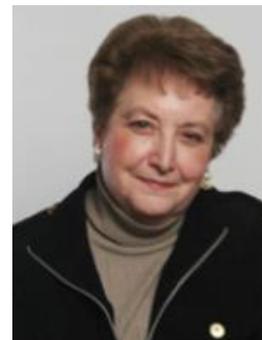


Training All Nursing Home Staff in Disease Prevention Lowers Hospital Readmissions

By: Ginny Kenyon, RN, MN, CEO & Founder, Kenyon HomeCare Consulting

A nursing home that educated its sub-acute staff using Kenyon HomeCare Consulting courses on chronic disease dramatically reduced hospital readmissions and improved the quality of care. Consequently, the facility was asked to participate in two ACOs and was included in a prestigious grant award.



A gap in chronic disease education

Education is key to assuring quality care for patients. The better educated the staff, the lower the costs for the entire health care system.

But there's a gap when it comes to Home Health aides.

Aides have always worked at hospitals, nursing homes and for Home Health agencies, but they were never the primary caregivers. RNs and LPNs filled that role.

That has changed over time, particularly at nursing homes and for Home Health agencies. Now it is the Certified Nursing Assistant (CNA), working under the direction of the RN or LPN, who provides primary care.

Still, even though federally funded agencies require aides to be trained and have certifications in the fundamentals of care, CNAs receive very little education about diseases or care specific to individuals with primarily chronic diseases. This means they can miss red flags when caring for patients with chronic conditions.

And it's not just aides. Nurses can miss these signs, too

This is a problem, especially since the readmission rate for hospitals, Home Health and nursing homes continues unabated. In fact, an *Annual Review of Medicine* study noted that 30-day readmission rates have been high for years, and that they are highest among Medicare beneficiaries who suffer from chronic disease.¹

While some Home Health agencies or nursing home facilities have managed to reduce those rates by re-educating their staff, others still struggle to make a dent.

¹ Kripalani S, Theobald CN, Anctil B, Vasilevskis EE. Reducing Hospital Readmission: Current Strategies and Future Directions. *Annual review of medicine*. 2014;65:471-485. doi:10.1146/annurev-med-022613-090415. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4104507/>

Nursing home trains CNAs in disease prevention

To address this disease prevention education gap with Home Health aides, Kenyon HomeCare Consulting developed a series of eight-hour courses focusing on chronic disease. These courses were certified by the Washington State Department of Social and Health Services.

Designed for aides, the courses could also provide value as refreshers for RNs and LPNs.

Kenyon HomeCare Consulting then conducted a field study with a Washington State nursing home to test the theory that chronic disease education would have an impact on care and readmission rates. First, Kenyon HomeCare Consulting analyzed readmission data from the sub-acute floor of the facility. This revealed that two chronic diseases were the greatest cause of readmission rates.

Pre-training readmission rates for sub-acute floor (Jan-May 2015)	
Total patient readmission rates	32
Readmissions due to congestive heart failure (CHF)	13
Readmissions due to chronic obstructive pulmonary disease (COPD)	3
Total number of readmissions due to chronic diseases	16

Exactly half, or 50%, of all hospital readmissions were for two chronic diseases: CHF and COPD.

After the data was collected, all 32 caregivers — RNs, LPNs and aides — from the sub-acute floor were required to complete the courses for CHF and COPD. The training took place in June, July and August 2015. Every staff member who completed the course received a certification for each course.

Results: Hospital readmissions for chronic conditions goes down

During the first three months, during which staff received training, hospital readmissions for the sub-acute wing showed a slight decrease.

However, by the end of the next four months —September through December 2015 —only 15 sub-acute readmissions were recorded, with none for CHF or COPD.

What proved even more compelling was that even though just one floor had received the training in 2015, the nursing home saw a marked reduction in hospital readmissions throughout the entire facility.

Nursing home data for 2016 indicates that readmission reductions continued. From January through December 2016, only 27 readmissions occurred on the sub-acute wing, with none for CHF or COPD. During the same time, the entire facility also saw a reduction in readmissions totaling 71 or 13.4% for the entire year of 2016, with only one patient admitted with a diagnosis of COPD.

Readmission rates for nursing facility (sub-acute floor only)	
Jan.-Dec. 2016 *	27
Readmission rates for nursing facility (all floors)	
Jan-Dec. 2014	183
Jan.-Dec. 2015	87
Jan.-Dec. 2016 **	71

*None for CHF or COPD

**One for COPD

Benefits to readmission reductions

After the nursing home drastically reduced readmissions for CHF and COPD, it experienced several related benefits:

- **Medicare payments:** The nursing home was invited to participate in two accountable care organizations (ACOs).
- **Grant award:** It was included in a Robert Wood Johnson Foundation grant that had been awarded to one of the large hospitals in the area.
- **Increased referrals:** The daily census rose from an average of 136-140 to 145-152.
- **Patient satisfaction:** Chart reviews and patient satisfaction surveys indicated that care for both CHF and COPD had improved
- **Staff satisfaction:** Anecdotal evidence indicated that staff satisfaction improved.

Staff reaction to training

After all staff completed the series of courses, the aides said they were much better prepared to care for the patients with CHF and COPD diagnoses. All of them wanted to know when they could take other online courses. Also, because the certificates of completion were passed out at staff meetings, this prompted staff in other areas of the nursing home to ask for certified education as well.

One sticking point for the aides is that they found the learning difficult at first, because the subject matter was entirely new to them.

To facilitate learning, Kenyon HomeCare Consulting advises that a nurse educator or floor nurses from the facility be available for aides while they complete their coursework. That way, the nurse educator can assist with questions and explain topics that are more difficult to understand. This is particularly true for aides for whom English is a second language.

Aides weren't the only ones to benefit from the training. Nurses at the nursing home also reported that the education greatly added to their knowledge.

Conclusion

Educating aides as well as RNs and LPNs at this nursing home had a significant impact on the readmission rate for patients with chronic diseases.

We believe the data shows that there is a significant benefit in educating not only aides but *all* caregivers. It has also been our experience that to improve care, all members of the caregiving team need chronic disease education.

The benefits to education, however, can go well beyond lowering hospital readmission rates. After the nursing home that participated in this case study educated its staff about chronic disease care, the facility's reputation improved. This led to the nursing home's inclusion in two ACOs while also increasing referrals, ultimately boosting its bottom line.

****To learn more about Ginny's work and consultancy, please visit her website at www.kenyonhcc.com.***

