

In June of 2012, Brookdale Senior Living's INTERACT Project was the recipient of one of 107 Health Care Innovation Awards from the Centers for Medicare & Medicaid Services' (CMS) Innovation Center. Brookdale and project partner University of North Texas Health Science Center, are working with Joseph Ouslander, MD, and Florida Atlantic University on revising the INTERACT tools to be used in an Assisted Living setting.



INTERACT, which stands for "INTERventions to Reduce Acute Care Transfers," was designed to help skilled nursing facility staff identify, assess, communicate, and document changes in resident status before a decision on hospitalization is made, according to Interact2.net. **Kevin O'Neil, Chief Medical Officer at Brookdale Senior Living**, and **LuAnne Leistner, Brookdale's Director of Healthcare Services-Assisted Living**, provide an update on what has been accomplished and future goals of the project to bring INTERACT to Assisted Living.

interact:

TOOLS FOR innovation

Q What are the goals of the project? How do you think this project will change practice and care?

KEVIN O'NEIL: The main goal is improving quality, and a big part of that is communication. We have a fragmented health care system and want to better improve communication. To do that, we need both resident and family engagement. We recognize that Assisted Living residents with comorbidities have a high risk of hospitalization. But we also know that the hospital is a dangerous place for them to be. There is a higher risk for things like falls or infections. And studies show that 50-60% of readmissions are avoidable with on-site, early recognition of a change in condition. Assisted Living staff members are working with these residents every day and they know when something is not right. INTERACT is a suite of tools, but it is also a comprehensive quality improvement program. It's not asking staff to diagnose a condition, but it recognizes that their observations are important. Brookdale began this project, but nothing in it is proprietary. We hope to replicate and disseminate the tools nationally.

LUANNE LEISTNER: Although INTERACT started in skilled nursing, there are great opportunities for its application to Assisted Living. By adapting the program to Assisted Living, INTERACT becomes a quality improvement program with tools of empowerment for different levels of staff as well as family members. We truly become partners in care. The tools can also facilitate collaboration with home health, and can help prevent conditions from becoming so severe they require hospitalization. The tools give us talking points to address these conditions and help residents stay in Assisted Living, avoiding the chance of infection, falls, and other risks when they enter a hospital.

Q Please provide us with a brief outline of the INTERACT Project Grant

KEVIN O'NEIL: The grant is for \$7.3 million for three years, which will save CMS and Medicare \$9.7 million. That might not seem like a lot, but we recognize that Medicare spending has been doubling every ten years, and anything that can reduce cost and deliver quality care will help ensure that Medicare is there for future generations. The original focus of INTERACT was to prevent hospital readmissions in skilled nursing, and we are modifying it to apply to Assisted Living and Home Health. After all, a readmission is a readmission, no matter where it comes from. The readmission penalty went into effect for hospitals in October of 2012. There's now legislation in Congress to penalize skilled nursing facilities for readmissions. On the other hand, there will be opportunities for better reimbursements when quality outcomes are achieved.

LUANNE LEISTNER: We are working with national organizations including the National Center for Assisted Living and the American Assisted Living Nurse Association to review the tools and how they apply to the Assisted Living environment. We are currently in the process of surveying Assisted Living experts across the country to get input on the revision of these tools and processes. The next step will be field testing the tools and gathering data.

Q When will it be launched in the field? What data will be gathered through the grant and how are you expecting to use this data?

LUANNE LEISTNER: The Assisted Living pilot will begin in March of this year. We will implement the INTERACT program and revised tools in 27 communities in Florida and Texas. We will then expand by 20% every six months until we have a total of 67 communities which have been specifically targeted for the grant. Other providers may already be taking parts of INTERACT and using them in their communities. But, we don't know if using only pieces will have an effect or not. It's too premature to tell. Another part of the program is the educational component, known as the INTERACT Institute. It's a "train the trainer" type of program. At the end, we will be able to share the actual impact in terms of quality metrics. The survey out now asks national Assisted Living experts to look at the applicability of the INTERACT tools in Assisted Living. National groups have already begun revising the Stop & Watch and SBAR tools. Other tools, including care paths, advance care planning tools, communication tools, and others are being revised. These are still being evaluated on how they would apply in Assisted Living.

KEVIN O'NEIL: We want to collect data because CMS will want to see outcomes on reducing cost and improving care. If we can keep residents, that's good for business. The data will help us evaluate how we are doing and how we can improve. It will reveal target areas for improvement. The intention is to share with others what we learn. The SBAR, one of the tools being revised for Assisted Living is traditionally used by a nurse in skilled nursing, but can also be used in Assisted Living if modified.

Q If a community does not have a nurse on staff, are there components that can still be utilized?

LUANNE LEISTNER: Yes. Since Assisted Living is not staffed like skilled nursing, we have to look at all associates that come into contact with residents and empower them with the education and tools to recognize what a change in a resident's in condition may look like. For instance, there will be a different SBAR for nurses and direct care personnel, both geared to earlier detection of a change in condition that would prompt an evaluation by the appropriate professional.

KEVIN O'NEIL: Every staff person in Assisted Living is part of the care team. Their eyes and ears are important. Physicians only have a short time with a resident, and often don't have time to recognize and assess changes in condition, especially in the case of depression or early cognitive decline. Everyone on the frontlines can feel validated about what they report.

tools TO BE ADAPTED FOR ASSISTED LIVING BY INTERACT GRANT:

SBAR Communication Tool and Progress Note:

This tool is a progress note to communicate new symptoms, signs and other changes in condition with a resident's physician. It provides a form to fill out detailed information on a resident's current **S**ituation, previous health **B**ackground, the RN's **A**ssessment, and **R**equest for treatment or change in care.

Stop and Watch Tool: This tool asks caregivers to circle an identified change of condition on the form and discuss it with the charge nurse before the end of shift. The letters in "stop and watch" stand for possible changes such as: **S**eems different than usual; **T**alks or communicates less than usual; **O**verall needs more help than usual; **P**articipated in activities less than usual; **A**te less than usual (Not because of dislike of food); **D**runk less than usual; **W**eight change; **A**gitated or nervous more than usual; **T**ired, weak, confused, or drowsy; **C**hange in skin color or condition; **H**elp with walking, transferring, toileting more than usual.

**Information courtesy of Interact2.net*

Q What would Assisted Living providers using these tools do differently than they currently do?

LUANNE LEISTNER: The tools and information in the program give staff more knowledge and help facilitate early recognition of a change in condition. That knowledge could help a resident go to the hospital sooner if they need to, or help manage the condition in the community. The tools connect the support a resident receives both in Assisted Living and from family members. Family and staff are not sitting across from each other, we are sitting together at a round table, arm in arm, to care for that loved one as a team—true partners in care. The benefit for the resident is continuity of care, which is paramount. Sitting in the emergency room brings with it risk of infection, as well as the discomfort of waiting—these events can cause more problems than the chronic condition the resident was seeking help for in the first place. Utilizing this program can be a win-win-win. It's a win for the resident to stay in Assisted Living. It's a win for providers who are able to keep the resident in the community. And it's a win for staff members who gain access to more knowledge which will help them provide better resident care.

KEVIN O'NEIL: LuAnne made a good point that this program is not designed to reduce all hospitalizations, but to make sure that those who are going to the hospital really need to go. We want the tools working at all levels so that all of those involved can be a part of the care team. Dr. Ouslander, who created the first INTERACT program, once said, "Geriatrics is a team sport." There is much that nonclinical providers can offer that physicians don't have time to support.

Q Do you anticipate any challenges with compliance or working with different states?

LUANNE LEISTNER: Yes, we certainly do. Brookdale is in 36 states and I know the idiosyncrasies of each set of regulations. There are changes that could help us become a more viable part of the continuum of care. States offering the Assisted Living waiver program also help us be a part of that continuum.

Q Any final thoughts?

KEVIN O'NEIL: There may actually be pressure from the federal government, since Medicare foots the readmission bill, and there may be some opportunity for Assisted Living providers to engage in the policy discussion. Of course, the government would like care provided in the least expensive environment. If a person is not able to receive care at home, then reports show Assisted Living is one of the least expensive options. I recently had a discussion with hospital groups where we noted that if an older adult doesn't need skilled nursing care, but can't go home, something like respite care in an Assisted Living environment may be the best fit. It's timely to get together with other professional organizations. It will be an exciting and interesting time of change.

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