Approved	1-	74-	1985
		Date	sh,

MINUTES OF THE HOUSE	COMMITTEE ON _	POBLIC	HEALTH AN	D WELFAI	<u>RE</u>
The meeting was called to order by	Marvin L.	Littlejoh Chai	n rperson		at
1:30 /a/nd./p.m. on Jan	uary 16,	,	19 <u>85</u> in room .	423-S	of the Capitol.
All members were present except:	Joan Wagnon,	excused.			

Committee staff present:

Norm Furse, Revisor Bill Wolff, Research Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Jane Ford, Kansas Hospital Association Frances Rogers, Wesley Medical Center, Wichita, Ks. Dick Hummel, Kansas Health Care Association

See Visitor's register attached.

Chairman called meeting to order promptly at 1:30 p.m., and introduced conferees, Ms. Jane Ford, and Ms. Frances Rogers, who gave a presentation on "SWING BED CONCEPT". There was a slide presentation first, and then questions from committee members.

The slide presentation indicated advantages, i.e., costs, patient attitudes, family participation, etc.

Committee members then had a diverse range of questions for Ms. Ford, and Ms. Rogers, i.e., Yes, Kansas has a high percentage of elderly in need of this type of care; yes, there is a follow-up study being done on "after Swing Bed care"; explanation of Robert Wood Johnson Grant for the Swing Bed Concept; 41 hospitals now certified to use this concept; grant monies used for education of staff, family members of patients under this care, and also for equipment; yes, often existing staff can be utilized, etc., etc...

Dick Hummel of Kansas Health Care Association then spoke to committee in regard to the Swing Bed Concept from the Nursing Home Care Facility's point of view. He stated they feel patient care is of prime consideration, and further the standards of uniformity need to be observed and presently this is not the case. Perhaps, he said, an overall view of long term care should be evaluated.

Chairman noted meeting tomorrow will cover a Study done on First District Health Care.

Meeting adjourned at 2:30 p.m.

GUEST REGISTER

HOUSE

Please Print

NAME	ORGANIZATION	ADDRESS
Charlett. Basseneyer M.	D	309 Earlyste Kansar
Barbar Wunsch	Krintal annie, 2 Kanens	225 W. Copelan O-Kingma
KOTHR LANDIS	CHRISTIAN SCIENCE CAMITTEE EN PUBLICATION FOR KANSAS	Topeka
DICK Hummel	15 HEACTH CAMBASSN.	
Lynellesking	K State Nurses Assor	820 Dung topola & 66,19
John Grave	Ks Assoc Homes For Aging	Thella
Marilen Bradt	Vansan for Imprerement of	KIRH
Re Domania	KD ATE	Torcher
Frances Rogers	Wesley-KHA	
Jane Ford	KHA	Spike
G. J. SABOL	1DH 48	11
Melissa Hungerford	KHA	h
Clave Cumbié	HSANEK	11.



Memorandum

Donald A. Wilson

President

TO:

FROM:

Kansas Swing-Bed Project

SUBJECT:

IMPLEMENTATION OF A SWING-BED PROGRAM

In response to your request for information on the Kansas swing-bed project, enclosed are materials which should assist you in developing a program at your hospital.

To be eligible for swing-bed certification, a hospital must:

- 1. have fewer than 50 licensed hospital beds (excluding new-born beds and beds in special care units);
- 2. be located in a rural area as defined by the U.S. Census Bureau;
- 3. be granted a certificate of need, if the state health planning agency requires such, for provision of SNF and ICF services; (in Kansas, facilities must merely file a letter of intent with the state certification & licensure section); and
- 4. have an agreement with the U.S. Department of Health and Human Services.

As a condition of participation, the hospital must meet HCFA's requirements in the areas which are listed below and described elsewhere in the packet:

- Patient Rights
- Dental Services
- ° Patient Activities
- ° Social Services
- Discharge Planning
- Rehab Services

Implementation of a Swing-Bed Program Page 2

Note: If a hospital does not admit long-term care patients requiring rehab services, the hospital would not be expected to provide rehab services. However, if rehab services are provided, such services must meet SNF requirements for physical therapy, occupational therapy and speech/audiology, and the services must be provided on a daily basis by a qualified individual in order to obtain SNF Medicare reimbursement.

A Quality Assurance program is also recommended and all hospitals should have an active utilization review committee.

If we can be of further assistance, do not hesitate to contact us at the Kansas Hospital Association.

Project Director: Jane Ford

Best wishes for your continued success.

JF:dh

Enclosures

EXHIBIT A: SWING-BED PROGRAMS IN KANSAS

Vern Schepmann, Adm. Sharon Ewing, Swing-Bed Coord. Linda Howes, Swing-Bed Coord. Holton City Hospital 510 Kansas Avenue Holton, KS 66436 913/364-2116

Imogene Sandella, Adm.
Debra Messer, Swing-Bed Coord.
Maude Norton Memorial City Hospital
220 N. Pennsylvania
Columbus, KS 66725
316/429-2545

Bill Wilson, Adm.
Mary Ann Crotinger, Swing-Bed Coord.
Northwest Kansas Regional Medical Center
P.O. Box 629
Goodland, KS 67735
913/899-3625

Jackie John, Adm.
Luella Paine, Swing-Bed Coord.
Lila Savolt, Swing-Bed Coord.
Scott County Hospital
309 East Third
Scott City, KS 67871
316/872-5811

Larry Baecht, Adm.
Joy Bretz, Swing-Bed Coord.
Linda Randolph, Swing-Bed Coord.
Sheridan County Hospital
826 Eighteenth St.
Hoxie, KS 67740
913/675-3281

Jeff Reinert, Adm.
Barbara Gary, Swing-Bed Coord.
Stafford District Hospital #4
502 S. Buckeye
Stafford, KS 67578
316/234-5221

EXHIBIT F: "HOW TO" CHECKLIST FOR SWING-BED CERTIFICATION

The following procedures should be followed in preparing for swing-bed certification:

I.

REGULA	TORY REQUIREMENTS
	Send letter of intent to implement swing-bed program to:
	Certification & Licensure Section Kansas Department of Health & Environment c/o Greg Reser or Richard Swanson Forbes Field Topeka, KS 66620 (913) 862-9360
	Review swing-bed survey report form and the interpretative guide- lines (sent by the Department of Health & Environment)
44	Obtain utilization review criteria manual from:
	Kansas Foundation for Medical Care 2953 S.W. Wanamaker Drive Topeka, KS 66614 (913) 273-2552
	For: LOC and LTC Review
	Review hospital Medicaid manual. Contact:
	EDS-Federal Provider Communications 4123 S.W. Gage Center Drive Topeka, KS 66604 (913) 273-5700
	For: Covered services and responsibilities with the Medicaid program.
· · · · · · · · · · · · · · · · · · ·	HIM-12 (SNF Manual) from Medicare (will be furnished to you upon swing-bed certification). Also utilize the HIM-10 for acute care once certified by certification and licensing. Contact:
	Jeanne Nash, Provider Relations Medicare Claims Department Blue Cross and Blue Shield of Kansas 1133 S.W. Topeka Ave. Topeka, KS 66612 (913) 232-1000
•	Obtain UB-82 Manual for use in billing as of 7/01/84 from the Kansas Hospital Association.

II. POLICIES AND PROCEDURES A separate set of policies and procedures must be written for SNF and ICF prior to certification. They must address at least the areas listed below: 1. Patients' Rights 2. Restraints Confidentiality of Medical Records 3. 4. Rehab Services (as appropriate) 5. Dental Services 6. Social Services 7. Patient Activities 8. Discharge Planning Once the above materials have been completed and personnel are designated as responsible for social services, patient activities and discharge planning, one may proceed to: MAIL PROCEDURE MANUAL TO the Regional Manager, District Office, III. Department of Health & Environment, in your district ADMIT PATIENT (private pay is preferable) IV. Contact state certification and licensure for swing-bed survey (Richard Swanson, Hospital Program Director, Kansas Department of Health & Environment) Correct deficiencies as identified in subsequent licensure review and submit corrections to Richard Swanson, Kansas Department of Health & Environment Await notification from HCFA's Kansas City office informing facility that compliance constitutes swing-bed approval V. RECEIVE PROVIDER NUMBER AND CERTIFICATION

VI. CONTINUE TO EVALUATE AND UPDATE SWING-BED PROGRAM

Mailed from the HCFA office in Kansas City.

You should make sure your policies and procedures are in line with the services provided. State certification and licensing as well as JCAH requires you to review your discharge planning program annually.

EXHIBIT G: TECHNICAL ASSISTANCE RESOURCES

PUBLICATIONS

1. A SWING-BED PLANNING GUIDE FOR RURAL HOSPITALS

Published by the American Hospital Association Center for Small or Rural Hospitals, 840 North Lake Shore Dr., Chicago, IL 60611, (312) 280-6000. (\$29.95 each)

2. SWING-BED SERVICES AND QUALITY ASSURANCE: HOW TO GET STARTED

Written by Revathi A-Davidson of Southwest Community Health Services. Contact Management Consulting Services Division, Southwest Community Health Services, Albuquerque, NM 87102, (505) 848-3128.

3. DISCHARGE PLANNING GUIDELINES

Provided by the Kansas Hospital Association.

4. HIM-10, MEDICARE A (hospital should have this - pertains to acute care).

HIM-12, SNF MANUAL

Provided by the Medicare fiscal intermediary, provider relations department, Blue Cross and Blue Shield of Kansas, 1133 S.W. Topeka Ave., Topeka, KS 66612.

5. MEDICAID REGULATIONS

Contact Jack Gumb, Director Adult Care Services, Social Rehabilitation Services, Biddle Bldg., Topeka State Hospital, 2700 W. 6th St., Topeka, KS 66606, (913) 296-3985.

6. MEDICARE COVERAGE GUIDELINES

Contact the Kansas Hospital Association, (913) 233-7436.

7. BILLING PROCEDURE MANUAL

Available from KHA Swing-Bed Project (part of Level of Care Manual).

8. COORDINATED ACTIVITY PROGRAMS FOR THE AGED

Published by the American Hospital Association, 840 N. Lake Shore Dr., Chicago, IL 60611 (312) 280-6000.

9. THE COORDINATOR

Journal on discharge planning published by Coordinator Publications, Inc., 11417 Vanowen St., North Hollywood, CA 91605. Individual subscriptions cost \$9.75.

10. PATIENT CARE PLANS IN LONG-TERM CARE FACILITIES

Published by Nursing Home Publishing Associates, 1619 Sheffield Drive, Ypsilanti, MI 48197.

11. DEVELOPING AN OLDER VOLUNTEERS' PROGRAM, A 10-STEP GUIDE

The Hospital Research and Educational Trust, Order Processing Department, 840 N. Lake Shore Dr., Chicago, IL 60611. Trust Catalog number 9066. (\$7.50 each)

12. ARTICLES

Articles on various aspects of swing-beds published in November 1982, issue of Hospitals magazine.

13. UB-82 MANUAL

Available from the Kansas Hospital Association at \$20 per copy for member hospitals.

14. GERIATRIC NURSING

American Journal of Care for the Aging, 555 W. 57 St., New York, N.Y. 10019. \$40 per year subscription.

TECHNICAL ASSISTANCE AVAILABLE FROM KHA

INDIVIDUAL CONSULTATION

Advice available in the areas of reimbursement, rehabilitation, nursing, social services, discharge planning, activities, level of care determinations, documentation and care planning.

INSERVICE CONTINUING EDUCATION

Presentations are available on:

- Orientation to Swing-Beds
- ° Care Planning: A Team Approach
- LOC: A Perspective on Maximizing Reimbursement
- * Rehabilitation: Assessment of Function
- Establishing and Maintaining a Volunteer Program

NOTE: Please contact KHA at least 45 days before you wish to schedule an inservice for on-site presentation.

COURSE WORK

36-HOUR BASIC COURSE FOR ACTIVITY DIRECTORS/AIDES

Contact Sharon Leatherman at the Kansas Health Care Association, 221 S.W. 33rd, Topeka, KS 66611, (913) 267-6003.

attm,# 1. a

AGE-RELATED CHANGES

COMMON PATHOLOGIC CONDITIONS

- Altered Cognition
- Altered Ability for Self Care
- Pain
- Altered Mobility
- Impaired Circulation
- Potential for Pathological Fracture Due to Osteoporosis
- Degenerative Arthritis
- Malnutrition
- Constipation
- Incontinence

PHYSIOLOGICAL

- Altered Immune Response
- At Risk for Fluid/Electrolyte Imbalance
- Diminished Neurological Function and Efficiency
- Altered Sensory Input

Hearing

Vision

Tactile

Smel1

Taste

- Decreased Cardiac Output and Cardiac Reserve Altered Circulation

Intolerance for Sudden Stress

- Decreased Pulmonary Capacity and Reserve
- Altered G.I. Function

Nutrition

Ingestion, Digestion, Elimination

- Fragile Skin
- Diminished Renal Efficiency and Toleration to Sudden Demands
- Decreased Liver Function Inability to Meet Sudden Demands
- Altered Stress Response
- Decreased Ability to Maintain Equilibrium
- Altered Sleep Patterns

At Risk For:

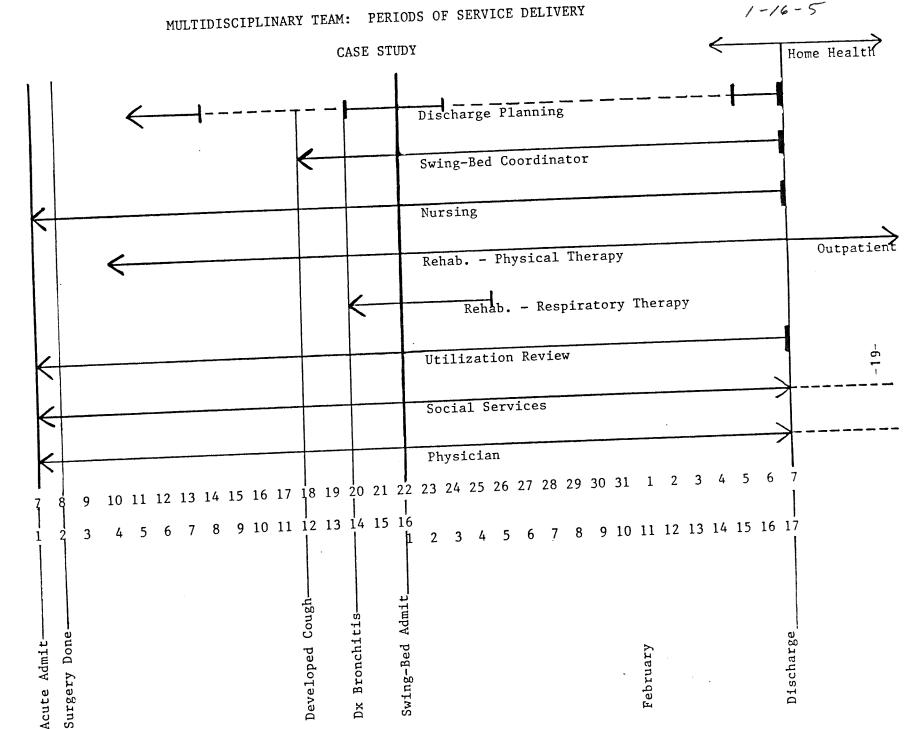
- Diminished Psychosocial Support

PSYCHOLOGICAL

- Altered Financial Resources
- Social Isolation
- Diminished Self Esteem Body Image Self Concept
- Diminished Trust of Self and others
- Altered Sexuality
- Dependence
- Slowed Learning Ability
- Multiple Lossed

-617 -

, 1	Intensive Care	Acute Care	Skilled Care	intermediate Care	Residential Care	Home Health
∟ .mples of Care	Intensive Care Coronary Care	Medical Care Post-surgical Care	Continued Treatment of Disease and Meeting Care Needs in Acute (Swing-bed) Hospital or Long Term Care Facility.	Long Term Care Institutions and some Swing-Bed Facilities Chronic physical diseases Self-care deficits	Self-care impaired institutional selling Chronic mental and physical disease	Home Care
Primary Focus of Care	Lifesaving	Maintain Life Cure Disease	Education in Self-care Regulation of treat- ment regimen Recuperation Rehabilitation Self-care Improve life satis- faction Monitor response to treatment	Maintain Life and Health Sustain personal Integrity, and achieve self- fulfillment	Protect Training in self- care skills Quality Life	Refer to Skilled and Inter- mediate focus Homemaker needs
Time Frame	Hours-2 days	Average 4-10 days	14-17 days	Months to Years	Long-term	Short Term
Staffing	Highly special— Ized Registered Nurses Physicians always available All ancillary services (frequent use)	Specialized Registered Nurses Physician monitoring and available Anciliary services (frequent use)	Variable skills Registered Nurses Licensed Practical nurses Physicians period- ically available integrated Health Team for assess- ment plan and delivery of care (including ancillary services)	A licensed nurse required for supervision Trained staff for medication admin- istration Health team assess plan and delivery of care (many ancillary services through consulta- tion	No professional staff required Health Care Team and physician available when needed	Professional staff for skilled care Non-pro- fessional for meeting care needs
Reimbursement	Third Party Payors i.e. Medicare Medicald Private Health Ins. Self-pay	Third Party Payors i.e. Medicare Medicaid Private Health Ins. Self-pay	Medicare Medicald Selected private Health ins. Self-pay	Medicald in some states Selected private Health Ins. ((imited) Self-pay	Sel f-pay	Medicare Self-pay



January

Hosp. Day