Managing Acute Changes To Residents' Condition

INTERventions to Reduce Acute Care Transfers (INTERACT) is a quality improvement program that focuses on managing acute changes in residents’ condition. The program includes clinical and educational tools and strategies for nursing facilities.

This brochure will provide you with an overview of the program and will focus on two commonly used tools.

What are the goals of INTERACT?

1) Improve resident care by improving early identification, evaluation, management, documentation, and communication about acute changes in condition, and;

2) Reduce the frequency of transfers to the hospital.

INTERACT can reduce potentially avoidable hospitalizations, risk of medication errors, infections from hospitals, and disruptions to residents’ daily lives.
An Overview of INTERACT:

INTERACT is a collection of tools developed by a team of clinical experts with support from the Centers for Medicare & Medicaid Services (CMS). Many nursing homes across the country use INTERACT.

The Nursing Facility Initiative (NFI) and INTERACT:

NFI is a CMS model that aims to lower the number of unnecessary trips nursing home residents take to the hospital. NFI uses the INTERACT toolkit to help facility staff (aides, Certified Nursing Assistants [CNAs], Registered Nurses [RNs], and others) to improve communications about residents' acute changes in condition. All NFI nursing facilities use the INTERACT toolkit differently, but most nursing facilities use the Stop and Watch (S&W) and the Situation, Behavior, Assessment, and Review (SBAR) tools.

Why use INTERACT?

These tools help nursing facilities develop resident-centered care plans. The tools help staff to identify changes to a resident's condition quickly so that they are able to make an informed, effective, and safe treatment decision.

The top six reasons for potentially avoidable trips to the hospital are:

1. Pneumonia
2. Dehydration
3. Congestive Heart Failure (CHF)
4. Urinary Tract Infection (UTI)
5. Skin ulcers, cellulitis
6. Chronic obstructive pulmonary disease, asthma

INTERACT may be able to lower the number of unnecessary trips nursing home residents take to the hospital.

INTERACT helps clinicians manage acute changes in residents’ conditions without resorting to hospitalization.
The following are two of the most important tools that can help to improve communication within the nursing home:

Stop and Watch (S&W):

The “Stop and Watch” tool is a one-page checklist that reminds staff, including CNAs, families, dietary, rehab, and environmental services staff, to be alert to potential changes in resident condition. This tool provides a simple, clear way to communicate changes in condition to nursing staff.

The term "Stop and Watch" is an acrostic. Each letter stands for a condition that should alert a caregiver to report to a nurse.

When do you use it?
If a change is identified while caring for or observing a patient, please circle the change on the S&W form, and notify a nurse, either verbally or by giving them a copy of the checklist.

Situation, Behavior, Appearance, Review and Notify (SBAR):

The SBAR tool is a four-page checklist designed to standardize the way nurses assess residents who have an acute change in condition. This tool is meant to help nurses structure and improve the way they communicate with primary care physicians (PCPS).

When do you use it?
Before calling a physician, nurse practitioner, or physician’s assistant, nurses should fill out the SBAR tool to document the patient’s situation, background, and appearance.

How to access the tools:
For more information or access to all of INTERACT tools, please ask the Director of Nursing (DON) or unit manager how to find these tools in your facility.
INTERACT BRIGHT SPOTS
Stories of INTERACT’s effectiveness

At an Alabama nursing home, a normally chatty resident experienced a change of condition. Usually, she assists with her own care and rolls her wheelchair herself. One morning, her CNA noticed that her speech was slurred, and that she was not able to assist with her own care as usual. The CNA completed an S&W and reported it to the clinical nurse, who then shared the information with the doctor using an SBAR. The resident had exhibited similar symptoms once before and was sent to the ER because staff thought she had a stroke. It turned out she simply had a UTI. Based on the information from the SBAR and the patient’s chart, the doctor ordered an antibiotic for a UTI. The resident improved very quickly and was able to remain in the nursing home without any trips to the hospital.

A nurse in New York wanted to bring the INTERACT program to his two facilities to promote palliative care. He held trainings for the S&W and SBAR tools. He placed posters at each nursing station to remind staff to use the tools. The nurse worked closely with facility leadership to share updates on progress and use of the INTERACT program. Thanks to the nurse’s efforts to bring INTERACT into his facilities, both nursing homes have reduced their rate of potentially avoidable hospitalizations.

For more information on the S&W, SBAR, and the INTERACT toolkit, please visit http://www.interact2.net/