

## STROUDWATER'S FINDINGS FROM THE FIELD | NOVEMBER 2019



Central Montana Medical Center participates in the CAH Swing Bed Outcomes Measures Project conducted by the University of Minnesota Rural Health Research Center in partnership with Stroudwater Associates. More than 230 CAHs in 21 states currently participate in the study.

*The web-based tool developed by Stroudwater is the first and only tool dedicated to measuring swing-bed performance data.*

### Engagement CAH Swing Bed Outcomes Measures Project

<b>Background</b>	Central Montana Medical Center (CMMC), a 25-bed critical access hospital (CAH), is nestled among five mountain ranges in Lewistown, Montana. The medical center provides a full range of services including radiology, medical, surgical, obstetrics, and emergency care.
<b>Organizational Challenges</b>	<p>CMMC signed on to the CAH Swing Bed Outcomes Measures Project in January 2019 after hearing about the project through the Montana Flex program. More than 1,000 of the nation's CAHs (88 percent) provide swing-bed services. While Medicare requires rural hospitals that receive reimbursement through the Prospective Payment System (PPS) to report data on swing-bed patients through the Minimum Data Set (MDS), Medicare does not require CAHs to collect similar information. CAH swing beds have not been included in recent national quality measurement initiatives.</p> <p>CMMC was eager to participate in the national effort to collect and benchmark swing-bed outcomes measures. Lexie Sullivan, Quality Improvement Project Coordinator, and Susie Wilber, Utilization Review and Swing Bed Nurse Manager, spearhead the swing-bed efforts at CMMC.</p>
<b>Stroudwater's Approach</b>	<p>After a daily meeting with a multidisciplinary hospital team—nursing, social services, therapies, pharmacy, and dietary—data gathered from discharge assessments is entered into the web-based tool developed by Stroudwater. The innovative tool is the only solution dedicated to rural and community hospital swing-bed programs and is the national platform for data collection and benchmarking swing-bed outcomes.</p> <p>Before this the tool was developed, information on discharges was available, but nothing that captured data specific to swing-bed performance. CMMC implemented the program so it could compare its outcomes to other Montana CAHs and set objectives for the swing-bed program. The medical center is also proud to work with other Montana hospitals to help improve its swing-bed efforts statewide.</p>
<b>Results</b>	<p>Through the web-based tool, CMMC can pull reports detailing discharges by age, payer, medical condition, length of stay and readmission status at 30 days. Staff can use the reporting as proof of the value of the swing-bed program for the hospital, as well as for community members who can recover close to home rather than seeking care elsewhere.</p> <p>Sullivan and Wilber report that the swing-bed application is very easy to use and has given staff the insight they need to help return patients to their prior living situation when possible and prevent avoidable readmissions. In reviewing the reports provided by Stroudwater, CMMC was happy to see the average length of stay was less than expected—eight or nine days compared to the 12 days they had estimated.</p> <p>The staff is proud of two major metrics: CMMC has a shorter length of stay compared to other CAHs in the field test and their readmission rate is lower as well.</p>
<b>What's Next</b>	In the next phase of the program, CMMC is working with Stroudwater to take a deeper dive into two medical condition categories: “medically complex” and “other medical conditions.” Many patients fall into one of these categories and defining these groups in more detail will provide insight into the diagnoses CMMC is treating within its swing-bed population.



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