INTERACT Implementation Checklist

INTERACT®
Version 4.0 Tool

This checklist is intended to assist organizations in determining the degree to which the INTERACT **Quality Improvement Program** is being implemented. INTERACT Implementation requires all of these key components, not just using selected INTERACT Tools.

Facility Name _____ **Date** _____/_____/_____

Contact _____ **Tel** (_____) _____

INTERACT Implementation and Care Processes	Yes	No
Strong Leadership Support		
Incorporate INTERACT into overall QI program	Y	N
Allocate time for education and implementation activities	Y	N
INTERACT tools visible and accessible for everyday care	Y	N
Appointment of Champions and a Team		
Champion in place with time allocated	Y	N
Co-champion in place with time allocated	Y	N
Interdisciplinary team meets regularly to discuss implementation and outcomes	Y	N
Staff Education		
Required staff education on INTERACT	Y	N
Required INTERACT overview in new staff orientation	Y	N
Tracking and Trending Hospital Transfer Rates		
All unplanned admissions	Y	N
30-day readmissions	Y	N
Emergency room visits without admission	Y	N
Observation stays	Y	N
Quality Improvement Activities		
Perform root cause analyses using the INTERACT Quality Improvement or similar tool	Y	N
Summarize root cause analyses data and use results to focus care process improvements and education	Y	N
In-person meetings with local hospitals in a cross-continuum team focused on reducing preventable hospital transfers	Y	N

INTERACT Tool Use	Implemented on ALL Units	Implemented on Some Units
Stop and Watch	☐	☐
SBAR Form and Progress Note	☐	☐
Change in Condition File Cards	☐	☐
Care Paths	☐	☐
Transfer Forms or Transfer Data Lists	☐	☐
Nursing Home Capabilities List	☐	☐
Transfer Document Checklist	☐	☐
Medication Reconciliation Worksheet	☐	☐
Advance Care Planning Tracking Form	☐	☐
Other Advance Care Planning Tools	☐	☐

Outcomes of INTERACT Implementation	Yes	No
Improved Communication		
Between nursing staff	Y	N
Between nursing staff and medical care providers	Y	N
With the hospital	Y	N
Improved Nursing Evaluation		
Earlier identification of acute changes in condition	Y	N
More comprehensive evaluation of acute changes in condition	Y	N
Improved Documentation		
More structured and relevant progress notes	Y	N
Reduced Hospitalization Rates		
All unplanned admissions	Y	N
30-day readmissions	Y	N
Emergency room visits without admission	Y	N
Observation stays	Y	N
Improved QI Processes		
Better understanding of preventable transfers	Y	N
Targeted educational activities based on root cause analyses	Y	N
Targeted care process changes based on root cause analyses	Y	N
Better Hospital Relationships		
Improved referral patterns	Y	N

Comments on Implementation

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