

I acknowledge that I have been provided with a copy of the Greeley County Health Services Swing Bed Admit folder which includes but not limited to the following information:

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• Receiving Mail

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Relationship

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Hospital Staff

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff per Phone/Verbal Consent

\_\_\_\_\_  
Signature of Staff per Phone/Verbal Consent

Patient	Hospital Number	Provider



Dear Valued Patient and Loved Ones:

We would like to personally welcome you to Greeley County Health Services and to immediately thank you for entrusting us with your care. We see this trust as the most important relationship we have in our community. All of our team here at Greeley County Health Services work together to provide you with the very best care.

As caregivers we seek to provide you comfort, education, information and the necessary treatments you need. We also seek to include you in the decisions surrounding your care, privacy and respect that you deserve. Please let us know if there is anything we can do for you or your loved ones that would make you more comfortable or ease any concerns that you may have.

We are blessed to have a talented and caring group of physicians and mid-level providers who have the medical knowledge and compassion to help direct your stay. Our nursing team is second to none in their ability to make you feel like you are their top priority - because you are. Our technology is leading edge and our touch is a bit softer. Our goal is to combine these elements to help and to heal.

If you have any questions or concerns, please do not hesitate to ask. We are here to continue to earn your trust, close to home, here in Tribune. Again, thank you for choosing us to care for you.

Sincerely,

Your GCHS healthcare TEAM

### **What is Swing Bed?**

- Swing Bed is a Medicare program that allows patients to stay longer in the hospital to complete your treatment plan of care.

### **Eligibility and Length of stay:**

- A patient is required to have 3 midnights in any Acute Care hospital.
- On the 4<sup>th</sup> day, the patient is eligible for Swing Bed admission.
- Your doctor will determine the need for Swing Bed Care and Medicare certification.
- The treatment plan for your admitting condition was started on Acute Care.
- The patient medical concerns and treatment plan is what qualifies you for Swing Bed admission.
- The patient care must require daily skilled nursing care and/or Physical Therapy.
- The patient may be ready for discharge when the medical interventions of the treatment plan are completed.
- When a patient starts maintaining at a level of care, then qualification for swing bed comes into question.

### **Benefit Period:**

- Beneficiary entitled to Medicare Part A is eligible to receive 100 Swing Bed days per "Benefit period" that they qualify for.
  - 100 day are in a benefit period
  - Day 1-20 are full coverage days by Medicare Part A
  - Day 21-100 are subject to daily Coinsurance Days by Medicare Part A.
  - Any remaining balance becomes self-pay.

### **New Benefit Period:**

- Patient must be out of a hospital, Swing Bed or Skilled Nursing facility for 60 days before a new benefit period is reset by Medicare.

### **Insurance/Financial Information:**

- It is important for the patient to be aware that an insurance policy is a contract between you and the insurance company. GCHS is not a party to that agreement.
- GCHS and your insurance company(ies) have the right to discuss your insurance benefits.
- GCHS may help the patient, family or personal representative to complete forms needed to receive benefits from your insurance. Any amount paid directly to GCHS on your behalf will be credited to your account.
- At the completion of your hospital stay and/or month, your insurance will be filed for you.
- You are ultimately responsible for your account.
- A statement of your account will be sent to you. If you have any questions regarding the hospital statement, please call the GCHS billing office at 620-376-4221 extension 505. GCHS will work closely with you, family member or responsible party in meeting your financial obligations. The business office is located at 321 East Harper, PO Box 338, Tribune, Kansas 67879

### **Reason to utilize the Swing Bed program:**

- Provides immediate access to professional nurses, physicians, therapists, and emergency care.
- Patients experience less stress by staying in GCHS hospital under the care of familiar staff and your own physician.
- The Swing Bed program provides additional time for recuperation and rehabilitation.

- As Swing Bed patient's progress in their plan of care and treatment plan, they can return to prior living situation as soon as possible.
- Patients and family are encouraged to participate in their plan of care and discharge planning process. With increased involvement, the discharge needs are identified and resolved faster.
- During the Swing Bed stay, the patient needs are met which increase independence, decrease anxiety, and form a natural transition to home.
- Because the patient remains in GCHS, family and friends are able to visit, giving the emotional support necessary to wellbeing and recovery.
- Patients who were referred to another hospital may return to GCHS for completion of their plan of care and treatment plan.

### **Patients Responsibility:**

- Patients are responsible to notify family, friends and relatives of their admission to the hospital.
- We respect all patient rights and confidentiality.
- Confidentiality is both a right and a responsibility.
- Please be aware that what you tell another patient, visitor or family member is not legally confidential.
- We encourage you to recognize your responsibility to choose what you discuss with others.
- To better ensure confidentiality of our patients, the area within the nurse's station is designated for staff only.

### **Swing Bed TEAM Rounds:**

- The Social Service Designee, Dietary Manager, Activity Director and Swing Bed Coordinator complete weekly rounds.
- The team will come to each swing bed patient room.
- The rounds are informal and provide an opportunity for patients and/or family to communicate with each discipline.
- During the Swing Bed rounds, the patient and/or family can voice any concerns, request changes or desires to their Care Plan and/or treatment plan.

### **Care Planning Process/Discharge Information/Care Transitions:**

- The patient, family and/or responsible party are encouraged to be involved in the care and discharge planning/care transition process.
- Discharge and Care planning process starts during the admission process.
- As discharge needs are identified, they will be addressed.
- The physician, staff and patient will work together to determine when you are ready to be discharged.
- Medicare patient receives a 2 day notice letter prior to discharge. After signing the letter, the Medicare patient can be discharged. Medicare patient are not required to stay for the 2 additional days on routine basis.
- A nurse will review your physician discharge instructions/care transitions with you.

### **Personal Items:**

- During your Swing Bed stay, we encourage you to get dressed in regular comfortable clothing (instead of a hospital gown) when possible. We suggest having 3-5 days worth of clothing.

- If the patient desires specific personal supplies such as toothpaste, toothbrush, denture supplies, combs, deodorants, powders, shaving supplies, lotions, cosmetics, kleenex, and other items the patient/family must provide them.
- GCHS has personal supplies available for use if needed.
- All medications brought to the hospital will either be sent home or secured in the medication room.

### Valuables:

- It is best to send valuables (cash, jewelry) home with your family/friends.
- Patients are welcome to place valuables in a yellow envelope that will be sealed and placed in the lock-up. Please remember to request the valuables at time of discharge.
- GCHS is not responsible for loss, damage or theft of valuables or personal items.
- Any money or personal item may be kept by the patient at their bedside but it becomes their responsibility.

### Dietary:

- The patient completes a menu daily to request meals.
- **Meals Times:** Breakfast: 7:15 A.M.  
Lunch: 11:15 A.M.  
Supper: 5:15 P.M.
- If you are served food that you cannot eat or do not like, let the nursing staff know right away. The nursing staff will notify dietary and provide other food options such as fresh fruit, soup and sandwiches which are available anytime upon your request.
- Swing bed patients are welcome to eat in the dining room with friend and family.
- **Guest Meals:** Guests, family or friends of hospital patients may purchase meals and eat with the patient in their room or dining room.

### Visiting Hours:

- The Hospital's visitation hours are 8:00 AM to 9:00 PM.
- We recognize the importance of visitation and social contact to the emotional and psychosocial well-being of a patient.
- GCHS will make reasonable attempts to accommodate special requests if a significant person in the patient's life cannot arrange visitations during these hours due to factors such as work.
- We will honor the patient's requests to the best of our ability to immediate access to family and other relatives regardless of the hour of the day.
- If the patient is able, visitation may occur in patient room, quiet room, lobby or the dining room.
- There is also a gazebo area in between the LTC and hospital that may be used when weather permits.
- Visitation may be restricted at the discretion of the nursing staff, physician, patient and/or family members.
- Children under 12 years old must be accompanied by a responsible adult.

### Medications:

- All patients' medications will be billed to Medicare, Medicaid and/or other insurance companies including the supplemental. The unpaid amount will be the patient's responsibility.
- The physician will order what medications you will be given during your hospitalization.
- The nursing staff will be responsible for administering your medications.

- Upon discharge, you will receive a discharge sheet that will include what medications to take when discharged.
- Occasionally, you could be on a medication that GCHS does not keep in stock. GCHS would need to use your own home medications if not available in GCHS pharmacy. Own medications will be marked on your chart and will not be charged. Once the medications become available, the nursing staff will stop using the home medication.
- Swing Bed Intermediate level of care is private pay. The patient will be given their own home medications per physician order. The nursing staff will be responsible for administration of your medications.

### **Receiving Mail while in hospital:**

Mailing Address:

Greeley County Hospital & LTC  
506 3<sup>rd</sup> Street  
PO Box 338  
Tribune, Kansas 67879

### **Receiving Phone calls while in hospital:**

- The Greeley County Health Services number is 620-376-4221.
- Patients can receive phone calls directly into their hospital room by informing their friends and family of the following steps.
  - Locate the extension number on the phone in the patient room.
  - Call the hospital phone number
  - When the recorder comes on, enter the extension number and #.
  - The phone will ring in the patient room.
- Patients are welcome to use their cell phones or other electronic devices as needed

### **Advanced Directives:**

- As a patient you are not required to have an advanced directive to receive care.
- If you have an advanced directive, GCHS will follow your personal request.
- If you would like to create an advanced directive, our Social Service Designee/staff will be available to assist you.
- There is no charge in creating an advanced directive. The form will be notarized. The patient will be given the original. The advanced directive will be scanned into the electronic medical record.

### **Organ Donation and Procurement Information:**

- Midwest Transplant Network (MTN) is the organ donation and procurement organization that works with GCHS.
- The MTN has a rich history of partnering with area hospital to bring the gift of life to those in need.
- If you have a question about our services, please call 913-262-1668 or go to the following web site. <http://www.mwtn.org/sites>

### **Notice of Privacy Practices:**

- GCHS Notice of Privacy Practice is hanging in the hallway glass cabinet just as you are entering the hospital.
- A copy of the Notice of Privacy Practices is available upon request.

### **Transfer and Discharge Written Notice:**

**Transfer Written Notice:**

- If your medical condition changes and you need to be transferred to another facility, you will be asked to provide written consent on the transfer form.
- If you are unable to sign the transfer form, your consent will be obtained from your legal representative.
- Your medical provider will discuss the reason for the transfer with you and/or legal representative.
- You and/or your legal representative have the right to appeal the action to the State.
  - Contact information is written below.

**Discharge Written Notice:**

- It is the desire and intent of GCHS to ensure that every patient in the Swing Bed Program has a timely and need driven discharge plan that is realistic and facilitates a sustainable transition to a lesser level of care, including home or transfer.
- Discharge Instructions will be created by the provider.
- Nursing staff will review the discharge instructions with you and/or legal representative prior to discharge.
- You and/or your legal representative have the right to appeal the action to the State.
  - Contact information is written below.

**Ombudsman Program**

- In 1978, under the federal Older Americans Act, every state was required to have a Long Term Care Ombudsman Program that identifies, investigates and resolves complaints and advocates for seniors.
- "Ombudsman" is a Swedish word that means "citizen representative."
- The primary duty of an Ombudsman is protecting the rights of individuals by doing inquiries and resolving problems and grievances, providing information, and working with institutions, organizations and agencies to increase their responsiveness to the people they serve.
- GCHS is committed to meeting the needs of our patients.
- Our staff and leadership will work in a cooperative manner with the Ombudsman in order to facilitate the best possible patient experience.

**An Ombudsman:**

- Receives, does inquiries and attempts to resolve problems or complaints affecting recipients of long-term care facilities.
- Answers questions and provides information and referral about long-term care and related services.
- Promotes community education and awareness of the needs of long-term care recipients.
- Coordinates efforts with other agencies and organizations concerned with long-term care.
- Identifies issues and problem areas in long-term care and recommends needed changes.

- Long-Term Care Ombudsman Office  
900 SW Jackson, Suite 1041  
Topeka, Kansas 66612  
1-877-662-8362  
1-877-662-8362 Toll Free

- Jan Scoggins  
Region 5 Long-term Care Ombudsman

1509 Avenue P  
Dodge City, Ks 67801  
1-620-225-2439 Phone  
1-877-662-8362 Toll Free  
1-785-296-3916 Fax  
[jan.scoggins@ks.gov](mailto:jan.scoggins@ks.gov)

### **Disability Rights Center of Kansas (DRC)**

- For nursing facility patients with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act
  - Disability Rights Center of Kansas (DRC)  
214 SW 6th Ave., Ste 100  
Topeka, KS 66603  
Topeka voice: 785-273-9661  
Toll free Voice: 1-877-776-1541  
Toll free TDD: 1-877-33

### **Advocacy for Mentally Ill Individuals**

- For nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.
  - **Disability Rights Center of Kansas Inc.**  
635 SW Harrison Street, Suite 100  
Topeka, Kansas 66603  
(785) 273-9661 (Voice)  
(877) 776-1541 (Toll Free Voice)  
(877) 335-3725 (Toll Free TDD)  
(785) 273-9414 FAX  
[www.drckansas.org](http://www.drckansas.org) [info@drckansas.org](mailto:info@drckansas.org) (E-Mail)
  - **Compass Behavioral Health** Ric Dalke, Executive Director  
531 Campus View  
Box 477  
Garden City, KS 67846  
Phone: 620-276-6470  
Fax: 620-276-0501  
Email: [rdalke@areamhc.org](mailto:rdalke@areamhc.org)  
Website: <http://www.areamhc.org/>

### **Types of Swing Bed:**

#### **1. Skilled Swing Bed (SBS) is:**

- Requires a Registered Nurse on duty 24 hours per day.
- We can give IV antibiotics and other medications as needed.
- Medicare, Medicaid and/or other insurances can be billed for medical care received.

#### **2. Swing Bed Intermediate (SBI) is:**

- A custodial level of care.



- The same level of care received at Long Term Care.
- Paid privately by the patient.
- Medicare Part A does not cover this level of care.
- Medicare Part B or other insurance may be billed for other testing.

**SBI has 2 classifications:**

- **SBI awaiting GCHS LTC placement:**
  - You are eligible for this level of care if there is **NO** bed available at Greeley County Health Services Long Term Care.
  - You are now first on the Long Term Care waiting list.
  - When a bed at Long Term Care becomes available, you will be discharged from the hospital and admitted to Greeley County Health Services Long Term Care.
  - The daily charge rate is the same price as level 4 in the long term care.
- **SBI Other:**
  - You are eligible for this classification if you do not qualify for another level of care and want to stay longer in the hospital.
  - You are eligible for this classification if you do not qualify for another level of care and need assistance with a surgical prep for testing.

**Patient Grievance/Complaint/Concern/Compliment/Area to Improve on:**

- It is the desire of GCHS to have prompt resolution of patient grievances, complaints and concerns.
- If you have a concern about your care and/or treatment, we encourage you to speak with any GCHS staff, Nursing staff, Director of Nursing, Physician and/or Grievance Coordinator/Risk Manager or complete a Grievance/Complaint/Concern/Compliment/Area to Improve on Form.
- You may direct your concern or grievance verbally or in writing.
- A Patient Grievance/Complaint/Concern/Compliment/Area to Improve on form is included in this Admit folder.
  - The completed form needs to be given to any GCHS staff, Risk Manager, Administrator and/or Chief of Medical Staff to access the Risk Management Process.
  - The completed form may be place in the box outside Lisa Larkin, RN, Risk Manager/Grievance Coordinator's office.
- The Grievance Coordinator/Risk manager and/or GCHS staff will visit with you in a private confidential setting about the concern.
- The patient or representative may initiate the grievance process without fear of discrimination, restraint, retaliation or interference.
- GCHS has an established process for prompt, consistent resolution of patient grievances, complaints, concerns and area to improve on.
  - All concerns are taken seriously and an investigation will be completed.
  - The Risk Management process provides opportunity to review process and make any needed changes.
  - GCHS welcomes opportunity to improve our patient care and experience.
  - The Risk Management process is a confidential PEER review. The Risk Management goal is to improve our process so the concern never happens to another patient again.
- GCHS is committed to ensuring that the highest quality of care is provided to all who utilize our services and seek out care here.

- Patients or representative have the right to contact the Kansas Department of Health and Environment Services directly regardless of whether the patient has used GCHS grievance process.
  - Kansas Department of Health and Environment Services (KDHE)

1000 SW Jackson St, Topeka, KS 66612  
1-785-296-1500 Phone

**Compliments:**

- The Patient Grievance/Complaint/Concern/Compliment/Area to Improve form is the same.
- GCHS would love to hear about your health care team's performance.
- Please return the form to any GCHS staff, manager or the Risk Manager.
- The completed form may be place in the box outside Lisa Larkin, RN, Risk Manager/Grievance Coordinator's office.
- It is the desire of GCHS to recognize our team members.

**Grievance Coordinator/Risk Manager:**

● Greeley County Health Services, Lisa Larkin, RN Grievance Coordinator/Risk Manager  
506 3<sup>rd</sup> Street  
Tribune, Kansas 67879  
620-376-4221 ext. 114  
llarkin@mygchs.com

- Patient and/or legal representative may contact Lisa by phone, writing, mail, e-mail, in person or any other method deemed necessary.
- A completed form may be place in the box outside of Lisa's office or given to any GCHS staff.

