



CLAY COUNTY HOSPITAL

SWING BED PROGRAM



**CLAY COUNTY
HOSPITAL**
AND MEDICAL CLINICS

911 Stacy Burk Drive • Flora, IL 62839 • 618.662.2131 • claycountyhospital.org



ABOUT US

EXPERT STAFF


- ~ Compassionate providers ~
 - ~ 3 Therapists on staff ~
- ~ Expert infusion therapy nursing staff ~
- ~ Caring and knowledgeable support staff ~

FACILITIES

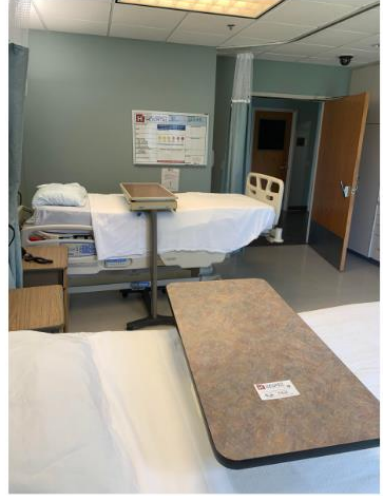
Rehab or infusion services right in the comfort of your room here at Clay County Hospital with state-of-the-art equipment.

OUR SERVICES

CCH provides quality Swing Bed Services by allowing you to obtain therapy more often than traditional methods with in-room therapy twice a day. Rehab faster in a comfortable and pleasant environment.



OUR FACILITY



Rest...
Recharge...



And,
Recover...



WHAT IS SWING BED?

A stable, therapeutic environment in which patients can recover over a short-term period and post hospitalization short-term rehabilitation. Admissions to the unit include patients, who demonstrate a high rehabilitation potential.

The staff provides treatment services in a structured, therapeutic environment. These services — which include daily nursing care by registered nurses and rehabilitative therapy — facilitate the recovery and return of each patient back to their home environment. The units provide Medicare-certified services and will work with patients who have private insurance to ensure third-party payment for services provided.

Once you've arrived, a care coordinator works with you and your family to set treatment goals. Your care team will meet weekly to review your progress. You, your family, the referring physician, case manager and insurance company receive reports on your progress.

WHAT TO BRING:

Pack comfortable clothing to wear each day. Swing Bed does not have laundry facilities. Plan to bring or have your family provide you with clean clothes throughout your stay.



PACKING CHECKLIST:



- Comfortable, Supportive Shoes
- Lightweight, Loose Fitting Clothing (a five-day supply to start)
- Personal Care Items (such as a toothbrush, toothpaste, shampoo)
- Personal Photos (or other items to decorate your room to provide comfort and familiarity)
- Sleepwear

We encourage you to personalize your room, but please know that we cannot assume the responsibility for loss or theft of items. Valuable items such as jewelry or money should be left at home.

FOR FAMILY MEMBERS:

We encourage family and friends visit loved ones and take an active role in your recovery. Also, family members can help by:

- Assisting the patient and care team to decide the timing and transition back home, after participating in the Swing Bed Program.
- Participating in the family education and training sessions.
- Providing emotional support and encouragement.
- Providing the care team with insight into the patient's personality, interests and lifestyle.
- Attending provider and patient roundings that are held at 1pm each day to assess and evaluate patient goals and progress through therapy. It's strongly recommended that family attend these with the patient.

COMPLETING THE PROGRAM:

The length of time a patient stays with the Swing Bed Program depends on his or her individual needs. Additionally, some patients are able to return home and others may need to explore additional care options after leaving. The care team can help by providing recommendations and alternatives for future care when necessary.

CHOICE OF ATTENDING PHYSICIAN & PROVIDER CONTACT INFORMATION

Clay County Hospital provides (2) two Nurse Practitioner (NP) Hospitalists, and (1) physician that routinely care for our patients. The names of our Hospitalists are Lucinda Spencer, and Jim Cowger. The attending physician is Dr. Kumar. One or more of these individuals will provide your care while you are in our Swing Bed program. Our providers will provide updates on your care to your physician or NP if they are not credentialed at Clay County Hospital.

A NP Hospitalist provides direct medical care to patients requiring hospitalization. They chart medical history, assess health status, and diagnose any potential issues.





PROVIDERS



Lucinda Spencer, DNP, APRN, FNP-C
Hospitalist, Clay County Hospital
lucinda.spencer@claycountyhospital.org
Office: 618-844-3126



James Cowger, APRN, FNP-C
Hospitalist, Clay County Hospital
jim.cowger@claycountyhospital.org
Phone: 618-844-3126



Ashok Kumar, MD FACS
Operating Room Desk: 618-662-1638

If you are unable to reach these providers at the numbers provided above, please contact the House Supervisor for assistance at 618-844-3153.

Additional Contact Information:

- Main Hospital Number: 618-662-2131
- Chief Quality & Infection Control Officer
 - Cara Woods: 618-662-2131, ext. 1677





Financial Obligations

There are no length of stay restrictions for Swing Bed
- as long as patient meets skilled criteria.

The average patient stay for our Swing Bed program is just 10 days!

However, for Medicare patients, co-pay is required from Day 21-100 and after day 100, all costs are required.

Skilled Nursing Facility (Swing Bed) stay in 2023 Copays For Traditional Medicare (Parts A & B)

- \$0 copay for the first 20 days of each benefit period
- \$200 copay per day for days 21-100 of each benefit period
- All costs for each day after day 100 of the benefit period

For Medicare Advantage, Replacement, or Private Insurance

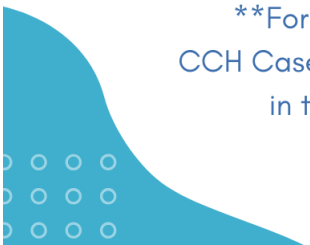
- \$0 copay normally (this could vary depending on the company)
- Approval is required from the insuring party for admission into the swing bed program
- Approval is gained through examination of the patient assessment and provider notes. This examination is performed by the insurance company representative
- If approved for the program, typically will start with (3) three days
- Updates, evaluations, and provider notes are sent routinely to the insurance company for review. The insurance company will make the decision for approval of additional days. The decision for additional days will occur every 3rd day.

For Medicare Patients

- Require a 3 day hospital stay prior to admission to the swing bed program.

Clay County Hospital does not currently accept Medicaid for
Swing Bed Services

**For additional information, please speak with the
CCH Case Manager, at 618-662-1640. That office is located
in the Med/Surg Unit of Clay County Hospital.



TRANSFER AND DISCHARGE

1. You have the right to remain in a swing bed and not be transferred or discharged unless:

- The transfer or discharge is necessary for your welfare, and your needs cannot be met in the facility.
- The transfer or discharge is appropriate because your health has improved sufficiently so that you no longer need the services provided by the facility.
- The safety of individuals in the facility is endangered due to your clinical or behavioral status.
- The health of individuals in the facility would be endangered.
- After reasonable and appropriate notice, you have failed to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Non-payment applies if you do not submit the necessary paperwork for third-party payment or after the third party, including Medicare or Medicaid, denies the claims and you refuse to pay for your stay.
- The facility ceases to operate.

2. The facility may not transfer or discharge you while an appeal is pending unless the failure to discharge or transfer would endanger the health or safety of you or other individuals in the facility.



PRIVACY PRACTICES

You have the right to personal privacy, including accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and patient groups. This does not require the facility to provide a private room for each resident. Clay County Hospital vows to respect the privacy of all patients.

If you require any special accommodations, please notify the case manager upon admission – Kristen Turner, Case Manager, 618-662-1640.

If at any time you feel that your privacy has or is being violated, please report to the House Supervisor at 618-844-3153. The House Supervisor will also report to the immediate Manager of the unit in which you are residing.

ABUSE AND NEGLECT

No patient is to be subjected to verbal, sexual, physical, or mental abuse, corporal punishment and/or involuntary seclusion, by anyone including but not limited to staff, other patients, consultants, volunteers, outside staff, agencies providing services, family or legal guardians, friends, or other individuals.

In the event of abuse or neglect, the event should be reported to the House Supervisor at 618-844-3153 for immediate action. The House Supervisor will report to the appropriate social service agency and administration. There will be an event occurrence entered into Clarity (internal incident reporting system). The event will undergo a thorough investigation.

You or your family may make a complaint directly to the Department of Human Services, or the State Ombudsman Resident Advocate. These numbers are listed below.

SOCIAL SERVICE AGENCIES AVAILABLE

Elder Abuse Hotline – 1-866-800-1409

Illinois Department of Human Services (IDHS) – 1-800-368-1463

Department of Child and Family Services (DCFS) – 1-800-252-2873

Anonymous claims through DCFS Website – DCFS.Illinois.gov

Domestic Violence – 1-877-863-6338

State Ombudsman Resident Advocate – 1-800-252-8966

[Visit the Illinois Department of Human Services website for additional information:](https://www.dhs.state.il.us/page.aspx?item=27894)

<https://www.dhs.state.il.us/page.aspx?item=27894>



COMPLAINTS & GRIEVANCES

Definitions:

Complaint: A verbal concern shared by a patient/family regarding at the time of service received at Clay County Hospital that can be promptly resolved by staff present, manager, or their designee(s).

Grievance: A formal or informal written or verbal concern that is made to the Hospital by a patient, or the patient's representative after services have been received. A written complaint is always to be considered a grievance. Centers for Medicare and Medicaid Services condition of participation interpretive guidelines 482.13(a)(13).

Patient Assistance Hot Line: Dedicated internal telephone, 662-1611, or Chief Nursing Officer, Compliance Officer/designee's mailbox available for patients to provide feedback to Clay County Hospital regarding our care/services.

Documentation: All complaints and grievances will be submitted into the on-line event reporting system for documentation.

Purpose:

To provide a mechanism by which a patient or patient's representative will be able to voice complaints/grievances regarding the quality of care or services received. This process will provide investigation and feedback concerning the complaint/grievance. The outcome will improve customer relations, patient safety and customer service.

The following is the process for submitting a patient complaint/grievance:

1. The patient or representative submits the complaint/grievance with staff and/or administration. The staff taking the complaint/grievance will submit into the online event reporting system within 24 hours.
2. The complaint/grievance will be reviewed by the Compliance Officer and or Human Resources Assistant.
3. The Compliance Officer and/or designee will review the chart, financial information, bills, and applicable information in conjunction with the appropriate departmental manager.
4. The patient will be notified by the Compliance Officer/designee and or Human Resources Assistant to inform them of the pending investigation.
5. An investigation will be performed including comments from any involved parties.
6. Findings will be reported to the department manager.
7. The department manager will develop an action plan to resolve the concern.
8. The department manager and/or designee will inform the concerned party of the findings and action plan within 7 days of initiation.
9. If the investigation requires longer than 7 days, the patient will be notified of the reason for the delay with follow-up provided at 14 days.
10. Complaints/grievances will be handled confidentially.

Reports may be placed in the Administration mail box, telephone 618-662-1611, or email cara.woods@claycountyhospital.org or alisa.holmes@claycountyhospital.org.



PATIENT RIGHTS AND RESPONSIBILITIES

As a swing bed patient, you have certain rights and protections under federal and state law.

- If you are judged incompetent under the laws of a State by a court of competent jurisdiction, your rights will be exercised by the patient representative appointed under State law to act on your behalf. The court-appointed patient representative exercises your rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.
- Our wishes and preferences must be considered in the exercise of rights by the representative. To the extent practicable, you must be provided with opportunities to participate in the care planning process. In the case of a patient representative whose decision-making authority is limited by State law or court appointment, you retain the right to make decisions outside the representative's authority.
- You have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.
- You have the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising your rights. You have the right to be supported by the facility in the exercise of your rights.
- You have the right to be supported by the facility in the exercise of your rights.
- You have the right to be informed of, and participate in, your treatment, including the right to be fully informed in a language that you can understand of your total health status, including but not limited to your medical condition.

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SWING BED PATIENT RIGHTS CONT'D:

- You have the right to be informed, in advance of changes to your plan of care.
- You have the right to request, refuse, and/or discontinue treatment.
- You have the right to participate in or refuse to participate in experimental research.
- You have the right to formulate an advance directive.
- You have the right to choose an attending physician. You have the right to be informed if the physician you have chosen is unable or unwilling to be your attending physician, and to have alternative physicians discussed with you, and to honor your preferences, if any, in identifying options.
- You have the right to be informed of the name, specialty, and way of contacting your physician and other primary care professionals responsible for your care.
- You have the right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights of health and safety of other residents.
- You have the right to share a room with your spouse when you and your spouse are in the same facility, and both you and your spouse consent to the arrangement.
- You have the right to immediate access by immediate family and other relatives, subject to your right to deny or withdraw consent at any time.
- You have the right to immediate access by others who are visiting with your consent, subject to reasonable clinical and safety restrictions, and your right to deny or withdraw consent at any time.
- You have the right to secure and confidential personal and medical records.

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SWING BED PATIENT RIGHTS CONT'D:

- You have the right to personal privacy, including accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and patient groups, but this does not require the facility to provide a private room for each resident.
- You have the right to send and promptly receive unopened mail and other letters, packages, and other materials delivered to the facility, including those delivered through a means other than the postal service.
- You have the right to be informed in writing, if you have Medicaid insurance, at the time of admission or when you become eligible for Medicaid of:
 - The items and services that are included in nursing facility services under the State plan and for which you may not be charged.
 - Those other items and services that the hospital offers and for which you may be charged, and the amount of charges for those services.
- Be informed when changes are made to items and services.
- You have the right to be informed before, or at the time of admission, and periodically during your stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/Medicaid or by the facility's per-diem rate.
- You have the right to access stationery, postage, and writing implements at your own expense.
- You have the right to secure and confidential personal and medical records. You have the right to refuse the release of personal and medical records except as required or provided by federal or state laws. The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine your medical, social, and administrative records in accordance with State law.

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SWING BED PATIENT RIGHTS CONT'D:


- You have the right to contact the office of the State Long-Term Care Ombudsman.
- You have the right to remain in a swing bed and not be transferred or discharged unless:
- The transfer or discharge is necessary for your welfare, and your needs cannot be met in the facility.
- The transfer or discharge is appropriate because your health has improved sufficiently so that you no longer need the services provided by the facility.
- The safety of individuals in the facility is endangered due to your clinical or behavioral status.
- The health of individuals in the facility would be endangered.
- After reasonable and appropriate notice, you have failed to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Non-payment applies if you do not submit the necessary paperwork for third-party payment or after the third party, including Medicare or Medicaid, denies the claims and you refuse to pay for your stay.
- The facility ceases to operate.
- The facility may not transfer or discharge you while an appeal is pending unless the failure to discharge or transfer would endanger the health or safety of you or other individuals in the facility.
- You have the right to be free from abuse, neglect, misappropriation of property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat your medical symptoms.





FOR MORE INFO:

Clay County Hospital Case Manager

 618-662-2131 ext. 1640

 618-844-3291 fax

Additional Contact Information:

- Main Hospital Number: 618-662-2131
- Chief Quality & Infection Control Officer
 - 618-662-2131, ext. 1643

*We look forward to
serving you.*

