peopleCare
... a place where people care.

INTERACT

Key Program Components

Interact is a Quality Improvement program designed to improve the care of LTC residents

- Includes evidence and expert-recommended clinical practice tools, strategies to implement them and related educational resources.

- The basic program is located on the internet
- http://interact2.net

- The goal of INTERACT is to improve care not to prevent all hospital transfers
- In fact INTERACT can help with more rapid transfer of residents who require hospital care.

INTERACT

» INTERACT: Can safely reduce hospital transfers by:

» 1. Preventing conditions from becoming severe enough to require hospitalization through early identification and assessment of changes in resident condition

INTERACT

» 2. Managing some conditions in the LTC home without transfer when this is feasible and safe

» 3. Improving advance care planning and the use of palliative care plans when appropriate as an alternative to hospitalization for some residents.

INTERACT

» INTERACT (Interventions to Reduce Acute Care Transfers) is a group of practical tools that will aid LTC staff by assisting in:

1. Early identification of a resident change in status

ie: STOP and WATCH for PSW to report to nurse any subtle resident changes that could be a early warning sides of a problem.

InterAct

Stop and Watch
Early Warning Tool

INTERACT
Version 3.0 Tool

If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S Seems different than usual
T Talks or communicates less
O Overall needs more help
P Pain – new or worsening; Participated less in activities

a Ate less
n No bowel movement in 3 days; or diarrhea
d Drank less

W Weight change
A Agitated or nervous more than usual
T Tired, weak, confused, or drowsy
C Change in skin color or condition
H Help with walking, transferring, toileting more than usual

_____
Name of Resident

_____
Your Name

_____
Reported to *Date and Time (am/pm)*

_____
Nurse Response *Date and Time (am/pm)*

_____
Nurse's Name

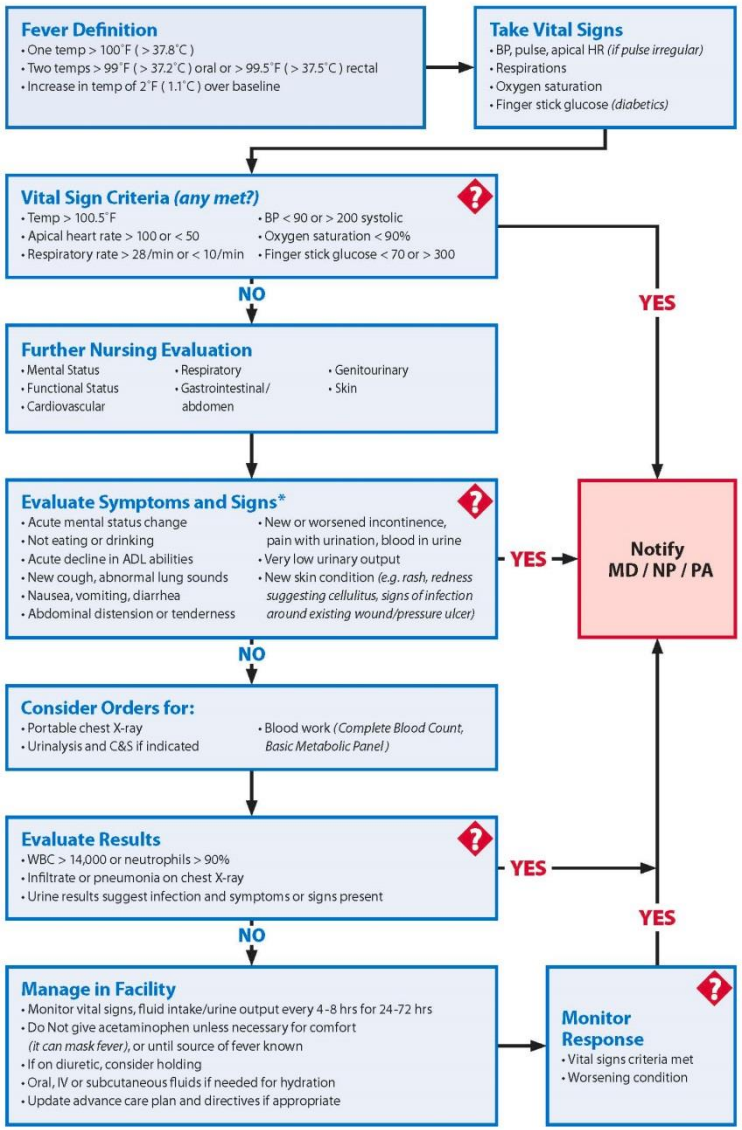
» 2. Guide staff through a comprehensive resident assessment when a status change has been identified.

» Ie: Care pathways for dehydration, fever, mental status change and CHF exacerbation

InterAct

CARE PATH
Fever

INTERACT
Version 3.0 Tool



Refer also to the other INTERACT Care Paths as indicated by symptoms and signs

» 3. Improve Documentation around resident change in condition.

» Ie: SBAR Communication Form and Progress Note

InterAct

SBAR Communication Form
and Progress Note

INTERACT
Version 3.0 Tool

Before Calling MD / NP / PA:

☐ **Evaluate the Resident:** Complete relevant aspects of the SBAR form below
☐ **Check Vital Signs:** BP, pulse, and/or apical heart rate, temperature, respiratory rate, oximetry, and finger stick glucose, if indicated
☐ **Review Record:** Recent progress notes, labs, orders
☐ **Review an INTERACT Care Path** or **Acute Change in Condition File Card**, if indicated
☐ **Have Relevant Information Available when Reporting**
(i.e. medical record, vital signs, advance directives such as DNR and other care limiting orders, allergies, medication list)

SITUATION

The change in condition, symptoms, or signs I am calling about is/are _____

This started on _____ /_____ /_____ Since this started has it gotten: ☐ Worse ☐ Better ☐ Stayed the same

Things that make the condition or symptom ***worse*** are _____

Things that make the condition or symptom ***better*** are _____

This condition, symptom, or sign has occurred before: ☐ Yes ☐ No

Treatment for last episode *(if applicable)* _____

Other relevant information _____

BACKGROUND

Resident Description
This resident is in the NH for: ☐ Post-Acute Care ☐ Long-Term Care

Primary diagnoses _____

Other pertinent history *(e.g. medical diagnosis of CHF, DM, COPD)* _____

Medication Alerts
☐ Changes in the last week *(describe below)* ☐ Resident is on warfarin/coumadin: Result of last INR _____ Date _____/_____/_____

Allergies _____

Vital Signs

BP _____ Pulse _____ Apical HR _____ RR _____ Temp _____ Weight _____ lbs *(date _____/_____/_____)*

For CHF, edema, or weight loss: last weight before the current one was _____ on _____/_____/_____

Oximetry % _____ ☐ on room air ☐ on O2 *(liters/minute)* _____

Residents Name _____

(continued)

SBAR Communication Form
and Progress Note (cont'd)

INTERACT
Version 3.0 Tool

For the next 5 items, complete only those relevant to the change in condition.
If the item is not relevant, check 'N/A' for not applicable.

1. Mental Status Changes ***(compared to baseline; check all that you observe)*** ☐ N/A
- ☐ Increased confusion
- ☐ New or worsening behavioral symptoms
- ☐ Decreased consciousness *(sleepy, lethargic)*
- ☐ Unresponsiveness
- ☐ Other symptoms or signs of delirium *(e.g. inability to pay attention, disorganized thinking)*

Describe symptoms or signs _____

2. Functional Status Changes ***(compared to baseline; check all that you observe)*** ☐ N/A
- ☐ Needs more assistance with ADLs
- ☐ Decreased mobility
- ☐ Fall
- ☐ Other *(describe)*
- ☐ Weakness or hemiparesis
- ☐ Slurred speech
- ☐ Trouble swallowing

Describe symptoms or signs _____

3. Respiratory ☐ N/A
- ☐ Shortness of breath
- ☐ Cough (☐ Non-productive ☐ Productive)
- ☐ Abnormal lung sounds
- ☐ Labored breathing

Describe symptoms or signs _____

4. GI/Abdomen ☐ N/A
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Decreased appetite
- ☐ Abdominal pain
- ☐ Distended abdomen
- ☐ Tenderness
- ☐ Decreased bowel sounds *(date of last BM* _____ /_____/_____ *)*

Describe symptoms or signs _____

5. GU/Urine Changes ***(compared to baseline; check all that you observe)*** ☐ N/A
- ☐ Decreased urine output
- ☐ Painful urination
- ☐ Urinating more frequently
- ☐ Needs to urinate more urgently
- ☐ Blood in urine
- ☐ New or worsening incontinence

Describe symptoms or signs _____

Recent Lab Results ***(e.g. CBC, chemistry or metabolic panel, drug levels)***

_____

_____

Advance Care Planning Information ***(the resident has orders for the following advance directives)***
☐ DNR ☐ DNI *(Do Not Intubate)* ☐ DNH *(Do Not Hospitalize)* ☐ No Enteral Feeding ☐ Other Order or Living Will *(specify)*

_____

Other resident or family preferences for care _____

Residents Name _____

(continued)

» 4. Will enhance communication with other health care providers about a resident change in status

» Ie: Hospital communication tools, Transfer checklists

Nursing Home to Hospital Transfer Form *(additional information)*

INTERACT
Version 3.0 Tool

Not critical for Emergency Room evaluation; may be forwarded later if unable to complete at time of transfer.
RECEIVER: PLEASE ENSURE THIS INFORMATION IS DELIVERED TO THE NURSE RESPONSIBLE FOR THIS PATIENT

Resident Name *(last, first, middle initial)* _____
DOB ____/____/____ Date transferred to hospital ____/____/____

Contact at Nursing Home for Further Information
Name / Title _____
Tel (____) _____

Social Worker
Name _____
Tel (____) _____

Family and Other Social Issues *(include what hospital staff needs to know about family concerns)* _____

Behavioral Issues and Interventions _____

Primary Goals of Care at Time of Transfer
☐ Rehabilitation and/or Medical Therapy with intent of returning home
☐ Chronic long-term care
☐ Palliative or end-of-life care
☐ Receiving hospice care ☐ Other _____

Treatments and Frequency *(include special treatments such as dialysis, chemotherapy, transfusions, radiation, TPN)* _____

Diet
Needs assistance with feeding? ☐ No ☐ Yes
Trouble swallowing? ☐ No ☐ Yes
Special consistency *(thickened liquids, crush meds, etc…)?* ☐ No ☐ Yes
Enteral tube feeding? ☐ No ☐ Yes *(formula/rate)* _____

Skin/Wound Care
Pressure Ulcers *(stage, location, appearance, treatments)* _____

Immunizations
Influenza:
Date ____/____/____
Pneumococcal:
Date ____/____/____

Physical Rehabilitation Therapy
Resident is receiving therapy with goal of returning home? ☐ No ☐ Yes
Physical Therapy: ☐ No ☐ Yes
Interventions _____
Occupational Therapy: ☐ No ☐ Yes
Interventions _____
Speech Therapy: ☐ No ☐ Yes
Interventions _____

ADLs Mark I = Independent D = Dependent A = Needs Assistance
Bathing _____ Dressing _____ Transfers _____
Toileting _____ Eating _____
☐ Can ambulate independently _____
☐ Assistive device *(if applicable)* _____
☐ Needs human assistance to ambulate _____

Impairments – General
☐ Cognitive ☐ Speech ☐ Hearing
☐ Vision ☐ Sensation
☐ Other _____

Impairments – Musculoskeletal
☐ Amputation ☐ Paralysis ☐ Contractures
☐ Other _____

Continence
☐ Bowel ☐ Bladder
Date of last BM ____/____/____

Additional Relevant Information _____

Form Completed By *(name/title)* _____
If this page sent after initial transfer: Date sent ____/____/____ Time *(am/pm)* _____
Signature _____

» 5. Will also aid and support the conversations and collaboration between levels of care to aid in better information sharing and smoother transitions at admission, re-admission, transfer of patients.

» Ie: Nursing home capabilities list

INTERACT

Nursing Home Capabilities List

INTERACT
Version 3.0 Tool

This list is for hospital emergency rooms, hospitalists, and case managers; and for physicians, NPs, and PAs who take off-hours call for the facility to assist with decisions about hospital admission or return to the facility.

Facility _____

Address _____

Tel (_____) _____ **Key Contact** _____

Circle 'Y' for yes or 'N' for no to indicate the availability of each item in your facility.

Capabilities	Yes	No
Primary Care Clinician Services		
At least one physician, NP, or PA in the facility three or more days per week	Y	N
At least one physician, NP, or PA in the facility five or more days per week	Y	N
Diagnostic Testing		
Stat lab tests with turnaround less than 8 hours	Y	N
Stat X-rays with turnaround less than 8 hours	Y	N
EKG	Y	N
Bladder Ultrasound	Y	N
Venous Doppler	Y	N
Cardiac Echo	Y	N
Swallow Studies	Y	N
Consultations		
Psychiatry	Y	N
Cardiology	Y	N
Pulmonary	Y	N
Wound Care	Y	N
Other Physician Specialty Consultations *specify:*	Y	N
Social and Psychology Services		
Licensed Social Worker	Y	N
Psychological Evaluation and Counseling by a Licensed Clinical Psychologist	Y	N
Therapies on Site		
Occupational	Y	N
Physical	Y	N
Respiratory	Y	N
Speech	Y	N

Capabilities	Yes	No
Nursing Services		
Frequent vital signs *(e.g. every 2 hrs)*	Y	N
Strict intake and output (I&O) monitoring	Y	N
Daily weights	Y	N
Accuchecks for glucose at least every shift	Y	N
INR	Y	N
O2 saturation	Y	N
Nebulizer treatments	Y	N
Incentive spirometry	Y	N
Interventions		
IV Fluids *(initiation and maintenance)*	Y	N
IV Antibiotics	Y	N
IV Meds – Other *(e.g. furosemide)*	Y	N
PICC Insertion	Y	N
PICC Management	Y	N
Total Parenteral Nutrition (TPN)	Y	N
Isolation *(for MRSA, VRE, etc…)*	Y	N
Surgical Drain Management	Y	N
Tracheostomy Management	Y	N
Analgesic Pumps	Y	N
Dialysis	Y	N
Advanced CPR *(ACLS capability)*	Y	N
Automatic Defibrillator	Y	N
Pharmacy Services		
Emergency kit with common medications for acute conditions available	Y	N
New medications filled within 8 hours	Y	N
Other Specialized Services *(specify)*		

» Interact tool set includes a comprehensive set of guides, tools, and documentation templates that will assist in the conversations, decision making and documentation around Advanced Care planning.

Advanced Care planning

Comfort Care Interventions
Examples

INTERACT
Version 3.0 Tool

Some nursing home residents and/or their families are reluctant to enroll in hospice but would like a comfort care plan. The examples of comfort care orders below may be helpful for these residents, who will not have hospice order sets.

Order Type	Examples and Helpful Tips
Diet	1. Order a diet *(it may improve the desire to taste food)* 2. Full rather than clear liquid if liquid diet necessary 3. May have food brought in by family 4. Allow resident to sit up for meals
Activity	1. Allow resident to sit in chair and use a bedside commode if capable and desired 2. Other activities as tolerated 3. Allow family to stay in room
Vital Signs	1. Minimum frequency allowed by policy a. Frequent monitoring and numbers can alarm resident and family b. Limit MD/NP/PA notification parameters
IV Orders	1. If IV fluids are needed, use a time limited trial, *(e.g. 1000cc of D5 ½ Normal Saline over 6 hrs)* a. Starting IV is often difficult and painful – and usually of limited benefit 2. Subcutaneous injections of small volumes of medicines using a small butterfly needle under the skin of the thigh or abdomen may avoid the need for IV therapy
Orders for Dyspnea and Shortness of Breath	1. Oxygen 2 - 4 L by nasal cannula; avoid mask if possible 2. Avoid monitoring oxygen saturations 3. Blow air on face with a bedside fan or open window 4. Nebulizers may be helpful 5. Consider steroids if wheezing present 6. Use opioids for persistent dyspnea 7. Use antibiotics if a bacterial infection is exacerbating dyspnea and treatment may improve symptoms
Hygiene	1. Avoid bladder (Foley) catheter if possible a. May be helpful in selected residents who are immobile and have pain with toileting or movement 2. Check regularly for stool impaction a. Suppositories may be helpful 3. Monitor for oral thrush 4. Petroleum jelly to lips may be helpful for dry mouth 5. Allow family to cleanse mouth with sponge sticks

Comfort Care Interventions

Examples (cont'd)

INTERACT
Version 3.0 Tool

Order Type	Examples and Helpful Tips
Pain and Dyspnea	1. Opioids usually most effective 2. Use small, frequent doses as needed for opioid-naïve residents 3. Consider stopping sustained preparations and switching to immediate release Morphine concentrate 20 mg/ml 4. Start with equivalent dose as previous regimen – at least 5 mg PO every 2 hrs 5. Offer routinely, and let the resident refuse 6. Use short-acting benzodiazepine if anxiety is present
Anorexia, Asthenia, Fatigue, Depression, Pain, Dyspnea	1. Corticosteroids can have beneficial effects a. Use Dexamethasone 4 - 8 mg PO or subcutaneous at breakfast and lunch *(avoids the mineralocorticoid effects of Prednisone)* 3. Employ sleep hygiene measures to facilitate optimal nighttime sleep
Nausea and Delirium	1. Review underlying cause(s) of delirium and nausea, and eliminate if possible 2. Haloperidol 0.25 - 2 mg PO or 0.5 - 1 mg subcutaneous every 2 hrs for 3 doses or until symptoms relieved, then every 4 hours PRN
Anxiety and Seizures	1. Lorazepam for anxiety 0.5 - 2 mg PO or subcutaneous every 6 - 8 hrs a. Must be given IV or subcutaneous for seizures
Sleep	1. Trazodone 25 - 100 mg PO or Zolpidem 5 - 10 mg PO qhs
Skin, Pruritus, Wounds	1. Keep skin moist; use moisturizing soap or lotions 2. Hydrocortisone creams may be helpful 3. Benadryl 25 - 50 mg PO ever 4 hours for pruritus 4. Lidocaine 2% gel PRN to painful wounds
'Death Rattle'	1. Keep back of throat dry by turning head to the side 2. Stop IV fluids or tube feedings 3. Use a Scopolamine patch; Atropine drops 2 - 3 in the mouth every 4 hrs until patch is effective a. Use glycopyrrolate, 1 - 2 mg PO or 0.1 - 0.2 mg IV or subcutaneous every 4 hrs; or 0.4 - 1.2 mg/day continuous infusion is an alternative 5. Avoid deep suctioning 6. Allow family to cleanse mouth with sponge sticks
Comfort, Counseling, Safety	1. Sit with resident and talk to avoid isolation 2. Reposition and massage regularly 3. Avoid sensory overload *(e.g. loud TV);* use soft music 4. Avoid use of restraints, bedrails, and alarms 5. Religious counseling should be considered if acceptable

Identifying Residents who may be Appropriate for Hospice or Palliative/Comfort Care Orders

INTERACT Version 3.0 Tool

I. Residents with Selected Diagnoses who may be Appropriate for Hospice

Congestive Heart Failure

- Symptoms of CHF at rest *(New York Heart Association class IV)*
- Serum sodium level < 134 mmol/L or creatinine level > 2.0 mg/dL due to poor cardiac output
- Intensive care unit admission for exacerbation

Chronic Obstructive Pulmonary Disease

- Cor pulmonale *(right-sided heart failure associated with COPD)*
- Intensive care unit admission for exacerbation
- New dependence in two activities of daily living (ADLs) due to COPD symptoms
- Chronic hypercapnia *(PaCO2 > 50 mm Hg)*

Dementia

- Dependence in all ADLs, language limited to just a few words, and inability to ambulate
- Acute hospitalization *(especially for pneumonia or hip fracture)*
- Difficulty swallowing with recurrent aspiration
- Has feeding tube due to dementia or swallowing difficulty related to dementia

Cancer

- Poor physical performance status as a result of cancer *(dependence in multiple ADLs)*
- Multiple tumor sites
- Metastatic cancer involving liver or brain
- Bowel obstruction due to cancer
- Pericardial effusion due to cancer

II. Residents at High Risk of Actively Dying who Should be Considered for Palliative or Comfort Care Orders *(if not already on Hospice)*

- Frequent Emergency Room visits and/or hospitalizations over the last 6 months
- Sudden, major decline in functional status with no identified reversible causes
- Primary diagnosis of metastatic cancer with chronic pain and/or poor ADL function, not on chemotherapy
- Semi-comatose or comatose state with no identified reversible causes
- Inability or difficulty taking oral medicines
- Minimal oral intake *(or receiving continuous or intermittent IV hydration)*
- Mottling of extremities related to poor oral intake or volume depletion

- Another Key component of the InterAct program is the Quality Improvement tools that are included within the tool kit.
- 1. Hospitalization Rate Tracking tool
- 2. Quality Improvement tool for review of Acute Care Transfers

Quality Improvement

Quality Improvement Tool
For Review of Acute Care Transfers

INTERACT
Version 3.0 Tool

The INTERACT QI Tool is designed to help you analyze hospital transfers and identify opportunities to reduce transfers that might be preventable. Complete this tool for each or a representative sample of hospital transfers in order to conduct a root cause analysis and identify common reasons for transfers. Examining trends in these data with the INTERACT QI Summary Tool can help you focus educational and care process improvement activities.

SECTION 1: Describe Resident Characteristics

Resident ID _____ Age _____

Date of ***most recent*** admission to nursing home _____ /_____ /_____

a. Major diagnoses at admission _____

b. Conditions that put the resident at risk for hospital admission or readmission:

- ☐ Hospitalization within the last 6 months
- ☐ COPD
- ☐ Polypharmacy *(e.g. 9 or more medications)*
- ☐ Surgical complications
- ☐ Fracture
- ☐ CHF
- ☐ Cancer, on active chemo or radiation therapy
- ☐ Multiple co-morbidities *(e.g. CHF, COPD and DM in the same patient; or multiple active diagnoses)*
- ☐ Other *(describe)*

_____

_____

c. Resident hospitalized in the ***past 30 days?*** ☐ No ☐ Yes *(list dates and reasons)*

_____

_____

d. Resident hospitalized in the ***past 12 months?*** ☐ No ☐ Yes *(list dates and reasons)*

_____

_____

SECTION 2: Describe the Acute Change in Condition and Other Non-Clinical Factors that Contributed to the Transfer

a. Date the change in condition first noticed _____ /_____ /_____

b. Briefly describe the change, symptom, sign or other factor(s) that led to the transfer and then check each item below that applies

_____

_____

_____

(continued on reverse side)

Quality Improvement Tool
For Review of Acute Care Transfers (cont'd)

INTERACT
Version 3.0 Tool

c. Check *all* that apply

Change In
- ☐ Appetite
- ☐ Behavior
- ☐ Fluid intake
- ☐ Function
- ☐ Mental status
- ☐ Pain level
- ☐ Skin or wound
- ☐ Other *(describe)*

New Symptoms or Signs
- ☐ Abnormal vital signs *(low/high BP, high respiratory rate)*
- ☐ Behavioral symptoms
- ☐ Bleeding
- ☐ Breathing difficulty or shortness of breath
- ☐ Confusion or worsening cognitive function
- ☐ Constipation
- ☐ Cough
- ☐ Dizziness
- ☐ Fainting *(syncope)*
- ☐ Fall(s)
- ☐ Fever
- ☐ Pain
- ☐ Unresponsiveness
- ☐ Urinary symptoms or incontinence
- ☐ Other *(describe)*

Abnormal Labs or Tests
- ☐ Blood sugar
- ☐ CBC
- ☐ EKG
- ☐ Kidney function *(BUN, Creatinine)*
- ☐ Pulse oximetry
- ☐ Urinalysis or urine culture
- ☐ Venous doppler
- ☐ X-ray
- ☐ Other *(describe)*

Other Factors
- ☐ Advance directive not in place
- ☐ Family and/or resident preference
- ☐ MD/NP/PA decision
- ☐ Other *(describe)*

SECTION 3: Describe Action(s) Taken to Evaluate and Manage the Change in Condition Prior to Transfer

a. Briefly describe how the changes in Section 2 were evaluated and managed and check each item that applies

_____

_____

_____

b. Check *all* that apply

Tools Used
- ☐ Stop and Watch
- ☐ SBAR
- ☐ Care Path(s)
- ☐ Change in Condition File Cards
- ☐ Transfer Checklist
- ☐ Acute Care Transfer Form *(or an equivalent paper or electronic version)*
- ☐ Advance Care Planning Tools
- ☐ Other Structured Tool or Form *(describe)*

Medical Evaluation
- ☐ Telephone only
- ☐ NP or PA visit
- ☐ MD visit
- ☐ Other *(describe)*

Testing
- ☐ Blood tests
- ☐ EKG
- ☐ Urinalysis and/or culture
- ☐ Venous doppler
- ☐ X-ray
- ☐ Other *(describe)*

Interventions
- ☐ New medication
- ☐ IV or subcutaneous fluids
- ☐ Oxygen
- ☐ Other *(describe)*

(continued)

Quality Improvement Tool
For Review of Acute Care Transfers (cont'd)

INTERACT Version 3.0 Tool

c. Were ***advance care planning or advance directives*** considered in evaluating/managing the change?
(e.g. orders for Do Not Resuscitate (DNR), Do Not Intubate (DNI), palliative or hospice care): ☐ No ☐ Yes

If yes, were the relevant advance directives: ☐ Modified as a result of this change in clinical condition?
☐ Already in place and documented?
☐ New as a result of this change in clinical condition?

Describe _____

SECTION 4: Describe the Hospital Transfer

a. Date of transfer ____/____/____ Day _____ Time (am/pm) _____

b. Clinician authorizing transfer: ☐ Primary MD ☐ Covering MD ☐ NP or PA ☐ Other

c. Outcome of transfer: ☐ ED visit only ☐ Held for observation ☐ Admitted to hospital as inpatient

Hospital diagnosis(es) *(if available)* _____

d. Resident died in ED or hospital: ☐ No ☐ Yes ☐ Unknown

SECTION 5: Identify Opportunities for Improvement

a. In retrospect, does your team think this transfer might have been prevented? ☐ No ☐ Yes *(check all that apply and describe below)*

☐ The new sign, symptom, or other change might have been detected earlier
☐ Changes in the resident's condition might have been communicated better among NH staff, with MD/NP/PA, or with ER staff
☐ The condition might have been managed safely in the facility with available resources
☐ Resources were not available to manage the change in condition safely or effectively *(check all that apply)*
  ☐ On-site primary care clinician ☐ Staffing ☐ Lab or other diagnostic tests
  ☐ Pharmacy services ☐ Other *(describe)* _____
☐ Resident and family preferences for hospitalization might have been discussed earlier
☐ Advance directives and/or palliative or hospice care might have been put in place earlier
☐ Other *(describe)*

_____

_____

b. In retrospect, does your team think this resident might have been transfered sooner? ☐ No ☐ Yes *(if yes, describe)*

_____

c. After review of how this change in condition was evaluated and managed, has your team identified any opportunities for improvement?
☐ No ☐ Yes *(describe specific changes your team can make in your care processes and related education as a result of this review)*

_____

_____

Name of person completing form_____ Date of completion ____/____/____

» 1. Make the Interact Program an integral component of the facilities Quality improvement activities, and QI reporting program

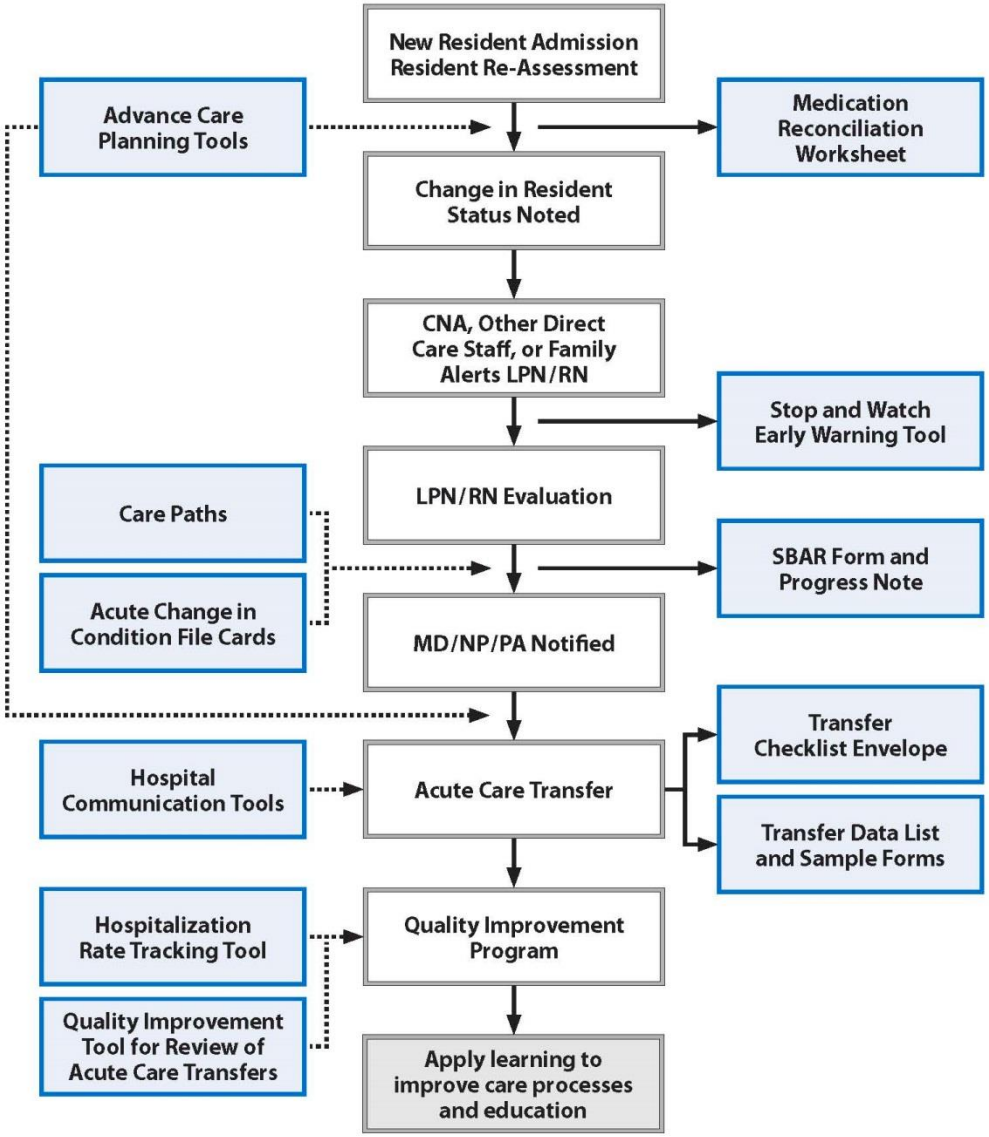
Implementation Strategies

- Integrate the Interact program and tools into everyday care, and build and map the tools into your exisiting process's and procedures.
- Ensure consideration for initial and ongoing education for staff ie: addition's to orientation etc.

Implementation Strategies

Using the INTERACT Tools
In Every Day Care

INTERACT
Version 3.0 Tool



- Make the Interact tools visible and accessible for everyday care
- Consider current documentation process's and and software integration.

- Ie: peopleCare current use of SBAR

Implementation strategies

» Recognize that Organizational change takes time, Develop a SMART action plan that is realistic following the mapping process.

Implementation Strategies

INTERACT Implementation Checklist

INTERACT Version 3.0 Tool

This checklist is intended to assist organizations in determining the degree to which the INTERACT **Quality Improvement Program** is being implemented. INTERACT Implementation requires all of these key components, not just using selected INTERACT Tools.

Facility Name _____ **Date** ____/____/____

Contact _____ **Tel** (____) _____

INTERACT Implementation and Care Processes	Yes	No
Strong Leadership Support		
Incorporate INTERACT into overall QI program	Y	N
Allocate time for education and implementation activities	Y	N
INTERACT tools visible and accessible for everyday care	Y	N
Appointment of Champions and a Team		
Champion in place with time allocated	Y	N
Co-champion in place with time allocated	Y	N
Interdisciplinary team meets regularly to discuss implementation and outcomes	Y	N
Staff Education		
Required staff education on INTERACT	Y	N
Required INTERACT overview in new staff orientation	Y	N
Tracking and Trending Hospital Transfer Rates		
All unplanned admissions	Y	N
30-day readmissions	Y	N
Emergency room visits without admission	Y	N
Observation stays	Y	N
Quality Improvement Activities		
Perform root cause analyses using the INTERACT Quality Improvement or similar tool	Y	N
Summarize root cause analyses data and use results to focus care process improvements and education	Y	N
In-person meetings with local hospitals in a cross-continuum team focused on reducing preventable hospital transfers	Y	N

INTERACT Tool Use	Implemented on ALL Units	Implemented on Some Units
Stop and Watch	☐	☐
SBAR Form and Progress Note	☐	☐
Change in Condition File Cards	☐	☐
Care Paths	☐	☐
Transfer Forms or Transfer Data Lists	☐	☐
Nursing Home Capabilities List	☐	☐
Transfer Document Checklist	☐	☐
Medication Reconciliation Worksheet	☐	☐
Advance Care Planning Tracking Form	☐	☐
Other Advance Care Planning Tools	☐	☐

Outcomes of INTERACT Implementation	Yes	No
Improved Communication		
Between nursing staff	Y	N
Between nursing staff and medical care providers	Y	N
With the hospital	Y	N
Improved Nursing Evaluation		
Earlier identification of acute changes in condition	Y	N
More comprehensive evaluation of acute changes in condition	Y	N
Improved Documentation		
More structured and relevant progress notes	Y	N
Reduced Hospitalization Rates		
All unplanned admissions	Y	N
30-day readmissions	Y	N
Emergency room visits without admission	Y	N
Observation stays	Y	N
Improved QI Processes		
Better understanding of preventable transfers	Y	N
Targeted educational activities based on root cause analyses	Y	N
Targeted care process changes based on root cause analyses	Y	N
Better Hospital Relationships		
Improved referral patterns	Y	N

Comments on Implementation

- Optimize the resources available to you through the process
- Ie: LHIN: Nurse Led Outreach teams (NLOT's) for education and support.
- Community hospital educator's & clinicians

Implementation Strategies

The program and tools were revised and created with input from front line nursing home staff and national experts

- The revised program and INTERACT tools are available at

»http://interact2.net

For more information

peopleCare

... a place where people care.

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