Care Transitions Initiative/Healthy at Home (CTI/HAH)

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Brief Description:
The Community Living Project is a United Way/Area Agency on Agency sponsored program designed specifically for people struggling with Alzheimer's disease and their caregivers. The ultimate goal is to keep them out of the hospital and nursing home and at home where they want to be. The nutrition component is a crucial piece to this program.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new "best practices" and "best possibilities" for the future of nutrition and aging.

Many people leave the hospital only to be readmitted within a short amount of time. So much so that Medicare is reducing coverage for readmissions to hospital for certain diagnoses within 30 days. These diagnoses include Congestive Heart Failure, Myocardial infarction, and Pneumonia.

Hospitals will not receive full reimbursement dollars and are therefore interested in keeping those discharged, OUT! Many patients are overwhelmed with stress, lack of sleep, and are unable to remember instructions given in the hospital. As a result they do not know what they should/should not eat, are not able to manage medications, or even know what questions to ask their doctor on follow-up appointments.

The Care Transitions (CTI)/Healthy at Home (HAH) program is a home- based program, sponsored by the United Way/ Area Agency on Aging, designed to keep people home and prevent readmission to the hospital. There are various pillars to this program which includes among others, medication management and assistance with follow up doctor visits. Nutrition has been added as a much needed component of keeping people

healthy at home especially as they struggle with chronic disease, many of which are nutrition-related. Topics covered vary widely addressing many nutrition related issues ranging from avoiding greens to consuming sea salt.

How

Patients with the identified diagnoses are identified in the hospital and have the opportunity to take advantages of the services offered. A Registered Dietitian at Meals on Wheels of Tarrant County Inc. (MOWI) sets up an appointment and visits the clients in their home. The RD assesses the client's nutrition status taking into account medical conditions, medications, chewing and swallowing issues as well as any number of gastrointestinal issues. Since the RD sees them in their home, she can work with them on changing behaviors in a safe, relaxed, environment. The RD works with the client's normal habits and lifestyle to set goals to facilitate behavior change.

Innovation

Typically most diet instructions for patients have been done in the hospital. Unfortunately the stress of the situation often leaves patients overwhelmed even if they are able to remember the information presented. Once the Registered Dietitian (RD) goes into the home, it is a different world. The home environment allows the RD to see what is possible in terms of clients reaching their goals. One would not see a patient in the hospital with gum on their feet and so never know the living conditions and lifestyle that the client endures. Someone who is living in such an environment is not likely going to count the exact number of carbohydrate grams in a meal, but may at least limit the number of servings of food groups that are higher in this nutrient. Working the client in their home, means that the client is usually relaxed and the RD is able to help them set realistic behavioral goals that will keep the client out of the hospital.

Impact

The success of the program has been phenomenal in a short amount of time. According to the Area Agency on Aging, the sponsor of this program, 100/108 people have managed to stay home, a 93% success rate.

Client Stories

1. Client has had diabetes for 30 years, but has not taken medication prescribed nor followed any dietary guidelines. She gained 100# between September and November 2011. She is now back down to her usual weight of 220#. She has Renal disease – on dialysis 3x/week, CHF, HTN, high Cholesterol, gastritis, gastric ulcers, diverticulosis, anemia, (possibly iron deficiency and pernicious anemia) , and renal stones. She sometimes consumes grapefruit even though there is a drug-nutrient interaction with the cholesterol medication she is taking. Nutritional challenges include limiting carbohydrates, potassium, sodium, phosphorous, citrus, spicy foods, oxalates, appropriate fluids. In addition she is a "picky" eater" only liking certain breads, for example. Finding a normal intake for her considering all these restrictions is a challenge in addition to conflict with her daughter regarding things she wants to eat. We tackled several issues including

working through their conflicts over food. One example would be the daughter throwing extra food away after the evening meal. Since the meal pattern indicated that the client sometimes goes 7-8 hours between lunch and dinner, that the daughter take some of the extra food and set it aside for an afternoon snack for the next day for her mother. This would control blood sugar as well as prevent the usual pre- meal snacking that the client does being overly hungry at dinnertime. Both were happy that food would not be thrown away and that food/hunger/blood sugar issues could be avoided the following day.

2. Client has multiple medical issues including Congestive heart failure, COPD, Diabetes x 14yrs, ↑ cholesterol. She is at home following a hospital stay with diagnosis of pneumonia. The client was married to a diabetic for 30 years so thought she knew all about what foods she needed. She is on food stamps. She reports unable to purchase everything she needs as the ”diabetic” food she buys in the dietetic aisle of the store costs 3 times as much as the regular food. She gave the example of the diabetic green beans that were also lower in salt which her doctor had told her to limit. I discussed with her the cost and nutritional value of frozen vegetables as a viable alternative. She was excited to know that she would save a lot of money and was still able to buy nutritious food.

Sustainability

The aging population is and is projected to be a major influence on the healthcare dollar. Keeping people home where they want to be is imperative and is sometimes as simple as getting factual, evidenced based information. As indicated in the client story above, the lady on food stamps who was spending excessive amounts of money on “diet” food was misinformed. With most people getting nutrition information from TV and magazines as well as “Snake Oil” salesmen who are notorious for preying on the elderly; it is no wonder that they are confused and engage in sometimes dangerous nutritional practices that impact their health in a very negative way. Many clients spend hundreds of their meager funds on “fountain of youth” type supplements while ignoring sound nutrition practices that would save them money as well as keep them out of the hospital.

Considering the aging population, this program is definitely sustainable. Keeping people out of the hospitals and long term care facilities will always be in fashion especially as we age. By 2045 there will be more elderly people than children and home is where we all want to be!