



Swing Bed, Utilization Review, and Discharge Planning Report May 2026

Workforce Wellness

Since assuming the role of Swing Bed Coordinator in February 2026, I have focused on improving utilization review processes, discharge planning coordination, interdisciplinary communication, and regulatory compliance.

Primary priorities have included workflow development, communication improvement, and continued interdisciplinary collaboration to support program growth and patient outcomes.

Community Engagement

Current community engagement efforts include:

- Strengthening collaboration between nursing, therapy, providers, dietary, and discharge planning services to improve patient care coordination.
- Improving interdisciplinary care conference communication and increasing patient and family participation.
- Implementing post-care conference email updates for nursing staff and CNAs to improve awareness of patient goals, care needs, and discharge planning progress.
- Building relationships with referring hospitals, social workers, and discharge planners.
- Encouraging earlier family involvement in discharge planning and interdisciplinary care conferences.

Barriers impacting discharge include limited placement options, transportation challenges, rural resource limitations, and coordination with multiple outside agencies.

Patient Centered Care

The department continues to prioritize patient-centered workflows, discharge planning coordination, interdisciplinary collaboration, and documentation consistency.

Key patient care initiatives include:

- Increase structure of interdisciplinary care conferences.
- Development of standardized utilization review and skilled documentation templates.
- Increased collaboration between nursing, therapy, providers, and discharge planning to improve care transitions and reduce unnecessary delays.
- Tracking Swing Bed quality metrics and patient outcomes.
- Emphasis on discharge planning beginning at admission.

Quality Indicator

Outcome

30-Day Readmissions

1 readmission to ER

Catheter Associated UTIs

0

<i>Non-Catheter UTIs</i>	1
<i>IV Infiltrations</i>	0
<i>C. difficile Infections</i>	0
<i>Medication Errors</i>	0
<i>Pressure Injuries</i>	0
<i>Pneumonia Cases</i>	1

Additional patient-centered initiatives include creating a more personal and welcoming environment for skilled patients. Patients discharged from the Swing Bed program now receive handwritten thank-you notes from staff expressing appreciation for allowing the team to participate in their care experience.

Facility

At this time, there are no major concerns related to the department equipment or software systems.

Financial Wellness

Our goal is to maintain a minimum average census of 3-6 Swing Bed patients.

Swing ICF utilization has remained stable throughout the reporting period.

Swing Bed Utilization Trends

<i>Metric</i>	<i>Nov 25</i>	<i>Dec 25</i>	<i>Jan 26</i>	<i>Feb 26</i>	<i>Mar 26</i>	<i>Apr 26</i>
<i>Swing SNF Days</i>	67	92	60	80	74	59
<i>Swing ICF Days</i>	30	31	31	28	31	30

Over the last six months, the Swing Bed program has averaged 72 SNF days and 30 ICF days per month, resulting in an average combined daily census of approximately 3–4 patients.

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