Washington State
**Department of Social
& Health Services**
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

| TITLE: | USE OF THE INTERACT QUALITY IMPROVEMENT SYSTEM | POLICY 17.02 |

Authority: Chapter 388-835-005 *General Requirements*
Chapter 71A RCW *Developmental Disabilities*

Nursing Facilities: 42 CFR 483.25 *Quality of Care* (F309)
Intermediate Care Facilities: 42 CFR 483.460(c)(4) *Nursing Care* (W339)

BACKGROUND

The health needs of individuals living in Residential Habilitation Centers (RHCs) has become increasingly complex, as individuals age and develop additional health conditions.

INTERACT (**Inter**ventions to **R**educe **A**cute **C**are **T**ransfers) is a quality improvement program that focuses on the management of acute change in resident condition. The system includes real-time communication and documentation tools designed to help identify and manage acute changes in condition before they become serious enough to result in hospitalization. Integration of the INTERACT tools into everyday RHC practice will better support individuals who reside in the RHCs to achieve the highest level of independence and physical well-being.

PURPOSE

The INTERACT quality improvement program is designed to improve the early detection, evaluation, management, documentation, and communication about acute changes in the health of residents.

This policy establishes procedures for implementation and use of the INTERACT quality improvement system at Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) or State Operated Nursing Facilities (SONF) operated by the Developmental Disabilities Administration (DDA).

SCOPE

This policy applies to all ICF/IID and SONF staff.

DEFINITIONS

Advance care-planning is the process of developing person-centered goals for care, and may also include palliative and end-of-life care.

Care-paths are educational decision-support tools that provide guidance on the recognition, evaluation and management of ten (10) conditions that commonly cause hospital transfers. Care-paths provide guidance to staff on the conditions that would necessitate notifying the primary care clinician.

Change in condition means a significant change in the resident's current health situation, which if not addressed, may lead to hospitalization.

Decision-support tools means tools that help with the recognition, evaluation, management, and reporting of specific symptoms and signs. These tools include explicit criteria for notifying primary care clinicians.

Hospitalization rate is a performance measure used for quality improvement work, and means "hospital transfer outcomes" using standard definitions of these outcomes.

Quality improvement means a proactive and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity, and testing new approaches to fix underlying causes of persistent systemic problems.

Root cause analysis means a method of problem-solving used for identifying the root causes of faults or problems.

SBAR (**S**ituation, **B**ackground, **A**ssessment, **R**ecommendations) is a tool designed to enhance the nursing evaluation of and documentation on residents who have an acute change in condition. The SBAR tool also helps to structure and improve communication with primary care clinicians.

POLICY

The INTERACT quality improvement system is consistent with, and supported by, both ICF and NF regulatory requirements.

Implementing the INTERACT program requires the involvement of an interdisciplinary team. The RHC interdisciplinary teams will hold regular meetings to review goals and progress as the

program is implemented, and continue monitoring and discussion as the program is integrated into everyday training and care.

The INTERACT Advisory Committee, consisting of at least one representative from each RHC will make decisions for all system design, general implementation strategies, and INTERACT tool usage. At least one (1) representative from each RHC must be a certified INTERACT champion.

Unless indicated differently in this policy, the decision about the INTERACT tools to be used in the RHC environment will be based upon advisory committee decisions. Final decision-making authority related to implementation concerns will be jointly held between HQ leadership and the RHC Superintendents.

Whenever possible, RHCs will consistently implement INTERACT in a similar manner. However, implementing the INTERACT program should be consistent with the care provided in the RHC. INTERACT should fill important gaps in care processes, not create more work for staff.

- RHCs will not alter or change the copyrighted INTERACT tools.
- RHCs will not create or replace the INTERACT tools with their own designs.
- The following copyrighted INTERACT tools are purchased by each RHC on their own behalf from the Med-Pass vendor, a medical forms company. RHCs will use version 4.0 of the INTERACT tools. Tools include:

  - INTERACT Care Paths
  - INTERACT Acute Change in Condition File Cards
  - INTERACT SBAR Form and Progress Note
  - INTERACT Medication Reconciliation Worksheet (optional)
  - INTERACT Advance Care Planning Tools (future)
  - INTERACT Quality Improvement (QI) Tool
  - INTERACT Quality Improvement Summary Worksheet

Sufficient quantities of decision-support tools will be purchased by each RHC from a vendor in order to provide adequate decision-support to RHC staff.

The "See and Tell" form is an official DSHS form (DSHS 13-910), and RHCs must order and obtain sufficient quantities of the hard-copy forms for staff use. In order for the INTERACT system to work optimally, staff must have ready access to the See and Tell and know how to use the form.

An electronic version of the See and Tell form is available on-line, but this is only to be used as a back-up if hard-copy supplies of the form are exhausted.

Nurses must respond in a timely and responsive manner to See and Tell communication. Not all See and Tell communication will require immediate assessment of the resident by the nurse, but initial assessment of the potential condition change must begin during the nurse's shift and should be consistent with recommendations in the Acute Change in Condition File Card tools. Actual and potential condition changes must be communicated during cross-shift reporting.

The INTERACT SBAR form is used whenever the INTERACT care-paths indicate communication with a clinician should occur. The SBAR functions as a progress note, and becomes part of the resident's permanent record. Duplicate documentation or additional progress notes are not required when the SBAR is used.

INTERACT training will be integrated into New Employee Orientation (NEO) at each RHC.

PROCEDURES

A.   The general procedure for use of the INTERACT tools is as follows:

      1.   If a change in resident condition is noted by direct care, or other staff who are familiar with the resident's usual status, a See and Tell form is then completed by the staff member and provided to the nurse.

      2.   The nurse does a timely assessment of the resident, consistent with the guidelines contained in the Care Paths and the Acute Change in Condition File Cards.

      3.   Whenever indicated in the Care Paths, an SBAR form is completed prior to communication with the clinician (i.e., MD, Nurse Practitioner, Provider).

      4.   After communication with the clinician, either a follow-up plan for the resident is initiated, or the resident is transferred to the acute care setting as indicated.

B.   Use of the See and Tell form (DSHS 13-910):

      1.   The See and Tell form consists of an original and a duplicate copy (pink).

      2.   After staff complete the See and Tell form, both copies are immediately handed to the nurse. The nurse routes the See and Tell original and the duplicate (pink) copy according to individual RHC policy.

      3.   After assessing the resident for a potential change in condition, the nurse is responsible to document on the bottom section of the form and to distribute the See and Tell copies according to individual RHC policy.

    4.   Copies of the See and Tell form are not placed into the resident record, nor maintained as a permanent medical record.

C.   Use of the SBAR form:

    1.   When the INTERACT Care Paths indicate the Physician, Nurse Practitioner, or Physician's Assistant should be notified, nurses will use the structured INTERACT SBAR form to collect and communicate assessment information to the Provider.

    2.   The completed INTERACT SBAR form is filed in the individual's record, and replaces the need for nurses to write a progress note.

    3.   When follow-up progress notes are written regarding the individual's condition, RHCs may use a more open-ended SBAR format.

D.   Quarterly Quality Assurance:

    1.   An INTERACT Quality Improvement Tool will be completed for each hospital transfer that has occurred during the quarter. The tool should be completed as soon after the acute care transfer as possible so all of the details are fresh.

    2.   Direct care staff should be encouraged to participate in quality improvement processes to strengthen buy-in and provide insights to improve processes and systems.

    3.   In addition, each RHC will designate a team of nursing staff that will be responsible for doing a quarterly review of all hospital transfers that occurred during the quarter.

    4.   In the quarterly review, the nurse team will use a problem-based peer review process so teams can analyze hospital transfers and identify opportunities to reduce transfers that may have been preventable.

    5.   Teams should use the INTERACT QI Summary Tool to focus educational and care process improvement activities.

    6.   Ongoing tracking and trending of transfer data is critical to sustain optimal health, the INTERACT program, and improvements in care quality.

7.   The RHC QA Director will facilitate quality improvement activities with the nurse team, and any other INTERACT quality improvement teams. This facilitation may include root cause analyses, setting of benchmarks, etc.

E.   Tracking and Measuring of Hospitalization Rates

1.   INTERACT is a quality improvement program designed to improve the care of residents with acute changes in condition.

2.   Effective March 1, 2017, each RHC will implement use of the INTERACT Hospitalization Rate Tracking Tool (available as a free download on the INTERACT website: http://interact.fau.edu/). Information from the Acute Care Transfer Log is entered into the INTERACT Hospitalization Rate Tracking Tool. The RHC will assign responsibility to enter and monitor data in the tool to a designated staff member.

3.   On a quarterly basis, hospitalization rates will be reported by each RHC to the RHC QA Director, the QMT Unit Manager, and the Statewide Medical Director.

EXCEPTION

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSION

None.

Approved: _/s/ Donald Clintsman_   Date: February 1, 2017
                    Deputy Assistant Secretary
                    Developmental Disabilities Administration