Kentucky Care Coordination for Community Transitions (KC3T)

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16a

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Background: Studies have shown a high incidence of hospital readmissions within 12 months post- discharge from inpatient rehabilitation following stroke. Multiple studies coupled with our previous work indicate a need for care support for stroke survivors' transitions to the community. The Kentucky Care Coordination for Community Transitions (KC3T) program was developed to provide access to medical, social, and environmental services to support community transitions for individuals with neurological conditions and their caregivers living Kentucky.

Purpose: This program assessment was conducted to determine the effectiveness of this new program.

Methods: The KC3T navigator is a specially trained community health worker (CHW). For this program assessment 30 acute stroke survivors were enrolled. Data collection included: incidence of co-morbidities; access to healthcare, insurance, medical equipment (DME), and medications; type of follow-up education provided; and number of 30-day re-hospitalizations and Emergency Department (ED) visits.

Results: The results of this program assessment indicate the participants required navigation in their home and community transition with support in: patient-provider communication; insurance support (e.g., enrolling, covering gaps, etc.); accessing follow-up care; education on managing chronic health conditions, the stroke process, transfers and mobility; accessing DME; and accessing community resources. There were no 30-day ED visits for the KC3T participants and only one 30-day hospital readmission, which was not stroke-related. In comparison, over 40 percent of our comparator group had a 30-day readmission and over 80 percent utilized the ED within 30 days of discharge from acute care.

Conclusions: Individuals returning to rural communities following a stroke have needs for follow-up education, support in navigating the healthcare system, and support accessing essential resources. KC3T appears to be effective in supporting the community transitions of individuals post-stroke.