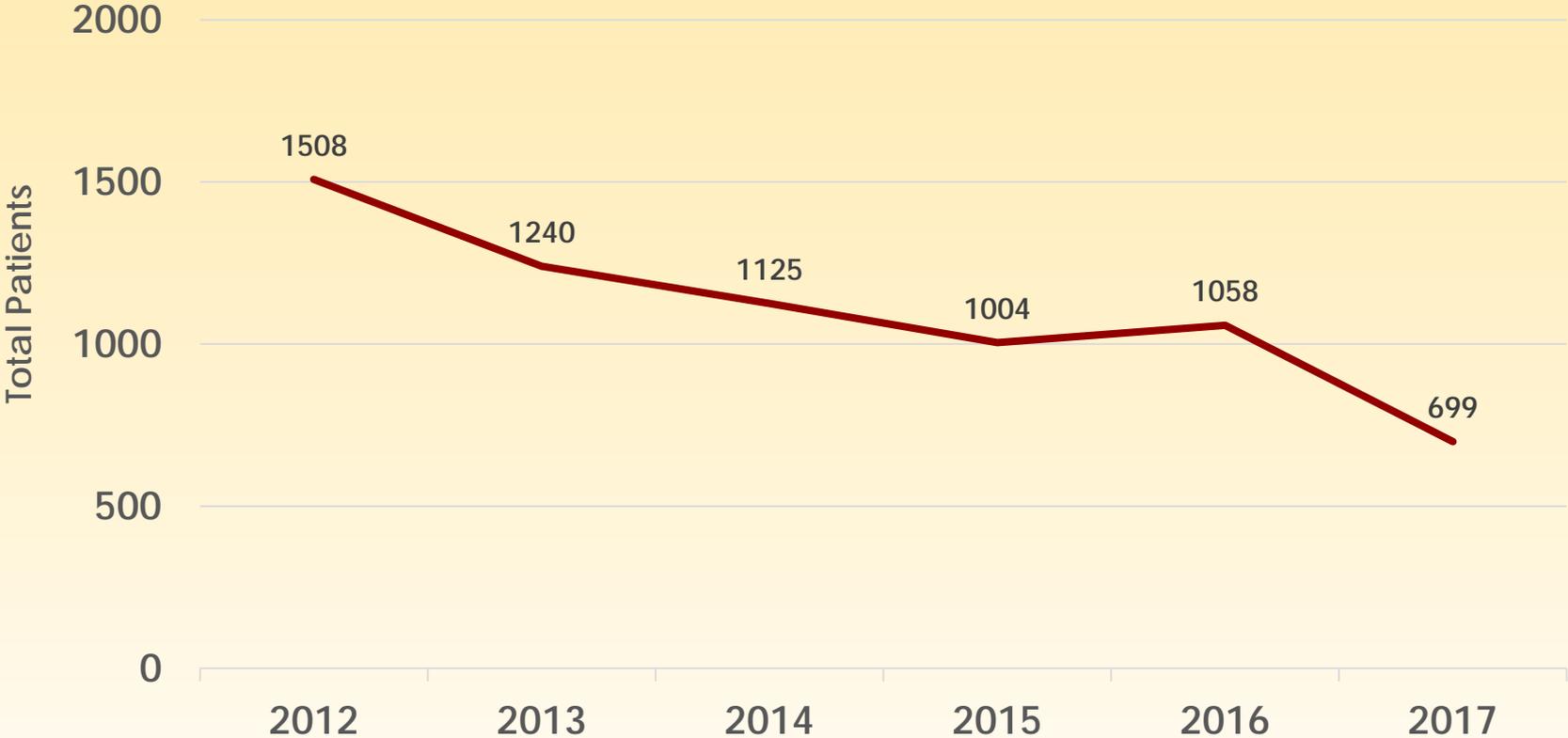


Background

- 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.



Decline in Swing Bed Admissions at Lexington Regional Health Center (LRHC)



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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



Purpose of Project

- To identify quality measures that can be used to assess the quality of care provided to CAH swing-bed patients, and implement a field test of these measures.



Methods

- Review of literature and organizational websites
- Identify hospitals for interviews with input from UMRHRC Expert Work Group members
- Identify state/network efforts to assess CAH swing-bed quality of care
- Phone interviews to discuss efforts to assess swing-bed quality of care, including measures being used/considered, data collection strategies, usefulness



Swing bed quality measures being used or considered by CAHs

- Discharge Disposition
- Readmissions
- Average length of stay (LOS) for swing-bed patients to demonstrate value relative to SNF care



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)
 - Barthel Index: admit and discharge scores for 10 items on 0-2 scale measuring independence/ need for assistance with ADLs
 - Functional Independence Measure (FIM): measure gain from admission to discharge in motor and cognitive items; part of CMS Inpatient Rehabilitation Facility PPS



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



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



Summary

- CAH swing-bed quality initiatives are getting started with measure selection and initial data collection.
- Some data is being used within CAHs to identify quality issues/improve care.



Summary

- General agreement on importance of measuring discharge disposition and readmissions, but...
 - Measure specifications may differ
 - Readmission to another hospital may be difficult to track
- Multiple measures/tools are available for assessing functional status



CAH Swing Bed Quality Measurement Field Test

- Collaboration with Stroudwater Associates
- 107 CAHs in 13 states (AL, GA, HI, IA, ID, KY, MA, NC, NE, NY, PA, TN, VA, WV)
- Collect detailed information on all swing bed patients from April 1, 2018 – March 31, 2019.



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CAH Swing Bed Quality Measures

- Discharge disposition
 - To home
 - Transferred to a NH/LTC facility
 - Transferred to a higher level of care
- 30-day follow-up status
 - Readmitted to CAH
 - Readmitted to hospital
 - ED visit at CAH
 - ED visit at other hospital
- Functional status
 - Risk-adjusted change in self-care score between swing bed admission and discharge
 - Risk-adjusted change in mobility score between swing bed admission and discharge



Data Collection Tool

- Basic demographic information (e.g. age, gender, insurance)
- Patient's residence prior to inpatient admission that preceded swing bed stay
- Patient discharge status
- 30-day follow-up status



Data Collection Tool

- Risk adjustment elements
 - Primary medical condition
 - Prior surgery
 - Prior functioning everyday activities
 - Prior use of devices
 - Communication impairment
 - Fall history
 - Pressure ulcers
 - Mental status
 - Urinary and bowel continence
 - Tube feeding
 - Comorbidities
- Functional status – Admission and Discharge
 - Self care everyday activities
 - Mobility



Staff Training and Inter-Rater Reliability Process

- Training (in-person and webinars) provided to relevant hospital staff by nurses with extensive swing bed experience
- Staff used the data collection tool for three swing bed patient cases developed by the nurse trainers
- Each case had 114 items that required scoring with the large majority of items related to risk adjustment and functional status changes
- Overall, 86% of the items were scored correctly
- Follow-up support provided to staff on specific issues related to risk adjustment and functional status details



Web Application

Stroudwater Website



Secure



HIPAA Compliant



Multiple Users

Data Collection



Paper Forms



Data Entry

Analytics & Benchmarking



Benchmarking



Printable Reports

Aggregate Data Sharing



Project Findings and Research



Additional Information

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