

Swing Bed Assessment Files Data Dictionary

Variable sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
1	BENE_ID	BENE_ID	Encrypted 723 Beneficiary ID	CHAR	15	A unique CCW beneficiary identifier field that is specific to the Chronic Condition Warehouse. This field is encrypted prior to delivery to researchers. The BENE_ID field is used to cross-reference data for each beneficiary across all claim and assessment data files.	
2	ASMT_ID	ASMT_ID	Encrypted Assessment ID	CHAR	15	This number is assigned when an assessment record is processed in the Chronic Condition Warehouse. This field is encrypted prior to delivery to researchers. It identifies lines that are submitted from the same assessment.	
3	ASBGVRDT	AST_BEG_VER_DT	Assessment Beginning Version Date	DATE	8	Beginning date of the submission file that contains the version of this assessment	
4	CRRCTNM	AST_CORR_VER	Assessment Correction Version Number	CHAR	2	The number of the assessment.	00 = Original, 01 = First correction, 02 = Second correction, etc.
5	ASNDVRDT	AST_END_VER_DT	Assessment Ending Version Date	DATE	8	Ending date of the submission file that contains the version of this assessment	
6	ASTMDND	AST_MOD_IND	Assessment Modification Code	CHAR	1	A code designating the version of the assessment.	C = Current, M = Modified, X = Inactive
7	CLCHPSCD	CALC_HIPPS_CD	Calculated HIPPS Code	CHAR	5	The value of the HIPPS (Health Insurance Prospective Payment System) code calculated by the state system using the OASIS PPS dll for this assessment.	
8	CRTDDT	CREATED_DT	Created Date	DATE	8	For OASIS and MDS Assessments, it is the date the record submitted was saved to the state database. Otherwise it is the date that the options were entered into the system.	
9	EFFCTVDT	EFFECTIVE_DT	Effective Date (Determines Year of Assessment)	DATE	8	This date determines the year of the assessment. For MDS, the effective date is based on the (A4A) Primary Reason for Assessment field. The effective date will be the R4 Discharge Date for any discharge (RFA 06, 07, 08); the A4A Reentry Date for any re-entry (RFA 09); or the R2B Complete Date for any other type of assessment (RFA 01, 02, 03, 04, 05, 10, 00.) For SB, this date is the same as the Completion Date as is equal to the following dates: 15 (R4) - Discharge Date, 16 (A4A) - Reentry Date and 45b (R2B) - Completion Date	

Swing Bed Assessment Files Data Dictionary

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10	MCR_CMI	MCR_CMI	Medicare CMI Value for RUG Group	CHAR	9	This field contains the Medicare Case Mix Index generated in the RUG calculation for this assessment by the state MDS system.	
11	MCRCDST	MCR_CODE_SET	Medicare RUG CMI Set Used	CHAR	3	This field contains the Medicare set code that was used in the RUG calculation for this assessment by the state MDS system.	
12	MCR_GP	MCR_GP	Medicare RUG Group	CHAR	3	This field contains the Medicare RUG group calculated for this assessment by the state MDS system.	
13	MCR_VR	MCR_VR	Medicare RUG Version	CHAR	2	This field contains the Medicare RUG calculator version used for this assessment by the state MDS system.	
14	ORGSMTID	ORIG_ASMT_INT_ID	Encrypted Original Assessment Internal ID	CHAR	15	Original version (ASMT INT ID) of this assessment where Correction Number is 00.	
15	PRVNTRNO	PRVDR_INT_NUM	Provider Internal Number	CHAR	10	This field is used as a key to uniquely identify a provider in the CSP_PRVDR table.	
16	REC_TYPE	REC_TYPE	Record Type	CHAR	2	This is a calculated field based on the combination of the AA8A PRI RFA and AA8B SPC RFA fields.	
17	RSCHGTS	RES_CHG_TIMESTAMP	Resident Data Update Timestamp	DATE	8	The late updated date and time of resident data.	
18	RSMTCHCR	RES_MATCH_CRITERIA	Resident Match Criteria	CHAR	2	This field is used in determining if a record should be written to the resident history table. It is a number showing which of the resident matching criteria was positive for a match, and is zero if it is a new resident.	
19	SBASTIID	SB_ASMT_INT_ID	Encrypted D170SB Assessment Internal ID	CHAR	15	The number assigned to identify a swing bed assessment.	
20	SBSUBREQ	SB_SUB_REQ	SB Submission Requirement	CHAR	1	Submission authority for SB-MDS Record	
21	SBSBSQNO	SB_SUBMSN_SQNC_NUM	SB Submission Sequence Number	CHAR	10	SB Submission Sequence Number	
22	SFTWR_ID	SFTWR_ID	Software ID	CHAR	9	This field contains the identification number of the software vendor or agent the provider is using to automate the assessment requirement.	
23	SFTWVRSN	SFTWR_VRSN	Software Version	CHAR	5	This field contains the version number of the vendor software being used by the facility or the facility's agent to automate the assessment submission process.	
24	STATE_CD	STATE_CD	State Code	CHAR	2	The two-digit state abbreviation.	

Swing Bed Assessment Files Data Dictionary

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25	SUBMSNDT	SUBMSN_DT	Submission Date	DATE	8	The date the submission was received by the system.	
26	TARGETDT	TARGET_DT	Target Date	DATE	8	For MDS, the target date is the R4 Discharge Date for any discharge, the A4A Reentry Date for any re-entry and the A3A Assessment Reference Date for any other type of assessment. For IRF-PAI, the Target Date is 12: Admission Date. For SB the Target Date is the same as the Event Date and is equal to the following dates: 10a (A3A - Assessment Reference Date, 15 (R4) - Discharge Date and 16 (A4A) - Reentry Date.	
27	UPDTDDT	UPDATED_DT	Updated Date	DATE	8	This is the date the row was last updated in the assessment table in the state system.	
28	VRSN_CD1	VRSN_CD1	Version Code 1	CHAR	5	This code represents the version of the form actually completed in the hospital.	
29	VRSN_CD2	VRSN_CD2	Version Code 2	CHAR	5	This code represents the version of the data specification used to create the data record for submission to the National System.	
30	_5A	ETHNCTY_AMRCN_INDN_AK_NTV_SW	(5a)Race: American Indian/Alaskan Native	CHAR	1	The patient's race or ethnic category: American Indian or Alaskan Native.	
31	_5B	ETHNCTY_ASN_SW	(5b)Race: Asian	CHAR	1	The patient's race or ethnic category: Asian.	
32	_5C	ETHNCTY_AFRCN_AMRCN_SW	(5c)Race: Black or African American	CHAR	1	The patient's race or ethnic category: Black or African American.	
33	_5D	ETHNCTY_HSPNC_LTN_SW	(5d)Ethnicity: Hispanic or Latino	CHAR	1	The patient's race or ethnic category: Hispanic or Latino.	
34	_5E	ETHNCTY_NTV_HI_PCFC_ISLNDR_SW	(5e)Race: Native Hawaiian or other Pacific Islander	CHAR	1	The patient's race or ethnic category: Native Hawaiian or other Pacific Islander.	
35	_5F	ETHNCTY_WHT_SW	(5f)Race: White	CHAR	1	The patient's race or ethnic category: White	
36	_11C	ASMT_OMRA_SW	(11c) OMRA Assessment	CHAR	1	The OMRA (Other Medicare Required Assessment) must be completed only if the patient was in a RUG-III Rehabilitation classification and will continue to need Part A SNF-level services after discontinuing therapy.	

Swing Bed Assessment Files Data Dictionary

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37	_11D	ASMT_CLNCL_CHG_SW	(11d) Clinical Change Assessment	CHAR	1	A decline or improvement in a patient's status that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, impacts on more than one are of the patient's health status or required interdisciplinary review or revision of the plan of care.	
38	_11E	ASMT_STATE_RQRD_SW	(11e) Assessment Required for State	CHAR	1	A code used to identify a SB-MDS assessment required by a state Medicaid swing bed program.	
39	_11F	ASMT_OTHR_RSN_SW	(11f) Assessment Needed Other Reasons	CHAR	1	A code used to identify a SB-MDS assessment completed for other payers, such a a Health Maintenance Organization (HMO) or other Medicare Secondary Payer (MSP).	
40	_12	PRIOR_ACUTE_CARE_ADMSN_DT	(12) Prior Acute Care Admission Date	DATE	8	The admission date of the qualifying 3-day hospital stay that occurred before admission to the swing bed for Part A SNF-level services.	
41	_14A	ADMTD_FROM_CD	(14a) Admitted From Code	CHAR	2	The patient's living arrangements prior to admission and the presence or absence of home health services if the patient was in a private home or apartment.	-1 = Unknown, 1 = Private home/apt. with no home health services, 2 = Private home/apt. with home health services, 3 = Board and care/assisted living/group home, 4 = Nursing home, 5 = Acute Care Hospital, 6 = Psychiatric Hospital, MR/DD facility, 7 = Rehabilitation Hospital, 8 = Other
42	_14B	DSCHRG_STUS_CD	(14b) Discharge Status Code	CHAR	2	The patient's living arrangements after discharge and the presence or absence of home health services if the patient is in a private home or apartment.	
43	_14C	REENTRY_FROM_CD	(14c) Reentry From Code	CHAR	2	Indicates the patient's living arrangement prior to reentry for swing bed services.	
44	AA2	AA2_GENDER	2(AA2)Gender	CHAR	1	The patient's gender	0 = Uknown, 1 = Male, 2 = Female
45	AA3	AA3_BIRTH_DT	3(AA3)Birthdate	DATE	8	The patient's birthdate.	
46	A5	A5_MARTIAL_STATUS	4(A5)Marital Status	CHAR	1	The patient's current marital status.	-1 = Unknown, 1 = Never married, 2 = Married, 3 = Widowed, 4 = Separated, 5 = Divorced
47	AB4	AB4_PRIOR_ZIP	6(AB4)ZIP Code of Pre-Hospital Residence	CHAR	5	The community address where the patient last resided prior to swing bed admission.	
48	AA6A	AA6A_FAC_MCAID_NBR	9a(AA6a)Hospital State Medicaid Provider Number	CHAR	15	The hospital's state Medicaid provider identification number.	

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49	AA6B	AA6B_FAC_MCARE_NBR	9b(AA6b)Hospital Medicare Provider Number	CHAR	12	The hospital's Medicare provider number.	
50	A3A	A3A_ASMT_REF_DT	10a(A3a)Assessment Reference Date	DATE	8	This date refers to a specific end-point for a common observation period in the SB-MDS assessment process. Almost all SB-MDS items refer to the patient's status over a designated time period referring back in time from the Assessment Reference Date (ARD).	
51	AA8A	AA8A_PRI_RFA	11a (AA8a) Primary Reason for Assessment	CHAR	2	The primary reason for completing the assessment using the categories of assessment types mandated by Federal regulation.	00 = None of the above, 01 = Admission Assessment (required by day 14), 02 = Annual Assessment, 03 = Significant change in status assessment, 04 = Significant correction of prior full assessment, 05 = Quarterly review assessment, 06 = Discharged - return not anticipated, 07 = Discharged - return anticipated, 08 = Discharged prior to completing initial assessment, 09 = Reentry, 10 = Significant correction of prior quarterly assessment
52	AA8B	AA8B_SPC_RFA	11b (AA8b) PPS Scheduled Assessments	CHAR	1	Indicates which SB-MDS assessment is being completed.	= Space, - = Unknown, 1 = Medicare 5 day assessment, 2 = Medicare 30 day assessment, 3 = Medicare 60 day assessment, 4 = Medicare 90 day assessment, 5 = Medicare readmission/return assessment, 6 = Other state required assessment, 7 = Medicare 14 day assessment, 8 = Other Medicare required assessment
53	AB1	AB1_ADMSN_DT	13(AB1)Admission Date	DATE	8	The date of the initial admission for swing bed services.	
54	R4	R4_DISCHARGE_DT	15(R4)Discharge Date	DATE	8	The date that the patient was discharged from the Swing Bed.	
55	A4A	A4A_REENTRY_DT	16(A4a)Reentry Date	DATE	8	The date the patient returns to the Swing Bed program from a discharge status-return anticipated.	
56	B1	B1_COMATOSE	17(B1)Comatose	CHAR	1	Indicates a pathological state in which neither arousal (wakefulness, alertness) nor awareness (cognition of self and environment) is present.	-1 = Unknown, 0 = No, 1 = Yes
57	B2A	B2A_ST_MEMORY	18(B2a)Short Term Memory	CHAR	1	Indicates the patient's functional capacity to remember recent or short-term events.	-1 = Unknown, -2 = Space, 0 = Memory OK, 1 = Memory problem

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58	B4	B4_DAY_DCSN_MAKING	19(B4)Cognitive Skills	CHAR	1	Indicates the patient's actual performance in making everyday decisions about tasks or activities of daily living.	-1 = Unknown, -2 = Space, 0 = Independent - decisions consistent/reasonable, 1 = Modified Independence - some difficulty in new situations only, 2 = Moderatly Impaired - decisions poor; cues/supervision required, 3 = Severly Impaired - never/rarely made decisions
59	C4	C4_IS_UNDERSTOOD	20(C4)Making Self Understood	CHAR	1	Indicates the patient's ability to express or communicate requests, needs, opinions, urgent problems, and social conversation, whether in speech, writing, sign language, or a combination of these.	-1 = Unknown, -2 = Space, 0 = Understood, 1 = Usually Understood - difficulty finding words or finishing thoughts, 2 = Sometimes Understood - ability is limited to making concrete requests, 3 = Rarely/Never Understood
60	E1L	E1L_WORRIED_FACE	21(E1L)Sad, Pained, Worried Facial Expressions	CHAR	1	Indicates the frequency of the patient's sad, pained or worried facila expressions.	-1 = Unknown, -2 = Space, 0 = Indicator not exhited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
61	E1A	E1A_NEG_STATE	21a(E1a)Negative Statements	CHAR	1	Indicates the frequency of negative statements the patient expressed. Examples are: "Nothing matters."; "I'd rather be dead."; "What's the use?"; "Let me die."	-1 = Unknown, -2 = Space, 0 = Indicator not exhited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
62	E1B	E1B_REPEAT_QUES	21b(E1b)Repetitive Questions	CHAR	1	Indicates the frequency of repetitive verbalizations the patient made. Examples include: "Where do I go?"; "What do I do?"	-1 = Unknown, -2 = Space, 0 = Indicator not exhited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
63	E1C	E1C_REPEAT_VERB	21c(E1c)Repetitive Verbalizations	CHAR	1	Indicates the frequency of repetitive verbalizations the patient made. Examples include calling out for help, "God help me."	-1 = Unknown, -2 = Space, 0 = Indicator not exhited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
64	E1D	E1D_PRST_ANGER	21d(E1d)Persistent Anger With Self/Others	CHAR	1	Indicates the frequency of persistent anger the patient expressed with self or others. Examples include being easily annoyed, anger at placemnt in swing bed; anger at care received.	-1 = Unknown, -2 = Space, 0 = Indicator not exhited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)

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65	E1E	E1E_SELF_DEPER	21e(E1e)Self Depreciation	CHAR	1	Indicates the frequency of self depreciation the patient expressed. Examples include: "I am nothing."; "I am of no use to anyone."	-1 = Unknown, -2 = Space, 0 = Indicator not exhibited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
66	E1F	E1F_UNREAL_FEARS	21f(E1f)Expression of Unrealistic Fears	CHAR	1	Indicates the frequency of unrealistic fears the patient expressed. Examples are fear of being abandoned, left alone, being with others.	-1 = Unknown, -2 = Space, 0 = Indicator not exhibited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
67	E1G	E1G_TERRIBLE_FEEL	21g(E1g)Recurrent Statements of Terrible Future	CHAR	1	Indicates the frequency of recurrent statement of a terrible future the patient expressed. Examples include belief that he or she is about to die, have a heart attack.	-1 = Unknown, -2 = Space, 0 = Indicator not exhibited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
68	E1H	E1H_HLTH_COMPLAIN	21h(E1h)Repetitive Health Complaints	CHAR	1	Indicates the frequency of repetitive health complaints the patient expressed. Examples include persistently seekin medical attention, obsessive concerns with body functions.	-1 = Unknown, -2 = Space, 0 = Indicator not exhibited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
69	E1I	E1I_ANX_COMP	21i(E1i)Repetitive Anxious Complaints/Concerns	CHAR	1	Indicates the frequency of repetitive anxious complaints (non-health related) the patient expressed. Examples include: persistently seeking attention or reassurance regarding schedules, meals, laundry, clothing, relationship issues.	-1 = Unknown, -2 = Space, 0 = Indicator not exhibited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
70	E1J	E1J_UNPLEAS_MORN	21j(E1j)Unpleasant Mood in Morning	CHAR	1	Indicates the frequency the patient expressed an unpleasant mood in the morning.	-1 = Unknown, -2 = Space, 0 = Indicator not exhibited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
71	E1K	E1K_INSOMINA	21k(E1k)Insomnia/Change in Sleeping Pattern	CHAR	1	Indicates the frequency of the patient's insomnia or a change in sleeping pattern. Examples include difficulty fallin asleep, fewr or more hours of sleep than usual, waking up too early and unable to fall back to sleep.	-1 = Unknown, -2 = Space, 0 = Indicator not exhibited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
72	E1M	E1M_CRYING	21m(E1m)Crying, Tearfulness	CHAR	1	Indicates the frequency of the patient's crying or tearfulness.	-1 = Unknown, -2 = Space, 0 = Indicator not exhibited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)

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73	E1N	E1N_REPEAT_MOVES	21n(E1n)Repetitive Physical Movements	CHAR	1	Indicates the frequency of the patient's repetitive physical movements. Examples include: pacing, hand wringing, restlessness, fidgeting, picking.	-1 = Unknown, -2 = Space, 0 = Indicator not exhibited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
74	E1O	E1O_WITHDRAWN	21o(E1o)Withdrawal From Activities of Interest	CHAR	1	Indicates the frequency of the patient's withdrawal from activities of interest. Examples include having no interest in long standing activities or being with family or friends.	-1 = Unknown, -2 = Space, 0 = Indicator not exhibited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
75	E1P	E1P_LESS_INTERACT	21p(E1p)Reduced Social Interaction	CHAR	1	Indicates the frequency of the patient's reduced social interaction. Examples include being less talkative, more isolated.	-1 = Unknown, -2 = Space, 0 = Indicator not exhibited in last 30 days, 1 = Indicator of this type exhibited up to five days a week, 2 = Indicator of this type exhibited daily or almost daily (6, 7 days a week)
76	E4AA	E4AA_WANDERS	22a(E4aA)Wandering: Frequency	CHAR	1	Indicates the frequency of the patient's wandering (locomotion with no discernible, rational purpose). Wandering may be manifested by walking or by wheelchair.	-1 = Unknown, -2 = Space, 0 = Behavior not exhibited in last 7 days, 1 = Behavior of this type occurred 1 to 3 days in last 7 days, 2 = Behavior of this type occurred 4 to 6 days, but less than daily, 3 = Behavior of this type occurred daily
77	E4BA	E4BA_VRBL_ABUSIVE	22b(E4bA)Verbally Abusive Behavioral Symptoms: Frequency	CHAR	1	Indicates the frequency of the patient's verbally abusive behavior. Other patients or staff were threatened, screamed at, or cursed at.	-1 = Unknown, -2 = Space, 0 = Behavior not exhibited in last 7 days, 1 = Behavior of this type occurred 1 to 3 days in last 7 days, 2 = Behavior of this type occurred 4 to 6 days, but less than daily, 3 = Behavior of this type occurred daily
78	E4CA	E4CA_PHYS_ABUSIVE	22c(E4cA)Physically Abusive Behavioral Symptoms: Frequency	CHAR	1	Indicates the frequency of the patient's physically abusive behavior. Other patients or staff were hit, shoved, scratched, or sexually abused.	-1 = Unknown, -2 = Space, 0 = Behavior not exhibited in last 7 days, 1 = Behavior of this type occurred 1 to 3 days in last 7 days, 2 = Behavior of this type occurred 4 to 6 days, but less than daily, 3 = Behavior of this type occurred daily
79	E4DA	E4DA_DIS_BEHAVIOR	22d(E4dA)Socially Inappropriate/Disruptive Behavior: Frequency	CHAR	1	Indicates the frequency of the patient's socially inappropriate or disruptive behavior. Examples include disruptive sounds, excessive noise, screams, self-abusive acts, sexual behavior or disrobing in public, smearing or throwing food or feces, hoarding, rummaging through others' belongings.	-1 = Unknown, -2 = Space, 0 = Behavior not exhibited in last 7 days, 1 = Behavior of this type occurred 1 to 3 days in last 7 days, 2 = Behavior of this type occurred 4 to 6 days, but less than daily, 3 = Behavior of this type occurred daily

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80	E4EA	E4EA_RESIST_CARE	22e(E4eA)Resists Care: Frequency	CHAR	1	Indicates the patient's frequency in resisting care. Examples include resisting taking medications/injections, ADL assistance or help with eating. This category does not include instances where the patient has made an informed choice not to follow a course of care.	-1 = Unknown, -2 = Space, 0 = Behavior not exhibited in last 7 days, 1 = Behavior of this type occurred 1 to 3 days in last 7 days, 2 = Behavior of this type occurred 4 to 6 days, but less than daily, 3 = Behavior of this type occurred daily
81	G1AA	G1AA_SELF_BED	23aA(G1aA)Bed Mobility - Self Performance	CHAR	1	Indicates how the patient without assistance moves to and from a lying position, turns side to side, and positions body while in bed.	-1 = Unknown, 0 = Independent - No help or oversight -OR- Help/oversight provided only 1 or 2 times during last 7 days, 1 = Supervision - Oversight, encouragement or cueing provided 3 or more times during last 7 days -OR- Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days, 2 = Limited Assistance - Resident highly involved in activity, received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times -OR- More help provided only 1 or 2 times during last 7 days, 3 = Extensive Assistance - While resident performed part of activity, over last 7 day period, help of following type(s) provided 3 or more times: Weight bearing support - Full staff performance during part (but not all) of last 7 days, 4 = Total Dependence - Full staff performance of activity during entire 7 days, 8 = Activity did not occur during entire 7 days.
82	G1AB	G1AB_SUPP_BED	23aB(G1aB)Bed Mobility - Support Provided	CHAR	1	Indicates how the patient with support provided moves to and from a lying position, turns side to side, and positions body while in bed.	-1 = Unknown, 0 = No setup or physical help from staff, 1 = Setup help only, 2 = One person physical assist, 3 = Two+ person physical assist, 8 = ADL activity itself did not occur during entire 7 days

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83	G1BA	G1BA_SELF_TRANS	23bA(G1bA)Transfer - Self Performance	CHAR	1	Indicates how the patient without assistance moves between surfaces. Examples include: moving from bed, chair, wheelchair to standing position.	-1 = Unknown, 0 = Independent - No help or oversight -OR- Help/oversight provided only 1 or 2 times during last 7 days, 1 = Supervision - Oversight, encouragement or cueing provided 3 or more times during last 7 days -OR- Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days, 2 = Limited Assistance - Resident highly involved in activity, received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times -OR- More help provided only 1 or 2 times during last 7 days, 3 = Extensive Assistance - While resident performed part of activity, over last 7 day period, help of following type(s) provided 3 or more times: Weight bearing support - Full staff performance during part (but not all) of last 7 days, 4 = Total Dependence - Full staff performance of activity during entire 7 days, 8 = Activity did not occur during entire 7 days.
84	G1BB	G1BB_SUPP_TRANS	23bB(G1bB)Transfer - Support Provided	CHAR	1	Indicates how the patient with support provided moves between surfaces. Examples include: moving from bed, chair, wheelchair to standing position.	-1 = Unknown, 0 = No setup or physical help from staff, 1 = Setup help only, 2 = One person physical assist, 3 = Two+ person physical assist, 8 = ADL activity itself did not occur during entire 7 days

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85	G1HA	G1HA_SELF_EAT	23cA(G1hA)Eating - Self Performance	CHAR	1	Indicates how the patient without assistance eats and drinks, regardless of skill.	-1 = Unknown, 0 = Independent - No help or oversight -OR- Help/oversight provided only 1 or 2 times during last 7 days, 1 = Supervision - Oversight, encouragement or cueing provided 3 or more times during last 7 days -OR- Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days, 2 = Limited Assistance - Resident highly involved in activity, received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times -OR- More help provided only 1 or 2 times during last 7 days, 3 = Extensive Assistance - While resident performed part of activity, over last 7 day period, help of following type(s) provided 3 or more times: Weight bearing support - Full staff performance during part (but not all) of last 7 days, 4 = Total Dependence - Full staff performance of activity during entire 7 days, 8 = Activity did not occur during entire 7 days.
86	G1HB	G1HB_SUPP_EAT	23cB(G1hB)Eating - Support Provided	CHAR	1	Indicates how the patient with support provided eats and drinks, regardless of skill.	-1 = Unknown, 0 = No setup or physical help from staff, 1 = Setup help only, 2 = One person physical assist, 3 = Two+ person physical assist, 8 = ADL activity itself did not occur during entire 7 days

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87	G1IA	G1IA_SELF_TOLIET	23dA(G1iA)Toilet Use - Self Performance	CHAR	1	Indicates how the patient without assistance uses the toilet room, commode, bedpan, or urinal, transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, and adjusts clothes.	-1 = Unknown, 0 = Independent - No help or oversight -OR- Help/oversight provided only 1 or 2 times during last 7 days, 1 = Supervision - Oversight, encouragement or cueing provided 3 or more times during last 7 days -OR- Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days, 2 = Limited Assistance - Resident highly involved in activity, received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times -OR- More help provided only 1 or 2 times during last 7 days, 3 = Extensive Assistance - While resident performed part of activity, over last 7 day period, help of following type(s) provided 3 or more times: Weight bearing support - Full staff performance during part (but not all) of last 7 days, 4 = Total Dependence - Full staff performance of activity during entire 7 days, 8 = Activity did not occur during entire 7 days.
88	G1IB	G1IB_SUPP_TOLIET	23dB(G1iB)Toilet Use - Support Provided	CHAR	1	Indicates how the patient with support uses the toilet room, commode, bedpan, or urinal, transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, and adjusts clothes.	-1 = Unknown, 0 = No setup or physical help from staff, 1 = Setup help only, 2 = One person physical assist, 3 = Two+ person physical assist, 8 = ADL activity itself did not occur during entire 7 days
89	H3A	H3A_TOLIET_PLAN	24a(H3a)Any Scheduled Toileting Plan	CHAR	1	A plan whereby staff members at scheduled times each day either take the patient to the toilet room, or give the patient a urinal, or remind the patient to go to the toilet. Includes habit training and/or prompted voiding.	0 = Unchecked, 1 = Checked, -1 = Unknown
90	H3B	H3B_BLADDER_TR	24b(H3b)Bladder Retraining Program	CHAR	1	A retraining program where the patient is taught to consciously delay urinating or resist the urgency to void. Patients are encourages to void on a schedule rather than according to their urge to void. This form of training us used to manage urinary incontinence due to bladder instability.	0 = Unchecked, 1 = Checked, -1 = Unknown
91	I1A	I1A_DIABETES	25a(I1a)Diabetes Mellitus	CHAR	1	Indicates the diagnosis of Diabetes Mellitus (includes insulin-dependent Diabets Mellitus (IDM) and diet-controlled Diabetes (NIDDM oar AODM).	0 = Unchecked, 1 = Checked, -1 = Unknown

Swing Bed Assessment Files Data Dictionary

Variable sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
92	I1R	I1R_APHASIA	25b(I1r)Aphasia	CHAR	1	Indicates the diagnosis of aphasia - a speech or language disorder caused by disease or injury to the brain resulting in difficulty expressing thoughts (spoken or written) or understanding spoken or written language.	0 = Unchecked, 1 = Checked, -1 = Unknown
93	I1S	I1S_CEREBRAL_PALSY	25c(I1s)Cerebral Palsy	CHAR	1	Indicates the diagnosis of Cerebral Palsy - a paralysis related to developmental brain defects or birth trauma.	0 = Unchecked, 1 = Checked, -1 = Unknown
94	I1V	I1V_HEMIPLEGIA	25d(I1v)Hemiplegia/Hemiparesis	CHAR	1	Indicates a diagnosis of hemiplegia/hemiparesis - paralysis/partial paralysis (temporary or permanent impariment of sensation, function, motion) of both limbs on one side of the body - usually caused by cerebral hemorrhage, thrombosis, embolism, or tumor.	0 = Unchecked, 1 = Checked, -1 = Unknown
95	I1W	I1W_M_S	25e(I1w)Multiple Sclerosis	CHAR	1	Indicates a diagnosis of Multiple Sclerosis - a chronic disease affecting the central nervous system with remissions and relapses of weakness, uncoordination, paresthesia, speed disturbances, and visual disturbances.	0 = Unchecked, 1 = Checked, -1 = Unknown
96	I1Z	I1Z_QUADRIPLÉGIA	25f(I1z)Quadriplegia	CHAR	1	Indicates a diagnosis of quadriplegia - paralysis (temporary or permanent impairment of sensation, functtion, motion) of all four limbs. Usually caused by cerebral hemorrhage, thrombosis, embolism, tumor, or spinal cord injury.	0 = Unchecked, 1 = Checked, -1 = Unknown
97	I2E	I2E_PNEUMONIA	26a(I2e)Pneumonia	CHAR	1	Indicates a diagnosis of pneumonia - inflammation of the lungs; most commonly of bacterial or viral origin.	0 = Unchecked, 1 = Checked, -1 = Unknown
98	I2G	I2G_SEPTICEMIA	26b(I2g)Septicemia	CHAR	1	Indicates a diagnosis of septicemia - morbid condition associated with bacterial growth in the blood.	0 = Unchecked, 1 = Checked, -1 = Unknown
99	J1C	J1C_DEHYDRATED	27a(J1c)Dehydrated - Output Exceeds Input	CHAR	1	Indicates the patient is dehydrated - output excee input.	0 = Unchecked, 1 = Checked, -1 = Unknown
100	J1E	J1E_DELUSIONS	27b(J1e)Delusions	CHAR	1	Indicates the patient has delusions - fixed, false beliefs not shared by others that the patient holds even when there is obvious proof or evidence to the contrary.	0 = Unchecked, 1 = Checked, -1 = Unknown

Swing Bed Assessment Files Data Dictionary

Variable sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
101	J1H	J1H_FEVER	27c(J1h)Fever	CHAR	1	Indicates the patient has a fever - a fever is present when the patient's temperature is 2.4 degrees greater than the baseline temperature. Many frail elders have normally low rectal baseline temperatures.	0 = Unchecked, 1 = Checked, -1 = Unknown
102	J1I	J1I_HALLUCINATIONS	27d(J1i)Hallucinations	CHAR	1	Indicates the patient has hallucinations - false perceptions that occur in the absence of any real stimuli. An hallucination may be auditory (hearing voices), visual (seeing people, animals), tactile (feeling bugs crawling over skin), olfactory (smelling poisonous fumes), or gustatory (having strange tastes).	0 = Unchecked, 1 = Checked, -1 = Unknown
103	J1J	J1J_INTERN_BLEED	27e(J1j)Internal Bleeding	CHAR	1	Indicates the patient has internal bleeding - bleeding may be frank (such as bright red blood) or occult.	0 = Unchecked, 1 = Checked, -1 = Unknown
104	J1O	J1O_VOMIT	27f(J1o)Vomiting	CHAR	1	Indicates the patient has a vomiting problem condition.	0 = Unchecked, 1 = Checked, -1 = Unknown
105	K3A	K3A_WEIGHT_LOSS	28(K3a)Unplanned Weight Loss	CHAR	1	Indicates variations in the patient's weight over time: 5% or more lost in the last 30 days; 10% or more lost in the last 180 days.	0 = No, 1 = Yes, -1 = Unknown
106	K5A	K5A_PARENTERAL_IV	29a(K5a)Parenteral IV	CHAR	1	Indicates the patient is given intravenous (IV) fluids or hyperalimentation continuously or intermittently.	0 = Unchecked, 1 = Checked, -1 = Unknown
107	K5B	K5B_FEED_TUBE	29b(K5b)Feeding Tube	CHAR	1	Indicates the presence of any type of tube that can deliver food/nutritional substances/fluids/medicates directly into the gastrointestinal system.	0 = Unchecked, 1 = Checked, -1 = Unknown
108	K6A	K6A_TOTAL_CALORIES	30a(K6a)Parenteral or Enteral Intake	CHAR	1	A record of the proportion of calories received and the average fluid intake, through parenteral or tube feeding in the last seven days.	0 = None, 1 = 1% to 25%, 2 = 26% to 50%, 3 = 51% to 75%, 4 = 76% to 100%, -1 = Unknown, -2 = Space
109	K6B	K6B_FLUID_INTAKE	30b(K6b)Average Fluid Intake In Last 7 Days	CHAR	1	The actual amount of fluid the patient receive by IV or tube feeding in the last seven days.	0 = None, 1 = 1 to 500 cc/day, 2 = 501 to 1000 cc/day, 3 = 1001 to 1500 cc/day, 4 = 1501 to 2000 cc/day, 5 = 2001 or more cc/day, -1 = Unknown, -2 = Space
110	M1A	M1A_STAGE_1_ULCER	31a(M1a)Ulcers - Stage 1	CHAR	1	A count of the number of stage 1 ulcers, regardless of cause, on any part of the body. Stage 1 is defined as a persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.	

Swing Bed Assessment Files Data Dictionary

Variable sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
111	M1B	M1B_STAGE_2_ULCER	31b(M1b)Ulcers - Stage 2	CHAR	1	A count of the number of stage 2 ulcers, regardless of cause, on any part of the body. Stage 2 is defined as a partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.	
112	M1C	M1C_STAGE_3_ULCER	31c(M1c)Ulcers - Stage 3	CHAR	1	A count of the number of stage 3 ulcers, regardless of cause, on any part of the body. Stage 3 is defined as a full thickness loss of skin layers exposing the subcutaneous tissues. Presents as a deep crater with or without undermining adjacent tissue.	
113	M1D	M1D_STAGE_4_ULCER	31d(M1d)Ulcers - Stage 4	CHAR	1	A count of the number of stage 4 ulcers, regardless of cause, on any part of the body. Stage 4 is defined as a full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.	
114	M2A	M2A_PRES_ULCER	32(M2a)Pressure Ulcer	CHAR	1	A determination of the highest stage for pressure ulcers that were present in the last 7 days.	
115	M4B	M4B_BURNS	33a(M4b)Burns (Second or Third Degree)	CHAR	1	The presence of second or third degree burns from any cause (heat, chemicals) in any stage of healing.	0 = Unchecked, 1 = Checked, -1 = Unknown
116	M4C	M4C_OPEN_LESIONS	33b(M4c)Open Lesions Other Than Ulcers, Rashes, Cuts	CHAR	1	The presence of open lesions other than ulcers, rashes, cuts. Examples include lesions such as cancer lesions.	0 = Unchecked, 1 = Checked, -1 = Unknown
117	M4G	M4G_SURG_WOUND	33c(M4g)Surgical Wounds	CHAR	1	The presence of healing and non-healing, open or closed surgical incisions, skin grafts or drainage sites on any part of the body. This category does not include healed surgical sites or stomas.	0 = Unchecked, 1 = Checked, -1 = Unknown
118	M5A	M5A_RELIEF_CHAIR	34a(M5a)Pressure Relieving Device(s) for Chair	CHAR	1	Indicates the patient has received pressure relieving device(s) for the chair to manage skin problems in the past seven days. Includes gel, air, or other cushioning placed on a chair or wheelchair.	0 = Unchecked, 1 = Checked, -1 = Unknown
119	M5B	M5B_RELIEF_BED	34b(M5b)Pressure Relieving Device(s) for Bed	CHAR	1	Indicates the patient has received pressure relieving device(s) for the bed to manage skin problems in the past seven days. Includes air fluidized, low air loss therapy beds, flotation, water, or bubble mattress or pad placed on the bed.	0 = Unchecked, 1 = Checked, -1 = Unknown

Swing Bed Assessment Files Data Dictionary

Variable sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
120	M5C	M5C_TURN_REPO	34c(M5c)Turning/Repositioning Program	CHAR	1	Indicates the patient has received turning/repositioning program to manage skin problems in the past seven days. Includes a continuous, consistent program for changing the patient's position and realigning the body.	0 = Unchecked, 1 = Checked, -1 = Unknown
121	M5D	M5D_INTER_SKN_PROB	34d(M5d)Nutrition/Hydration Intervention	CHAR	1	Indicates the patient has received nutrition or hydration intervention to prevent or treat specific skin conditions in the past seven days. Includes wheat-free diet to prevent allergic dermatitis, high calorie diet with added supplements to prevent skin breakdown, high protein supplements for wound healing.	0 = Unchecked, 1 = Checked, -1 = Unknown
122	M5E	M5E_ULCER_CARE	34e(M5e)Ulcer Care	CHAR	1	Indicates the patient has received any intervention for treating an ulcer at any ulcer stage in the apst seven days. Includes use of dressings, chemical or surgical debridement, wound irrigations, and hydrotherapy.	0 = Unchecked, 1 = Checked, -1 = Unknown
123	M5F	M5F_SURG_WOUND_CAR	34f(M5f)Surgical Wound Care	CHAR	1	Indicates the patient has received any intervention for treating or protecting any type of surgical wound in the last seven days. Includes topical cleansing, wound irrigation, application of antimicrobial ointments, dressings of any type, suture removal, and warm soaks or heat application.	0 = Unchecked, 1 = Checked, -1 = Unknown
124	M5G	M5G_APP_DRESSINGS	34g(M5g)Application of Dressings	CHAR	1	Indicates the patient has had dressings applied with or without topical medications to treat a skin contition in the past seven days. Includes dry gauze dressings, dressings moistened with saline or other solutions, transparent dressings, hydrogel dressings, and dressings with hydrocolloid or hycro active particles.	0 = Unchecked, 1 = Checked, -1 = Unknown
125	M5H	M5H_APP_MEDS	34h(M5h)Application of Ointments/Medications	CHAR	1	Indicates the patient has had ointments or mediations applied to treat a skin condition in the past seven days. Includes cortisone, antifungal preparations, chemotherapeutic agents, etc.	0 = Unchecked, 1 = Checked, -1 = Unknown
126	M6B	M6B_INFECT_FOOT	35a(M6b)Infection of the Foot	CHAR	1	Indicates the patient has a foot infection during the past seven days. Examples include cellulitis, purulent drainage.	0 = Unchecked, 1 = Checked, -1 = Unknown

Swing Bed Assessment Files Data Dictionary

Variable sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
127	M6C	M6C_LESIONS_FOOT	35b(M6c)Open Lesions of the Foot	CHAR	1	Indicates the patient has open foot lesions during the past seven days. Includes cuts, ulcers, and fissures.	0 = Unchecked, 1 = Checked, -1 = Unknown
128	M6F	M6F_DRESSINGS_FOOT	35c(M6f)Application of Dressing (Foot)	CHAR	1	Indicates the patient has dressings with or without topical medication applied on the foot during the past seven days. Includes dry gauze dressings, dressings moistened with saline or other solutions, transparent dressings, hydrogel dressing, and dressings with hydrocolloid or hydroactive particles.	0 = Unchecked, 1 = Checked, -1 = Unknown
129	N1A	N1A_MORNING	36a(N1a)Time Awake - Morning	CHAR	1	Identifies those periods of a typical morning (over the last seven days) when the patient was awake all or most of the time (not more than one hour nap during any such period).	0 = Unchecked, 1 = Checked, -1 = Unknown
130	N1B	N1B_AFTERNOON	36b(N1b)Time Awake - Afternoon	CHAR	1	Identifies those periods of a typical afternoon (over the last seven days) when the patient was awake all or most of the time (not more than one hour nap during any such period).	0 = Unchecked, 1 = Checked, -1 = Unknown
131	N1C	N1C_EVENING	36c(N1c)Time Awake - Evening	CHAR	1	Identifies those periods of a typical evening (over the last seven days) when the patient was awake all or most of the time (not more than one hour nap during any such period).	0 = Unchecked, 1 = Checked, -1 = Unknown
132	O3	O3_INJECTIONS	37(O3)Injections	CHAR	1	A determination of the number of days during the past seven days that the patient received any type of medication, antigen, vaccines (including influenza and pneumovax), and/or PPD tests, by subcutaneous, intramuscular or intradermal injection.	0 = Unchecked, 1 = Checked, -1 = Unknown
133	P1AA	P1AA_CHEMO	38aa(P1aa)Special Care - Chemotherapy	CHAR	1	Indicates the patient received any type of chemotherapy given by any route.	0 = Unchecked, 1 = Checked, -1 = Unknown
134	P1AB	P1AB_DIALYSIS	38ab(P1ab)Special Care - Dialysis	CHAR	1	Indicates the patient received dialysis. Includes peritoneal and renal dialysis.	0 = Unchecked, 1 = Checked, -1 = Unknown
135	P1AC	P1AC_IV_MED	38ac(P1ac)Special Care - IV Medication	CHAR	1	Indicates the patient received IV medication. Includes any drug or biological given by intravenous push or drip through a central or peripheral port.	0 = Unchecked, 1 = Checked, -1 = Unknown
136	P1AG	P1AG_OXYGEN	38ad(P1ag)Special Care - Oxygen Therapy	CHAR	1	Indicates the patient receive oxygen therapy. Includes continuous or intermittent oxygen via mask, cannula, etc.	0 = Unchecked, 1 = Checked, -1 = Unknown
137	P1AH	P1AH_RADIATION	38ae(P1ah)Special Care - Radiation	CHAR	1	Indicates the patient received radiation. Includes radiation therapy or having a radiation implant.	0 = Unchecked, 1 = Checked, -1 = Unknown

Swing Bed Assessment Files Data Dictionary

Variable sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
138	P1AI	P1AI_SUCTION	38af(P1ai)Special Care - Suctioning	CHAR	1	Indicates the patient received suctioning. Includes nasopharyngeal or tracheal aspiration.	0 = Unchecked, 1 = Checked, -1 = Unknown
139	P1AJ	P1AJ_TRACH_CARE	38ag(P1aj)Special Care - Tracheostomy Care	CHAR	1	Indicates the patient received tracheostomy care. Includes cleansing of tracheostomy and cannula.	0 = Unchecked, 1 = Checked, -1 = Unknown
140	P1AK	P1AK_TRANSFUSION	38ah(P1ak)Special Care - Transfusions	CHAR	1	Indicates the patient received transfusions. Includes transfusions of blood or any blood products which are administered directly into the bloodstream.	0 = Unchecked, 1 = Checked, -1 = Unknown
141	P1AL	P1AL_VENTILATOR	38ai(P1ai)Special Care - Ventilator or Respirator	CHAR	1	Indicates the patient received ventilator or respirator treatment. Includes any type of electrically or pneumatically powered closed system mechanical ventilatory support devices.	0 = Unchecked, 1 = Checked, -1 = Unknown
142	P1BAA	P1BAA_SPCH_THR_DAY	38baA(P1baA)Speech Language Pathology & Audiology - Days	CHAR	1	Indicates the number of days of speech language pathology and audiology therapy the patient received in the last seven days.	
143	P1BAB	P1BAB_SPCH_THR_MIN	38baB(P1baB)Speech Language Pathology & Audiology - Minutes	CHAR	4	Indicates the total number of minutes of speech language pathology and audiology therapy the patient received during the past seven days.	
144	P1BBA	P1BBA_OCC_THPY_DAY	38bbA(P1bbA)Occupational Therapy Days	CHAR	1	Indicates the number of days of occupational therapy received by the patient for the past seven days.	
145	P1BBB	P1BBB_OCC_THPY_MIN	38bbB(P1bbB)Occupational Therapy Minutes	CHAR	4	Indicates the total number of minutes of occupational therapy received by the patient for the past seven days.	
146	P1BCA	P1BCA_PHY_THPY_DAY	38bcA(P1bcA)Physical Therapy Days	CHAR	1	Indicates the number of days of physical therapy received by the patient for the past seven days.	
147	P1BCB	P1BCB_PHY_THPY_MIN	38bcB(P1bcB)Physical Therapy Minutes	CHAR	4	Indicates the total number of minutes of physical therapy received by the patient for the past seven days.	
148	P1BDA	P1BDA_RES_THPY_DAY	38bdA(P1bdA)Respiratory Therapy Days	CHAR	1	Indicates the number of days of respiratory therapy received by the patient for the past seven days.	
149	P1BDB	P1BDB_RES_THPY_MIN	38bdB(P1bdB)Respiratory Therapy Minutes	CHAR	4	Indicates the total number of minutes of respiratory therapy received by the patient for the past seven days.	

Swing Bed Assessment Files Data Dictionary

Variable sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
150	P3A	P3A_NR_MOTION_PASS	39a(P3a)Nursing Rehab: Range of Motion (Passive)	CHAR	1	Indicates the extent to which the patient received passive range of motion nursing rehabilitation intervention. Range of motion exercise is a program of passive movements to maintain flexibility and useful motion in the joints of the body. The caregiver moves the body part around a fixed point or joint through the patient's available range of motion.	
151	P3B	P3B_NR_MOTION_ACTV	39b(P3b)Nursing Rehab: Range of Motion (Active)	CHAR	1	Indicates the extent to which the patient received active range of motion nursing rehabilitation intervention. Range of motion exercise is a program of exercises performed by the patient, with cueing or supervision by staff, that are planned, scheduled, and documented.	
152	P3C	P3C_NR_SPLINT	39c(P3c)Nursing Rehab: Splint/Brace Assistance	CHAR	1	Indicates the extent to which the patient received splint or brace assistance. Assistance can be of two types: 1) where staff provide verbal and physical guidance and direction that teaches the patient how to apply, manipulate, and care for a brace or splint, or 2) where staff have a scheduled program of applying/removeing a splint or brace.	
153	P3D	P3D_NR_BED_MOBILE	39d(P3d)Nursing Rehab: Bed Mobility	CHAR	1	Indicates the extent to which the patient participated in activities to improve or maintain his self-performance in moving to and from a lying position, turning side to side, and positioning him or herself in bed.	
154	P3E	P3E_NR_TRANSFER	39e(P3e)Nursing Rehab: Transfer	CHAR	1	Indicates the extent to which the patient participated in activities to improve or maintain his self-performance in moving between surgaces or planes either with our without assistive devices.	
155	P3F	P3F_NR_WALKING	39f(P3f)Nursing Rehab: Walking	CHAR	1	Indicates the extent to which the patient participated in activities to improve or maintain his self-performance in walking, with our without assistive devices.	
156	P3G	P3G_NR_DRESS_GROOM	39g(P3g)Nursing Rehab: Dressing or Grooming	CHAR	1	Indicates the extent to which the patient participated in activities to improve or maintain his self-performance in dressing and undressing, bathing, and washing, and performing other personal hygiene tasks.	

Swing Bed Assessment Files Data Dictionary

Variable sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
157	P3H	P3H_NR_EATING	39h(P3h)Nursing Rehab: Eating or Swallowing	CHAR	1	Indicates the extent to which the patient participated in activities to improve or maintain his self-performance in feeding himself food and fluids, or activities used to improve or maintain his ability to ingest nutrition and hydration by mouth.	
158	P3I	P3I_NR_AMPUTA_CARE	39i(P3i)Nursing Rehab: Amputation/Prosthesis Care	CHAR	1	Indicates the extent to which the patient participated in activities to improve or maintain his self-performance in putting on and removing a prosthesis, caring for the prosthesis, and providing appropriate hygiene at the site where the prosthesis attaches to the body.	
159	P3J	P3J_NR_COMMUNICAT	39j(P3j)Nursing Rehab: Communication	CHAR	1	Indicates the extent to which the patient participated in activities to improve or maintain his self-performance in using newly acquired communication skills or assisting him in using residual communication skills and adaptive devices.	
160	P7	P7_PHYS_VISIT	40(P7)Physician Visits	CHAR	2	Indicates the number of days during the last 14-day period a physician has examined the patient.	
161	P8	P8_PHYS_ORDERS	41(P8)Physician Orders	CHAR	2	Indicates the number of days during the last 14-day period in which a physician has changed the patient's orders.	
162	T1B	T1B_ORDER_THPY	42a(T1b)Ordered Therapies	CHAR	1	Indicates if the physician ordered any of the therapy services to begin in the first 14 days of stay: physical therapy, occupational therapy, or speech pathology services.	0 = No, 1 = Yes, -1 = Unknown, -2 = Space
163	T1C	T1C_THPY_DAYS	42b(T1c)Ordered Therapies - Days	CHAR	2	Estimated number of days at least one therapy service is expected to be delivered through the patient's fifteenth day of admission.	
164	T1D	T1D_THPY_MIN	42c(T1d)Ordered Therapies - Minutes	CHAR	4	Estimated total number of minutes of therapy the patient is expected to receive through his fifteenth day of admission.	
165	T3MDCR	T3MCARE_CALC_RUG	43-Medicare (T3)Case Mix Group - Medicare	CHAR	5	The software will calculate the RUG-III classification for the Medicare program using the 44-Group Version 5.12 RUG-III Classification.	

Swing Bed Assessment Files Data Dictionary

Variable sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Codes
166	T3STATE	T3STATE_CALC_RUG	43-State(T3)Case Mix Group - State	CHAR	5	If the state requires the completion of the SB-MDS assessment for Medicaid swing bed payment, and the State uses a version of the RUG-III system, the Medicaid RUG-III group may be coded on the SB-MDS. RAVEN-SB does not include a State Medicaid classification program, and will NOT calculate the RUG-III group needed for state payment.	
167	HIPPS_CD	HIPPS_CD	44HIPPS Code	CHAR	5	The HIPPS (Health Insurance Prospective Payment System) codes are 5-character codes used solely for billing the Medicare Part A stay under the SNF PPS. The codes reflect the 3-character RUG-III group into which the patient is classified, and a 2-character assessment indicator.	See the Swing Bed HIPPS Code spreadsheet in Code Reference Sets.xls
168	R2B	R2B_COMPLETE_DT	45b(R2b)Signature Completion Date	DATE	8	The date RN Assessment Coordinator signed the assessment as complete.	