Abstract

Underserved populations, racial and ethnic minorities are at significant risk for poor outcomes due to social determinants such as culture, language needs, health beliefs and socioeconomic status. These factors increase their risk for hospital high utilization. The PICOT question is "Does educating nurses, regarding developing RN and community health workers (CHW) teams to conduct home visits on a set schedule, reduce 30-day hospital readmission rates and non-urgent emergency room visits of Asian patients who have a chronic disease(s) and receive services from Xincon Home Healthcare Services?" The project took place at a home care agency in New York City that services patients throughout all of it are five boroughs, Nassau and Suffolk Counties. The agency's census at the time of the study was 964 Asian patients, which accounts for 83% of its' total population. The results of the study did not produce the expected results of the intervention group having a less readmission and ED visit rates. Instead, it showed that there is no difference in the reduction rate in 30-day hospital readmission rates and unplanned ED visits between the participants that are in the intervention group and those who receive usual care. Based on the outcome of the study, there is a need for further research regarding the RN/CHW integrated delivery model and chronic disease management in a home health care setting.