

# Overview of the INTERACT Program and Curriculum

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## Overview of the INTERACT Program and Curriculum

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## 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

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## **INTERACT** – definition and goals

- **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

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## **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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- 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

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## ***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>***

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## **INTERACT** – definition and goals

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

Communication Tools

Care Paths

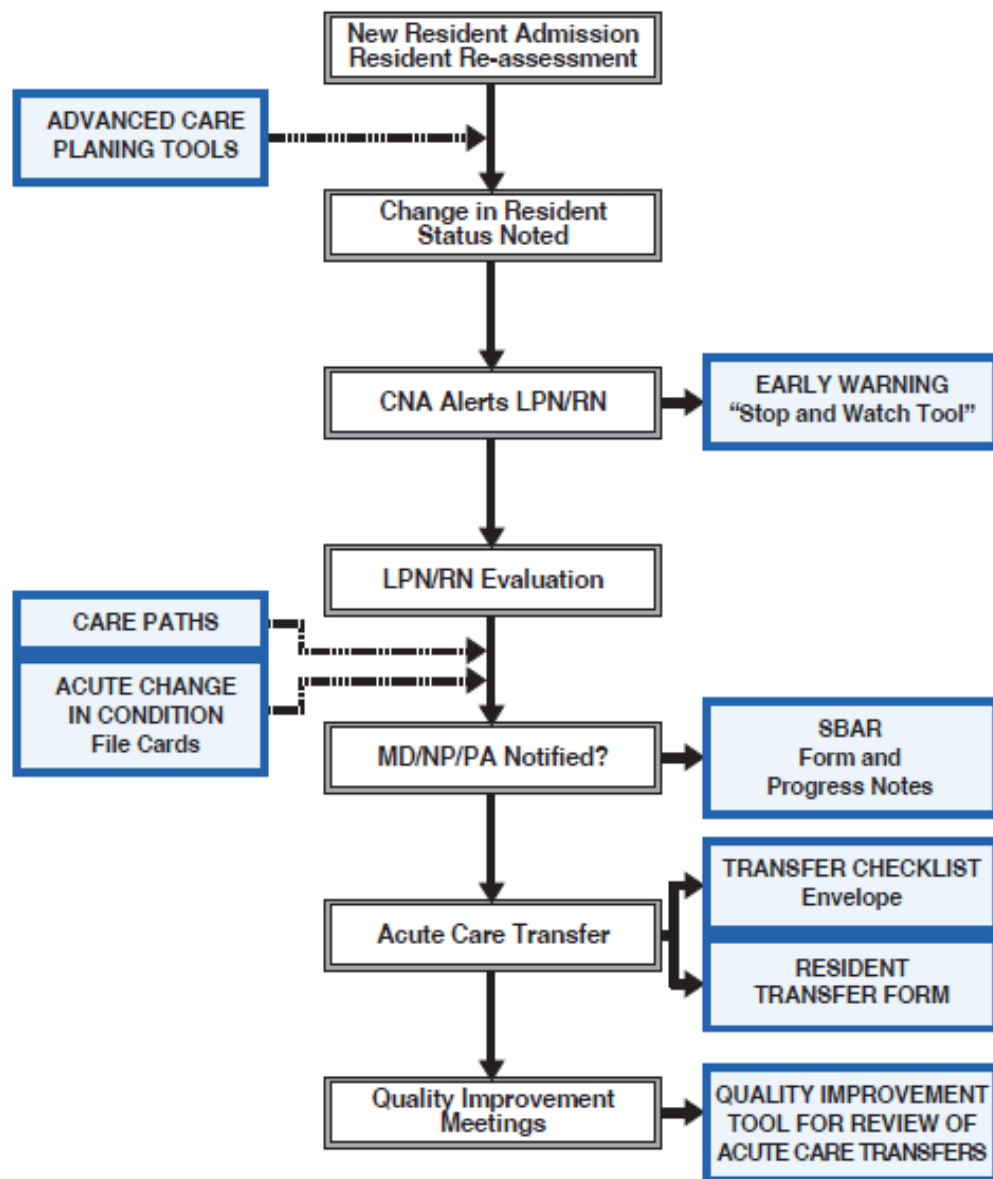
Advance Care Planning Tools



## Using the INTERACT<sup>II</sup> Tools in Every Day Work in the Nursing Home



The different **INTERACT** tools are meant to be used together in your daily work in the nursing home



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## 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

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## Commonwealth Fund Project Results

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

Ouslander et al, J Am Geriatr Soc 59:745–753, 2011

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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

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## **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**

<b>INTERACT Training Curriculum</b>
<i>Session 1: Rationale and Overview of the INTERACT Program and Curriculum</i>
<i>Session 2: Tracking Transfers, the Concept of "Avoidability", and the QI Review Tool</i>
<i>Session 3: Early Warning Tool: Stop and Watch</i>
<i>Session 4: SBAR Communication Tool and Progress Note</i>
<i>Session 5: Decision Support Tools: Care Paths and Change in Condition File Cards</i>
<i>Session 6: Information Transfer and Interacting with Your Hospitals</i>
<i>Session 7: Advance Care Planning Tools (1)</i>
<i>Session 8: Advance Care Planning Tools (2)</i>
<i>Sessions 9-12: Implementation Strategies and Challenges</i>

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

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## 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

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## 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!***