



## Skilled Swing Bed Report May 2025

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### Workforce Wellness

- Skilled Swing Bed (SB) is staffed with Acute Care RN's. Swing Bed indicates a hospital room.
- Currently there are 5 RN and 1 LPN travelers, 6 permanent RNs for a total of 13 floor positions.
- 2 RNs are staffed on AC daily, and 1 RN is staffed nightly, looking at staffing a second RN on AC for summer if able.

### Community Engagement

- Working with local ALF, Mountain View Manor for placement. Working with Adult Protective Services and LTC Ombudsman for assistance with vulnerable skilled patients' placement for safest discharge plan.
- Working with PMC departments to improve communication and understanding of eligibility and level of care requirements.
- Review online referrals from hospitals in the Seattle area (Swedish, Virginia Mason, Harborview).
- All recent skilled patients are local, many previously came from Bartlett Regional in Juneau. Currently have 1 Skilled SB inpatient, 2 ICF SB, 2 outpatient in a bed, discharged 4 others in past 5 days. Had census of 6+ swing bed patients for past 12 weeks.
- Maintain regular phone contact with Bartlett Regional, at least weekly, typically more frequent, recently have been informing Bartlett we are at capacity on weekly basis.
- Use screening tools (Skilled Screener, LTC Needs Assessment Tool, Infection Control Transfer Form) to assess medical appropriateness and level of care required.
- Review prospectives' insurance and discharge plan to ensure a smooth transition after the Skilled stay.
- Referrals are evaluated by the PMC Rehab department for qualification and benefit from Skilled Rehab.
- Referrals then go to the PMC physician for approval and completion of a physician-to-physician report.
- LTC Medicaid Authorization for Swing Bed must be approved by DHSS prior to travel and stay.
- Widening the recruitment radius yields mixed results due to factors like payor source, medical/psychiatric complications, and discharge plan challenges.
- Admitting skilled patients without a support system, payor source, or adequate discharge plan causes financial hardship and is not ethically viable for PMC, we currently have 2 patients in hospital in this category.

### Patient Centered Care

- Goal: Develop metrics for improving quality of care and achieving optimal outcomes.
- Developing QIP: Within one week of discovery of need for LTC level of care and need for Medicaid application assistance. Will notify Jen Ray PMC LTC Medicaid expert: Brandy Boggs HHSW: and Helen Boggs LTC DON.

- Plan in place- effective.
- Current surveyed areas: readmissions, falls, skin breakdown, Notices of Non-Coverage, skilled patient days.
  - No readmissions.
  - No falls in skilled in March-April.
  - No new skin breakdown, providing wound care currently.
  - Notice of non-coverage given for Medicare Patients, not applicable to private insurance.
- Targeting improved communication between local and receiving providers for referrals, medevacs, and patients requiring skilled care; to better disseminate information on services offered.
- Highlight PMC Skilled Nursing Facility's 24/7 RN staffing for IV therapy, medication management, and wound care directed by certified specialists.
- Emphasize the advantage of having RN staffing, which is not typical in most Skilled Nursing environments.

#### **Facility**

- Changes in equipment:
  - Sara-steady sit to stand for transfer assistance for weight bearing but unsteady patients.
  - Possible new bed purchase July, 2025.

#### **Financial Wellness**

- Skilled Swing Bed (SNF SB) patient days in the past 2 months: 4 (goal: 3 patient days). No skilled readmission in past 60 days.
- Average census, including all Swing Bed stays (some at LTC level of care): 5 Swing Bed Patients.

**Submitted by:** Elizabeth Hart

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