Reducing the frequency of rehospitalization from short-stay care is essential for two primary reasons:

1) Clients are exposed to hospital-acquired infections which lead to increased comorbidities
2) Potentially avoidable hospitalizations will decrease the amount of funding distributed by Medicare (CMS, 2016; Ouslander et al., 2014)

One in four clients discharged to a SNF is readmitted within 30 days. Neuman, Wirtalla & Werner (2014) believe that two-thirds of the readmissions are avoidable.

**Clinical Question**

For nursing staff on a short-term care unit at skilled nursing facility, does the implementation of the evidence-based tool, INTERACT, improve staff confidence in reporting changes or observations of the resident’s condition that could lead to rehospitalization?

**Project Description**

Nursing staff members attended an informational session about the INTERACT program during Week 1. Pre-implementation surveys were completed prior to the informational session.

Nursing staff members utilized the chosen INTERACT decision support tools during the eight weeks of the pilot. The INTERACT components chosen were Stop and Watch Early Warning Tool, Change in Condition cards, Care Paths and the SBAR Communication Form.

Hospital transfers were recorded on the Acute Care Transfer Log. The number of rehospitalizations was monitored weekly by the Project Director and Site Champion.

The post-implementation survey was completed by nursing staff members in Week 8. Data for the eight weeks was collected and submitted for analysis.

**Project Evaluation**

Although there were no statistically significant differences in pre-and post-implementation surveys completed by the nurses, there were increases in the mean scores on the items related to: Confidence in Reporting Changes, Comfortable Knowing What to Do, Comfortable Prioritizing Needs, Ability to Recognize Changes, Realistic Job Expectations, Satisfaction with Responsibility and INTERACT Was Helpful.

The mean rate of rehospitalizations at the end of November, 2016 was 68 percent, during February and March, 2017 was 16 percent (pre-implementation) and during April and May, 2017 was 60.5 percent (post-implementation). The projected reduction of at least 2 percent was achieved with a total reduction of unavoidable rehospitalizations being 5.5 percent.

**References**

