RWJBarnabas HEALTH | Trinitas Regional Medical Center Foundation

Trinitas' Readmission Reduction Program
Community Health Worker Grant
Report-December 2023

SUMMARY

Grant funds of $18,000 in 2022 supported the Community Health Worker (CHW) position that is part of Trinitas' Readmission Reduction program. The grant funded the full-time salary and benefits of the CHW for approximately 6 months in 2023.

The CHW works to alleviate depression and isolation with seniors by visiting patients at home after discharge from the hospital to provide companionship, medication reminders, help with scheduling/bringing patients to doctor appointments and help with food shopping and meal prep. The CHW also acts as a second set of eyes and can help to monitor patient's chronic illness by assisting with taking blood pressure and blood glucose, if applicable, alerting the APN if there is an abnormal reading or if they detect anything of concern with the patient.

Having a CHW visit patients shortly after discharge and for a sustained period of time – three months on average –is important during the critical first few weeks and months after discharge when medication adherence and follow-up doctor appointments are vital to a patient's successful recovery at home. To assess the effectiveness of the program, patients completed the Patient Health Questionnaire 9 (PHQ-9), a standardized screening tool used to gauge feelings of depression at their first, mid, and final visits. The CHW also keeps a log of each patient they have seen. They track the number of visits with the patient, the activities that were done, and what the patient's needs are.

1. **How did you measure success--both quantitative and qualitative? Please include numbers and demographics of people touched by the work.**

Community Health Worker - The CHW uses the PHQ-9, a standardized screening tool used to gauge feelings of depression to assess effectiveness of the program as well as an informal questionnaire to gauge patient needs, which are summarized below. In addition, readmission rates are tracked for patients seen by the CHW as well as for RR patients overall. During 2023, the CHW served 14 patients with two readmissions or 14% readmission rate. It should be noted that one of the readmissions was due to a fall at night which was not related to the chronic illness. With that removed, the readmission rate is 7%. Overall, from November 2022-November 2023, the readmission reduction program served 382 patients with 18 patients readmitted for a readmission rate of 4.7%

The 14 patients served by the CHW ranged in age from 60-95; 10 were Hispanic, three were Caucasian and one was African-American. The overall cumulative PHQ-9 score for the 14 patients decreased from 99 to 71, a 28% decrease, indicating an improvement in feelings of depression and isolation overall. On a patient basis, the PHQ9 score ranged from a 67% decrease to no change, with an average decrease of 23%. Ten or 71% of the patients were on Medicare, three had private insurance and one was charity care. With respect to patient needs, the greatest need for patients was medication assistance and companionship with 10 of the 14 patients or 71% with these needs. The table below summarizes the patient needs by category.

Patient Needs	Frequency	Percent
Companionship	10	71%
Medication Assistance	10	71%
Encouragement/Assurance	8	57%
Transportation needs	6	43%
Assistance with errands	4	29%
Meal Assistance	3	21%

2. Budget

The $18,000 grant from Friends funded approximately 48% of the 2023 annual salary and benefits of the CHW. The grant covered approximately 6 months of the CHW salary and benefits. Other funding enabled us to maintain the CHW for the full 2023 calendar year.

Program Budget

Item	Description	Total Cost
Community Health Worker Salary	1 full-time CHWs: 37.5 hours per week @ $16 per hour	$31,200
Benefits for F/T CHW	21% of salary	$6,552
Grant Request		**$ 37,752**

3. Patient Stories

Below are two patient stories from the CHW that demonstrate the impact of she has had on patient care and outcomes

Patient 1:

Age 74 female (Hispanic); Insurance: Medicare; PHQ-9 decreased from 14 to 12 (14% decrease); Readmission: Yes – Patient fell during the night.

Patients is a diabetic patient on dialysis. She had foot ulcers that did not allow her to walk so she was wheelchair bound, legally blind and could not hear. Lived alone in her house. I would visit her to spend time with her, fix her meds, check her blood pressure, check her sugar, run errands for her, make her doctor and transport appointments. The last time I saw her at home she sounded strange and I rushed to her home. She gave me the keys to her house because she only trusted me to go to her home (Gave them back to her when she went to Cornell Hall). She was not answering the door, I used the key and she was in her bed. She did not look well and she had not eaten. I checked her sugar quickly and it was very low. I called the ambulance immediately and gave her some orange juice while we waited. She was better by the time the paramedics came however; she decided to go to the hospital because she was pre-registered for a toe amputation the next morning. She thanked me for being there in that moment because there was no way she could have called for help. She later went to Cornell Hall and moved away with her niece.

Patient 2:

Age 81 female (Hispanic); Insurance: UHC/Community plan; Readmission: none; PHQ-9 decreased from nine to seven (22%).

This patient was admitted 5 times in the span of almost two month before I was introduced. She would go back every week. She has heart conditions, chronic kidney disease, and hypertension. BP was hard to control. Since I went she has not been admitted, her kidney stage went down, meaning her kidney function has improved. BP had been more controlled. I visit her to keep her company, fix medications, check blood pressure, and go with her to her doctor appointments due to no one being available to go with her.