

# Draft Plan: Pilot Project

Implementation of Interact Tools Into 2 LTC homes in Waterloo Wellington LHIN

# Engage & Communicate

- NLOT's
- Physician's
- Pharmacist's
- Leadership Team, ED's, DRC's,
- Social Work
- Nursing Teams: Registered & PSW staff
- Software provider, Interact team

## **Committee Development**

- Participation
- Term's of Reference/Meeting Structure & Frequency
- Ethics
- Evaluation Criteria

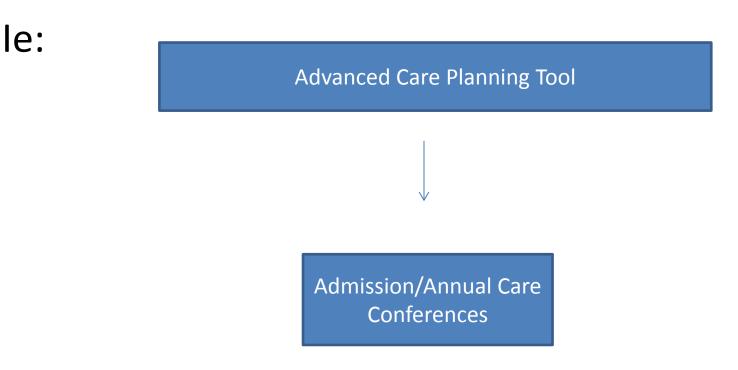
### Gather Baseline Data

- Goal of Interact: Improve Care and reduce avoidable transfers
- Collect and Report:
  - current and past hospitalization rates
  - unplanned admissions
  - 30 day re-admissions

-emergency room visits without admission

### Map Interact Tool's to Existing Process

 Committee to review and develop action plan to educate and then introduce interact tools into existing process & procedures.



#### STOP tool (PSW's)

#### SBAR (Registered Staff Education)

Educate Add to existing PSW orientation Add to existing Orientation,

> Integrate into resident's Clinical Record

#### Track & Review Evaluation Indicators

- Build indicator's into existing monthly reporting in the home QIA, ED report
- Committee to review and complete root cause analysis for all unplanned hospitalizations and transfers

## Other considerations

 To ensure integration into existing process's, will need integration into clinical documentation software, assessments, POC, EMAR custom library, progress notes, and care plan library.