NC Rural Health Research & Policy Analysis Center

FINDINGS BRIEF, April 2012

Why Use Swing Beds? Conversations with Hospital Administrators and Staff

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OVERVIEW

Swing beds are one option for post-acute skilled care in rural communities; they are more likely to be the only option in the most rural areas.[1] How are they being used? What do they mean for the hospital and the community? We explored these issues with hospital staff to inform our analytic studies on swing bed trends[1], costs[2], and clinical uses.

We used Medicare Hospital Cost Reports to identify hospitals with swing beds, and interviewed the CEO or his/her designee (often the swing bed coordinator) in 23 randomly selected hospitals (52% response). Semi-structured interview protocols were used with open-ended questions. Hospitals were located in all four US Census regions and included both Critical Access Hospitals (66%) and those paid under the Prospective Payment System (33%). Some hospitals also had skilled nursing facilities (SNFs). The study was approved by the Institutional Review Board (IRB), and interviews took place in late 2010.

KEY FINDINGS

Role of Swing Beds in Patient Care

- Critical Access Hospital (CAH) administrators and staff reported using swing beds to care for patients with health problems typically seen in their elderly patient population. The most commonly reported need was for physical and occupational therapy for orthopedic patients or for patients who need strengthening following their hospital stay. Patients requiring wound care and/or intravenous antibiotics were also common among the swing bed population. Some respondents reported using their swing beds for hospice or end-of-life care.

- CAH respondents reported a wider range of health problems among their swing beds patients than was reported by Prospective Payment System (PPS) respondents. Health problems treated in swing beds also varied by the availability of providers or other care in the community, e.g., availability of an orthopedic surgeon or availability of skilled nursing care.

- Some respondents noted that "medically complex" patients were more likely to be cared for in their swing beds than in their local SNFs. A patient needing intravenous antibiotics is one example of a medically complex patient that might be cared for in a swing bed.

- Some respondents, especially those at PPS hospitals, noted that their hospital's philosophy of care was to admit patients to swing beds only if a short-term stay, i.e., one or two weeks, was anticipated and to look for other options when longer term care was needed.

Swing Bed Volume and Financial Considerations

- Acute care bed average daily census (ADC) varied by hospital type but swing bed ADC did not. Respondent CAHs and PPS hospitals both averaged 2 swing bed patients per day, but PPS hospitals had 21 acute care patients per day versus 6.5 in CAHs.[3]

- Many administrators, CAH and PPS alike, reported that swing bed use had increased over the "last few years" and some noted that this was intentional, i.e., an increased focus on swing bed care for their hospital. Some reported a decrease in the use of swing beds.

- Most respondents believed using swing beds has a positive financial impact for their hospital. CAH representatives noted the benefits of cost-based reimbursement as well as the benefit of stabilizing their census and helping with staff scheduling. Others noted that revenue from swing beds helps to support fixed costs and offset losses from uncompensated care. PPS respondents reported both positive and neutral effects. None of the respondents viewed swing beds as a financial drain on their hospital's resources.

Swing Beds in the Context of all Community Post-Acute Skilled Care

- A few study hospitals operated a SNF in addition to swing beds. Just as many hospitals previously operated SNFs and closed them for various reasons including lack of need, i.e., other care was available in the community. Other barriers to maintaining a SNF included the challenges to maintain staffing and the need to use the beds for long-term care.

- Many respondents reported having at least one SNF in the community and some reported more than one. The majority reported good working relationships with community SNFs but acknowledged the potential for competition for patients and the need for good communication to maintain a collaborative relationship.

Swing Beds as a Benefit for Community Residents

- Patients are admitted to swing beds directly from an acute stay at the interview hospital as well as from other hospitals. Patients seen at the rural hospital and transferred to a larger facility for more complex acute care sometimes return to the rural hospital for their post-acute swing bed care. Admission to a swing bed directly from the community, not just from a hospital stay, was also reported.

- Respondents reported that some patients prefer swing beds because of the perceived stigma and fear of nursing homes. Short-term swing bed stays can allow families time to make arrangements for future care or help with end-of-life care.

[1]Reiter KL, Freeman VA. Trends in Skilled Nursing Facility and Swing Bed Use in Rural Areas Following the Medicare Modernization Act of 2003. North Carolina Rural Health Research and Policy Analysis Center, FR#101, April 2011.
[2]Reiter KL, Holmes GM, Pink GH, Freeman VA. Effect of Swing Bed Use on Medicare Average Daily Cost and Reimbursement in Critical Access Hospitals. North Carolina Rural Health Research and Policy Analysis Center, FB #103, December 2011.
[3]Many respondents could not report ADC. ADC numbers reported here are based on 2008 Medicare Hospital Cost Report data.

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