INTERACT
Improving Quality in Long Term Care Facilities
Hospital Engagement Network Learning Communities
March 2013

What is INTERACT?

* INTERACT is the acronym for *Interventions to Reduce Acute Care Transfers*

* The program is designed to improve the identification, evaluation, and communication about the acute changes that may occur in the status of the long term care patient
What is INTERACT?

* The goal of INTERACT is to improve care in long term care settings, not to prevent all hospital transfers
* INTERACT can help with more rapid transfer of patients who need hospital care

History of the program

* A project funded by CMS, it was designed by Dr. Joseph Ouslander, MD and Mary Perloe, RN, MS, GNP-BC
* Initial pilot included 30 nursing facilities in Florida, New York and Massachusetts
* Today is used by many nursing facilities nationwide either in total or in part, and has been shown to be successful in reducing acute-care transfers from nursing facilities
History of the program

* INTERACT has undergone revision with the input of providers since its pilot
* Is intended to work within the framework of providers existing systems to avoid adding increased documentation burden whenever possible
* Current version is INTERACT 3.0 which has recently been released

Looking at the numbers

Each year 1 out of every 4 nursing facility patients in the U.S. are re-hospitalized within 30 days of hospital discharge

Source: 2012 ARCA Quality Report
In real numbers?

It means nationwide there could be **26,140** fewer long term care patients admitted or re-admitted to hospitals after a recent stay and could save the Medicare program billions every year.

Source: 2012 AHCA Quality Report

The risk for re-admission

Residents with these conditions are most likely to be admitted to nursing facilities and are at the greatest risk for re-hospitalizations:

- CHF
- Depression
- Diabetes
- COPD
- Hypertension
- Severe injuries

Source: MedCare, October, 2012 and 2012 AHCA Quality Report
The CMS goal

CMS has targeted hospital readmissions for cost savings and quality improvement with the goal of:

* Better health
* Better care
* Reduced costs

By reducing avoidable hospitalizations

LTC providers can...

* Improve quality of care
* Improve quality of life
* Reduce Medicare expenses
* Demonstrate value of long term care
INTERACT = Improved Quality of Care

* Promotes a system of early detection of acute care changes that may enable the treatment of the patient in the long term care setting

* Uses root cause analysis to help LTC providers identify potential causes of unnecessary hospital transfers and make appropriate changes to systems to improve the quality of care in their facilities

INTERACT = Better Care

* Uses Clinical Pathways and guides for acute changes in condition to help front line nursing staff achieve
  * better patient assessment
  * better communication with medical providers
  * more appropriate decisions about need to transfer patient

* Provides tools for Advanced Care Planning to assist providers to help patients and families determine when hospice, palliative, or comfort care is appropriate instead of hospitalization
INTERACT = Reduced Costs

* Nursing facilities introduced to INTERACT during the CMS pilot project, demonstrated a **17 to 24 percent** reduction in 30-day re-hospitalization rates

* Decreases opportunity for pressure ulcers that may occur with care setting transfers. Pressure ulcers average $14,020 per occurrence to treat

Improved Quality in Care Transitions

AMDA’s *Transition of Care in the Long Term Care Continuum* says:

* Discharge “implies that the patient is no longer our responsibility after they leave the building”

* Unnecessary care transitions should be avoided and necessary ones managed to ensure continuity of care

* A facility-wide culture places a high priority on “safe transitions” and considers them everyone’s responsibility
The ACA requires SNF’s to adopt Quality Assurance & Performance Improvement (QAPI) programs in 2013.

Some aspects of QAPI are new to LTC providers:

- Until now quality assurance procedures were used to meet regulations, not toward true quality performance improvement efforts.
- INTERACT can help introduce LTC providers to a proven QAPI project they can use in their facility.

Vulnerability of LTC patients:

During hospital stays and ER visits:

- Confusion and behaviors increase
- Weight loss potential rises
- Falls or other injuries likely increase
- Skin breakdown potential rises
- Antipsychotic use may increase
- Infection exposure increases
- Social isolation likely
Vulnerability of LTC patients

Hospital stays can result in negative outcomes:
* Typically not geriatric care specialists
* Staff members may not be specifically trained in dementia care
* Dementia patients require labor intensive, consistent care from caregivers who know them well, which often isn't possible in hospital setting

AHCA’s Quality Initiative

Among the American Health Care Association’s Quality Initiative goals is:
* Safely reduce avoidable hospitalizations by 15 percent by March 2015
How LTC is performing nationally

![SNF 30-day Rehospitalization Rate Trends](chart)

INTERACT is a quality improvement program, not just one tool. Its four components are:

- Quality Improvement Tools
- Communication Tools
- Decision Support Tools
- Advanced Care Planning Tools
Using the INTERACT Tools
In Every Day Care

Quality Improvement Tools

- Hospitalization Rate Tracking Tool
- Quality Improvement Tool for Review of Acute Care Transfers
- Quality Improvement Summary
- Implementation Checklist
Communication within nursing facility:

- Stop and Watch Early Warning Tool
- SBAR Communication Tool and Change of Condition Progress Note
- Medication Worksheet for Post-Hospital Care
SBAR Communication Form
and Progress Note

Before Calling MD/ NP / PA:
- Introduce self as follows: "I am a [position] from [department]."
- Provide any necessary context or background information.

SITUATION
- The patient has a [condition or symptom].
- The patient's condition is [mild, moderate, severe].
- The patient is currently undergoing [treatment, procedure].
- The patient is experiencing [symptom, reaction].

BACKGROUND
- The patient has a history of [condition, allergies, medication].
- The patient's family history includes [information].
- The patient is allergic to [medications].

RECOMMENDATIONS
- Request [specific treatment or care action].
- Refer patient to [appropriate specialist].
- Encourage [behavior or action] from the patient.

Signatures:
- [Provider's Name]
- [Administrator's Name]
Communication Tools

Communication between nursing facility and hospital:

* Engaging Your Hospital
* Nursing Home Capabilities List
* NH to Hospital Transfer Form
* NH to Hospital Data List
* Acute Care Transfer Checklist
* Hospital-Post Acute Care Data List and Sample Form
## Decision Support Tools

- Acute Change in Condition File Cards
- Clinical Care Paths
  - Acute Mental Change
  - Dehydration
  - GI Symptoms
  - Symptoms of CHF
  - Symptoms of Lower Respiratory Illness
  - Change in Behavior
  - Fever
  - Shortness of Breath
  - Symptoms of UTI

## Advance Care Planning Tools

- Advance Care Planning Tracking Tool
- Advance Care Planning Communication Guide
- Identifying Residents Appropriate for Hospice or Comfort Care
- Comfort Care Order Set
- Educational Information for Residents and Families
  - Going to the hospital, making decisions (i.e. CPR, tube feeding)
Iowa’s LTC Providers using INTERACT

* Some facilities are using portions of INTERACT now, specifically **Stop and Watch** and **SBAR**
* IHCA will offer INTERACT Boot Camp training to encourage providers’ use of the entire INTERACT program
* Some multi-facility providers are already implementing INTERACT within their companies
* TELLIGEN and Leading Age are engaged in educating Iowa providers

Why hospitals should embrace INTERACT

By working together using INTERACT, hospitals and nursing facilities can:
* Improve quality of care for the frail elderly with fewer hospital-acquired events
* Improve communication between providers
* Decrease penalties for re-hospitalizations
* Improve networks of care that can align with the CMS Triple Aims
How you can engage LTC providers

* Meet with your local LTC providers and start discussions about re-hospitalizations and using the INTERACT program
* Go to the INTERACT website http://interact2.net to begin looking at the available tools and resources

INTERACT is free!

* All the tools on the INTERACT website are free and can be downloaded for printing
* Tools can also be purchased in various forms from vendors listed on the website
* Consider including INTERACT tools in your clinical software programs if at all possible. LTC clinical software vendors are already incorporating these tools in their products. (Permission from FAU is required for software vendors.)
INTERACT’s use will expand

In addition to use in nursing facilities nationwide:
* INTERACT is in the process of being adapted for use by assisted living facilities and home health agencies

Questions and comments

Contact information

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