

GRAND-AIDES

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The world's health care workforce is inadequate and cannot provide access to care; current shortages of doctors and nurses are projected to worsen. In the U.S., with health care reform, an estimated 32 million more people will have health care insurance coverage, without the physicians and nurses to provide timely access. As a preview, consider the state of Massachusetts, which provided universal coverage: the uninsured rate decreased from 10% to < 3%, and the waiting time to see a primary care physician ballooned from 33 to 52 days. Worldwide, hospitals are overcrowded partially due to unnecessary readmissions. Palliative care is underutilized.

A new model of workforce and health care delivery is needed.

With the **aspiration to provide timely access to necessary care, a new workforce model has been developed in which senior members of the community, Grand-Aides™, under close supervision by a professional, use protocols by telephone and home visit to provide simple primary care (e.g. colds, fever, diarrhea) as well as prevention, chronic disease management (e.g. medication adherence upon hospital discharge), and palliative care.**

The **goals** of the Grand-Aides program are:

1. to achieve access to appropriate health care providers for primary, chronic and palliative care
2. to "decongest" emergency departments and clinics of people who could be cared

for at home

3. to educate patients in preventive and self-care
4. to reduce costs involved in the population's health care
5. to improve the lives of mature adults who want to give back to their community

Who is a Grand-Aide?

In the U.S. and many parts of the world, a Grand-Aide is a Community Health Worker with special advanced training. In other areas a Grand-Aide is a lay senior member of the community who has received training in medical care. Many are grandparents. Grandparents have raised families, have helped to raise grandchildren and have had a wealth of challenging life experiences, many relating to medical care. Many grandparents are nearing retirement, or have retired, and may be searching for rewarding endeavors or for additional income. We believe that Grandparents can become a new and valuable tool in a new paradigm for patient care. They can improve medical and social outcomes in their communities and derive personal benefit, learning and satisfaction. A high-school education is required, although many have more education. While being a grandparent is not required, the characteristics are: having wisdom, being nurturing and caring, able to stay calm with a sick person, experience in caring for others (e.g. retired teacher, nurse, physician), able to coach others, generating respect in patient and community. Hence the name, the Grand-Aides program.

What does a Grand-Aide do?

Grand-Aides have three functions, usually, but not always performed by different people.

1. Primary care. Grand-Aides take part in the care of approximately 200-250 families. They may be part of a "patient centered medical home." When a member of one of these families calls, under the supervision of a nurse /nurse practitioner /physician assistant /physician, a Grand-Aide will initially provide telephone triage for simple primary care using [protocols](#) (e.g. [congestion](#)) that are loaded onto a cell phone. As directed by the supervisor, the Grand-Aide will give advice over the telephone and will make a home visit using the cell phone for "portable telemedicine" to send video either to clarify the medical condition, or view a physical finding such as a rash. The supervisor may also choose to visit. Grand-Aides also make home visits to teach preventive care as well as early recognition and management of primary care conditions. [Outcome measures](#) (e.g. number of visits to Grand-Aides, outcomes at 2 and 7 days, and costs of a Grand-Aide visit) reflect the effectiveness and cost of the program. The major goal is a

reduction in unneeded emergency department or primary care clinic visits (for conditions such as a cold) by 25%.

2. Chronic care. Grand-Aides go home from the hospital with chronic disease patients (e.g., congestive heart failure) and assist the patient in developing regimens for medication adherence as well as other parts of the treatment plan (e.g., daily weights, important signs and symptoms to advise the physician, and when to return for the next visit. They have protocols specific to the chronic disease and portable telemedicine to communicate with the supervisor regarding patient signs and symptoms. The supervisor may also visit. The major goal is a reduction in 30-day hospital readmissions by 25%.

3. Palliative care. Grand-Aides provide support similar to that of the primary care Grand-Aides, utilizing protocols specifically developed for palliative and hospice care. They assist patients in the transition to palliative care and hospice. The major goal is an increase in the number of appropriate patients receiving palliative care by 25%.

How is a Grand-Aide trained?

Grand-Aides must have a high-school education, or equivalent. Training duration varies throughout the world and involves classroom, preceptorship and field experience. Click to view the training and work experience in [primary care](#), [chronic care](#) and [palliative care](#). While Grand-Aides are under close supervision, **liability** requires either exemption (associated with some federal clinics around the world) or coverage. In the U.S., Grand-Aides working in Federally Qualified Health Centers (FQHC) are covered under the Federal Tort Claims Act.

Results of Grand-Aides Care

Current **pilots** are underway in rural Virginia, downtown Houston, downtown Baotou, Inner Mongolia and rural Shanghai. The methods for these pilots can be accessed [here](#).

Facts already available from these pilots:

- **In Virginia, 25% of adult and pediatric Emergency Department (ED) visits and 17% of family physician clinic visits could be cared for by a Grand-Aide, with significant [cost savings](#), calculated to be \$150,000 net per Grand-Aide per year.**
- In Inner Mongolia, the results are even more striking: 49% of ED visits and 63% of community visits could be cared for by a Grand-Aide with supervision.

These pilots are models for how to elevate the public to provide better care of themselves as well as others throughout the world.

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