



**Forks
Community
Hospital**



Everything You
Need to Know
About the Levels
of Inpatient Care
Provided at Forks
Community Hospital



www.forkshospital.org



360-374-6271



laciyo@forkshospital.org

CARE WHEN IT COUNTS AND

Always with Heart

Forks Community Hospital (FCH) has an extensive history of providing excellent long-term care to our West End community, and we've been eager to share the changes we've undergone in our inpatient programs that allow us to continue doing what we do best in the future—care when it counts and always with heart.

The modifications to inpatient services, at FCH, and this includes the long-term care area of the facility, were made in compliance with regulations that allow Critical Access Hospitals like ours to provide care within the hospital, with the number of beds we are allowed and beyond a short stay from an illness, injury or a patient who many require further observation and skilled nursing care for a day or two.

Following is an explanation of the levels of inpatient care provided at FCH. Should you have any questions, please reach out to us using the contact information on this document, also found on HealthierWestEnd.org or ForksHospital.org.





Levels of Care

1



Observation

FIRST LEVEL OF CARE

An observation admission generally lasts 48 hours or less because the care team anticipates the patient's medical needs can be met at FCH. A patient could also be admitted to observation for continued assessment to identify if the patient can be treated in our facility but may need a more extended stay or to determine if they require a higher level of care at a facility with the medical specialty best suited for their care, and therefore, be transferred.

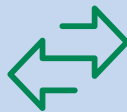
Highlights



Typically, 48hrs or less hospital stay



Inpatient treatment plan can be completed in a shorter stay



Awaiting bed availability to transfer to another facility



Need more information to identify a diagnosis



Admitted to observation if the symptoms are not responsive to treatment period in the ER

2



Inpatient

SECOND LEVEL OF CARE

An inpatient admission is typically a stay of four days or less. The intention with an inpatient admission is to treat the patient's illness until they are stable enough to continue care in an outpatient setting or return home. A patient can be admitted directly to an inpatient bed from the ER or transitioned from observation to inpatient based on medical necessity. A patient moves from observation to inpatient when a definitive diagnosis and treatment plan is identified, and it requires a longer hospital stay. A patient can also admit directly from the ER if a diagnosis and treatment plan is established from the ER assessment that meets medical necessity, and it is anticipated that the patient's condition will take longer than 48 hours to resolve.

Highlights



Typically, a four-day stay or less



Diagnosis that can be fully treated at FCH



May admit to inpatient if symptoms persist after observation stay and ongoing hospital treatment meets medical necessity



May admit directly from ER to inpatient if medical necessity is met

Swing-bed



3

THIRD LEVEL OF CARE

As a Critical Access Hospital, FCH can utilize a portion of its beds for patients who require skilled nursing care beyond their inpatient stay. Using hospital beds in this way is called “swing beds.” When patients are admitted to a swing bed, they are medically stable but need a service that can only be performed in a hospital setting with a health professional’s oversight daily. The duration of a swing bed stay is based on medical necessity, goals of care, and rehabilitation potential. A swing bed patient is anticipated to be discharged home or to a lower level of care when they have achieved their anticipated rehabilitation potential, or their hospital-based treatment is complete. The length of a swing bed stay varies based on the patient’s individual goals of care. Some insurance providers limit the days they cover for a patient receiving skilled nursing services. Before a swing bed admission, case management and billing will review insurance coverage and notify the patient of any potential financial responsibility they may have.

Key Info

- Medicare will cover the first 20 days of a Swing Bed stay 100% if the patient meets medical necessity for this level of care.
- Medicare will pay 80% of an additional 80 days if the patient meets medical necessity.
- The 20% that Medicare does not cover must be authorized by a secondary insurance to be covered or the patient is responsible for this portion.
- Medicaid will cover the entire stay up to 100 days if the patient meets medical necessity; are assessed by a home and community services representative and it is determined this level of care is necessary.
- Other insurance providers are case by case and only accepted as payors for swing bed if prior authorization is obtained.
- VA insurance will not pay for Swing Bed at FCH.

Swing-bed

Highlights

3



Patient requires a licensed medical professional to perform a care service that can not be obtained in the home setting:



Physical
Therapy



Occupational
Therapy



Infusion services
that can't be
done as an
outpatient visit



Intensive daily
wound care



End of life pain
management that
cannot be
adequately
treated without IV
pain medication



Patient had a three-day inpatient stay in the last 30 days at an acute care hospital that met medical necessity



If the patient has a need that can be met at FCH



The patient payor (insurance) must cover this level of care and give prior authorization

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Non-skilled Swing-bed

FOURTH LEVEL OF CARE

Non-skilled swing bed is a lower level of care than a swing bed that is utilized when a patient no longer has a skilled need. For example, when they no longer need physical therapy twice a day and could be seen in the outpatient setting or by home health. This level of care still requires the patient have had a three-day inpatient stay that met medical necessity. Non-skilled swing bed allows the patient admission options while discharge planning takes place if there are circumstances preventing the patient from returning home or from admitting to a long-term care facility. There are two ways to pay for non-skilled swing bed. The first is through Medicaid and the second option is to opt for private pay.

Highlights



Requires a three-day inpatient stay



Awaiting a long-term residential plan at another facility



No need for medical intervention by a licensed medical professional



Only paid for by Medicaid with a home and community services assessment that indicates 24hr care is needed for patient safety



Unable to have physical care needs met at home



No other insurance payors will pay for this level of care, patient is responsible for the bill if they do not qualify for Medicaid.



Awaiting adequate family and caregiver support at home to meet the patients care need

The Future for Aging in Forks

- FCH recognizes that to support our aging population we must continue to find ways to provide health care to promote safety while aging at home.
- We refer regularly to Susie Brandelius at the Olympic Area Agency on Aging to start identifying programs that can support people aging at home. 360-374-9496.
- FCH RN case management team works closely with clinic providers to increase access to resources or referrals for equipment to meet newly identified care needs. 360-374-6998.
- FCH continues to work toward implementing a Palliative Care Program with a goal to provide additional support and contact with your medical care team at home for patients who don't have access to basic preventative and interventional care.
- FCH will continue to advocate for patient resources that are intended to serve all of Clallam County but are not extending to the West End.
- FCH will remain solution focused and committed to patient centered care at every point of contact with the organization.
- We cannot change the limitations in payor coverage or our healthcare system as a whole; however, we can make it a goal to work with what we have to find the best possible solutions for our community just as Forks has always done.



4



Non-skilled Swing-bed (con't)

Extended Care Unit

- Currently 16 beds utilized for patients that are currently in LTC
- These patients now count toward our 25-bed limit as a Critical Access Hospital
- Intend to keep 16 extended care beds for non-skilled swing bed patients

FCH is committed to prioritizing admission to the Extended Care Unit by allowing patients who have been transferred from this facility to a residential facility elsewhere the option to return to the FCH Extended Care Unit. These admissions are based on bed availability and FCH's ability to meet the patient's individualized needs.



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*“When we are no longer able to
change a situation, we are
challenged to change ourselves.”*

-Viktor Frankl



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