

# SNF 2.0<sup>®</sup>: INTERACT<sup>®</sup>-ing Beyond 6 Months A. Lam<sup>1, 2</sup>, S. Knowles<sup>2</sup>, S. Lai<sup>1</sup>

<sup>1</sup>Geriatric Medicine, Palo Alto Medical Foundation, Palo Alto, CA. <sup>2</sup>Palo Alto Medical Foundation Research Institute, Palo Alto, CA. The research reported on this poster was supported by the California HealthCare Foundation, Episcopal Senior Communities, and Covenant Care, Inc. The investigators retained full independence in the conduct of this research.

#### Introduction

- INTERACT® (Interventions to Reduce Acute Care Transfers) is a quality improvement program that was tested in nursing facilities nationally and reduced self-reported transfers to hospital by 17% over a 6-month post-intervention period.<sup>1</sup>
- In 2012, we collected data from two facilities who were using INTERACT® to prevent hospital transfers.
- In 2013, we implemented a gamified dashboard, mentorship, and education program called SNF 2.0® to improve successful implementation of INTERACT® and further reduce hospital transfers.
- In 2014, we presented data showing 32% and 66% improvement in hospital readmission rates, and improved patient satisfaction 7-9 months postintervention.
- Here we present 18 months of post-intervention data for both facilities.

### **Intervention Goals**

- Partner with two nursing facilities that have previously implemented INTERACT® and study how SNF 2.0<sup>®</sup> intervention may affect 30-Day Readmission Rates and Patient Satisfaction.
- 20% reduction in 30-day SNF (skilled nursing facility)-to-hospital readmission by Dec. 31, 2014 compared to facility-specific data from 2012.
- Reach a "very good" or "excellent" patient satisfaction rating of 90% by Dec. 31, 2014.

#### **Post-Intervention Goals**

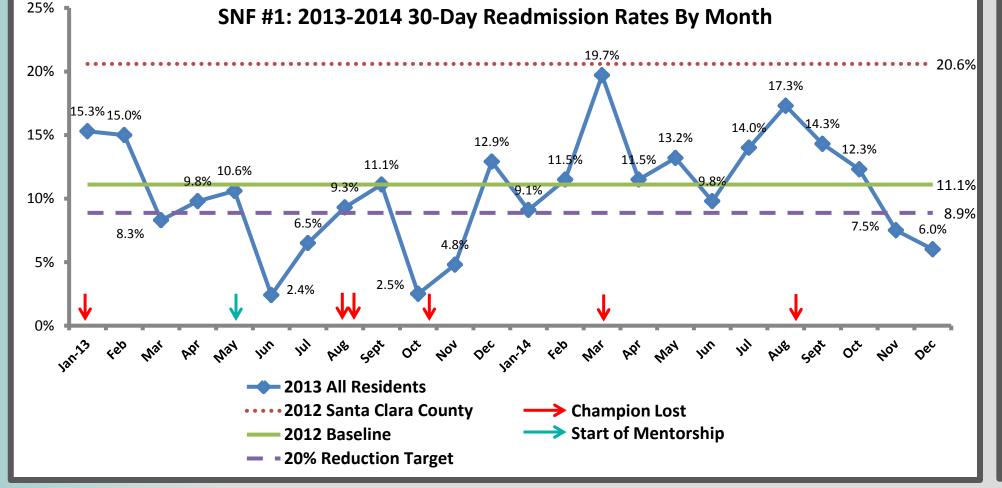
- Observe for long term impact and sustainability.
- Refine and standardize gamified dashboard.
- Refine critical elements of mentorship approach, timing and duration.
- Assess reproducibility in program dissemination.

Note: The authors would like to acknowledge our NP mentors: Ellen Stirling, Wendy Ostrow, Ellen Travis, Mary Mitsunaga and Yvette Chu.

#### Methods

- Partner with "Champions" (existing peer leaders) at two Pilot SNFs that previously implemented INTERACT®.
- Standardize data recording and reporting (INTERACT® Hospital Tracking Tool, Patient Satisfaction Survey).
- Determine baseline 30-day readmission rates for each SNF.
- Provide advanced practice nurses for 1-on-1 SNF staff mentorship and to use teachable moments to help integrate INTERACT® into daily workflow.
- Offer educational workshops on palliative care and POLST education to staff, patients, and families.
- Start a gamified dashboard program to encourage use and promote general staff knowledge of INTERACT®.
- Track the number of Stop and Watch and SBARs completed, readmission rates, and patient satisfaction weekly and display where staff can see progress.

## Results



Post Launch:	1-6 mo	7-12 mo	13-18 mo
Hospital Transfer Rate/ 30- Day Readmit Rate	2.7/ 7.3%	5.2/ 10.6%	5.1/ 13.6%
Patient Satisfact- ion "Very Good" or "Excellent"	60-64%	75-96%	50-81%

SNF #2: 2013-2014 30-Day Readmission Rates By Month				
20% - 20.6% 17.1%				
15%				
10%   9.1%   7.7%   8.3%   7.7%   8.3%   7.9%   6.8%   7.9%   6.8%   5.7%   4.4%   4.1%   4.5%   4.4%   4.5%   4.4%   3.6				
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→ 2013 - 2014 All Residents ····· 2012 Santa Clara County → Champion Lost — 2012 Baseline → Start of Mentorship — - 20% Reduction Target				

SNF #2 Post Launch:	1-6 mo	7-12 mo	13-18 mo
Hospital Transfer Rate/ 30- Day Readmit Rate	0.9/ 4.7%	1.0/ 4.5%	1.1/ 6.9%
Patient Satisfact- ion "Very Good" or "Excellent"	68- 100%	92- 100%	93- 100%

#### **Discussion**

- In the first 6 months after starting SNF 2.0® mentorship and gamified incentives, both facilities were able to meet readmission reduction (34%, 67%) and patient satisfaction goals, despite significant Champion turnover.
- In the second 6-month interval, SNF #1 experienced further Champion turnover and was unable to maintain its gains, realizing a smaller 4.6% decrease in hospital readmission rates compared to 2012 rates.
- SNF #1 declined further in the third 6-month interval as Champion turnover continued with 13.4% more readmissions compared to 2012 rates.
- Meanwhile, SNF #2 hospital readmission rates in the second 6-month interval were reduced 69% compared to rates in 2012. Third 6-month interval readmission rates remained 52% lower than in 2012. Champions were stable during this time.
- Patient satisfaction improved within 1 month of posting results on the gamified dashboard in both facilities. In SNF #1, which experienced persistent prolonged periods of Champion turnover, patient satisfaction varied greatly month to month. In SNF #2, patient satisfaction scores stabilized quickly.
- Combined SNF data estimates that 74 30-day readmissions were prevented in 18 months postintervention as compared to 2012 rates.

#### Conclusions

- Mentorship and gamified incentives may help SNFs successfully implement INTERACT® despite early turnover in Champions.
- Persistent prolonged periods of Champion turnover may reverse gains.

#### References

Ouslander JG, Lamb G, Tappen R, et al. Interventions to reduce hospitalizations from nursing homes: evaluation of the INTERACT II collaborative quality improvement project. J Am Geriatr Soc 2011;59:745-