



Swing Bed Program

When a Patient is Not Quite Ready to Go Home

Helping You Get Well

After an illness, injury, or surgery, a patient may be getting better but still needs some additional skilled care before returning home. The doctor may recommend a Medicare funded program referred to as "Swing Bed." This program provides nursing care for patients who require medically supervised nursing care on a continuous basis but no longer require their previous level of intense (or acute) care.

In some cases a person may stay in the same hospital bed, moving from one level of care to another. In other cases, patients will be transferred to a Swing Bed in their own community's hospital. Because community hospitals in rural areas network with larger urban hospitals, patients are often moved back into their own communities to recuperate.

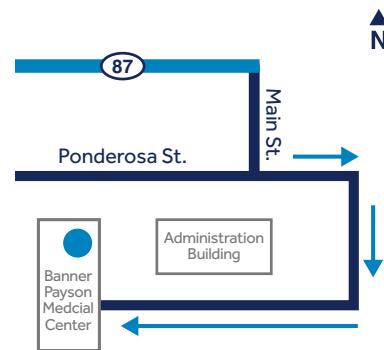
Do Patients Receive The Same Quality of Care?

Yes, patients receive the same excellent quality of care. However, patients may not see the doctor as often as they did while their condition was more acute. Swing Bed patients usually do not need laboratory work or their vital signs checked as often as during their acute stay.

While in the Swing Bed program, patients will receive a range of rehabilitation services such as physical therapy, respiratory therapy, occupational therapy, recreational therapy, and speech therapy that are designed to meet the specific needs of each patient. Nursing care services may also be needed. These include dressing changes, nutritional assessment, or evaluating new medications. A key component of the Swing Bed program is the patient's active participation in all aspects of the program. This includes resuming daily activities such as getting up, getting dressed, and participating in organized activities.

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More Information
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How Long Does A Patient Stay?

The length of stay depends on each patient's needs and condition. Before leaving the acute-care bed, patients and their families will meet with a Discharge Planner to initiate a care plan for the skilled Swing Bed services. Once patients gain the strength and independence to return home, they will receive home care instructions as well as any needed arrangements with community agencies. As long as patients meet the level of condition and Medicare criteria, have days left in the benefit period, and the doctor approves the stay, they may remain in the Swing Bed program until discharged.

Medicare Part A funds the Swing Bed program. To qualify for Medicare reimbursement, admission to a Swing Bed must be preceded by an acute hospital stay of at least three or more nights within a 30-day period.

Who Pays For It?

Medicare coverage is limited to 100 days of skilled swing bed care. Medicare pays the first 20 days in full. Starting from Day 21-100 there is co-insurance coverage. All other insurance plans will be billed, if coverage is available.

Please feel free to ask us any questions you have about your care or your discharge plan.

