All administrators in health care acknowledge that education is one of the keys to assuring quality care. Educated staff are more effective and this ultimately leads to reduced costs for the entire health care system. Fifty years ago, when I first started nursing, RNs and LPNs were the focus of education as they were caring for patients at the bedside. Nurses, as the primary care staff occurred in hospitals, nursing homes and home health. Both home health and nursing homes had aides, but there were no standardized training requirements and each agency or organization developed and trained as they saw fit. RNs and LPNs were still the primary caregivers in these areas. But in the late 1980s, HFCA, now called CMS, established basic training for all aides. Training and certification in fundamentals of care, was now required for all aides in federally funded agencies. Then as now, very little education about diseases or care specific to individuals with primarily chronic diseases is provided.

Fast forward to today. RNs and LPNs are no longer the primary caregivers at the bedside, particularly in nursing homes and home health. The Certified Nursing Assistant is the primary caregiver working under the direction of the RN or LPN, yet they still are only trained and educated in basic fundamentals of care.

Over the last ten years the readmission rate for hospitals, home health and nursing homes has been climbing. The data indicates that many of the readmissions are related to chronic diseases. Some agencies or facilities have managed to reduce those rates with restructuring their delivery system, yet a total reduction eludes everyone.

In looking at the data, the one missing link seems to be adequate aide education or lack thereof. To address this issue, Kenyon Consulting developed a series of WA DSHS certified eight-hour chronic disease specific courses, appropriate for both aide and nursing education. While the initial focus was on aides, we soon learned the courses were equally as valuable as education tools for RNs and LPNs.

To test to see if chronic disease education would have an impact on care and reduce readmission rates, staff caring for patients on a nursing home subacute care wing agreed to test 2 courses, COPD and CHF. The sample group of 32 full time staff included RNs, LPNs and aides. For the first half of 2015 prior to completing the courses, the readmission rate for this unit was 32. Of the patients readmitted from the pilot unit, 13 were due to CHF and 3 for COPD. For the entire 164 bed facility, the readmission rate totaled 57 for the same period of time. Given these findings, all 32 caregivers assigned to the subacute floor were required to complete 2 online courses and receive CHF and COPD certification, since 50% of readmissions were for these two diagnosis.
All subacute staff completed and became certified in these two chronic diseases during June, July, and August of 2015. Data showed a decrease in hospital readmissions for the subacute wing during that quarter. By the end of the next quarter through December 2015, only 15 subacute readmissions were recorded with none for COPD or CHF. However, an unexpected result showed the entire facility experienced a marked reduction in hospital readmissions. Facility total readmissions for the last two quarters of 2015 was 29, with all 2015 readmissions equaling 87.

Nursing home data for 2016 indicates that readmission reductions continue. From January through December 2016, only 27 readmissions occurred on the subacute wing, with none for COPD or CHF. The entire facility also saw a reduction in readmissions totaling 71 or a 13.4% readmission rate for the entire year of 2016, with only one patient admitted with a diagnosis of COPD. The data shows that there is a significant benefit in educating all caregivers and to really improve care, all members of the caregiving team need chronic disease education. Nurses report the education was a great benefit to update their knowledge. The aides reported that the learning initially was difficult because the subject matter was entirely new. We found that the nurse educator needs to be available while aides complete their course work to assist with questions and areas difficult to understanding. This is particularly true for aides for whom English is a second language.

After course completion, the aides expressed they felt much better prepared to care for the patients with COPD and CHF diagnoses. And all wanted to know when they could take other online courses. Management staff reported improved staff moral and that the readmission results is evidence that advanced chronic disease education, makes a difference in the quality of the care!

To learn more about Ginny Kenyon’s work, visit her website [here](#).