# Wisconsin Hospital Association

# Swing Bed Optimization Playbook

## *Critical Access Hospital (CAH) Strategy Guide*

---

---

### Purpose & Strategic Framework

**This playbook provides a structured approach to:**

- **Increase swing bed utilization**
- **Improve admission efficiency**
- **Ensure Medicare compliance**
- **Strengthen referral pipelines**

---

### Core Framework

**Analyze → Educate → Promote → Optimize**

### Playbook Contents:

## Section1: Swing Bed Program Regulatory Compliance

**Purpose & Scope**

This guide ensures that Critical Access Hospitals:

- Maintain **full CMS regulatory compliance**
- Meet **Medicare coverage and billing requirements**
- Successfully pass **state and federal surveys**
- Align swing bed programs with **SNF-level standards**

---

**Regulatory Framework Overview**

Swing bed programs operate under a **hybrid regulatory structure**, requiring compliance with:

**CAH Regulations**

- 42 CFR Part 485 Subpart F

**SNF Requirements (Incorporated)**

- 42 CFR Part 483 (selected provisions)

**Guidance Documents**

- CMS State Operations Manual (SOM):
    - **Appendix W** – CAH & Swing Bed guidance
    - **Appendix PP** – SNF guidance

**Medicare Policy**

- Medicare Benefit Policy Manual, Chapter 8

---

**3. CMS Conditions of Participation (CoPs)**

To receive Medicare/Medicaid reimbursement, CAHs must comply with:

- **42 CFR Part 485 Subpart F**

**Key Requirement:**

The facility must demonstrate **substantial compliance** across all conditions.

---

**4. Interpretive Guidelines & Survey Process**

CMS Interpretive Guidelines include three components:

1. **Survey Tag Number**
    - Identifies regulatory requirement
2. **Regulatory Language**
    - Exact wording of CMS rule
3. **Surveyor Guidance**
    - Procedures, probes, and evaluation methods

**Key Insight:**

- **Appendix W (CAH)** = less frequently updated
- **Appendix PP (SNF)** = more current and often used for survey interpretation

---

**5. SNF-Level Compliance Requirements (Part 483)**

Swing bed programs must meet **selected SNF regulations**, including:

**Resident Rights (§483.10)**

- Dignity, respect, and participation in care

**Transfer & Discharge (§483.5)**

- Appropriate discharge criteria and communication

**Abuse Prevention (§483.12)**

- Zero tolerance for:
    - Verbal abuse
    - Physical abuse
    - Mental abuse

- Sexual abuse
- Involuntary seclusion

**Social Services (§483.40)**

- Support for discharge planning and psychosocial needs

**Assessment & Care Planning (§483.20)**

- Comprehensive assessment
- Individualized care plan
- Ongoing updates

**Rehabilitation Services (§485.65)**

- PT, OT, Speech therapy availability

**Dental Services (§483.55)**

- Access to necessary dental care

**Nutrition (§483.25)**

- Adequate nutrition and hydration

✅ **Survey Tip:**
Surveyors rely heavily on **Appendix PP interpretive guidance** for these areas.

---

**6. Medicare Coverage & Skilled Criteria**

**Four Mandatory Criteria (Chapter 8, Section 30.2.1)**

All must be met for coverage:

1. **Skilled Need**
   - Nursing or rehabilitation required
2. **Daily Services**
   - Services provided every day
3. **Inpatient Requirement**
   - Cannot be safely provided in a lower level of care

4. **Medical Necessity**
    - Services appropriate for diagnosis and condition

❗ If ANY of these are not met → **Stay is not covered**

---

**7. CAH Swing Bed Operational Requirements (§485.645)**

**Swing Bed Definition**

- Beds used interchangeably:
    - Acute care
    - Skilled nursing care

**Location Requirements**

- No dedicated swing bed unit required
- No physical bed change required

**Core Principle**

- Transition is **financial and regulatory**, not physical

---

**8. Admission, Documentation & Length of Stay**

**Admission Requirements**

- Acute **discharge order required**
- Swing bed **admission order required**
- Both may exist in the same record

**Documentation Requirements**

- Clear separation of:
    - Acute care services
    - Swing bed (SNF-level) services

**Length of Stay**

- **No CMS limit** if skilled criteria met

- Must demonstrate:
    - Continued medical necessity

**Purpose of Swing Bed**

- Transitional recovery
- Return home or SNF placement

---

**9. Policies & Procedures (§485.635(a)(2))**

**Requirements**

- Establish structured program framework
- Standardize workflows and care delivery

**Policy Review**

- Must occur at least **every 2 years**
- Must include **professional staff participation**

**Key Policy Areas**

- Admission criteria
- Skilled documentation
- Patient rights
- Care planning
- Discharge process

---

**10. Eligibility & Payment Requirements**

**Facility Requirements**

- Medicare provider agreement
- ≤ 25 beds

**Patient Requirements**

- 3-day qualifying inpatient stay

- Meets SNF-level care criteria
- Complies with resident rights

---

**11. Reimbursement Overview**

- Swing bed patients reimbursed at **SNF level of care**
- CAHs reimbursed at:
    - **101% of reasonable costs**

**Legislative Basis**

- Benefits Improvement and Protection Act (2000)
- Medicare Modernization Act (2003)

---

**12. Survey Readiness & Documentation Expectations**

**Survey Focus Areas**

- Documentation of skilled need
- Care plan accuracy
- Daily skilled services
- Patient rights compliance

**Required Documentation Elements**

- Skilled services provided
- Daily progress notes
- Patient response to care
- Therapy documentation
- Interdisciplinary care planning

✅ **Best Practice:**
If it is not documented → it did not occur

---

## 13. Common Compliance Risks

### High-Risk Areas

- Missing skilled justification
- Lack of daily documentation
- Incomplete admission/discharge orders
- Mixing acute and swing documentation

### SNF Compliance Gaps

- Care planning deficiencies
- Inadequate discharge planning
- Missing patient rights documentation

### Billing Risks

- Non-covered stays billed as skilled
- Failure to meet 3-day rule

---

## 14. Compliance Monitoring & Audit Strategy

### Internal Audit Focus

- Skilled documentation review
- Admission criteria validation
- Length-of-stay appropriateness
- Readmission tracking

### Recommended Audit Frequency

- Monthly chart audits
- Quarterly compliance review

### Key Metrics

- Skilled denial rate
- Documentation completeness

- Survey deficiency trends

---

**15. Key Resources**

**CMS & Federal Resources**

- State Operations Manual Appendix W
- State Operations Manual Appendix PP
- Medicare Benefit Policy Manual (Chapter 8)
- eCFR (42 CFR Part 485 Subpart F)

**Additional Resources**

- MLN Swing Bed Fact Sheet (MLN006951, May 2025)
- Performance Improvement Network (Montana) Toolkit

---

**Bottom Line**

Regulatory success in swing bed programs requires:

✅ Strict adherence to CMS CoPs
✅ Alignment with SNF regulations (Part 483)
✅ Strong documentation of skilled need
✅ Clear admission and discharge processes
✅ Continuous monitoring and audit readiness

---

**Key Metrics to Track**

Track and share these performance indicators:

**Operational Metrics**

- Average Length of Stay (ALOS)
- Occupancy rates
- Time from referral to admission
- Referral conversion rate

**Clinical Metrics**

- Discharge disposition (home vs SNF/AL)
- Readmissions (hospital, ED, swing bed)

**Experience Metrics**

- Patient satisfaction

**Process Metrics**

- Timeliness of assessments
- Care plan development
- Interdisciplinary collaboration

---

## Section 2: Swing Bed Eligibility Criteria and Optimization Strategies

- Medicare Part A eligibility with available benefit days
- **3-day qualifying inpatient stay** (observation does not count)
- Admission within **30 days of discharge**
- Related hospital condition
- Meets criteria for inpatient skilled care

---

**Define Your Swing Bed Admission Criteria**

**Standardized Criteria Should Include**

- Accepted payors
- Clinical conditions/diagnoses
- Care needs you can support
- Case-by-case review categories
- Exclusion criteria

**Capability List (Critical for Referrals)**

Clearly communicate ability to manage:

- Wound vacs
- Bariatric patients
- Respiratory therapy (CPAP/BiPAP)
- IV antibiotics
- Tube feeding/TPN
- Tracheostomy or ostomy care

✅ **Key Insight:** Hospitals that clearly define capabilities receive more appropriate referrals.

---

**Target Patient Populations**

Prioritize high-value swing bed candidates:

- Post-orthopedic surgery
- Post-acute illness (CHF, pneumonia, stroke)
- Wound care patients
- IV therapy patients
- Nutritional support (TPN/tube feeding)
- General deconditioning
- Complex pain management
- Post-surgical recovery

---

**Skilled Care Definition (Operational Clarity)**

**Qualifying Skilled Services Include:**

- Care plan management and evaluation
- Ongoing observation and assessment
- Skilled therapy (PT/OT/Speech)

- Patient/caregiver education

**Teaching & Training Examples**

- Insulin administration
- Central line care
- Ostomy care
- Gait/prosthesis training
- Complex medication management

✅ **Documentation Must Include:**

- What was taught
- When it was taught
- Patient response/understanding

---

**Pre-Admission Workflow**

**Essential Pre-Admission Checklist**

Evaluate:

- Skilled need qualification
- Medicare eligibility
- Clinical stability
- Medication reconciliation
- Equipment needs
- Therapy requirements

✅ Use a standardized checklist to ensure consistency and speed.

---

**High-Performance Admissions Process**

**Best Practice Workflow**

**1. Rapid Referral Response**

- Target response time: **1–4 hours**

**Streamlined Review Team**

Include only essential decision-makers:

- Provider
- Nursing
- Rehab (PT/OT/Speech)
- Case management
- Pharmacist/dietitian (as needed)

✅ **Key Principle:** Fewer reviewers = faster decisions

---

**Impact of Efficient Admissions**

- Reduced acute length of stay
- Improved patient flow
- Higher patient satisfaction

---

**Active Volume Growth Strategy**

**A. Active Solicitation (Critical)**

- Do not wait for referrals
- Proactively pursue patients when beds are open

---

**B. Referral Relationship Strategy**

**Goals**

- Become the **first call** for swing bed placement
- Support PPS hospitals by freeing acute beds

**Tactics**

- Build relationships with regional hospitals

- Maintain consistent communication
- Ensure fast admission turnaround

---

**C. Recapture Strategy**

- Track patients transferred out for acute care
- Ensure they return for swing bed services when appropriate

---

**Care Transition Excellence**

**Key Components**

- Strong coordination with referring hospitals
- Communication with discharge planners
- Active transition-of-care follow-up

✅ Ensures continuity and increases return admissions.

---

**Operational Optimization Levers**

**1. Speed**

- Fast referral decisions (≤4 hours)

**2. Clarity**

- Clear admission criteria and capability list

**3. Capacity**

- Align staffing and equipment to target patients

**4. Consistency**

- Standard workflows and checklists

---

**13. Data & Continuous Improvement**

Track:

- Referral response time
- Conversion rate (referrals → admissions)
- Length of stay
- Readmissions
- Patient outcomes

**Implementation Roadmap**

**Phase 1: Assess**

- Review current referral patterns
- Evaluate admission delays
- Identify gaps in capabilities

**Phase 2: Build**

- Develop admission criteria and checklist
- Define referral workflow
- Train staff on eligibility criteria

**Phase 3: Activate**

- Begin active outreach to referral partners
- Implement rapid response process
- Launch recapture strategy

**Phase 4: Optimize**

- Monitor KPIs monthly
- Adjust criteria and workflows
- Strengthen top referral relationships

---

**Success Checklist**

✅ Defined admission criteria
✅ Clear capability list shared externally

✅ Pre-admission checklist in use
✅ <4-hour referral response time
✅ Active referral outreach process
✅ Recapture strategy implemented
✅ Staff educated on skilled criteria
✅ Metrics tracked and reviewed

---

**Bottom Line**

High-performing swing bed programs succeed by:

- Strict adherence to Medicare criteria
- Fast, streamlined admissions
- Proactive referral management
- Clear communication of capabilities

---

✅ *Strong performance in these areas builds credibility with patients, families, and referral partners.*

---

**Define Your Swing Bed Program**

**Admission Criteria Should Include**

- Accepted payors
- Clinical conditions/diagnoses
- Levels of care supported
- Inclusion/exclusion criteria
- Case-by-case review guidelines

**Capability List (Critical for Referrals)**

Clearly communicate your ability to manage:

- IV antibiotics

- Wound vacs
- Bariatric patients
- Respiratory therapy (CPAP/BiPAP)
- Tube feeding / TPN
- Tracheostomy or ostomy care

✅ *Clarity drives better referral volume and appropriateness.*

---

**Target Patient Populations**

Prioritize high-value candidates:

- Post-orthopedic surgery
- CHF, pneumonia, stroke recovery
- Wound care patients
- IV therapy patients
- Nutritional support (TPN/tube feeding)
- Deconditioning
- Post-surgical recovery

---

**Pre-Admission & Referral Workflow**

**Standard Referral Process**

1. Receive referral (EHR in-basket)
2. Multidisciplinary review:
    - PT / OT
    - Nursing
    - Utilization Review
3. Pharmacy review (formulary gaps)
4. Update referral status:

- "Considering" → "Accepted"

5. Notify referral source
6. Initiate:
    - Prior authorization (if needed)
    - Doc-to-doc communication
7. Register new stay
8. Schedule admission & nurse-to-nurse report
9. Admit patient

---

**Prior Authorization Process**

**Responsibilities**

**UM/Social Work:**

- Send staff message with:
    - Admit date
    - Provider
    - Clinical documentation

**Coding:**

- Provide diagnostic codes

**Authorization Team:**

- Initiate authorization
- Document in system
- Communicate completion

---

**High-Performance Admissions Model**

**Best Practices**

- Referral response time: **≤ 4 hours**

- Keep decision team streamlined:
    - Provider
    - Nursing
    - Therapy
    - Case management

✅ *Faster decisions increase conversions and improve patient flow.*

---

**Care Delivery & Documentation**

**Skilled Services Include**

- Ongoing clinical assessment
- Care planning
- Therapy services
- Patient/caregiver education

**Documentation Requirements**

- What was taught
- When it was taught
- Patient response/understanding

---

**Operational Optimization Levers**

Focus on:

- **Speed** → Rapid referrals & admissions
- **Clarity** → Defined criteria & capabilities
- **Capacity** → Staffing aligned to target patients
- **Consistency** → Standard workflows

---

**Key Metrics to Track**

**Operational**

- Average Length of Stay (ALOS)
- Occupancy rate
- Time from referral → admission
- Conversion rate

**Clinical**

- Discharge to home
- Readmissions

**Experience**

- Patient satisfaction

**Process**

- Assessment timeliness
- Care planning
- Interdisciplinary coordination

---

**17. Implementation Roadmap**

**Phase 1: Assess**

- Evaluate current performance
- Identify workflow gaps

**Phase 2: Build**

- Define admission criteria
- Develop workflows & tools
- Train staff

**Phase 3: Launch**

- Start outreach

- Implement processes

**Phase 4: Optimize**

- Monitor KPIs
- Adjust strategy
- Share success

---

**18. Success Checklist**

- ✅ Defined admission criteria
- ✅ Clear capability list
- ✅ Standard referral workflow
- ✅ ≤ 4-hour response time
- ✅ Marketing active
- ✅ Staff trained
- ✅ Metrics tracked
- ✅ Strong referral relationships

---

**19. Bottom Line**

High-performing swing bed programs succeed by:

- Maintaining strict Medicare compliance
- Driving fast, efficient admissions
- Actively managing referrals
- Clearly communicating capabilities
- Continuously improving with data

**Swing Bed Referral & Admission Checklist**

***Critical Access Hospital (CAH)***

---

**Patient Information**

- Patient Name: _____
- DOB: _____
- MRN: _____
- Referral Source: _____
- Date/Time Referral Received: _____

---

**1. Initial Referral Review**

✅ Referral received in EHR (in-basket)
✅ Clinical documentation reviewed
✅ Skilled need identified

**Skilled Criteria Met (check all that apply):**
☐ Skilled nursing care required
☐ Skilled therapy required (PT/OT/Speech)
☐ Daily services needed
☐ Inpatient level of care required
☐ Medically necessary

---

**2. Eligibility Verification**

✅ Medicare Part A eligibility confirmed
✅ 3-day qualifying inpatient stay verified
✅ Within 30-day window from acute discharge
✅ Related diagnosis confirmed
✅ Benefits days available

---

**3. Clinical & Operational Readiness**

✅ Patient medically stable
✅ Medication reconciliation completed
✅ Equipment needs identified
☐ Wound vac
☐ IV therapy

☐ Oxygen/respiratory needs
☐ Tube feeding / TPN
☐ Other: _____

✅ Therapy needs confirmed

---

**4. Interdisciplinary Approval**

| Discipline | Yes | No | Name/Initials |
|---|---|---|---|
| Nursing | ☐ | ☐ | _____ |
| PT | ☐ | ☐ | _____ |
| OT | ☐ | ☐ | _____ |
| Speech (if applicable) | ☐ | ☐ | _____ |
| Utilization Review | ☐ | ☐ | _____ |

✅ ONE approval → Status = **"Considering"**
✅ ALL approvals → Status = **"Accepted"**

---

**5. Pharmacy & Supplies**

✅ Non-formulary medications identified
✅ Plan for patient-supplied meds (if needed)
✅ Supplies/equipment available

---

**6. Authorization & Documentation**

✅ Diagnosis codes obtained (coding)
✅ Prior authorization required? ☐ Yes ☐ No

If YES:

- ☐ Clinicals sent
- ☐ Authorization initiated

- ☐ Authorization approved

✅ Documentation complete in EHR

---

**7. Communication Steps**

✅ Referral source notified of status
✅ Doc-to-doc completed (if required)
✅ Social work notified
✅ Admission date/time confirmed
✅ Nurse-to-nurse report completed

---

**8. Registration & Admission Setup**

✅ New swing bed stay created in system
✅ Orders completed:

- ☐ Discharge from acute care
- ☐ Admission to swing bed

✅ Care plan initiated

---

**9. Admission Completion**

✅ Patient admitted to swing bed
✅ Initial nursing assessment completed
✅ Therapy evaluations scheduled
✅ Care plan documented

---

**10. Key Time Tracking (Performance Metrics)**

| Step | Time Completed | Notes |
|---|---|---|
| Referral Received | _____ | |

| | | |
|---|---|---|
| Review Completed | _____ | |
| Accepted Decision | _____ | |
| Admission | _____ | |

✅ Target: **≤ 4-hour referral-to-decision time**

---

**11. Post-Admission Quality Checks**

✅ Care plan initiated within required timeframe
✅ Patient/family education started
✅ Discharge planning initiated early

---

**Quick Compliance Reminders**

✅ Skilled need must be documented daily
✅ Services must remain medically necessary
✅ Documentation must include patient response to care
✅ Maintain compliance with CMS CoPs

---

**Staff Signature**

Name: _____
Role: _____
Date: _____

---

## Swing Bed Referral Checklist

| Task | Date/Time Completed |
|---|---|
| Send referral via EHR in-basket message to designated team | |
| Obtain approval from team<br><br>• PT Yes No Name:_____<br>• OT Yes No Name:_____<br>• Nursing Yes No Name:_____<br>• UR Yes No Name:_____ | |
| Confirm with the pharmacy which meds are NOT included in the Hospital formulary and will need to be provided by the patient | |
| When one discipline says yes, change the referral status in epic to “considering” | |
| When all disciplines say yes, change the referral status in EHR to “accepted” | |
| Call referral source to notify of acceptance (pending PA if needed and doc to doc) | |
| Call registration to create a new stay | |

| | |
|---|---|
| If PA needed-<br>Send EHR in-basket messages to coders and PA specialists | |
| Prior authorization obtained | |
| Doc to doc is completed | |
| Call the social worker to verify the admission date/time and set up nurse-to-nurse | |
| Nurse-to-nurse is completed | |
| Patient admitted to hospital swing bed | |

# SWING BED PRIOR AUTHORIZATION PROCESS

### UM AND SOCIAL WORKERS:

- **SEND STAFF MESSAGE TO: Social workers, utilization review, house supervisor or inpatient director**
    - **IN STAFF MESSAGE (IN BASKET) PLEASE PROVIDE:**
        - **ADMIT DATE**
        - **ADMITTING PROVIDER**
        - **CLINICALS CAN BE UPLOADED, EMAILED OR FAXED TO US**
- **THEN CALL REGISTRATION TO GET A NEW STAY STARTED**
    - **THIS WAY WE CAN DOCUMENT IN AUTH\CERT**

### CODING

- **CODERS WILL GET THE DX'S CODES FOR THE SWING BED AND RESPOND TO THE STAFF MESSAGE.**

### AUTHORIZATION PROCESS:

- **ONCE DX HAS BEEN PROVIDED AUTHORIZATION WILL START.**
- **WE WILL DOCUMENT IN THE AUTH\CERT IF ITS CREATED AND IN STAFF MESSAGE (IN BASKET)**
- **ONCE COMPLETED WE WILL SEND A MESSAGE BACK TO LET EVERYONE KNOW THIS IS COMPLETED.**

## ANTICIPATED SWING BED ADMISSION

Anticipated Admit Date _____ Patient Name _____ Referring Location _____

History of _____ MRSA _____ VRE _____ Multi-Drug Resistant Organism

Medical History _____

_____

Current Status _____

_____

_____

_____

_____

Diet/Tube Feeding _____

IV Meds _____

Medication changes from home medications _____

_____

_____

PICC Line: Type/Flush Requirements _____

_____

Current Vitals _____ Cognitive Skills _____

Skin Assessment _____

Incontinent ☐ Bowel ☐Bladder Last BM _____ Foley _____

Current oxygen needs: _____ With activity _____ At rest _____ At night

Oxygen sats: _____ With activity _____ At rest _____ At night

Current Activity (ambulation in/out of room, weight bearing status, devices used, lifting restrictions) _____

_____

_____

Pain Control _____

Special Needs (INR, Hgb, dressings, wound care/wound vac etc) _____

_____

_____

_____

C:/PFS/Transfer 4/14

## Section 3: Swing Bed Marketing & Promotion

---

**Foundations for Successful Marketing**

**Before promoting your swing bed program, ensure:**

**Clinical & Operational Readiness**

- High-quality patient care
- Strong patient outcomes
- Full CMS compliance

**Key Outcome Focus Areas**

- Readmissions
- Return to prior residence
- Patient experience
- Care coordination & timeliness

✅ **Key Insight:**
*Marketing without strong performance will not sustain growth—outcomes drive credibility.*

---

**Target Audiences & Messaging Strategy**

**Successful marketing requires targeted messaging for four core audiences:**

**1. Patients & Families**

**Key Message:**

- Recovery close to home
- Personalized care and therapy

**Value Proposition:**

- Familiar environment

- Improved recovery experience
- Reduced travel burden

**2. Community**

**Key Message:**

- Keep care local
- Support local healthcare access

**Value Proposition:**

- Strengthens local hospital
- Supports aging population
- Builds community trust

**3. Internal Staff**

**Key Message:**

- *Program growth = organizational strength*

**Focus Areas:**

- Job stability
- Skill development
- Pride in patient outcomes

✅ ***Staff are your most powerful marketing ambassadors***

---

**4. Referring Facilities (Hospitals, SNFs, Clinics)**

**Key Message:**

- ***Reliable, fast, high-quality post-acute care partner***

**Value Proposition:**

- Frees acute beds
- Ensures smooth transitions
- Improves patient throughput

**Internal Value Proposition**

**Organizational Benefits**

- Improved bed utilization
- Increased revenue
- Enhanced patient flow
- Better care continuity

**Community Benefits**

- Local access to skilled care
- Faster recovery outcomes
- Support for aging population
- Stronger trust in local hospital

**Metrics-Driven Marketing Approach**

**Key Metrics to Track**

**Operational**

- Average Length of Stay (ALOS)
- Occupancy rate
- Time from referral → admission
- Referral conversion rate

**Clinical**

- Discharge to home
- Readmissions

**Experience**

- Patient satisfaction

**Process**

- Assessment timeliness

- Care plan development
- Interdisciplinary collaboration

**Marketing Strategy Framework**

**A. General Marketing**

- Develop brochures and flyers
- Create dedicated webpage
- Share testimonials and patient stories
- Use social media and newsletters
- Integrate swing bed into discharge planning

**B. Patients & Families**

- **Educate during:**
    - Admission
    - Inpatient stay
    - Discharge planning
- **Provide:**
    - Printed materials
    - Posters in key locations
- **Host:**
    - Community Q&A sessions

**C. Referring Hospitals & Providers**

- **Develop referral packets including:**
    - Admission criteria
    - Contact information
- **Ensure:**
    - Simple, fast referral process
- **Share:**

    - Outcomes data
    - Satisfaction scores
- **Conduct:**
    - Regular outreach visits

**D. Internal Staff**

- Include in onboarding
- Share updates in staff meetings
- Encourage ambassador roles
- Celebrate success stories

**E. Community Engagement**

- Attend health fairs and senior events
- **Partner with:**
    - Churches
    - Senior centers
- **Use local advertising:**
    - Radio
    - Newspaper
- **Emphasize:**
    - Local, accessible care

**7. Referral Relationship Guide**

**Core Tactics**

**1. Regular Communication**

- Routine outreach
- Share bed availability

**2. Clear Referral Guidelines**

- Easy-to-use referral tools

- Defined criteria

**3. Fast Admissions**

- Streamlined workflow
- Rapid decision-making

**4. Share Success Stories**

- Patient outcomes
- Testimonials

**5. Education**

- Presentations to discharge planners
- Case manager engagement

**6. Dedicated Liaison**

- Single point of contact

**7. Care Coordination**

- Smooth transitions
- Ongoing updates

**8. Show Appreciation**

- Recognition efforts
- Thank-you outreach

✅ ***Goal: Become the "first call" provider for swing bed placement***

**8. Community & Brand Positioning**

**Position your swing bed program as:**

**"The Local Recovery Solution"**

- Close to home
- Personalized care
- Trusted provider

**Brand Differentiators:**

- Faster admission turnaround
- Strong outcomes
- Personalized care experience
- Community-focused care

---

**9. Tools & Resources**

**Marketing Tools**

- **NRHRC Swing Bed Toolkit**
    - Brochure templates
    - Social media campaigns
    - Website content

**Internal Tools**

- Staff education materials
- Referral workflow guides
- KPI dashboards

**Implementation Roadmap**

**Phase 1: Assess**

- Review current performance
- Identify referral gaps
- Evaluate workflows

**Phase 2: Build**

- Develop marketing materials
- Train staff
- Create referral processes

**Phase 3: Launch**

- Begin referral outreach

- Launch marketing campaigns
- Engage community

**Phase 4: Optimize**

- Monitor metrics monthly
- Adjust strategy based on results
- Share successes internally & externally

**Encourage Teams to Share:**

- Successful strategies
- Outreach lessons learned
- Barriers and solutions

**12. Success Checklist**

✅ **Defined target audiences**
✅ **Staff trained and engaged**
✅ **Referral process streamlined**
✅ **Metrics tracked and shared**
✅ **Marketing active across channels**
✅ **Strong referral relationships**

**Successful swing bed marketing programs:**

- Start with strong clinical outcomes
- Use data to tell the story
- Focus on relationships, not just promotion
- Ensure fast, easy access for referrals
- Consistently reinforce value to all audiences

## Section 4: Swing Bed Optimization Resources

MLN006951 May 2025

**https://www.cms.gov/files/document/mln006951-swing-bed-services.pdf**

**TEAM** (Transforming Episode Accountability Model)

https://www.cms.gov/priorities/innovation/innovation-models/team-model

**Swing Bed Providers**

https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf/swing-bed-providers

Resources:

State Operations Manual Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs

- SOM - Appendix W

State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities

- SOM - Appendix PP

Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance

- Medicare Benefit Policy Manual

Performance Improvement Network Montana Swing Bed Manual & Resources

- Swing Bed Resources | Montana Performance Improvement Network

MLN Fact Sheet – Swing Bed Resources (MLN006951 May 2025)

- **https://www.cms.gov/files/document/mln006951-swing-bed-services.pdf**