Community Engagement and Research Symposia

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Implementation of Health Literacy Practices in Designing a Program for Reduction in Hospital Readmissions from Door to Home

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Implementation of health literacy practices in designing a program for reduction in hospital readmissions from door to home

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Introduction

Studies done in 2003, by the National Assessment of Adult Literacy, showed adults aged 65 and older are the highest proportion of people below basic health literacy skills.

Poor health literacy skills are associated with poor health outcomes, such as increased hospitalizations and readmissions.

Innovative collaborations between healthcare providers and community workers who serve older adults may lead to increased health literacy skills in this population and decreased hospital readmissions rates.

A training program was designed and implemented for community based transition care coaches on 13 diagnoses, that are responsible for high hospital readmission rates.

The objective for this study is to determine if implementation of health literacy practices and utilization of effective health literacy resources has a positive impact on the training of transition coaches.

Methods & Materials

The Central Massachusetts Health Literacy Project (CMHLP) is comprised of health care providers who share a vision of a healthier central Massachusetts through health literacy efforts.

Four CMHLP members with acute care background were chosen to serve as faculty.

Training methods were standardized with proven effective health literacy resources from Medline Plus© and CareNotes © and utilized clear and non medical terms in the presentation.

Nursing experience with elderly patients and patient teaching was shared with the transition coaches to help look for red flags associated with 13 medical conditions responsible for high rates of readmissions

Twenty one coaches, who are community workers trained in the Coleman coaching model, from 7 community based aging agencies participated in a two half day training program

13 diagnoses

13 medical conditions responsible for high readmission rates are:
- Congestive heart failure, arrhythmia, coronary heart disease, acute MI
- Chronic obstructive pulmonary disease
- Peripheral vascular disease, deep vein thrombosis, stroke
- Pneumonia
- Hip fracture, spinal stenosis/medical surgical back conditions
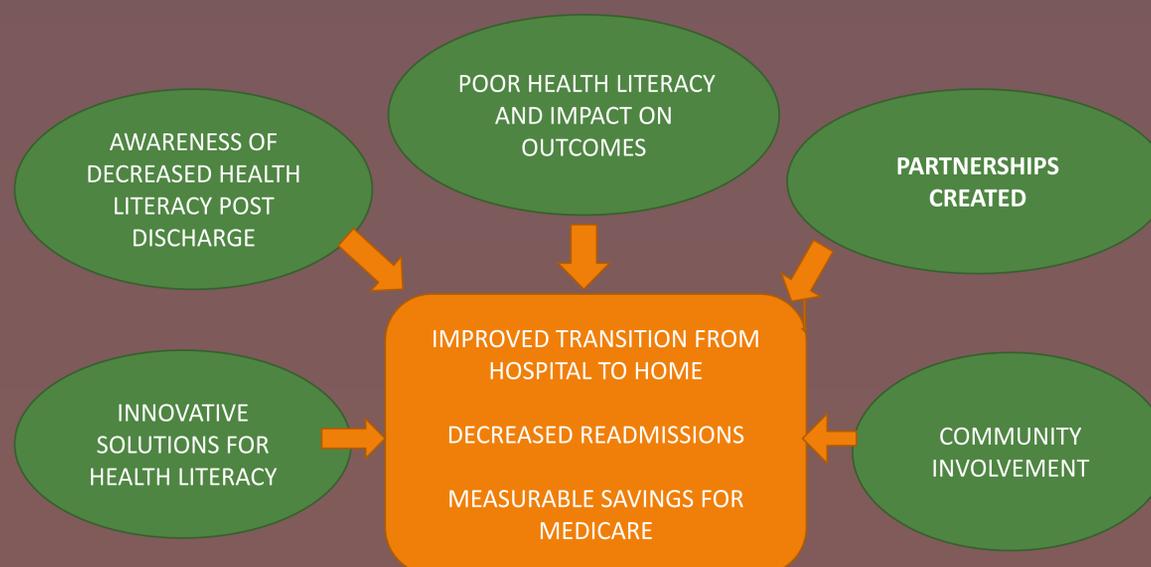- Diabetes

Results

Evaluations before and after the training were used to assess the success of the program

As a result of the training, 95% of the participants rated that they can generally identify red flags for medical conditions associated with high hospital readmissions

Participants found the clear and simple training materials effective and appropriate

Coaches rated instructor's acute care experience with elderly patients, such as discharge teaching and hospital readmissions, to be the most beneficial aspect of the training

POOR HEALTH LITERACY AND IMPACT ON OUTCOMES

AWARENESS OF DECREASED HEALTH LITERACY POST DISCHARGE

PARTNERSHIPS CREATED

IMPROVED TRANSITION FROM HOSPITAL TO HOME

DECREASED READMISSIONS

MEASURABLE SAVINGS FOR MEDICARE

INNOVATIVE SOLUTIONS FOR HEALTH LITERACY

COMMUNITY INVOLVEMENT

The collaborative has received additional funding from CMS and have seen a reduction in readmission rates in their select patient population

Conclusions

The 2007 CDC Expert Panel on Improving Health Literacy for Older Adults concluded that innovative community partnerships are needed to improve the health and health literacy of older adults.

This training program, which utilized health literacy practices by health care providers for transition coaches from regional aging agencies, can be an effective partnership model to reach that goal.

Continued updates in health care can be communicated with community workers.

Partnerships can be formed with students from pharmaceutical and other disciplines in the community.

A standardized health literate discharge tool specific for patient's conditions for home use.

REFERENCES

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