



Admissions & Transitions Optimization Program

HealthInsight Nevada is one of seven organizations across the nation selected by the Centers for Medicare & Medicaid Services (CMS) to lead the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents. The statewide initiative titled *Admissions and Transitions Optimization Program (ATOP)* will test models to improve the quality of care and help reduce avoidable hospitalizations by 67% in 25 of Nevada's Medicare-Medicaid certified eligible nursing facilities by 2016.

Program Objectives

ATOP will focus on guided transformational change of the nursing facility (NF) culture and the testing and redesign of care processes.

HealthInsight's technical approach is based on development of four cornerstones:

- Leadership
- Clinical Development
- Culture Change
- Learning and Education

These cornerstones expand on the achievements of the INTERACT model with careful integration of mid-level clinicians with NF clinicians.

This statewide initiative is:

- Evidence-based.
- Focused to address the many unmet needs of NF residents, regardless of their pay source.
- Sustainable through the development of NF staff capacity and transformational change in clinical and organizational culture.

Additional objectives for ATOP include improving the transitioning process of residents between inpatient hospitals and NFs realizing a reduction of overall health care spending. This will be done without restricting residents' access to care or choice of health care providers.

Admissions & Transitions Optimization Program

ATOP Intervention Design

The ATOP interventions operate in a framework of “pods” with five NFs per pod equipped with one physician extender and two registered nurses who perform weekly rounds at each NF within the pod. The pod also includes a Medical Director, a Quality Improvement Specialist, and Clinical Educator.

Out of the 52 NFs in Nevada, 25 were identified as eligible. *HealthInsight* Nevada recruited all 25 NFs offering a unique, statewide penetration of best practices. ATOP and NF staff are integrated with the implementation of the Trust and Integration Program (TIP). The TIP is implemented utilizing the expertise of a change management consultant and is designed with interventions focused on resistance to change. The pod and NF staff utilize a series of tools building on the success of INTERACT, the model of choice to reduce avoidable hospitalizations among NF residents. These tools focus on early identification, assessment, and communication and are utilized by members of the pod known as the Rescue Response Team (RRT). This is similar to the Rapid Response Team in the hospital setting that has proven to be easily duplicated and sustainable while reducing ICU transfers and mortality. The RRT uses a *Green-Yellow-Red Algorithm* to support clinical decisions and clearly identify roles and responsibilities, removing variability and replacing it with predictability.

Program Status as of January 2013

- Phase 1 implementation group (2 pods in Southern NV) went live 2/19/13.
- Phase 2 implementation group (1 pod in Northern NV) went live with 3 facilities on March 18, 2013, the additional 2 NFs will go live on April 15, 2013.
- Phase 3 implementation group (1 pod in Southern and 1 pod in Northern NV) will go live May 20, 2013.
- The ATOP Patient Registry tracking and reporting patient health status changes and results of interventions begins operations in April 2013.



Deb Himes, RN, MSB,CCM
Project Manager, ATOP
Office: 702-948-0312
Cell: 702-981-2999
Fax: 702-385-4586
dhimes@healthinsight.org