

# Overview of Swing Bed Certification Courses

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# Presenters



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# Swing Bed Certification Courses

## **Swing Bed Basic Course**

The basic course focuses on understanding and implementing regulatory requirements.

## **Swing Bed Advanced Course**

The advanced courses focuses on strengthening the Swing Bed program including strategies for engaging the team and increasing volume.

# Format

Each course is divided into six (6) modules.

Each module may take up to two (2) weeks to complete, including learning assignments. The courses are self-paced.

Education is provided in a virtual environment using a combination of

- Pre-recorded didactic presentations
- Links to educational videos to supplement presentation
- Discussion threads with a virtual meeting space and opportunity for discussion

Each module has specific assignments to complete

Resources and tools are included for most modules

# Example of Learning Assignments (Module 6)

- 1) Listen to the recorded lecture.
- 2) Review at least two (2) medical records, preferably with one other Swing Bed team member, for documentation of required discharge notices provided to:
  - Next post-acute care provider
  - Patient
  - Ombudsman
- 3) Listen to the two (2) YouTube videos on discharge planning. Comment in the discussion thread your reaction to each of the two videos
- 4) Read the AHRQ article on discharge planning: AHRQ: Guide to Patient and Family Engagement  
[https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy4/Strat4\\_Tool\\_1\\_IDEAL\\_chklst\\_508.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy4/Strat4_Tool_1_IDEAL_chklst_508.pdf)
- 5) Post one comment on the Discussion Thread. – and - Comment on at least one discussion thread – and - Return often to comment on others' posts

# Example of Tools Provided

1. Comprehensive audit tool
2. Pre-Admission Checklist
3. Swing Bed Admission Packet
4. Discharge Checklist
5. Swing Bed Policies and Procedures

# CEUs

Each course has a total of 9.0 CEUs. (9.0 for Basic Course and 9.0 for Advanced Course)

CEUs are accredited by the California State Board of Nursing

To be awarded CEUs participants must:

- 1) Listen to all recorded lecture
- 2) Complete all learning assignments
- 3) Post on discussion thread at least once for each module

# Who Should Participate

The course is designed for anyone responsible for overseeing, coordinating, or participating in a Swing Bed program, or anyone wanting to increase their knowledge about Swing Bed.

Recommended participants include

- Chief Nursing Officers
- Swing Bed Coordinators
- Case Managers and Discharge Planners
- Social Workers
- Rehabilitation - Physical Therapists, Occupational Therapists, Speech Therapists,
- Dietitians and Dietary Managers
- Pharmacists
- Providers



# Why Should You Participate

1. CEUs (9.0 CEUs for each course)
2. Combination of lecture and experiential learning – which has shown to be more effective for adult learners than just a lecture or presentation
3. Opportunities to learn from and share ideas with peers (discussion threads)
4. Tools and resources to use for improving your program
5. Become the “expert” in your organization

# Instructors

## **Carolyn St. Charles, MBA, BSN, RN HealthTech, Chief Clinical Officer**

Carolyn St. Charles has more than 30 years' experience in healthcare, including more than 15 years in senior leadership positions. St. Charles works collaboratively with senior leaders, providers and clinical staff to develop and implement sustainable strategies for improving both financial and clinical outcomes. She provides education and consulting for Swing Bed programs thru-out the United States.

St. Charles earned an Associate Degree in Nursing from Pima Community College in Tucson, Arizona, a Bachelor of Science in Nursing from Northern Arizona University and a Master of Business Administration from the University of Washington Foster School of Business. She is a member of the American Organization of Nurse Executives, Case Management Society of America and Phi Kappa Phi.

# Instructors

## **Cheri Benander, RN MSN, CHC, C-NHCE HealthTech, Clinical & Compliance Consultant**

Cheri has over 30 years' experience in various healthcare roles to include clinical, management, administration, compliance, consulting, and education. Her leadership experience has extended to multiple healthcare settings to include acute care, home health, hospice, assisted living and long-term care.

As a consultant, Benander has worked collaboratively with leaders and clinical staff to improve productivity, time management, and leadership skills, formulate survey responses, and implement various programs including compliance.

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Fees



# Fees

## **Swing Bed Basics**

**\$299**

## **Swing Bed Beyond Basics Advanced Course**

**\$299**

If purchased in combination with the Swing Bed Basics

**\$200**

A discount is available for members of the following groups

- California Critical Access Hospital Network
- HealthTech Managed Hospitals
- Illinois Critical Access Hospital Network
- Montana Critical Access Hospitals
- Western Healthcare Alliance
- HealthTech Managed Hospitals

If you are a member of one of these groups, please contact your association representative or request rates from Carolyn St.Charles or Cheri Benander

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# How to Register



# How to Register

Registration opens January 30, 2023 for Basic Course

Registration opens February 28, 2023 for Advanced Course

Go to <https://www.health-tech.us/>

- In the upper right corner click on the 3 lines
- Click on Education/Resources
- Click on Certification Courses
- Select Swing Bed Basics for Critical Access Hospitals
- At the bottom of the course description click on the “**Register Here**” tab

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# Overview Swing Bed Basic Course





# Swing Bed Basic Course

**Module 1:** Objectives 01-02/Recommend 2 wks. per module/Asynchronous Discussion & Clinical Practice (3 Hours); Recorded Lecture (30 Minutes)/1.5 hrs.

**Module 2:** Objectives 03-05/Recommend 2 wks. per module/Asynchronous Discussion & Clinical Practice (3 Hours); Recorded Lecture (30 Minutes)/1.5 hrs.

**Module 3:** Objectives 06-07/Recommend 2 wks. per module/Asynchronous Discussion & Clinical Practice (3 Hours); Recorded Lecture (30 Minutes)/1.5 hrs.

**Module 4:** Objectives 08-09/Recommend 2 wks. per module/Asynchronous Discussion & Clinical Practice (3 Hours); Recorded Lecture (30 Minutes)/1.5 hrs.

**Module 5:** Objectives 10-11/Recommend 2 wks. per module/Asynchronous Discussion & Clinical Practice (3 Hours); Recorded Lecture (30 Minutes)/1.5 hrs.

**Module 6:** Objectives 12-13/Recommend 2 wks. per module/Asynchronous Discussion & Clinical Practice (3 Hours); Recorded Lecture (30 Minutes)/1.5 hrs.

# Modules

1. Swing Bed History and Regulatory Requirements
2. Swing Bed Criteria and Pre-Admission
3. Admission Processes
4. Multi-Disciplinary Plan of Care
5. Continuing Care
6. Discharge Processes

# Module 1 – Swing Bed History and Regulatory Requirements

1. Swing Bed resources
2. Swing Bed value
3. History of Swing Bed
4. Number of beds
5. Reimbursement
6. Sources of regulatory requirements
7. Overview of Appendix W, Appendix PP, and Medicare Benefits Manual Chapter 8

# Module 2 – Swing Bed Criteria and Pre-Admission

1. Choice of post-acute providers
2. Medicare admission criteria for Swing Bed
3. Examples of skilled care
4. Pre-Admission processes
5. Choice of post-acute care providers

# Module 3 – Admission Processes

1. Patient disclosures
2. Initial assessment
3. Baseline plan of care

# Module 4 – Multi-Disciplinary Plan of Care

1. Developing the multi-disciplinary plan of care
2. Structuring effective care plan meetings

# Module 5 – Continuing Care

1. Reassessment after a significant change
2. Abuse, neglect, exploitation and misappropriation of property
3. Nutrition
4. Dental
5. Medication Management
6. Activities
7. Rehabilitation
8. Social Service

# Module 6 – Discharge Processes

1. Choice of Post-Acute Care Provider
2. Discharge Patient Rights
3. Discharge Information to next provider of care
4. Ombudsman Notice of Discharge
5. Discharge Planning Processes
6. Preventing Readmissions



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# Swing Bed Advanced Course



# Advanced Swing Bed Certification Course



1. Navigating Appendix PP
2. Swing Bed Policies and Procedures
3. Performance Measures and Continuous Improvement
  4. Team Engagement
  5. Strategies for Growth
6. Continuous Survey Readiness

# Learning Minute for Today Did you know.....



# Discharge Rights

## **C-1610 §485.645(d)(2)** Admission, Transfer and Discharge Rights

§483.5 definition of transfer & discharge: Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.

§483.15(c)(1) Transfer and discharge—(1) Facility requirements—

(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless—

(A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;

(B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;

(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;

(D) The health of individuals in the facility would otherwise be endangered;

# Discharge Rights cont.

## **C-1610 §485.645(d)(2)** Admission, Transfer and Discharge Rights

(D) The health of individuals in the facility would otherwise be endangered;

(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Non-payment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or

(F) The facility ceases to operate.

(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to §431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to §431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose

# Notice Before Discharge

## **C-1610 §483.15(c)(5)**

Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:

(i) The reason for transfer or discharge

(ii) The effective date of transfer or discharge

(iii) The location to which the resident is transferred or discharged

(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;

(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;

(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and

(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act

# Revised Appendix PP October 2022

## Notice Before Discharge

### Appendix PP/F623: Content of Discharge Notice

- Discharge notice must include all of the following
  - The specific reason for the transfer or discharge
  - The effective date of the transfer or discharge;
  - The **specific** location (**such as the name of the new provider or description and/or address if the location is a residence**) to which the resident is to be transferred or discharged;
  - An explanation of the right to appeal **the transfer or discharge** to the State;
  - The name, address (mail and email), and telephone number of the State entity which receives such appeal hearing requests;
  - Information on how to **obtain** an appeal form;
  - Information on obtaining assistance in completing and submitting the appeal hearing request; and
  - The name, address (**mailing and email**), and phone number of the representative of the Office of the State Long-Term Care ombudsman

# Notice Before Discharge Example

**Date:**

**Name:**

**Admission Date:**

Your discharge from the Swing Bed program is expected to occur \_\_\_\_\_ (*When*)

You are being transferred or discharged because: (*Specific reason*)

You are being transferred or discharged to \_\_\_\_\_ (*Location*)  
(*If the location is a residence the address must be included*)  
(*Include name / address of new provider of care including physician*)

If you disagree with the transfer or discharge, you can file an appeal by contacting:  
State Division of Health (*name/ mailing address / email address*), or  
State-Long Term Care Ombudsman (*name/ mailing address/ email address/ phone*)

You can access an appeal form at: (*name/ web site/ Email/ phone*)

If you need assistance in obtaining, completing, or submitting the appeal request you can contact (*name/ mailing address/ email address/ phone*)

***Patient Signature / Date***



# Timing of Discharge Notice

## **C-1610 §483.15(c)(4)** Timing of the notice.

(i) Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least **30 days** before the resident is transferred or discharged.

§483.15(c)(1) Transfer and discharge—(1) Facility requirements— (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless— (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; **(B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;** (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Non-payment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate.

# Notice of Medicare Non-Coverage

## **CMS Pub 100-04 Medicare Claims Processing Centers for Medicare & Medicaid Services (CMS) Transmittal 2711 260.2**

The expedited determination process is available to beneficiaries in Original Medicare whose Medicare covered services are being terminated in the following settings. All beneficiaries receiving services in these settings must receive a Notice of Medicare Non-Coverage (NOMNC) before their services end: For purposes of this instruction, the term “beneficiary” means either beneficiary or representative, when a representative is acting for a beneficiary.

- Home Health Agencies (HHAs)
- Comprehensive Outpatient Rehabilitation Services (CORFs)
- Hospice
- Skilled Nursing Facilities (SNFs)-- Includes services covered under a Part A stay, as well as Part B services provided under consolidated billing (i.e. physical therapy, occupational therapy, and speech therapy).

A NOMNC must be delivered by the SNF at the end of a Part A stay or when all of Part B therapies are ending. For example, a beneficiary exhausts the SNF Part A 100-day benefit, but remains in the facility under a private pay stay and receives physical and occupational therapy covered under Medicare Part B.

A NOMNC must be delivered by the SNF when both Part B therapies are ending. Skilled Nursing Facilities includes beneficiaries receiving Part A and Skilled Nursing Facilities **includes beneficiaries receiving Part A and B services in Swing Beds.**

# Notice of Medicare Non-Coverage

## **CMS Form Instructions for NOMNC**

The NOMNC must be delivered at least **two calendar days** before Medicare covered services end or the second to last day of service if care is not being provided daily. Note: The two day advance requirement is not a 48 hour requirement.

# Appeal

## **C-1610 §483.15(c)(1)**

The facility may not transfer or discharge the resident while the appeal is pending, pursuant to §431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to §431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.

# Notify the Ombudsman

## **C-1610 §483.15(c)(3):**

Notice before transfer. Before a facility transfers or discharges a resident, the facility must—

- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. **The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.**

## **Appendix PP §483.15(c)(3)-(6)**

Guidance - Notice of Transfer or Discharge and Ombudsman Notification

Notice to the Office of the State LTC Ombudsman must occur before or as close as possible to the actual time of a facility-initiated transfer or discharge. The medical record must contain evidence that the notice was sent to the Ombudsman. While Ombudsman Programs vary from state to state, facilities must know the process for ombudsman notification in their state

**Send the Discharge Notice you provide to patient**

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# How to Register



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# 1st Quarter Webinars





# January – July webinars

All webinars are recorded for on-demand viewing

## Swing Bed Certification Course Overview

**Presenter:** Carolyn St.Charles, RN, BSN, MBA – Chief Clinical Officer, HealthTech  
**Date:** January 24, 2023 | **Time:** 12pm CST  
**URL:** <https://bit.ly/3WgHvIrl>

## Choosing an EHR for your Hospital: A roadmap

**Presenter:** Amy Lowe – Senior Recruiting Director, HealthTech  
**Date:** February 8, 2023 | **Time:** 12pm CST  
**URL:** <https://bit.ly/3YQvNGq>

## COVID Fraud

**Presenter:** Cheri Benander, RN, MSN, CHC, C-NHCE  
**Date:** March 10, 2023 | **Time:** 12pm CST  
**URL:** <https://bit.ly/3jmTwOh>

## Part 1: Survey Hot Topics for Critical Access Hospitals

**Presenter:** Carolyn St.Charles, RN, BSN, MBA  
Chief Clinical Officer, HealthTech  
**Date:** April 7, 2023 | **Time:** 12pm CST  
**URL:** <https://bit.ly/3HXDdBL>

## Improving Health System Operations – One step at a time

**Presenter:** Scott Manis – Regional Vice President.  
Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer, HealthTech  
**Date:** May 10, 2023 | **Time:** 12pm CST  
**URL:** <https://bit.ly/3G5Hlsp>

## Part 2: Survey Hot Topics for Outpatient Care Settings and Rural Health Centers

**Presenter:** Carolyn St.Charles, RN, BSN, MBA – Chief Clinical Officer, HealthTech  
**Date:** May 19, 2023 | **Time:** 12pm CST  
**URL:** <https://bit.ly/3jR9G2o>

## How Creativity Drives Advertising Effectiveness for your Hospital + Building a Brand Voice

**Presenter:** Dominic Symes – EVP Staffing Solutions & Chief Revenue Officer, HealthTech  
**Date:** June 16, 2023 | **Time:** 12pm CST  
**URL:** <https://bit.ly/3WXT0oB>

## Diversity and Inclusion Service Management

**Presenter:** Kevin Hardy - Director of Interim and Executive Recruiting, HealthTech  
**Date:** July 12, 2023 | **Time:** 12pm CST  
**URL:** <https://bit.ly/3FNrii6>

# Let us know if questions



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