



Welcome to the
13th Annual Patient Safety Summit!





Welcome & Happy Health Literacy Month!

DFWHC Health Literacy Collaborative

 October 1 – 31 



www.healthliteracymonth.org



Health Literate Healthcare Organizations

Teresa Wagner, DrPH, RDN, CPPS, CHWI
Assistant Professor, Lifestyle Health Sciences
Clinical Executive, SaferCare Texas
Project Director, Texas Center for Health Disparities



Harris College
of Nursing & Health Sciences

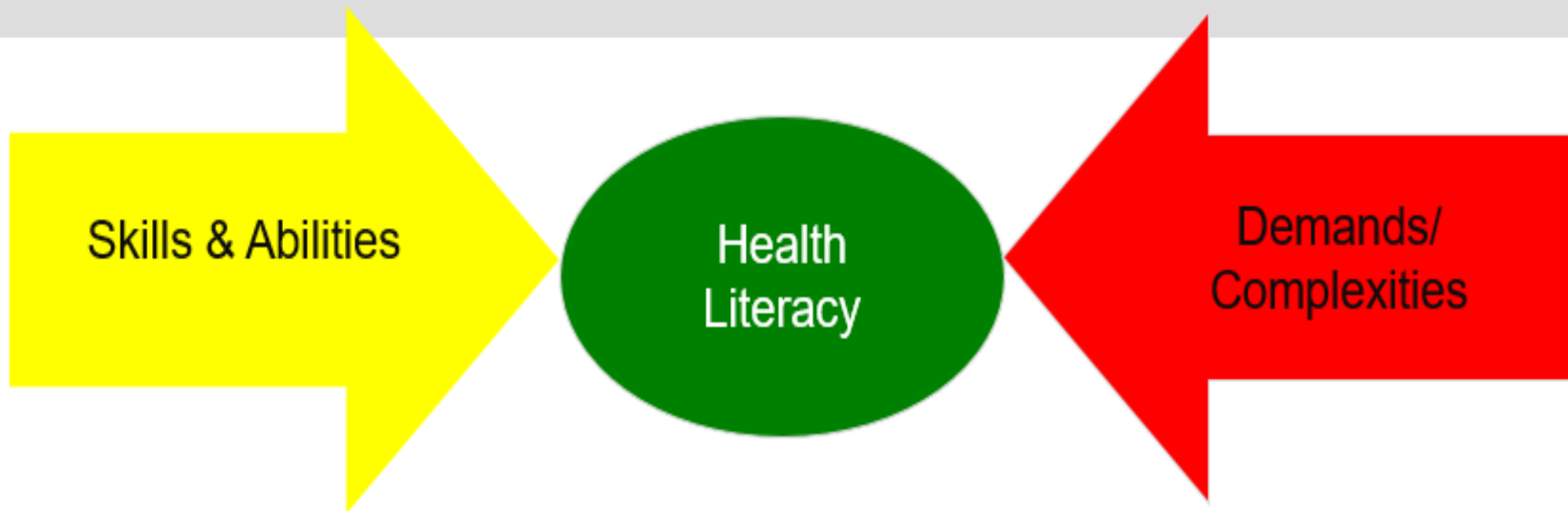
Carol J. Howe, PhD, RN, CDCES, FAAN
Associate Professor of Nursing
Paula R. and Ronald C. Parker Endowed Professor



Barbara Steffensen, MSLIS
Family Library/Literacy Program Manager
Cook Children's Matustik Family Health Library



Health literacy a shared responsibility



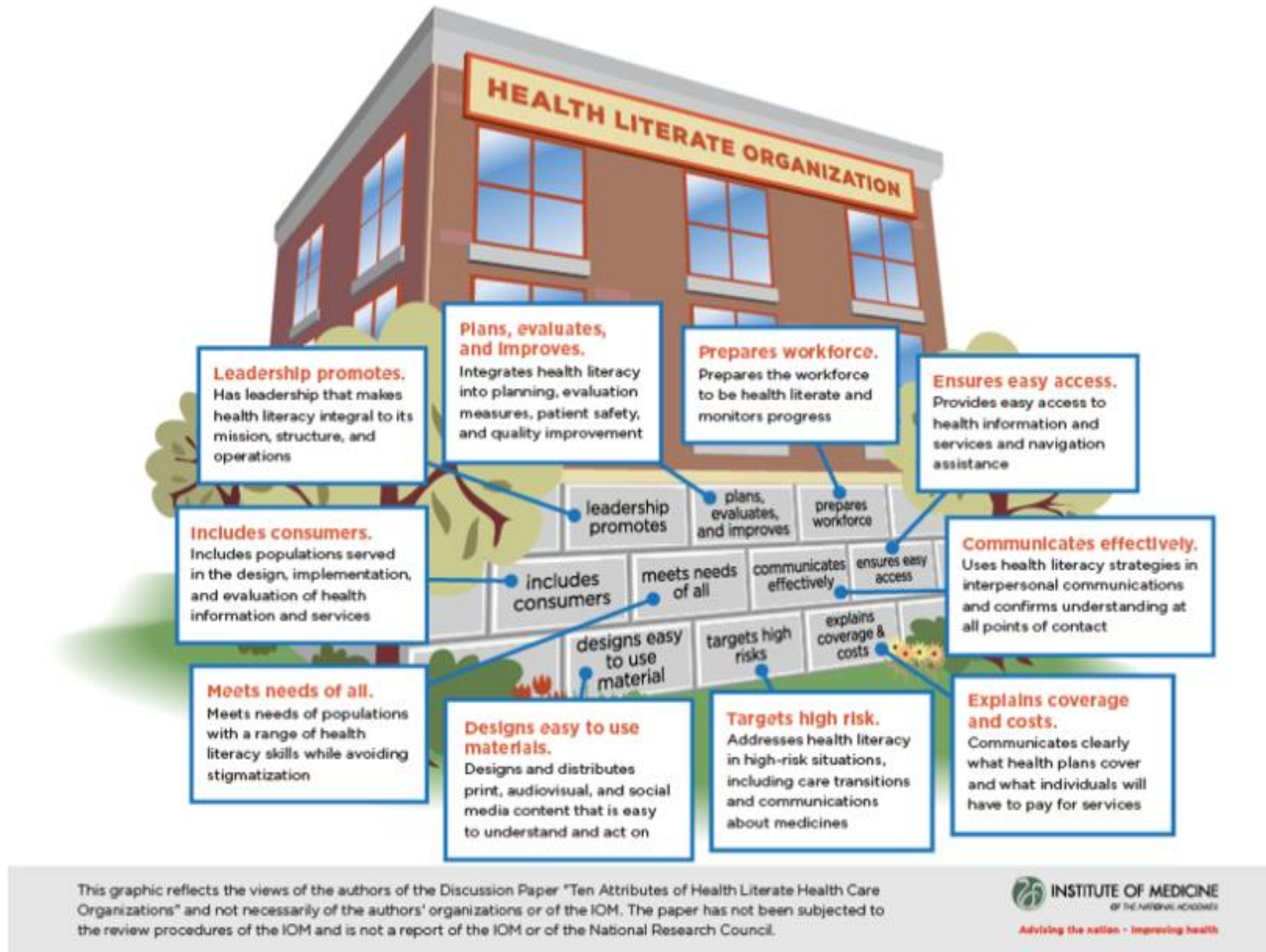
- Individual patient capacity
- Skills of clinicians and health systems to reduce complexity
- Assessment of health literate organization in North Texas hospitals
 - Vigilant with patient safety, medication errors, 30-day readmissions
 - Did not connect initiatives with health literacy
 - Health literacy “not hard wired in”

Impact of Low Health Literacy

- Disparities in health outcomes
 - Less knowledge
 - Poorer self-care
 - Increased complications
 - Increased 30-day readmissions, ER visits, medication errors at home
- \$106-\$238 billion annually
- Rise to \$1.6-\$3.6 trillion (Vernon, 2007)



Institute of Medicine 10 Attributes



What makes a Health Literacy Champion?

- Influence
- Confidence
- Belief and ownership of health literacy
- Physical presence on unit/clinic
- Risk of personal status wr pushing for change
- Grit
- Persuasiveness



Health Literacy



- Integral to the success of health literacy
- Partnered with Leadership
- Persistent effort led to systemic adoption of health literacy
- Won the “hearts and minds” of clinician colleagues

What can Senior Leaders do for Health Literacy Champions like Us?

- Protect your time
- Remove barriers
- Make **YOUR** health literacy efforts and patient impact visible
- Help build support for your health literacy efforts



How do you get your leaders involved?

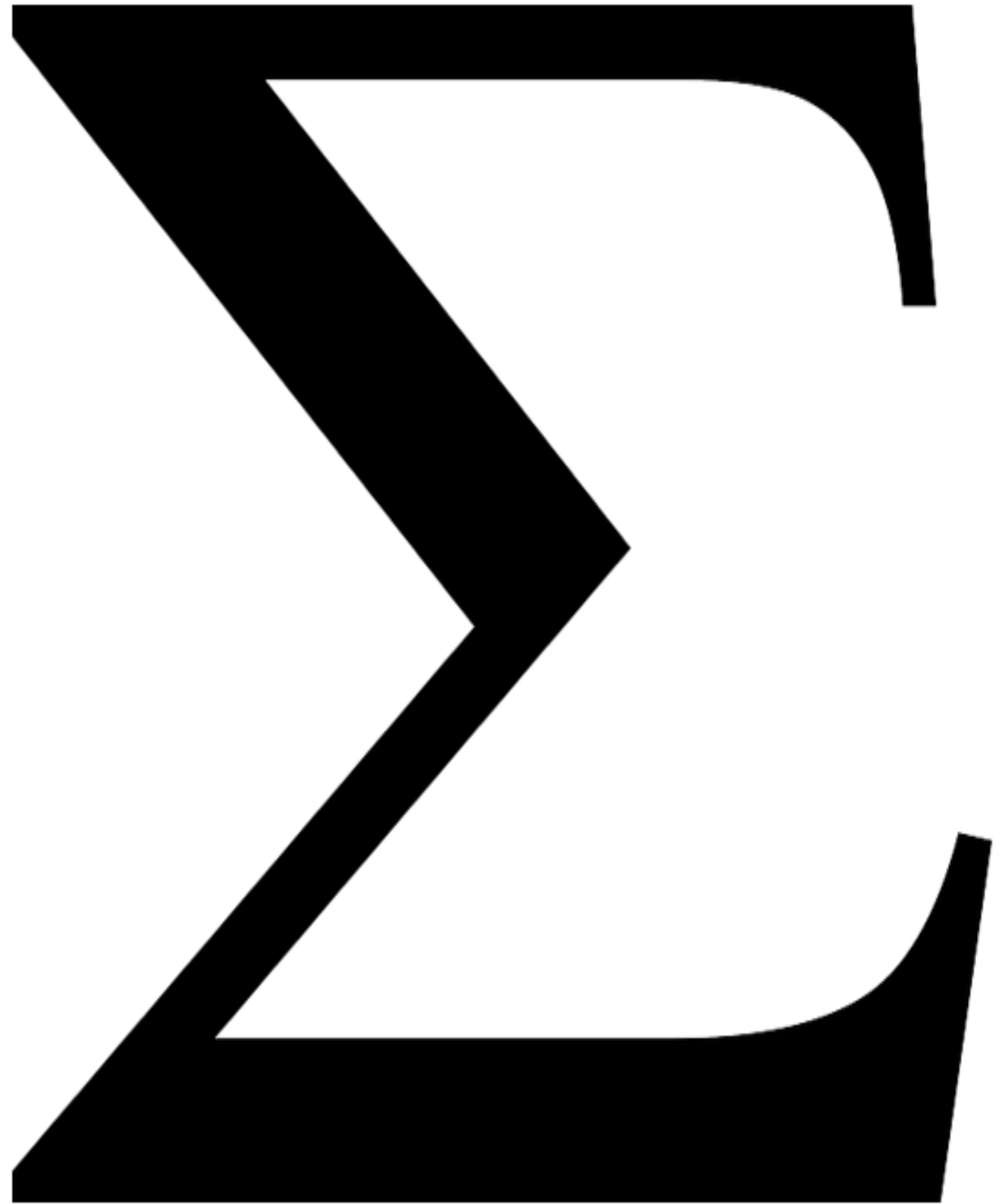
- Teach them about health literacy
- Show strength of evidence for health literacy practices e.g. teach back, medicine reviews
 - Increases patient knowledge, self-care, disease outcomes
 - **\$\$\$** Reduces 30-day readmissions and preventable ER visits **\$\$\$**
- Show how health literacy links with organization's goals e.g. patient centered care, improving quality and safety
- Model plain language when speaking and in writing





**Be a Health
Literacy
Champion!**

“The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.”

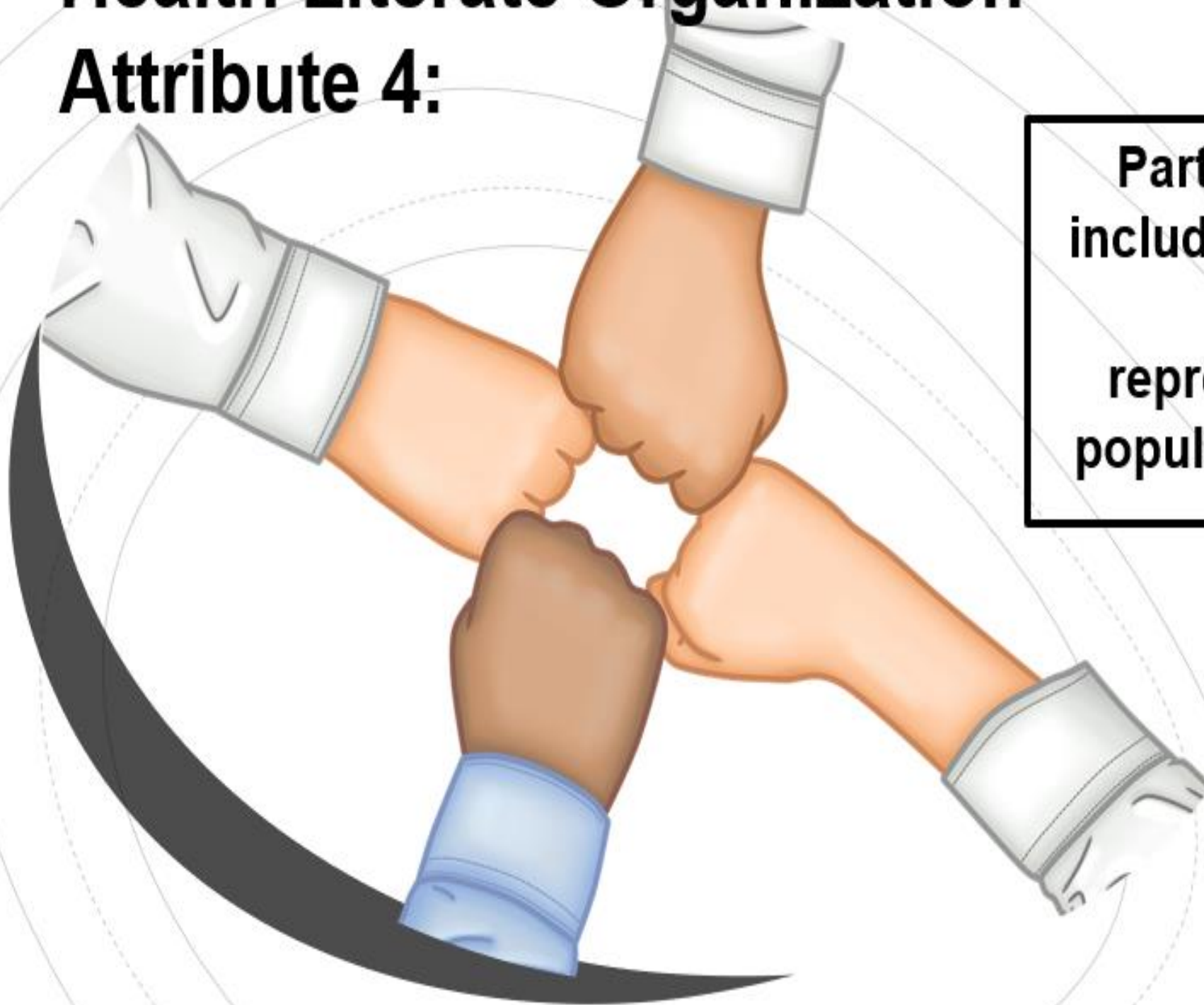


Beryl Institute

Health Literate Organization

Attribute 4:

Partnership that
includes consumers
who are
representative of
populations served.



How do we communicate with patients/families?

01

Listening and observing competencies for staff

02

Promoting health literacy awareness throughout organization

03

Reinforce using communication tools like Ask Me 3® or Speak Up program™

04

Encouraging Teach-back or show-back

Opportunities to invite feedback from patients

- Patient partnerships/advisory councils
 - Assess patient friendliness and understandability of documents
 - Comment on new policies, procedures, initiatives
- Surveys and questionnaires
- Physician reviews
- Focus groups



About the book	Yes	Not sure	No
The information I need is easy to find.			
The book is easy to read.			
About the information			
I can take better care of my child's health problems.			
I know what I can do for common illnesses.			
I can avoid a visit to the Emergency Department or Urgent Care Clinic.			
About the class			
I learned something new about:	<hr/>		
I would like to learn more about:	<hr/>		

Indirect “feedback” from patient behaviors?

Repeat ER trips

Non-compliance

Cancelled/missed appointments

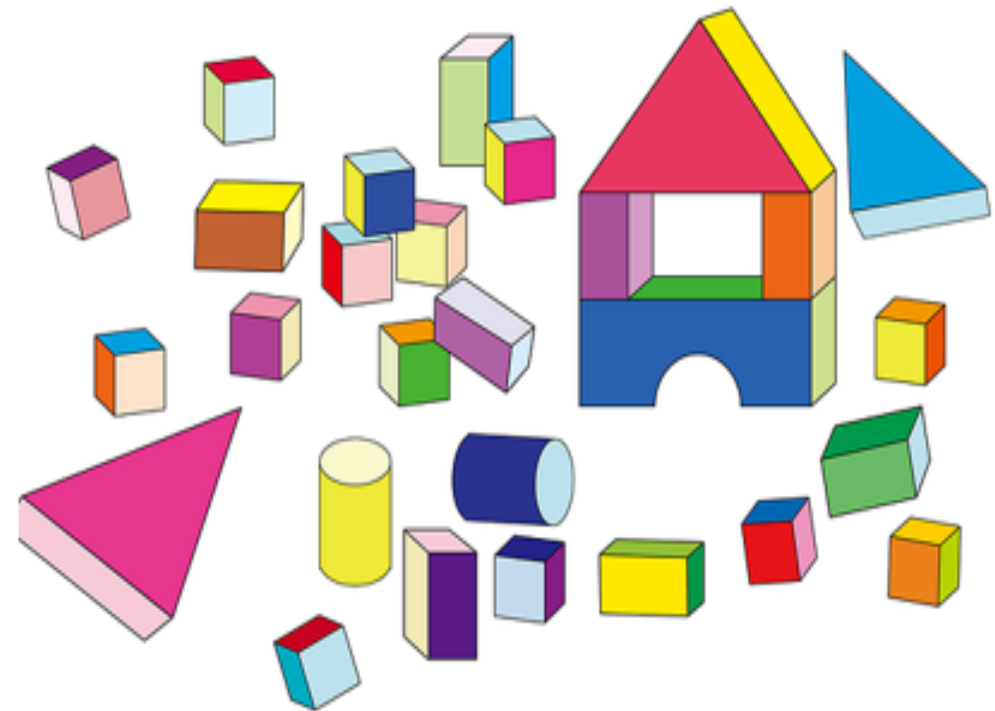
Sentinel events

Outreach to patient representatives

Posts to social media

The challenge:

- Hearing customer feedback
- Using it to identify opportunities for improvement
- Replacing siloes or fragmented efforts with an all encompassing approach
- Embracing health literacy as an essential component of quality and safety



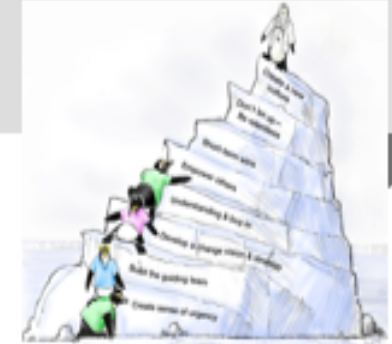
Health Literate Health Care Organizations

8 Steps of Change

- John Kotter



Create a Sense of Urgency!



- Sell the need for change...tell health literacy stories
- Immerse people in information about health literacy
- Discuss ways to solve the problems people identify with the change
- Empower people to solve the “problem”

Joint Commission data continues to demonstrate the importance of communication in patient safety:

- 1995 - 2005: Ineffective communication identified as root cause for nearly 66 percent of all reported sentinel events *
- 2010 - 2012: Ineffective communication among top 13 root causes of sentinel events reported **

Pull Together Guiding Team

- Choose key players, especially staff-level managers
- Ensure Guiding Team is multidisciplinary
- Choose high credibility and integrity change leaders
 - Strong position power, broad expertise, and high credibility
- Ensure the Guiding Team has both management and leadership skills
 - Management skills control the process
 - Leadership skills drive the change



Develop Change Vision and Strategy

Senior Leadership is responsible for:

- Establishing the definition of a “culture of health literacy” aligned with expectations, core values, and shared beliefs
- Informing the organization of these values, evaluating & establishing the culture
- Leading the process of:
 - Translating values into expectations (Mission, Vision & Values)
 - Establishing trust and accountability
- Communicating a commitment to shaping the health literacy culture



Standards for Effective Communication

Complete

- Communicate all relevant information

Clear

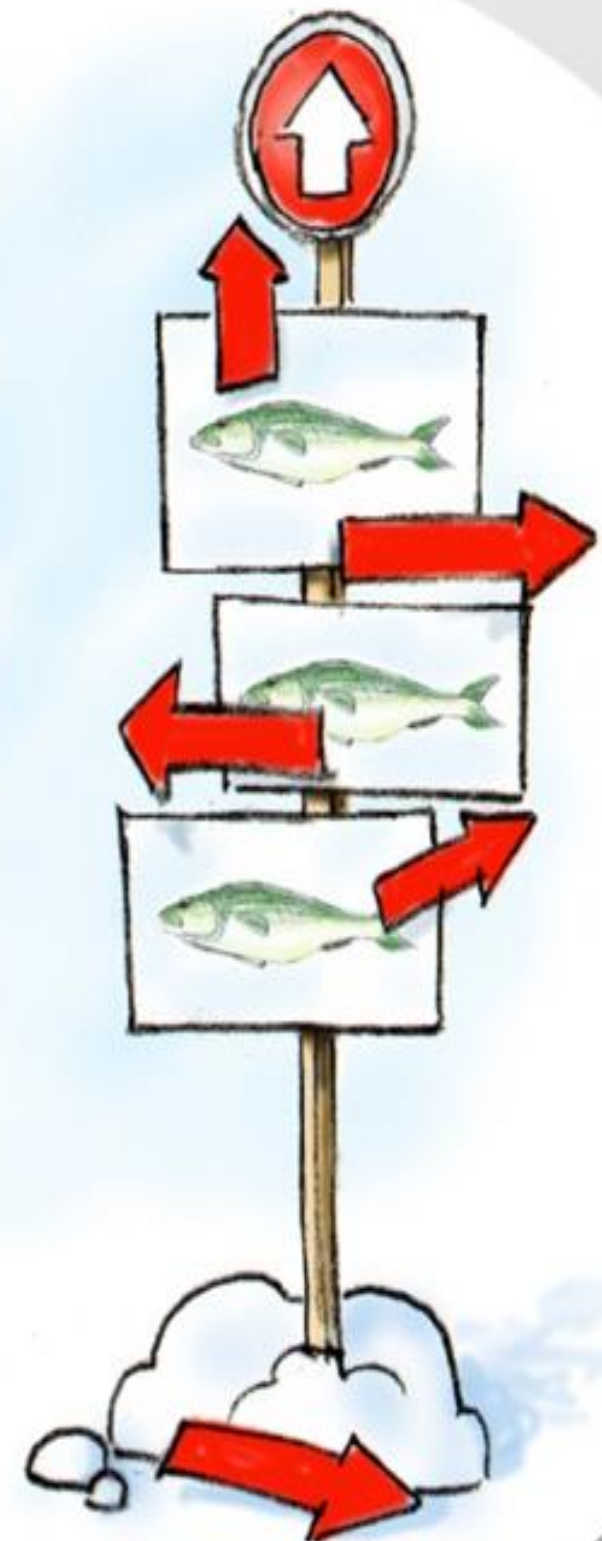
- Convey information that is plainly understood

Brief

- Communicate the information concisely

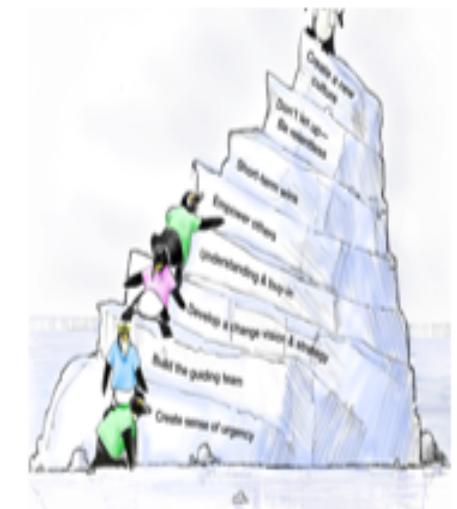
Timely

- Offer and request information in an appropriate timeframe
- Verify authenticity
- Validate or acknowledge information



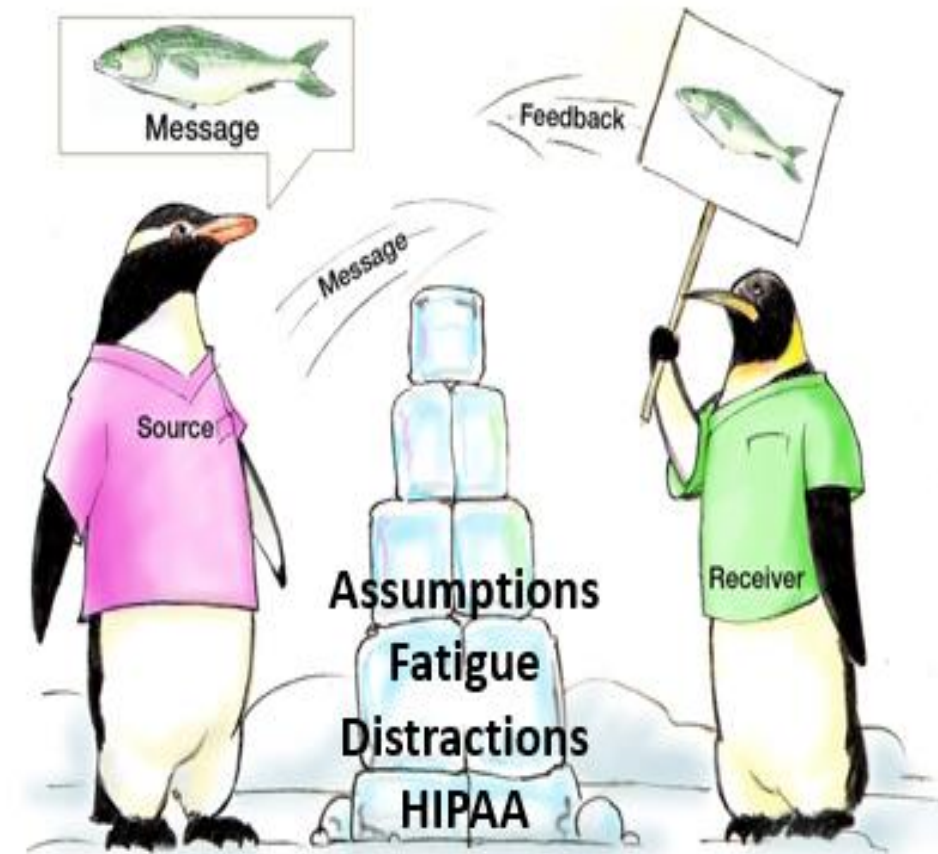
Communicate for Understanding & Buy-In

- Provide supportive actions for fear, anger, and resistance
 - Encourage discussion, dissent, disagreement, debate
 - Tell people what you know—and what you don't know
 - Acknowledge concerns, perceived losses, and anger
 - Keep people talking
- Model the expected behaviors (or find role models – teach back, plain language, chunk & check...)
- Value resisters:
 - May clarify the problem & identify others that need solved first
 - Their tough questions can strengthen the change
 - They may be right: And provide a better solution!



Communication Challenges

- Language barriers
- Distractions
- Physical proximity
- Personalities
- Workload
- Varying communication styles
- Conflict
- Lack of information verification
- Shift change



Empower Others to Act

- Provide direction
 - Allow others to find their own team-driven solutions
 - Encourage others to speak up and take risks
 - Share the information you know
- Encourage teamwork and collaboration
- Encourage personal reflection and learning
 - Train employees so they have the desired skills and attitudes
 - Track activities and progress
 - Set short-term goals



Communication Challenge Scenario

Scenario:

- An 89-year-old female with a history of diabetes
- Instructed on medication as being discharged
- Does not read well and cannot understand the insulin dosages
- Patient sent home without medication in hand and lacks transportation
- Family does not realize assistance is needed with medication for a couple of days

Where does miscommunication occur in this situation?

What are the possible outcomes?



Change the Culture

- Miscommunication in the scenario:
 - Patient instructed as being discharged
 - Family not involved in instruction
 - Teach-Back not used to ascertain understanding and access to medication
- The possible outcomes:
 - Patient has hyperglycemic or hypoglycemic episode
 - Patient has adverse outcome or readmitted
- Miscommunication could be avoided if:
 - Instruction conducted throughout hospital stay or ongoing by PCP
 - Family routinely involved in patient care
 - Teach-Back and other health literacy tools used to verify understanding and self-efficacy



Produce Short-Term Wins

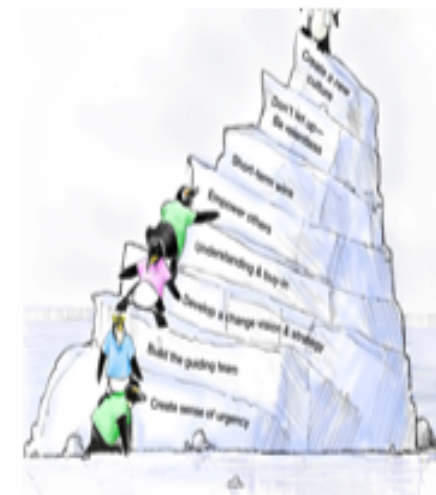
- Show visible success; further impetus for change
- Provide positive feedback; recognize and reward contributions to wins
 - Further builds morale and motivation
- Leverage lessons learned to help plan next goal
- Begin to create difficulty for resisters
- Provide leadership with evidence of success
 - Build momentum
 - Helps draw in neutral or reluctant supporters

Ask Yourself:

- What methods have you used to integrate lessons learned into your own process modification?
- How can you leverage your change team to strategize, plan, and control the impact of resistance?

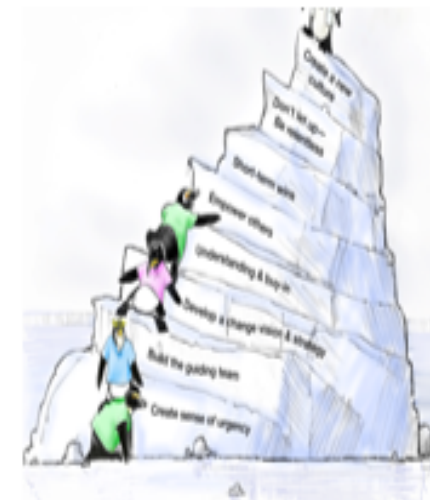
Don't Let Up

- Continue to acknowledge hard work
 - Celebrate successes and accomplishments
 - Reaffirm the vision
- Bring people together with Mission, Vision & Values
 - Acknowledge what people have left behind
 - Align strategic goals and plans with health literacy vision
 - Provide tools and training to reinforce new behaviors
- Create systems and structures that reinforce & reward new behaviors
 - Signs, emails, campaigns, competitions, rewards
 - Involve patients: Feedback, metrics, advisory committees



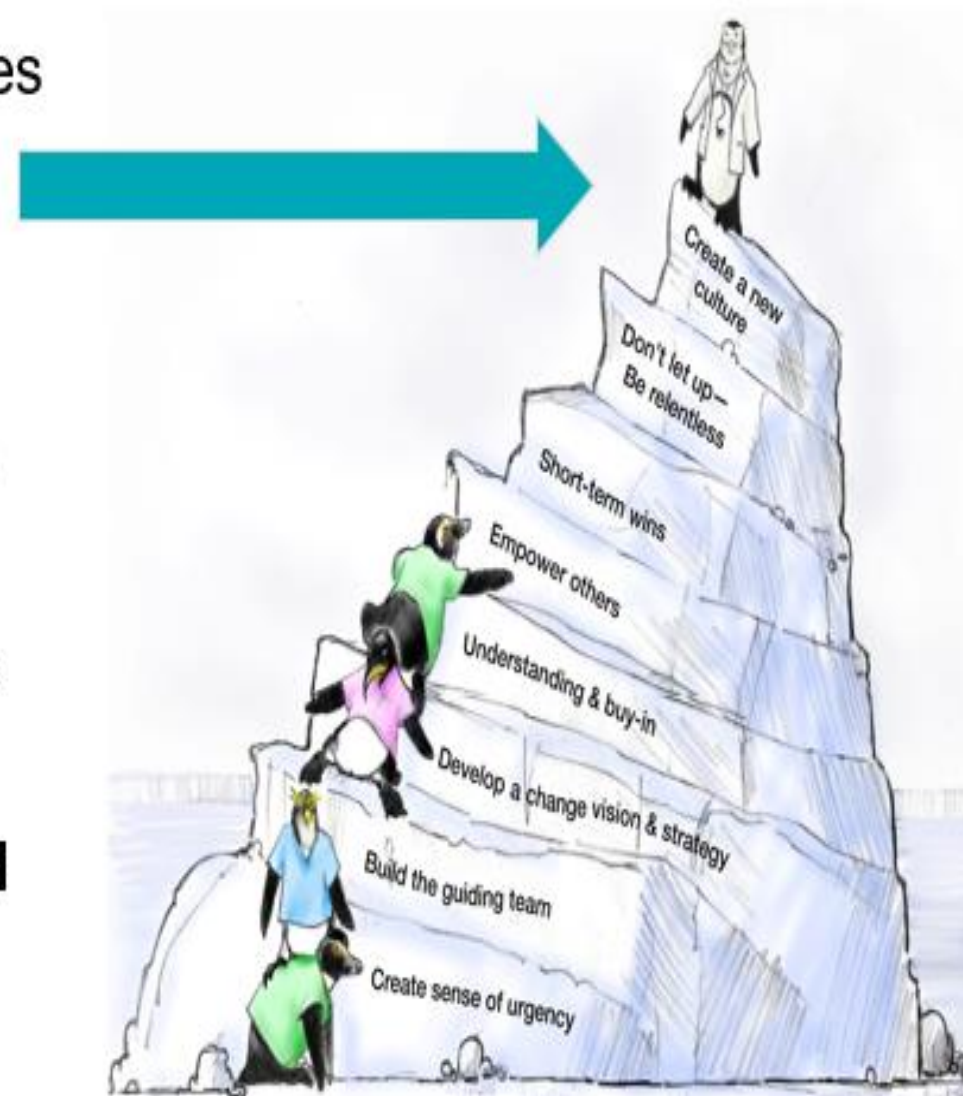
Create a New Culture

- Develop action steps for stabilizing, reinforcing, and sustaining the change:
 - Give people time to mourn their actual losses
 - Provide skill and knowledge training
 - Develop new reward systems
 - Recognize and celebrate accomplishments
- Develop performance measures to continually monitor results and identify opportunities for further improvements
- Make adjustments to the change vision and strategy to reflect new learning and insights
- Encourage people to be open to new challenges, forces, & urgency for continued change



Culture Change Comes Last, Not First!

- Most alterations in norms and shared values come at the end of the process
- New approaches sink in after success is shown
- Feedback and reinforcement are crucial to buy-in
- Sometimes the only way to change culture is to change key people
- **Individuals in leadership positions need to be on board, or the old culture will reassert itself**



Resources

AHRQ Health Literacy Universal Toolkit & Team STEPPS

<https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/index.html>

<https://www.ahrq.gov/teamstepps/index.html>

CDC Health Literacy Training

<https://www.cdc.gov/healthliteracy/gettraining.html>

Sharma AE, Willard-Grace R, Willis A, et al. "How Can We Talk about Patient-centered Care without Patients at the Table?" Lessons Learned from Patient Advisory Councils. J Am Board Fam Med. 2016;29(6):775-784. doi:10.3122/jabfm.2016.06.150380

Greene J, Farley D, Amy C, Hutcheson K. How Patient Partners Influence Quality Improvement Efforts. Jt Comm J Qual Patient Saf. 2018;44(4):186-195. doi:10.1016/j.jcjq.2017.09.006

Brach C. The Journey to Become a Health Literate Organization: A Snapshot of Health System Improvement. Stud Health Technol Inform. 2017;240:203-237.

Plain Language for communicating with patients

Amy Six-Means MLIS

Medical Librarian
Krissi Holman Family Resource Library
Children's Health



Amber Richardson, MOT, OTR/L, OMS, CHES

Occupational Therapist
Ostomy Management Specialist
Medical City Alliance



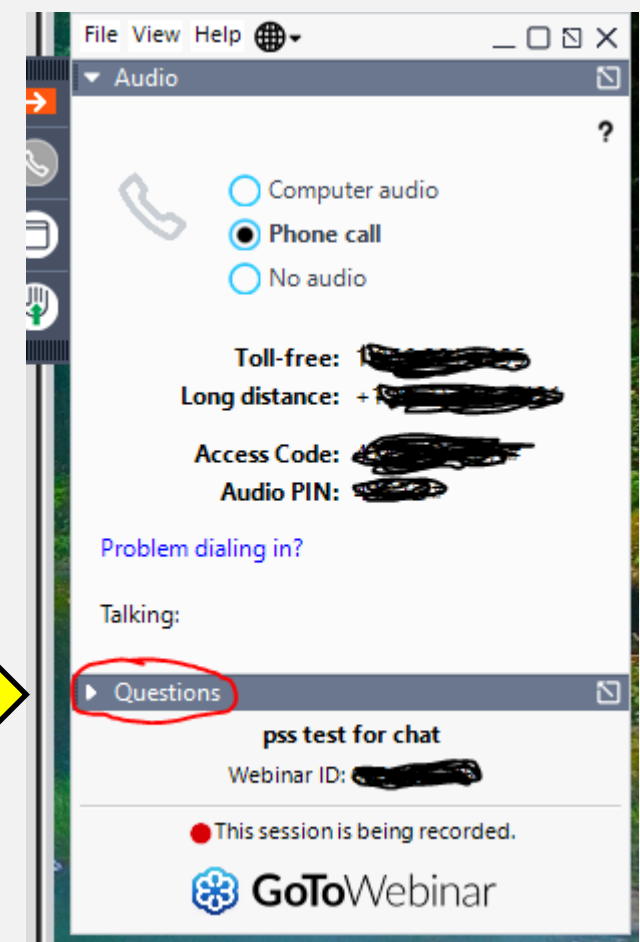
Video- Pre-Health Literacy Training



Survey question

How confident do you think this patient will be going home?

- Very confident
- Somewhat confident
- A little confident
- Not confident at all



***WHAT WOULD YOU DO DIFFERENTLY IN
THIS EDUCATION?***

Please answer in CHAT

Video- Pre-Surgery





HOW DOES USE OF VISUAL AIDS ADD TO TEACHING ALONG WITH PRINTED INFORMATION IN PLAIN LANGUAGE?

Please answer in CHAT



1





***WHAT EXAMPLES OF “PLAIN LANGUAGE”
HAVE YOU NOTICED?***

Please answer in CHAT





***HOW DID THE TEACH BACK USED IN THIS
SCENARIO INCREASE THE PATIENT'S
CONFIDENCE?***

Please answer in CHAT



Video- Post-Surgery





HOW COULD PATIENT PAIN AFFECT PATIENT EDUCATION?

Please answer in CHAT





***WHY DO YOU THINK REPEATING
INFORMATION USED AT THE PRE-SURGERY
SESSION IS IMPORTANT HERE?***

Please answer in CHAT



Survey question

How confident do you think this patient will be going home?

- Very confident
- Somewhat confident
- A little confident
- Not confident at all

Survey question

What really stuck out to you as patient education that takes potential limited health literacy into account?

“Check all that apply”

- Body language (eye contact, sitting down, etc.)
- Plain language, chunking information, relevant printed material introduced at the right time
- Teach back (use of visuals, special education tools, and asking them to demonstrate as if they were teaching)
- Connecting with patient values/goals/experience, encouraging patient questions
- Other

Video- Remarks



Special Thanks For Video Production:



CelebrateMediaGroup.com

Patient Engagement & Health Literacy

Brennan Lewis, DNP, APRN, CPNP, PCNS – Children's Health



Jill Johnson, LCSW - Scottish Rite for Children



Tracine Adame, BSN, RN - Medical City Dallas



Debra Miller, MSN, RN, CCRN-K - Medical City McKinney



Presentation Objectives

- Provide overview of patient engagement
- Share best practice patient engagement tools and strategies to implement at your healthcare organization
- Connect the dots between patient engagement and health literacy

Patient Engagement is the...

- Promotion of patients and families as **active members** of the health care team
- Inclusion of patients and families as **collaborative partners** with providers and provider organizations

Patient Engagement leads to...

- Measurable improvements in safety and quality
- Improved patient outcomes
- Higher patient satisfaction scores

Patient Family Centered Care

- Patient engagement is **key** in providing patient family centered care
- Four core concepts of patient family centered care:
 - Dignity and respect
 - Information sharing
 - Involvement
 - Collaboration

Patient Centered Care = Shared Decision Making = Activated & Engaged Patient Family Members



Patient Engagement Best Practices

AHRQ Universal Precautions Toolkit



4 domains

Spoken Communication

Written Communication

Self-Management/Empowerment

Supportive Systems



21 tools

Tool 4: Communicate Clearly

Use Key Communication Strategies

- Greet patients warmly
- Make eye contact
- Listen carefully
- Use plain, non-medical language
- Use the patient's words
- Slow down
- Limit and repeat content
- Be specific and concrete
- Show graphics
- Demonstrate how it's done
- Invite patient participation
- Encourage questions
- Apply teach-back

AHRQ Communication Self-Assessment

Communication Self-Assessment

Directions: After a patient encounter, rate your level of agreement to the statements in the table. Your self-assessment is subjective, but it allows you to examine your oral communication with patients honestly. After completing the assessment, think about how you could improve.

	Disagree	Neutral	Agree
I greeted the patient with a kind, welcoming attitude.			
I maintained appropriate eye contact while speaking with the patient.			
I listened without interrupting			
I encouraged the patient to voice his or her concerns throughout the visit.			
I spoke clearly and at a moderate pace.			
I used non-medical language.			
I limited the discussion to fewer than 5 key points or topics.			
I gave specific, concrete explanations and instructions.			
I repeated key points.			
I used graphics such as a picture, diagram, or model to help explain something to my patient (if applicable).			
I asked the patient what questions he or she had.			
I checked that the patient understood the information I gave him or her.			

What areas can you improve on? What strategies can you use to improve them?

AHRQ Communication Observation Form

Communication Observation Form

Please observe the interaction between a patient and a specific clinician or staff member. Answer the following questions either yes or no to provide feedback about the quality of the communication you observe. Feel free to write notes that can help the clinician or staff member to improve his or her communication in the future.

1. Did this clinician or staff member explain things in a way that was easy to understand?	Yes	No
2. Did this clinician or staff member use medical jargon?	Yes	No
3. Was this clinician or staff member warm and friendly?	Yes	No
4. Did this clinician or staff member interrupt when the patient was talking?	Yes	No
5. Did this clinician or staff member encourage the patient to ask questions?	Yes	No
6. Did this clinician or staff member answer all the patient's questions?	Yes	No
7. Did this clinician or staff member see the patient for a specific illness or for any health condition?	Yes	No
If No, Form Is Complete		
7a. Did this clinician or staff members give the patient instructions about what to do to take care of this illness or health condition?	Yes	No
If No, Form Is Complete		
7b. Were these instructions easy to understand?	Yes	No
7c. Did this clinician or staff member ask the patient to describe how they were going to follow these instructions?	Yes	No

Please note any other comments about the encounter below:

AHRQ Brief Patient Feedback Form

Brief Patient Feedback Form

We would like your honest feedback. Please answer these questions either yes or no about the visit you had today. Think about a specific provider or staff member – for example, your doctor, nurse, medical assistant – when answering.

1. Did this provider or staff member explain things in a way that was easy to understand?	Yes	No
2. Did this provider or staff member use medical words you did not understand?	Yes	No
3. Was this provider or staff member warm and friendly?	Yes	No
4. Did this provider or staff member listen carefully to you?	Yes	No
5. Did this provider or staff member encourage you to ask questions?	Yes	No
6. Did this provider or staff member answer all your questions to your satisfaction?	Yes	No
7. Did you see this provider or staff member for a specific illness or for any health condition?	Yes	No
If No, Form Is Complete		
7a. Did this provider or staff member give you instructions about what to do to take care of this illness or health condition?	Yes	No
If No, Form Is Complete		
7b. Were these instructions easy to understand?	Yes	No
7c. Did this provider or staff member ask you to describe how you were going to follow these instructions?	Yes	No

Patient and Family Engagement Video Bedside Shift Report



Case Study – Interactive Chat

Based on the communication strategies provided, text in the chat box opportunities that would have better engaged the family in the case study.

Please answer in CHAT



Patient Engagement & Health Literacy

Implementation

- How can health literacy principles be incorporated into existing structures towards a more Health Literate Healthcare Organization?
- Can existing quality improvement models be utilized to maximize the effectiveness of the changes?

Implementation - Planning

Plan

- Comprehensive Assessment
- Analysis and Planning
- Resources and Structure to Support Change and Effort

HLHO Attributes:

Leadership (1), Integration (2), Inclusion (4)

Implementation - Initial Roll Out

Do

- Universal Precautions
- Development of Materials
- Workforce Training

HLHO Attributes:

Workforce Training (3), Inclusion (4), Health Literacy Skills (5), Communication (6), Media (8), High Risk Situations (9)

Implementation - Initial Evaluation

Check/Study

- Health Literacy Measurement Set
- Formalized Oversight Structure

HLHO Attributes:

Leadership (1), Integration (2), Workforce Training (3), Inclusion (4)

Implementation - Next Phase

Act

- Complete Implementation
- Formalized Oversight Structure
- Next Steps

HLHO Attributes:

Leadership (1), Integration (2), Workforce Training (3),
Inclusion (4), Health Literacy Skills (5), Communication (6),
Media (8), High Risk Situations (9)



References

- Brach C. (2017). The Journey to Become a Health Literate Organization: A Snapshot of Health System Improvement. *Studies in health technology and informatics*, 240, 203–237.
- Brach C, Keller D, Hernandez LM, Baur C, Parker R, Dreyer B, et al. Ten attributes of a health literate health care organization. Washington, DC: Institute of Medicine; Jun, 2012.
- Guide to Patient and Family Engagement in Hospital Quality and Safety. Content last reviewed December 2017. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/guide.html>
- Health Literacy Universal Precautions Toolkit, 2nd Edition. Content last reviewed February 2015. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html>
- Patient and Family Engagement Video: Bedside Shift Report. Content last reviewed April 2019. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/video/index.html>

What's Your Take Home?

Melissa Reyna MPH, RN, ICCE
Program Manager Patient Education,
Integrated Experience



 October 1 – 31 



Health Literacy Workshop Training Session

What's Your Take Home?

Melissa Reyna MPH, RN,
ICCE Program Manager
Patient Education, Integrated
Experience



Health Literacy: What's Your Take Home?

- What action steps can you take in the next week?
 - Identify key stakeholders in my organization (think multidisciplinary)
 - Review health literacy resources
 - Have a conversation with my boss or coworkers about health literacy
 - Request agenda time on standing meeting
 - Other



Health Literacy: What's Your Take Home?

- What action steps can you take in the next month?
 - Present health literacy idea in scheduled meeting
 - Propose a health literacy CE, CEU, or CME
 - Apply health literacy concepts to the development of new patient communication or education (i.e. flu, COVID-19, breast cancer awareness, etc.)
 - Create survey that assesses coworker attitudes, knowledge, and behaviors re: health literacy
 - Other

Health Literacy: What's Your Take Home?

What action steps can you take in the next 3 Months?

- Share health literacy survey results with leadership
- Create health literacy competency for system-wide education
- Submit CE, CEU, or CME to Staff Education for approval
- Create health literacy messages for patients (think about this like a service line)
- Other





To join the collaborative: Patti Taylor
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