Kentucky Hospital Association

CAH Swing Bed

Management for Rural Hospitals

October 9-10, 2014
Hilton Garden Inn Northeast
9850 Park Plaza Avenue
Louisville, Kentucky 40241

Sponsored by:

KHREF
Kentucky Hospital Research and Education Foundation, Inc.

and

The Rural Hospital Flexibility Program

CAH Swing Bed

Management for Rural Hospitals

October 9-10, 2014 • Hilton Garden Inn Northeast • 9850 Park Plaza Avenue • Louisville, KY 40241

This program is intended to assist the CAH hospitals with training for their staff to improve the quality of their swing bed program, optimize the patient outcome, increase utilization and revenue while preventing denials for their swing bed services.

Who Should Attend

This program is a must for Care Managers/Swing Bed Coordinators, MDS Coordinators, Discharge Planners, Therapy and Nursing Directors. Charge nurses and staff also benefit by having a better understanding of what is required from the nursing department. Therapy staff involved in providing therapy for the swing bed patients benefit by understanding expectations and becoming strong team members as well as documenting medical necessity for their services.

Program Goal

To provide sufficient information and training material for participants to meet with their individual hospital's swing bed team and reevaluate their programs as well as identify opportunities for improvement once back at their respective hospitals.

Objectives:

The participant will be able to:

1. Define the basics of Swing Bed services, discuss admission criteria and identify key components of physician documentation and billing.
2. Describe key components of therapy service medical necessity documentation.
3. Create a rehab model and evaluate the hospital's status regarding CoP for swing bed.
4. Develop a plan to grow SB utilization.

Hotel Accommodations

Hilton Garden Inn Northeast
9850 Park Plaza Avenue
Louisville, KY 40241
502-423-0018

Room Rates: $119
Cutoff Date: September 17, 2014

Mary J. Guyot, RN, BS, CRRN
Principal, Stroudwater Associates
Portland, Maine

Ms. Guyot has over 40 years experience in the healthcare industry in every nursing department including nursing management, care management, PI/QI management. For the past 12 years Mary has been consulting at Stroudwater Associates where she assists hospitals and clinics with process analysis. She engages administration and departmental personnel in performance and quality improvement which results in greater efficiencies and opportunities to serve an increasing population. Mary has specific expertise in cost-based swing bed reimbursement for Critical Access Hospitals (CAH) and the prospective payment systems (PPS) with skilled nursing utilization in swing beds, distinct part units and nursing homes.

CEUs

This program is a two-day offering approved by the Kentucky Board of Nursing. Day 1 is approved for 8.1 contact hours, program offering number 5-0023-1-18-067, and Day 2 is approved for 4.5 contact hours, program offering number 5-0023-1-18-068 -expiration date December 31, 2017. The Kentucky Board of Nursing approval of individual nursing education provider does not constitute endorsement of program content. Participants must attend the entire session and complete the evaluation. Those desiring continuing education credit must have nursing license number or social security number at registration.

Registration

The registration fee for member CAH hospitals is $175 and $300 for non-members. This fee covers all handout materials, beverage breaks, lunch and administrative costs. You may register by mail, fax or online.

Fax to: (502)426-6226

Mail to: KHREF
P. O. Box 436629
Louisville, KY 40253-6629

Online: https://secure.kyha.com/meetingregistration.asp

CAH Swing Bed Management for Rural Hospitals

Day I - Thursday, October 9, 2014

8:30 am – 9:00 am
Registration / Continental Breakfast

9:00 am – 10:30 am

- Review Swing Bed Regulations
- Medicare Qualifying Stay
- Skilled Medicare Beneficiary Benefits
- Swing Bed Utilization Benefits
- Highlights of a Rehab Model

10:30 am – 10:45 am
Break

10:45 am – 12:15 pm

- Admission Criteria
- Q&A – scenario…

12:15 pm – 1:00 pm
Lunch

1:00 pm – 2:30 pm

- Physician Role, Documentation and Billing
- Consolidated Billing: What are Inclusions & Exclusions? How does this apply to CAHs

2:30 pm - 2:45 pm
Break

2:45 pm – 4:00 pm

- Skilled Therapy Services
- Therapy - Medical Necessity Documentation
- Nursing Documentation to Support Level of Care

4:00 pm – 4:30 pm

- Internal vs External Transfer Documentation

4:30 pm – 5:00 pm

- Discussion/Remaining Q&A
- Adjourn

Day II - Friday, October 10, 2014

8:00 am – 8:30 am
Registration / Continental Breakfast

8:30 am – 9:30 am
Conditions of Participation (CoP)

- Key P&Ps a Program Should Have Re: CoP
- Activity Program
- Social Services, Dietician and Dental components

9:30 am – 10:15 pm

- Growing SB Utilization (Internal & External)
- UR Data Gathering

10:15 am – 10:30 am
Break

10:30 am – 12:00 pm
Interdisciplinary Team (IDT) Process

- Referral Process
- Goal Setting / Discharge Planning
- Team communication Tools
- Notification of Non-coverage

12:00 pm – 12:30 pm

- Discussion/Remaining Q&A
- Post-Training Test
- Adjourn – Safe Travels

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The Rural Hospital Flexibility Program

General Information

Services for Physically Challenged Individuals

We wish to take reasonable steps to ensure no individual who is physically challenged is discriminated against because of the absence of auxiliary aids and services. If special arrangements or diet are required for an individual to participate in this program, please contact us at (502)426-6220.

Cancellations

A refund of registration fees will be made to those registrants notifying KHA of cancellation five (5) working days prior to program date. A $25 processing fee will be assessed against each refund. No refunds will be made after that date. Substitutions are accepted.

Registration Form

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Mail by September 29, 2014

Please Complete Information:

Name _____

Title _____

E-mail _____

Name _____

Title _____

E-mail _____

Complete Hospital Information:

Hospital _____

Address _____

_____

Phone _____

☐ Number of vegetarian meals required

Registration Fees:

The fee for this program is: $175 per participant (KHA member)
$300 per participant (non-member)

Number of participants _____ x fee = _____
(amount enclosed)

☐ Check Enclosed (Make checks payable to KHREF)

☐ Charge my Mastercard/VISA/American Express

Contact Beth DeFrees at 502-992-4309 with card information
or
register online at **https://secure.kyha.com/meetingregistration.asp**

Checks and registration forms need to be mailed by **September 29, 2014** to:

KHREF
PO Box 436629
Louisville, Kentucky 40253-6629

Phone: (502) 426-6220
Fax: (502) 426-6226

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