
Cutting hospital readmissions with lay health workers



Lay health workers (LHWs) are those who have some training to promote health or to perform some healthcare services. Although they are non-healthcare professionals, LHWs can act as a link between formal health services and patients. For example, LHWs can serve as a resource for patients attempting to obtain health education or navigate the healthcare system.

In addition, some lay health workers perform specific tasks such as assisting during medical appointments and providing access to transportation. Often, they can improve patient experiences through culturally sensitive, community-based health services. Moreover, a recent study published in Health Education Research (HER) suggests that LHWs may help in reducing rehospitalisation rates for high-risk patients following surgery.

Patients are uncertain and vulnerable when discharged after a long hospitalisation. These patients shift from being dependent and complacent while hospitalised to having significant responsibilities, which can potentially affect their risks for readmission. In the U.S., roughly 20 percent of all Medicare fee-for-service patients are readmitted within 30-days of hospital discharge, costing the healthcare system an estimated \$17 billion annually. The majority of these readmissions are avoidable.

The HER study aimed to reduce 30-day hospital readmission rates in a community hospital in Kentucky LHWs to assess and assist hospitalised high-risk patients. Hospitalised patients (men and women over 18 years old of any racial/ethnic group and admitting diagnosis) at high risk of a 30-day readmission to the hospital were targeted for the study. This group was identified as high-risk given their medical history and health problems. For this study, the hospital implemented an LHW programme for assisting high-risk patients with their post-discharge social needs. The study involved assessment and development of a personalised social needs plan for enrolled patients (e.g., transportation and community resource identification), with post-discharge follow-up calls.

Outcome measures included 30-day hospital readmissions rates during a four-month baseline period compared with a six-month post-implementation period. According to researchers, there was a 47.7 percent relative reduction of 30-day hospital readmissions rates during the period studied. Simple regression analyses demonstrated a 56 percent decrease in odds in being readmitted within 30-days. After adjusting for education, transportation cost and anxiety symptoms, there was a 77 percent decrease in odds among those exposed to the lay-health programme.

"We have the potential of impacting one's overall health if we can assist with those social determinants, such as paying bills and having access to fresh food, much more so than what we can do through traditional medicine that occurs in clinics and hospitals," explained the paper's lead researcher, Roberto Cardarelli. "Our dilemma is that our healthcare system does not pay for such services and we continue to see marginalised populations keep coming back to hospitals in an acute crisis."

Source: [Oxford University Press USA](#)

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