

An Ounce of Prevention is Worth a Pound of Cure

Reduce Hospital Re-Admissions Through Homecare

A recent study by the New England Journal of Medicine (1) found that 19.6% of fee-for-service Medicare patients are readmitted within 30 days of discharge, and 34% go back into the hospital within 90 days. The calculated cost of avoidable re-admissions is \$17.4 billion and rising. Starting in 2013, Medicare will level penalties to hospitals based on readmission rates. Hospitals therefore are devising strategies to lower their readmission rates.



The Wall Street Journal ran a story of a Massachusetts Hospital which put into place in-home visits to help reduce readmissions. The plan worked, yet cost the hospital a considerable amount to fund and run the program.(2) Rehospitalization not only causes increased costs to the hospital and Medicare, the stress and emotions that entail can delay and extend recovery to the patient and certainly affects the patients family.

Hospitals are increasing their referrals to homecare during discharge planning. **Homecare agencies such as Abundant Blessings Homecare are a nurse assistant for the patient at home.**

Help is given to help with a variety of things to keep the patient healthy. These services can be provided 24 hours a day or as little as 3 hours a week. Homecare can help with home safety, prevention of slips and falls; care and prevention of bed sores; making sure medication is taken, assisting with at home exercises which PT instructed at discharge, and many other beneficial services. One study showed front-loading home care services to increase the number of visits in the immediate posthospitalization period proved to be effective in decreasing rehospitalization rates for patients with heart failure by 39.4% (3). We recommend the hospital or discharging facility partner with the homecare agency during the discharge process to help the patient make a smooth transition home. The Care Manager will meet with the Social Workers and patient prior to discharge to design a plan of care. Together with the discharge team and family, decisions can be made as to what is needed for homecare services, hours of service, and ways to pay for services. By reducing the chance of the patient being re-hospitalized the value of homecare will be worth any cost involved. Individuals living alone without home care services are much more likely to be readmitted to the Hospital. As the old saying goes, "an ounce of prevention is worth a pound of cure".

- (1) http://commonwealthfund.org/Publications/in-the-Literature/2009/Apr/Rehospitalizations-Among-Patients_in-the-Medicare-Fee-for-Service.aspx "Rehospitalizations Among Patients in the Medicare Fee-for-Service Program," by Stephen Jencks, M.D., M.P.H., Mark V. Williams, M.D., and Eric A. Coleman, M.D., M.P.H., New England Journal of Medicine, April 2, 2009.
- (2) <http://online.wsj.com/article/SB124873545269485081.html#project%3DHEALTHTIMELINE0907%26articleTAb%3Darticle>
- (3) Rogers J, Perlic M, Madigan EA. The effect of frontloading visits on patient outcomes. Home Healthcare Nurse. 2007;25(2):103-109



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