

## INTERACT Implementation Tracking Form

Please update this worksheet routinely, and no less than once a month. Fax monthly to Anna Rahman at 855-793-2226 or scan and email it to her at [rahmananna1@gmail.com](mailto:rahmananna1@gmail.com). Questions: Call Dr. Rahman at (513) 258-4421.

**1. How strongly does your facility's leaders support INTERACT implementation? Please rate the level of support each month on scale from 1-5, where:**

1= not at all supportive

2

3 = neutral

4

5 = very support

Rating:    \_\_\_ Sept.    \_\_\_ Oct.    \_\_\_ Nov.    \_\_\_ Dec.    \_\_\_ Jan.    \_\_\_ Feb.

**2. Please note the name and title of your nursing home's INTERACT champion or co-champions.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**3. In-Services: Please record the date and audience of any in-services conducted since September 1, 2012 in your nursing home on the following INTERACT tools:**

Tool	Date	Position of staff in attendance (e.g., nurse aides, nurses)
<b>"Stop and Watch"</b>		
<b>SBAR Communication and Progress Note</b>		
<b>Change in Condition Cards</b>		
<b>Resident Transfer Form</b>		
<b>Acute Care Transfer Envelope</b>		
<b>Acute Care Transfer Log</b>		
<b>Quality Improvement Review Tool</b>		
<b>Care Paths</b>		
<b>Advance Care Planning Tools</b>		

**5. Implementation:** Please note the date on which these INTERACT tools were or are “officially” adopted for routine use by your nursing home in at least one unit. If officially adopted facility-wide, please note that date as well. (Note: If your nursing home used INTERACT forms prior to the bootcamp, the adoption date for those forms will pre-date the bootcamp.)

Tool	Date adopted in at least 1 unit	Date adopted throughout the entire nursing home
<b>“Stop and Watch”</b>		
<b>SBAR Communication and Progress Note</b>		
<b>Change in Condition Cards</b>		
<b>Resident Transfer Form</b>		
<b>Acute Care Transfer Envelope</b>		
<b>Acute Care Transfer Log</b>		
<b>Quality Improvement Review Tool</b>		
<b>Care Paths</b>		
<b>Advance Care Planning Tools</b>		

**6. Who in your nursing home is or will be responsible for completing the Acute Care Transfer Log and QI Review Forms and presenting the results regularly to the INTERACT team or QI committee?**

Tool	Name of Responsible Staff Person	Title
<b>Acute Care Transfer Log</b>		
<b>Quality Improvement Review Tool</b>		

**7. How many QI reviews of hospital transfers were conducted each month? Enter 0 if none.**

Number of QI Reviews: \_\_\_Sept. \_\_\_Oct. \_\_\_Nov. \_\_\_Dec. \_\_\_Jan. \_\_\_Feb.

**8. Please refer to your acute-care transfer log for each month. How many residents visited the ED and were admitted to the hospital each month?**

ED Visits: \_\_\_Sept. \_\_\_Oct. \_\_\_Nov. \_\_\_Dec. \_\_\_Jan \_\_\_Feb.

Hospitalizations: \_\_\_Sept. \_\_\_Oct. \_\_\_Nov. \_\_\_Dec. \_\_\_Jan \_\_\_Feb.

**9. What is your nursing home's next implementation steps and goals over this next month (e.g., in Sept., report steps/goals through Oct.; in Oct., report steps/goals through Nov.; and so on).**

Goals/steps to achieve through:

Oct.: \_\_\_\_\_

Nov.: \_\_\_\_\_

Dec.: \_\_\_\_\_

Jan.: \_\_\_\_\_

Feb.: \_\_\_\_\_

**10. Please record the following for any telephone or in-person meetings held with local hospital or ED staff for the purpose of improving care transitions:**

Date	Attendees	Key Topics	Key Outcomes

Add more pages if needed.