INTERACT ® Implementation Guide

Overview

The INTERACT® module in ECS relies on Admission and Discharge information being entered onto a special form that manipulates that data in order to produce the INTERACT reports. In addition, Census information for all residents is required. The facility can choose to use the census information recorded in the Face Sheet/Status topic (most likely the Level of Care, as numbers for both post-acute and long term care are required), or the facility can choose to manually document census numbers on a "fake INTERACT resident." This guide will provide information and suggestions for implementing each of the INTERACT tools.

Your ECS program has been updated with the following INTERACT tools in ECS v9.0.5 (Spring 2015):

- SBAR
- Hospital-Rate Tracking Tool
- Quality Improvement Tool for Review of Acute-Care Transfers
- Quality-Improvement Summary
- Links to Care Paths and Acute Change of Condition file cards
- Stop and Watch Early-Warning Tool only by request; merging and integration costs apply.

To learn more about INTERACT (**Inter**ventions to **R**educe **A**cute **C**are **T**ransfers), refer to https://pathway-interact.com/.

ECS Items related to INTERACT

- A section/module called **Rehospitalizations**. This section includes topics for
    - The SBAR
    - Logging Admission data
    - Logging Transfer data
    - Acute Care Transfer Investigations (QI Tools – Acute Care Transfer)
    - Facility Wide Rehospitalization Analysis (QI Tools – Summary)
    - Care Paths
    - Change in Condition File Cards
    - Manual Census Documentation
- A form for completing and printing the Admit/Transfer Data needed to produce the Hospital Rate Tracking Tool reports
- Reports for printing the SBAR, QI Tools – Acute Care Transfer, and QI Tools – Summary
- Hospital Rate Tracking Tool reporting
- An Access Screen with Easy buttons to link to your existing Access Screens

Implementation

You may choose which INTERACT tools you wish to implement from the items bulleted in the Overview above. Implementation instructions for each item follow.

Easy Access

Access Screens have been provided – but are not required - for the Rehospitalization tools. To link your existing navigation screens to the Rehospitalization Access screen, follow these steps.

1. Select the Access Screen(s) in which you would like to create this link.
2. Copy and paste an existing access button and rename it **Rehosp**.
3. Double-click on the button to edit the Word Setup so the button directs users to the Rehospitalization Access topic.

You may also choose to copy and paste any of the buttons in the Rehospitalization Access topic into any of your existing Access Screens.

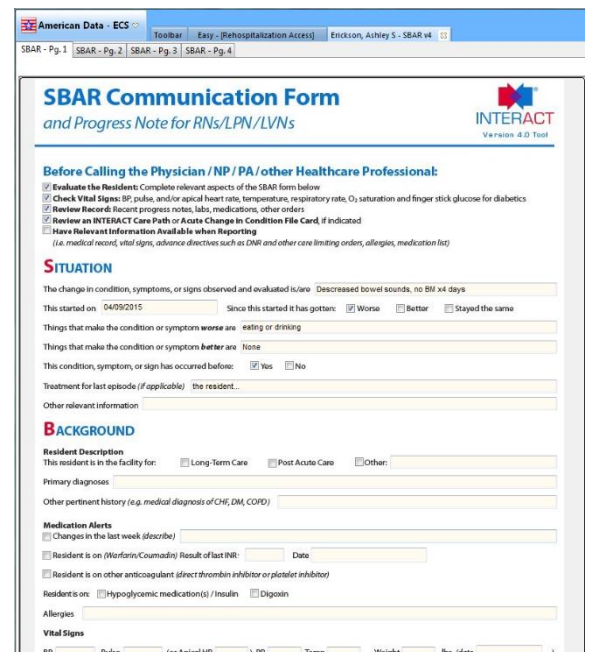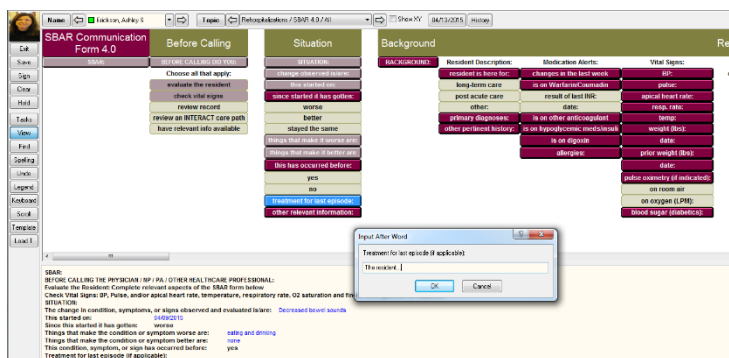## Special Considerations for Multi-Site Databases

If your ECS database is used for multiple facilities that do not share local hospitals and clinicians, please consult American Data clinical support staff for guidance.

SBAR

The SBAR topic is in the Rehospitalizations tab and is therefore separated from your nursing progress notes. This means nurses should continue to document the resident's condition in their notes. The SBAR can be completed either as a form or through a documentation screen.

SBAR Access – the image on the top left shows the access buttons for the SBAR – both for the form and for the documentation screen. The image to the right shows an SBAR form in progress; the image on the bottom left shows the SBAR documentations screen in progress.

Review the two SBAR options (form vs. documentation screen) and determine which would work best at your facility.

- If you wish to implement use of the form, make sure that your nurses are in a user group with rights to write, view, change, and possibly delete forms in ECS.
- If you use Access Screens, delete either the **No Forms** SBAR access buttons or the **Forms** SBAR access buttons (red boxes above) from the Access Screen.
- If you do not use Access Screens, and wish to use the form, nurses can use the orange **Forms** icons when they need the SBAR form. You can also make a button on one of their documentation screens that will open the form for them.
- If you are not using Access Screens and not using forms, nurses can manually navigate to **Rehospitalizations/SBAR**, or you can use the Go To function in Word Setup to create a pathway to the topic from an existing screen, such as the Physician Contact topic.
- If you are using the SBAR documentation screen instead of the form, there is an **SBAR** report on the reports list that will print the data entered into the topic.
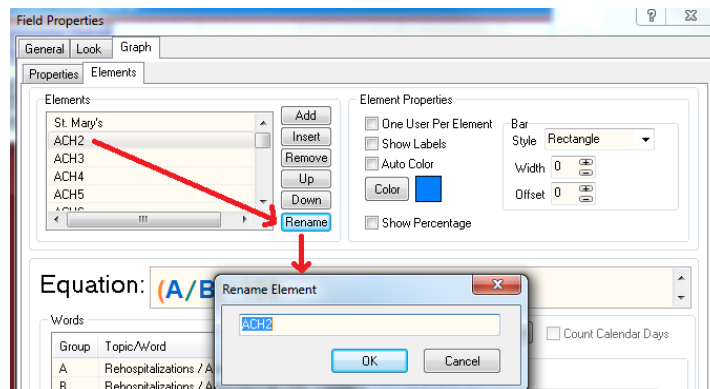
Hospital Rate Tracking Tool

To use the Hospital Rate Tracking Tool, you must use the Admit/Transfer Data Form. Documenting the information into topics in the traditional way will not result in reportable data.

- Make sure that your nurses have rights to Write, View, Change, and possibly Delete Forms.
- Customize the hospitals, payer sources, and clinicians on the form, the write-back screens, and the reports.
  1. Begin with the Admission Log topic: Edit the names of the discharging hospitals (column **AF**) and payer sources (column **AG**). These names are already linked to the reports and forms, so do <u>not</u> delete the existing choices and create new ones. If you need more choices, they should be copied and pasted, and the forms and reports will need to be updated. Do not delete extras.
  2. Customize the Transfer Log topic: Edit the names of the Clinicians (column **AF**). These names are already linked to the reports and forms, so do <u>not</u> delete the existing choices and create new ones. If you need more choices, they should be copied and pasted, and the forms and reports will need to be updated. Do not delete extras.
  3. Edit the names of the discharging hospitals (column **AO**) and payer sources (column **AP**). These should be identical and in the same order as the same information in the Admission Log topic. Edit the existing words. Do not copy paste from the Admission Log to the Transfer Log.
  4. Customize the Admit/Transfer Data form.
     a) Follow the pathway **American Data-ECS > Setup > Report > Form Maker**. Select **Rehosp. - Admit/Transfer Data**, and then click **OK**.
     b) Select **Hospital Admit/Transfer Data**, and then click **OK**.

c) In the Admission Data section, double-click on the labels **ACH 1**, **ACH 2**, etc., and edit them. Watch the numbering, and make sure you match the labels to the Admission Log topic in the <u>exact</u> same order.

d) Do this for the Discharging Hospital and the Insurance Plan, as well as the Ordering Clinician on the Transfer Data side.

e) Save your changes, and switch to Page 2 to repeat the process for Hospitals and Payers. Click Save and Close.

f) Contact American Data clinical support staff for assistance if you track more than the 20 hospitals, clinicians, and payers the Admission/Transfer Data form is formatted for.

5. The following graphs need to be updated: **INTERACT Item Summary – Admissions** and **INTERACT Item Summary – Transfers 1**.

a) Access the reports through the pathway **American Data-ECS > Setup > Report > Report Maker**.

b) Open the **INTERACT Item Summary – Admissions** report.

c) Double-click on the center red field (**Source of Admissions (%)**) to open the properties.

d) Select each element, click **Rename**, and enter the appropriate heading. Again, make sure the headings are <u>in the same order</u> as the topics and the form.

e) You may delete extra elements or leave them. If you have more than 20 hospitals or payers, American Data clinical support staff can assist you.

f) When you have finished renaming the elements, close the field and save your changes.

g) Repeat these steps for the Clinicians field on the **INTERACT Item Summary – Transfers 1**.

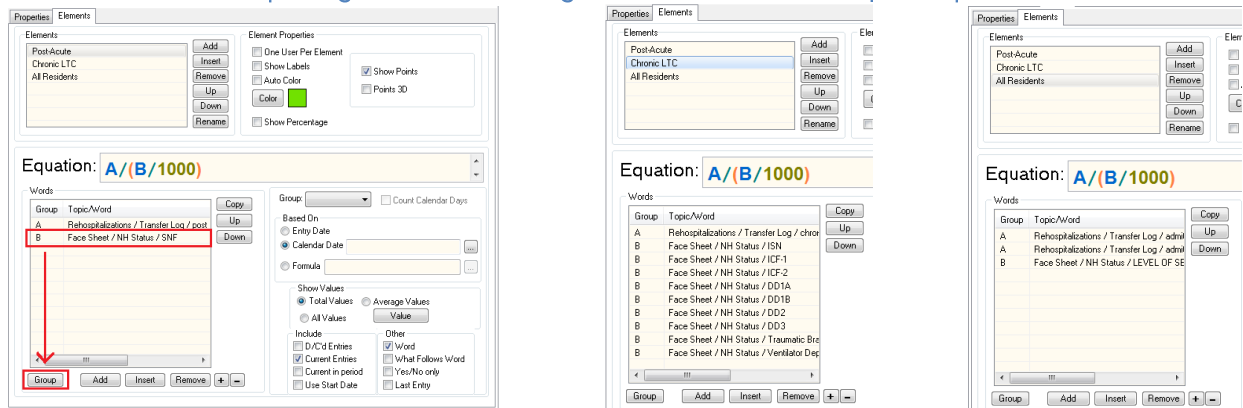Renaming Discharging Hospitals on the Item Summary – Admissions Graph

Census Data

Census information for Post-Acute as well as Long Term Care days is required for two reports: **INTERACT Hosp. Measures – Outcomes** and **INTERACT Monthly Summary**. You may already be tracking Census information via LEVEL OF SERVICE in the Face Sheet/Status topic for each

resident. If not, and you would like to, contact American Data support for assistance and training. This would be considered tracking census automatically. You may also document Census information manually each month.
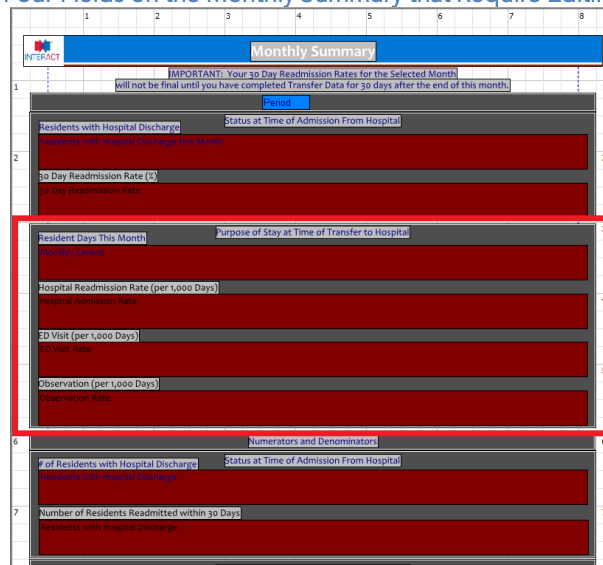
- Automatic Census Data: Ideally, your facility is already tracking service levels in the Status topic. This is especially likely if you use the Accounts Receivables. Conversely, if you are not using the Accounts Receivables, it is likely that the census is not being recorded accurately. Review Level of Service charting by running a calendar task that tallies the Level of Service days. If your Service Levels have been customized and no longer reflect long and short-term stays, or to start tracking census data for long- and short-term stays, contact American Data support for guidance.
- Manual Census Data: If you prefer to enter census numbers manually, create a new "fake" client in an inactive status for this purpose (*INTERACT, Data).
- The way you track census determines whether you will run the "Auto" or the "Manual" version of the affected reports. If you will be tracking census manually, no further customization is needed in this area. If you are tracking census automatically, your reports will need review.
  1. American Data-ECS > Setup > Report > Report Maker.
  2. Open Report > **INTERACT Hosp. Measures - Outcomes (Auto)** > OK.
  3. Double click on the red In-Patient field. The Post-Acute Element will be selected by default. In the Words box below, review the word listed in the "B" box. It may say "Unknown," "SNF," or something else. If the word listed does not accurately reflect the word(s) used to document Post-Acute level of care status,
     a. Use the Add button to select the correct word(s).
     b. Highlight the word(s) on the list and select the Group button. Assign them the "B" value.
     c. Remove the incorrect link.
     d. Switch to the Chronic LTC element and repeat the process, selecting the words that reflect a long-term level of care status and assigning them to group "B."
     e. Switch to the All Residents element and repeat the process, selecting the LEVEL OF SERVICE (or comparable) heading.
     f. Close the field and Save your changes.

4. Open Report > **INTERACT Monthly Summary (Auto-Census)** > OK.
5. Update the Level of Care setups as described above for the four red fields indicated below (Monthly Census, Hospital Admission Rate, ED Visit Rate, and Observation Rate):

Four Fields on the Monthly Summary that Require Editing

Quality Improvement Tool for Review of Acute-Care Transfers

This INTERACT assessment is used to review and analyze each transfer that occurs. Like the SBAR, it may be used as a form or as a documentation screen. Review the two options (form vs. documentation screen) and decide which one is best for your facility.

- If you wish to use the form, make sure that your QI staff members have rights to write, view, change, and possibly delete forms.
- If you use Access Screens, delete either the **No Forms** QI access buttons or the **Forms** QI access buttons from the Access Screen.
- If you do not use Access Screens, and wish to use the form, staff can use the orange **Forms** icons when they need the QI form.

- If you are not using Access Screens and not using forms, staff can manually navigate to **Rehospitalizations/QI Tools - Acute Care Transfer**.
- If you are using the documentation screen instead of the form, there is a **QI Tools - Acute Care Transfer** report on the reports list that will print the information entered into the topic.

Quality-Improvement Summary

This INTERACT assessment is used to review and analyze transfers in the facility. Like the QI Tools - Acute Care Transfer, it may be used as a form or as a documentation screen. Review the two options (form vs. documentation screen) and decide which one is best for your facility.

- If you wish to use the form, make sure that your QI staff members have rights to write, view, change, and possibly delete forms.
- If you use Access Screens, delete either the **No Forms** QI access buttons or the **Forms** QI access buttons from the Access Screen.
- If you do not use Access Screens, and wish to use the form, staff can use the orange **Forms** icons when they need the QI form.
- If you are not using Access Screens and not using forms, staff can manually navigate to **Rehospitalizations/QI Tools - Summary**.
- If you are using the documentation screen instead of the form, there is a **QI Tools - Summary** report on the reports list that will print the information entered into the topic.

Care Paths and Acute Change of Condition File Cards

The Care Paths and Change of Condition File Cards are available in ECS for reference. You may navigate to them via the access buttons, or, if you are not using access buttons, copy and paste the links to any screens in your system, such as Vital Statistics or Physician/Family Contact.