


Leadership Focus

## Becoming a Health Literate, High Reliability Organization

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### Disclosure Statement

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The presenter, Sabrina Kurtz-Rossi, has no commercial interests to disclose



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### Learning Objectives

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**By the end of this session, participants will be able to:**

- Describe low health literacy as a barrier to effective communication
- Recognize health literacy patient safety strategies to prevent communication related error
- Name the attributes of a health literate organization
- Conceptualize ARMC as a health literate, high reliability organization



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### What is Literacy?



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### Functional Literacy

- Functional literacy emphasizes the skills necessary to accomplish everyday tasks
- Components of functional literacy
  - Reading [prose and documents]
  - Writing [includes filling out forms]
  - Oral presentation / oral comprehension
  - Basic mathematics

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### What are the Literacy Demands in Healthcare?



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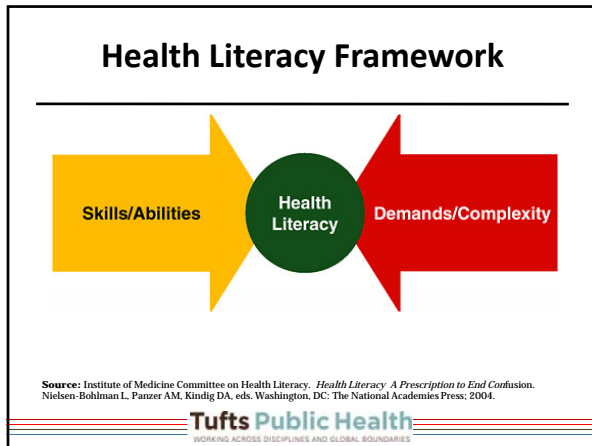
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### ... a fairly recent movement, gaining momentum.

- Healthy People 2010 (DHHS 2000)
- Prescription to End Confusion (IOM 2004); Evidence Report (AHRQ 2004)
- Improving Health Literacy to Protect Patient Safety (Joint Commission 2007)
- National Action Plan to Improve Health Literacy (DHHS 2010); Plain Language Act (2010); Affordable Care Act (2010)
- Enhanced Culturally and Linguistically Appropriate Services Standards (OMH 2013)
- Shanghai Declaration on the role of health literacy in supporting sustainable development (WHO 2016)

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### At First Glance - Readability

- Numerous studies show readability of health materials far exceed skills of patients
- Studies of Web-based health information show similar results

Source: Institute of Medicine Committee on Health Literacy. *A Prescription to End Confusion*. Nielsen-Bohman L, Panzer AM, Kindig DA, eds. Washington, DC: The National Academies Press; 2004.

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## Growing Evidence-Base

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- **Low health literacy is linked to...**
  - Under-utilization of services
  - Increased medication errors
  - Poor knowledge about health
  - Increased hospitalizations
  - Poor health outcomes
  - Increased healthcare costs



Source: Berkman N, Sheridan S, Donahue K, et al. Health Literacy Interventions and Outcomes: An Updated Systematic Review. Evidence Report/Technical Assessment No. 199. Prepared by RTI International-University of North Carolina Evidence-based Practice Center under contract No. 290-2007-10056-1. AHRQ Publication Number 11-E006. Rockville, MD. Agency for Healthcare Research and Quality, 2011.

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## Medication Dosing Errors

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- “Take two tablets by mouth twice daily.”



**Tsp. volume range: 2-9 mL**

Source: Yin HS, Mendelsohn AL, Wolf MS, et al. Parents' medication administration errors: Role of dosing instruments and health literacy. *Arch Pediatr Adolesc Med.* 2010;164(2):181-186. Davis TC, Wolf MS, Bass PF 3<sup>rd</sup>, et al. Literacy and misunderstanding prescription drug labels. *Ann Intern Med.* 2006;145:887-894.

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## Reading Warning Labels

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Simple Familiar Wording	% correct answer
 (1 <sup>st</sup> grade reading level)	84%
 (10 <sup>th</sup> -12 <sup>th</sup> grade reading level)	59%
 (12 <sup>th</sup> -13 <sup>th</sup> grade reading level)	8%

Source: Davis TC, Wolf MS, Bass PF 3<sup>rd</sup>, et al. Low literacy impairs comprehension of prescription drug warning labels. *J Gen Intern Med.* 2006; 21:847-851.

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### Who is at Risk?

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- Navigating the health system demands reading, writing, and numeracy skills that exceed the health literacy skills of **most** U.S. adults
- Health material are written at reading levels that **far exceed the average** reading ability of U.S. adults
- Competing sources of health information intensify the need for improved health literacy skills for **all** U.S. adults

Source: Institute of Medicine Committee on Health Literacy. *Health Literacy: A Prescription to End Confusion*. Nielsen-Bohman L, Panzer AM, Kindig DA, eds. Washington, DC: The National Academies Press; 2004.

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### Who is at Risk?

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- Adults in the oldest age group – age 65 and older – had lower health literacy than adults in the younger age groups

Age	Below Basic	Basic	Intermediate	Proficient
16-18	11	23	58	6
19-24	10	21	58	11
25-29	10	18	55	16
40-49	11	21	56	12
50-64	13	21	53	13
65+	29	30	38	3

**Percentage of Adults in Each Health Literacy Level by Age**

Source: U.S. Department of Education, Institute of Education Science, National Center for Education Statistics, The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. [http://nces.ed.gov/ipeds/data/health\\_results.asp](http://nces.ed.gov/ipeds/data/health_results.asp)

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### Who is at Risk?

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- Nearly 50% of adults with less than a high school diploma had below basic health literacy

Educational attainment	Below Basic	Basic	Intermediate	Proficient
10th or high school	19	26	56	7
Less than some high school	48	27	23	2
GED high school equivalency	14	28	54	4
High school graduate	13	29	59	4
Vocational/trade/business school	12	23	57	6
Some college	8	26	67	4
Associate's/2 year degree	6	15	66	15
Bachelor's degree	4	16	68	12
Graduate/doctoral degree	4	17	61	18

**Percentage of Adults in Each Health Literacy Level by Highest Educational Attainment**

Source: U.S. Department of Education, Institute of Education Science, National Center for Education Statistics, The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. [http://nces.ed.gov/ipeds/data/health\\_results.asp](http://nces.ed.gov/ipeds/data/health_results.asp)

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### Who is at Risk?

Percentage of Whites in each literacy level	Percentage of Blacks in each literacy level	Percentage of Hispanics each literacy level
Below basic: 9%	Below basic: 24%	Below basic: 41%
Basic: 19%	Basic: 34%	Basic: 25%
Intermediate: 58%	Intermediate: 41%	Intermediate: 31%
Proficient: 14%	Proficient: 2%	Proficient: 4%

Source: U.S. Department of Education, Institute of Education Science, National Center for Education Statistics, The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. [http://nces.ed.gov/naal/health\\_results.asp](http://nces.ed.gov/naal/health_results.asp)



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“Culture and health literacy both influence the content and outcome of health care encounters.”



“This intersection between culture and health literacy is recognized in the DHHS Office of Minority Health (OMH) National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care.”

Source: Institute of Medicine Committee on Health Literacy. *Health Literacy: A Prescription to End Confusion*. Nielsen-Bohman L, Panzer AM, Kindig DA, eds. Washington, DC: The National Academies Press; 2004.



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### Enhanced - Culturally and Linguistically Appropriate Services (CLAS)

- **Principle Standard (Standard 1 or 15)**  
Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse **cultural** health beliefs and practices, preferred **languages**, **health literacy** and other communication needs.

Source: U.S. Department of Health and Human Services Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. U.S. DHHS. Washington, DC: 2013.



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### CLAS Standards Organized by Theme

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- **Governance, Leadership and Workforce (Standards 2-4)**
- **Communication and Language Assistance (Standards 5-8)**
- **Engagement, Continuous Improvement and Accountability (Standards 9-15)**



Source: U.S. Department of Health and Human Services Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. U.S. DHHS, Washington, DC: 2013.

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### Attributes of Health Literate Organizations

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#### A Health Literate Organization

1. Has Leadership that makes health literacy integral to its mission structure and operation
2. Integrates health literacy into planning, evaluation, patient safety and quality improvement
3. Prepares the workforce to be health literate and monitors progress
4. Includes populations served in the design, implementation and evaluation of health information and services
5. Meets need of populations with a range of health literacy skills while avoiding stigmatization
6. Uses health literacy strategies in interpersonal communication and confirms understanding at all points of contact
7. Provide easy access to health information and services and navigation assistance.
8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicine
10. Communicates clearly what health plans cover and what individuals have to pay for services.

Source: Braith C, DeBler D, Hernandez LM, et al. *Ten Attributes of Health Literate Health Care Organizations*. Washington DC: National Academy of Sciences; 2012. Available at [http://iom.edu/-/media/Files/Presspapers/Files/2012/Dissolution\\_Papers/BPH\\_Ten\\_HLH\\_Attributes.pdf](http://iom.edu/-/media/Files/Presspapers/Files/2012/Dissolution_Papers/BPH_Ten_HLH_Attributes.pdf). Accessed October 16, 2012.

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### Prepare the Workforce

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### Easy-to-Read Materials

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- **Limit** information to **need to know**
- Use **images** that are **relevant** to your audience
- **Highlight** key points, **circle** or **mark** important information
- Use as a springboard for **discussion**



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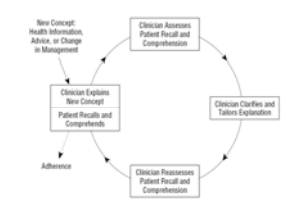

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### Check for Understanding

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**Use the teach-back method**

Source: Strullinger D, et al. Closing the Loop: Physician Communication With Diabetic Patients Who Have Low Health Literacy. Arch Intern Med/Vol 163, Jan 23, 2003

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### Health Literacy & Patient Safety

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- **Communication-Related Adverse Event**...an incomplete communication loop, apparent or not, during the exchange of necessary health information that results in harm to the patient.
- “Cannot assure patient safety without addressing negative effects of low health literacy and ineffective communication.”

Source: Institute of Medicine Priority Areas for National Action. *Transforming Health Care Quality*. 2013 [http://www.nap.edu/openbook.php?record\\_id=10393&page=12](http://www.nap.edu/openbook.php?record_id=10393&page=12); Proceedings from the 2005 White House Conference on Aging, Mini-Conference on Health Literacy and Health Disparities. AMA, 2005.

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### Effective Communication is the Cornerstone of Patient Safety

- Recommendations**
  - Make effective communications an organization priority to protect the safety of patients
  - Address patients' communication needs across the continuum of care
  - Recognize, anticipate, and act on potential patient harm or risk
  - Mitigate or avoid risk through system change



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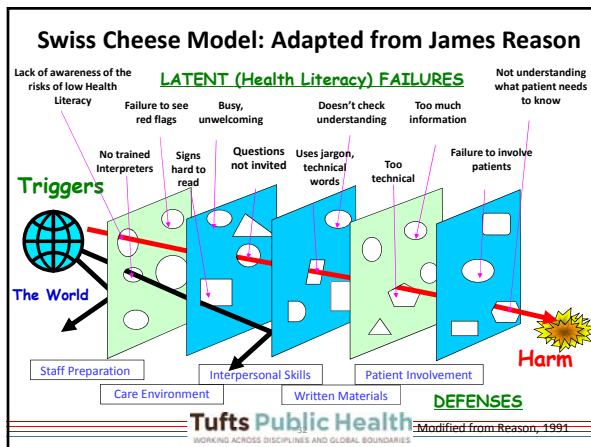
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### Health Literacy & Patient Safety

- Systems Approach to Prevent Latent Failure**
  - Numerous microsystems within the health care system
  - Each point of contact represents:
    - potential exposure to communication-related adverse events
    - opportunity to enhance patient safety through health literacy interventions
- High-reliability Organizations**
  - Acknowledge risk
  - Blame-free, shame-free environment
  - Collaborate across ranks
  - Willing to direct resources

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### Reliability & Health Literacy Practices

- **Consistent and Effective Use**
- **Teach-back**
  - Recommended as a top patient safety practice
  - Associated with improved outcomes
  - Applied the right way, the right time, **every time**
  - Embed in standard operating practices, job descriptions, competencies, etc.
- **A Health Literacy Bundle?**
  - Shame-free, plain language, teach-back ...

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### SBAR & Health Literacy

- **Situation:** Mr. Jones is very agitated about being discharged.
- **Background:** He has COPD and is to go home for the first time with oxygen. The doctor was in this morning but his daughter wasn't there, and Mr. Jones looked very puzzled. He told me later that he doesn't have any idea about what is going on, and he's angry.
- **Assessment:** I think he may be frightened and worried about how this is all going to work for him.
- **Recommendation:** A nurse or his doctor should go over his diagnosis, medications, & home oxygen management with him, using plain language & teach-back. Respiratory Therapy should explain how home oxygen works. Consider home care referral.

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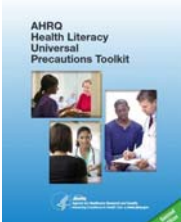
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### AHRQ Health Literacy Universal Precautions Toolkit



- **Everyone** benefits from information that is clear and easy to act on.
- Many patients are at risk of misunderstanding but it is difficult to identify them.
- Assessing reading levels in the clinical setting does not ensure patient understanding.
- Optimize communication can prevent communication-related adverse events.

<http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>

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### Building Health Literacy Organizations: A Guidebook to Organizational Change



- Adaptable approach to becoming a health literate health care organization.
- Originated from ongoing work of Unity Point (Iowa Health System).
- Key health literacy development areas
  - ✓ Engaging Leadership
  - ✓ Preparing the Workforce
  - ✓ The Care Environment
  - ✓ Involving Populations Served
  - ✓ Verbal Communication
  - ✓ Reader-friendly Materials
  - ✓ Case Study

<https://www.unitypoint.org/health-literacy-guidebook.aspx>



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### Summary of Key Points

- Everyone is affected by low health literacy
- Low health literacy is linked to poor health outcomes
- To improve patient safety must address negative effects of low health literacy and ineffective communication
- Health literacy initiatives can be integrated into exiting initiatives to address systems challenges



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### Thank You



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