

Caring Together: INTERACT NY

Interventions to Reduce Preventable Acute Care Transfers

APPLICATION

I. BACKGROUND AND OVERVIEW

Quality Improvement Training and Collaboratives

As part of our ongoing efforts to assist long term care organizations to improve the quality of care, Continuing Care Leadership Coalition (CCLC) has developed an initiative to improve care transitions with a focus on reducing preventable hospitalizations. The program includes the formation of interdisciplinary teams of professionals from a group of long term care organizations to test and measure practice innovations and share their experiences to accelerate learning and the systematic adoption of best practices. Over several years, CCLC and the Greater New York Hospital Association (GNYHA) have successfully implemented quality improvement collaboratives through a partnership with the United Hospital Fund (UHF), the New York State Department of Health (DOH), and IPRO (New York State's Quality Improvement Organization).

Background and Overview of Caring Together: INTERACT NY

Researchers have demonstrated that reductions in preventable hospitalizations of nursing home residents improve quality and have a great potential for saving scarce health care funds.¹ Federal and State policy is also driving providers to focus on improvement in care transitions. For example, the current Medicare Value-Based Purchasing Demonstration assesses nursing home performance and payment on preventable hospitalizations, among other measures. Home health agencies are also being measured on their performance on preventable hospitalizations under the Home Health Quality Improvement Initiative. Hospitals are looking for strategies to reduce preventable re-admissions to hospitals in anticipation of readmissions payment penalties.

¹ Jencks, Stephen F., Mark V. Williams, and Eric A. Coleman. "Rehospitalizations Among Patients in the Medicare Fee-For-Service Program." *The New England Journal of Medicine* 360 (2009): 1418-1428.

Young, Yuchi, et al. "Preventable Hospitalization Among Nursing Home Residents: Varying Views Between Medical Directors and Directors of Nursing Regarding Determinants." *Journal of Aging and Health* 22 (2010): 169-182.

Grabowski, David C, A. James O'Malley, and Nancy R. Barhydt. "The Cost and Potential Savings Associated with Nursing Home Hospitalizations." *Health Affairs* 26.6 (2007) 1753-1761.

Through the New York State Health Workforce Retraining Initiative (HWRI) grant program, CCLC seeks to assist long term care providers in reducing potentially avoidable hospitalizations and re-hospitalizations in its fifth tier of successful quality improvement training efforts. CCLC continues to develop its educational series, *Caring Together*, involving a multi-departmental approach and guiding the team in care processes to improve quality. It has advanced learning in finding value in quality measures, improving communication and quality, dealing with difficult resident behavior, and managing pressure ulcers across settings.

INTERACT NY is a CCLC initiative designed to assist members reduce preventable acute care transfers through the adoption of various tools from an evidence-based nationally implemented program, INTERACT. The tools will be used by the interdisciplinary team at different stages of care to aid in the early identification, assessment, documentation, and communication of significant changes in a resident's status.

The Commonwealth Fund supported a national INTERACT collaborative in 2009, which CCLC participated in as a trainer for the downstate New York nursing facilities. Although participation in this initiative will entail allocating resources, such as staff time, INTERACT NY is an opportunity for providers in the Medicare Value-Based Purchasing Demonstration to reduce preventable hospitalizations and for other providers to build the foundation for improving care transitions with other health care setting – an important focus of forthcoming State and Federal policy changes. According to members engaged during the 2009 INTERACT collaborative, clinicians will benefit this program by honing their assessment skills. CCLC also recognizes that reduced acute care transfers will also significantly lessen the paperwork burden required under the new MDS 3.0 admission and discharge processes.

Senior Leadership Involvement in the Initiative

An important component of the INTERACT NY initiative is senior leadership involvement and support. Through CCLC's experience in successful quality improvement training initiatives, organizations that achieve their goals and demonstrate high quality have senior leadership team that whole-heartedly supports the initiative. Senior leadership often provides the necessary support needed for the interdisciplinary team to fully engage in the quality improvement initiative. During the national INTERACT collaborative experience in 2009, the most successful organizations showing the greatest reduction in preventable hospitalizations maintained strong support from senior leadership in the operational and clinical areas.

II. RESPONSIBILITIES OF PARTICIPANTS AND SPONSORS

The project will involve a succession of learning sessions attended in person and via teleconference from October 2010 to October 2011. Every facility will identify key members for a team who will facilitate rollout of the project preferably in at least one sub-acute and one long-term care units that is designed to begin with an initial learning session in October 2010 or January 2011. The project will allow members the flexibility to begin implementation by February 2011 after participating in the initial learning sessions being held in October 2010 and again in January 2011. Senior leadership support in the project's planning, development, and execution will be an essential framework.

In order to effectively support and guide this initiative, CCLC has convened a Design Team to provide ongoing expertise, leadership, and support. The Design Team includes administrators, physicians, and directors of nursing and quality improvement, as well as the developers of the INTERACT program and CCLC staff. To effectively implement this initiative, CCLC and long term care participants must carry out specific responsibilities.

Participating Organization Responsibilities

Participation in the INTERACT NY initiative requires long term care organizations to provide the resources necessary to effectively implement a set of clinical and operational strategies to promote quality improvement, including:

- Appointing a Champion and Co-Champion who will be the key facility contacts for the INTERACT NY project team. These individuals will work together to coordinate training of facility staff on the use of the INTERACT toolkit, assist staff with implementation of the toolkit, assist with data collection, and participate in scheduled learning sessions.
- Facilitating a more standardized and sustainable team-based "best practices" approach to the identification of significant changes in residents through the use of INTERACT resources;
- Providing necessary resources---including the allocation of staff time (e.g., at least 2 hours per week for Champion leading a 2-unit implementation) -- -to support the team's participation in the initiative's meetings and conference calls (participation by all core team members is highly recommended);
- Utilizing and assessing use of the initiative's tools to meet the targeted performance measures;
- Periodically submitting data and outcome measures (e.g., an initial questionnaire and a standard monthly report outlining the experience with transfers that month); and
- Maintaining and safeguarding the confidentiality of any and all information shared with CCLC.

CCLC Responsibilities

As leaders of the INTERACT NY initiative, CCLC will provide resources to ensure that the initiative's participating organizations are able to meet their stated obligations. CCLC commits to the following:

- Providing learning sessions on evidence-based resources and organizational process improvements related to care transition improvement and the INTERACT NY initiative;
- Identifying and working with the developers of the INTERACT program whose expertise and tools will be the focus of participant activity;
- Providing reports and timely feedback on data collected through the initiative;
- Planning and facilitating all INTERACT NY meetings and conference calls;
- Monitoring progress toward achieving initiative goals;
- Maintaining and safeguarding the confidentiality of any and all information shared with CCLC; and
- Coordinating with other care transitions initiatives in order to streamline activities for members.

III. INTERACT NY CONTACTS

Roxanne Tena-Nelson
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CCLC
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PARTICIPATION STATEMENT

_____ (Organization Name) _____ will actively participate in the Caring Together: INTERACT NY – Interventions to Reduce Preventable Acute Care Transfers project.

Chief Executive Officer/Administrator: _____

Signature: _____ Date: _____

PROJECT TEAM

The INTERACT NY team will take responsibility in project activities.

1. Co-Champion (Administrative/Clinical): Primary Contact

Name: _____

Title: _____

Telephone #: _____ Fax #: _____

Email: _____

2. Co-champion (Clinical): Secondary Contact (could be a team member below)

Name: _____

Title: _____

Telephone #: _____ Fax #: _____

Email: _____

3. Medical Director or Other Designee

Name: _____

Title: _____

Telephone #: _____ Fax #: _____

Email: _____

4. Director of Nursing or Other Designee

Name: _____

Title: _____

Telephone #: _____ Fax #: _____

Email: _____

5. Frontline Staff Member (e.g., Lead CNA) or Other Designee

Name: _____

Title: _____

Telephone #: _____ Fax #: _____

Email: _____

6. Other

Name: _____

Title: _____

Telephone #: _____ Fax #: _____

Email: _____

QUESTIONS REGARDING HOSPITAL PARTNER

1. What hospital/s do you frequently transfer residents to:

a. _____

b. _____

c. _____

2. Please describe your efforts to improve care transitions with these hospitals.

Hospital a. _____

Hospital b. _____

Hospital c. _____

Please submit your completed application to Kathryn Santos at ksantos@cclcnny.org. Thank you.