Overview of the INTERACT Program and Curriculum

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Overview of the INTERACT Program and Curriculum

Acknowledgement

The INTERACT Program and Tools were initially developed by Joseph G. Ouslander, MD and Mary Perloe, MS, GNP at the Georgia Medical Care Foundation with the support of a contract from the Center for Medicare and Medicaid Services.

The current version of the INTERACT Program, including the INTERACT II Tools, educational materials, and implementation strategies were developed by Drs. Ouslander, Gerri Lamb, Alice Bonner, and Ruth Tappen, and Ms. Laurie Herndon with input from many direct care providers and national experts in a project based at Florida Atlantic University.

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**INTERACT – definition and goals**

- **INTERACT** stands for “Interventions to Reduce Acute Care Transfers”
- It is a quality improvement program designed to improve the care of nursing home residents by:
  - Identifying situations that commonly result in transfers to the hospital – and working together to manage them effectively and safely in the nursing home without transfer whenever possible

**Overview of the INTERACT Program and Curriculum**

**INTERACT** can result in reduced hospital transfers by helping you to:

1. **Prevent conditions from becoming severe** enough to require hospitalization through early identification and assessment of changes in resident condition
2. **Manage some conditions in the NH** without transfer when this is feasible and safe
3. **Improve advance care planning** and the use of palliative care plans when appropriate as an alternative to hospitalization for some residents
**INTERACT – definition and goals**

- The goal of **INTERACT** is to improve care quality, *not to prevent all hospital transfers*
  - In fact, **INTERACT** can result in *more rapid transfer of residents who need hospital care*

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**Overview of the INTERACT Program and Curriculum**

- The **INTERACT** program was:
  - Originally developed in a project supported by the Center for Medicare and Medicaid Services (CMS)
  - Revised based on input from staff from several nursing homes and national experts in a project supported by The Commonwealth Fund
**INTERACT** – definition and goals

- The **INTERACT** program includes clinical tools, strategies to implement them, and related educational resources
- The **INTERACT** program is located on the internet at:

  [http://interact2.net](http://interact2.net)

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### Overview of the INTERACT Program and Curriculum

**INTERACT** – definition and goals

- **INTERACT** includes 3 types of tools for you to use in your daily work in the nursing home:

<table>
<thead>
<tr>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Tools</td>
</tr>
<tr>
<td>Care Paths</td>
</tr>
<tr>
<td>Advance Care Planning Tools</td>
</tr>
</tbody>
</table>
Objectives of the Tools

- Improve management of acute changes in clinical status:
  - Identification
  - Assessment
  - Treatment in the facility
  - Documentation
  - Communication
    - Internal
    - With hospitals

Criteria for Tools

- Evidence-based
- Simple
- Feasible and efficient to use
- Acceptable to staff
- Consistent with federal regulations and guidance for surveyors
- Incorporated into HIT applications

INTERACT – definition and goals

- The INTERACT tools are designed to help you:
  1. Identify changes in residents condition
  2. Evaluate these changes
  3. Manage some conditions in the nursing home
  4. Document the changes and how they were assessed and managed
  5. Communicate effectively:
     a. With staff in your nursing home
     b. With staff at your local hospitals
The different INTERACT tools are meant to be used together in your daily work in the nursing home.

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**INTERACT II Tools**

<table>
<thead>
<tr>
<th>Communication Tools</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Warning Tool “Stop and Watch”</td>
<td>Pocket Cards and Report Forms</td>
</tr>
<tr>
<td>SBAR Communication (Nurse to Physician and/or ER)</td>
<td>Form and Progress Note</td>
</tr>
<tr>
<td>Acute Change in Condition Guidance for Communication</td>
<td>File Cards</td>
</tr>
<tr>
<td>Resident Transfer Form</td>
<td>Form completed on transfer</td>
</tr>
<tr>
<td>Nursing Home Capabilities</td>
<td>Pre-populated Checklist</td>
</tr>
<tr>
<td>Acute Care Transfer Documents</td>
<td>Envelope with Checklist</td>
</tr>
</tbody>
</table>

[http://interact2.net](http://interact2.net)
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#### INTERACT II Tools

**Care Paths**

<table>
<thead>
<tr>
<th>Fever</th>
<th>Acute mental status change</th>
<th>Symptoms of Lower Respiratory Illness</th>
<th>Symptoms of CHF</th>
<th>Symptoms of UTI</th>
<th>Dehydration</th>
<th>Posters</th>
</tr>
</thead>
</table>

#### Advance Care Planning Tools

<table>
<thead>
<tr>
<th>Identifying Residents to Consider for Palliative Care and Hospice</th>
<th>Pocket Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Care Planning Communication Guide</td>
<td>File Cards</td>
</tr>
<tr>
<td>Comfort Care Order Set</td>
<td>File Cards</td>
</tr>
<tr>
<td>Advance Care Planning Tracking</td>
<td>Form</td>
</tr>
<tr>
<td>Educational Information for Families</td>
<td>Reprints, Websites</td>
</tr>
</tbody>
</table>

[http://interact2.net](http://interact2.net)
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#### INTERACT II Tools

<table>
<thead>
<tr>
<th>Quality Improvement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Transfer Log</td>
<td>Form for tracking hospital transfers</td>
</tr>
<tr>
<td>Acute Care Transfer Review</td>
<td>Standard form completed after transfer</td>
</tr>
</tbody>
</table>

[http://interact2.net](http://interact2.net)

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### Overview of the INTERACT Program and Curriculum

**Implementation Model in the Commonwealth Fund Grant Collaborative**

- On site training (part of one day)
- Facility-based champion
- Collaborative phone calls with up to 10 facility champions twice monthly facilitated by an experienced nurse practitioner
  - Availability for telephone and email consults
  - Completion and faxing of QI Review Tools
Overview of the INTERACT Program and Curriculum

Commonwealth Fund Project Results

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Mean Hospitalization Rate per 1000 resident days (SD)</th>
<th>Mean Change (SD)</th>
<th>95% Confidence Interval</th>
<th>P value</th>
<th>Relative Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre intervention</td>
<td>During intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All INTERACT facilities (N = 25)</td>
<td>3.99 (2.30)</td>
<td>3.32 (2.04)</td>
<td>-0.69 (1.47)</td>
<td>-0.08 to -1.30</td>
<td>0.02  17%</td>
</tr>
<tr>
<td>Engaged facilities (N = 17)</td>
<td>4.01 (2.56)</td>
<td>3.13 (2.27)</td>
<td>-0.90 (1.28)</td>
<td>-0.23 to -1.56</td>
<td>0.01  24%</td>
</tr>
<tr>
<td>Not engaged facilities (N = 8)</td>
<td>3.96 (1.79)</td>
<td>3.71 (1.53)</td>
<td>-0.26 (1.83)</td>
<td>-1.79 to 1.27</td>
<td>0.69  6%</td>
</tr>
<tr>
<td>Comparison facilities (N = 11)</td>
<td>2.69 (2.23)</td>
<td>2.61 (1.82)</td>
<td>-0.08 (0.74)</td>
<td>-0.41 to 0.58</td>
<td>0.72  3%</td>
</tr>
</tbody>
</table>


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Commonwealth Fund Project Results

- For a 100-bed NH, the average reduction of 0.69 hospitalizations/1000 resident days would result in:
  - 25 fewer hospitalizations in a year
  - $125,000 in savings to Medicare Part A (using a very conservative DRG payment of $5,000)
- The intervention as implemented in this project cost ~ $7,700 per facility
- The savings could help support NH infrastructure to improve care and further reduce avoidable transfers
INTERACT Curriculum

- 12 sessions
- Available online with teleconference support
- Power Point presentations with audio and text
- Brief video clips illustrating key points
- Implementation assignments
- Reports on training completion
- CE’s available for nurses

The development and evaluation of the INTERACT Curriculum has been supported by a grant from the Retirement Research Foundation.

Overview of the INTERACT Program and Curriculum

Why it matters – to you and your facility (1)

- INTERACT will help you and facility:
  - Improve quality of care for your residents
  - Benefit from tools to help your team work together more effectively
  - Take advantage of everyone’s contributions to resident care
Overview of the INTERACT Program and Curriculum

Why it matters – to you and your facility (2)

- The current situation, which favors hospital transfers, is going to change
  - Medicare is planning changes in payment that will reward lower rates of avoidable hospitalizations
  - Surveyors will be examining how facilities assess and manage acute changes in status

- You need to be prepared!