



National Council to Improve Patient Safety
Through Health Literacy

Taking Steps to Making Sweeping Changes

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CONTENT SYNOPSIS

Introduction of Health Literacy Proposals to The Joint Commission

- **Include Health Literacy as a National Patient Safety Goal**
- **Provide a certification as a “Health Literate Healthcare Organization” after the organization meets predetermined criteria.**

Journey: Identifying the problem - Creating the solution



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TODAY'S OBJECTIVES

1. Discuss strategies to ensure successful collaborations.
2. Outline three health literacy interventions organizations can implement to improve patient safety.
3. Identify resources available to start your own health literacy organizational assessment.

THE BACK
BACK

STORY

Meet Bernie



THE BACK
BACK

STORY

Meet Nancy



THE BACK

STORY

St. Vincent Charity Medical Center



HEALTH LITERACY INSTITUTE
ST. VINCENT CHARITY MEDICAL CENTER

THE BACK

STORY

Healthy Cleveland Initiative Health Literacy Committee



- Membership includes reps from public health, adult literacy, health care organizations, schools, etc. throughout the city
- Lack of health literacy strategies in organizations -
 "not mandated- not done"
- Lack of organizational health literacy recognition/certification



Health Literacy

CHRISTINA (TINA) CORDERO, PHD, MPH

Public Policy Initiative

“What Did the Doctor
Say?:” Improving
Health Literacy to
Protect Patient Safety
(2007)

Advancing
Effective
Communication,
Cultural
Competence, and
Patient- and
Family-Centered
Care: A Roadmap
for Hospitals.
(2010)

Patient-centered
Communication
Standards
(2010)



Communication Standards



PC.02.01.21

The hospital effectively communicates with patients when providing care, treatment, and services.

- Identify oral and written communication needs
- Communicate in a manner that meets those needs



PC.03.02.01

The hospital provides patient education and training based on each patient's needs and abilities.



PC.04.01.05

Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services



RI.01.01.03

The hospital respects the patient's right to receive information in a manner he or she understands.



STORY

Health Literacy Regional Network (HLRN)

April-2019

Laying the groundwork

June-2019

Call with Dr. Cordero

August-2019

Draft proposal submitted to HLRN

Initial proposal

Background/Problem

- Communication Standards are vague
- No recognition for health literate organizations

Solution

- Create a national patient safety goal specific to health literacy
- Create a certification for a health literate organization, similar to the integration of care certification which is not disease-specific.

Benefits

- Including requirements for health literacy interventions from the joint commission will compel organizations to start implementing health literacy best practices
- Recognizing health literacy, at its core, is a patient safety issue
- With the option/availability of certification, hospitals may be incentivized to implement health literacy strategies





STORY

HLRN

- Members provided comments/revisions/feedback via Google docs 09/19-11/19
- Call-out to list serve 11-19
(National reach)



- **CONFERENCE CALLS**

- **JAN - AUGUST 2020**

- **INITIAL 9 MEMBERS**
Representing 7 states

- **18 MEMBERS**
Representing 15 states

MEET THE COUNCIL



Erica Ailes



Kathryn Anderson



Tom Bauer



Dr. Michelle Cardona



Dr. Carolyn Cutilli



Dr. Joy Deupree



Jeannine Gluck



Janette Helm



Jann Keenan



Karen Komondor



Dr. Genelle Lamont



Richard Preussler



Karen Ross



Dr. Marian Ryan



Marjorie Schirado



Sue Stableford



Dr. Teresa Wagner

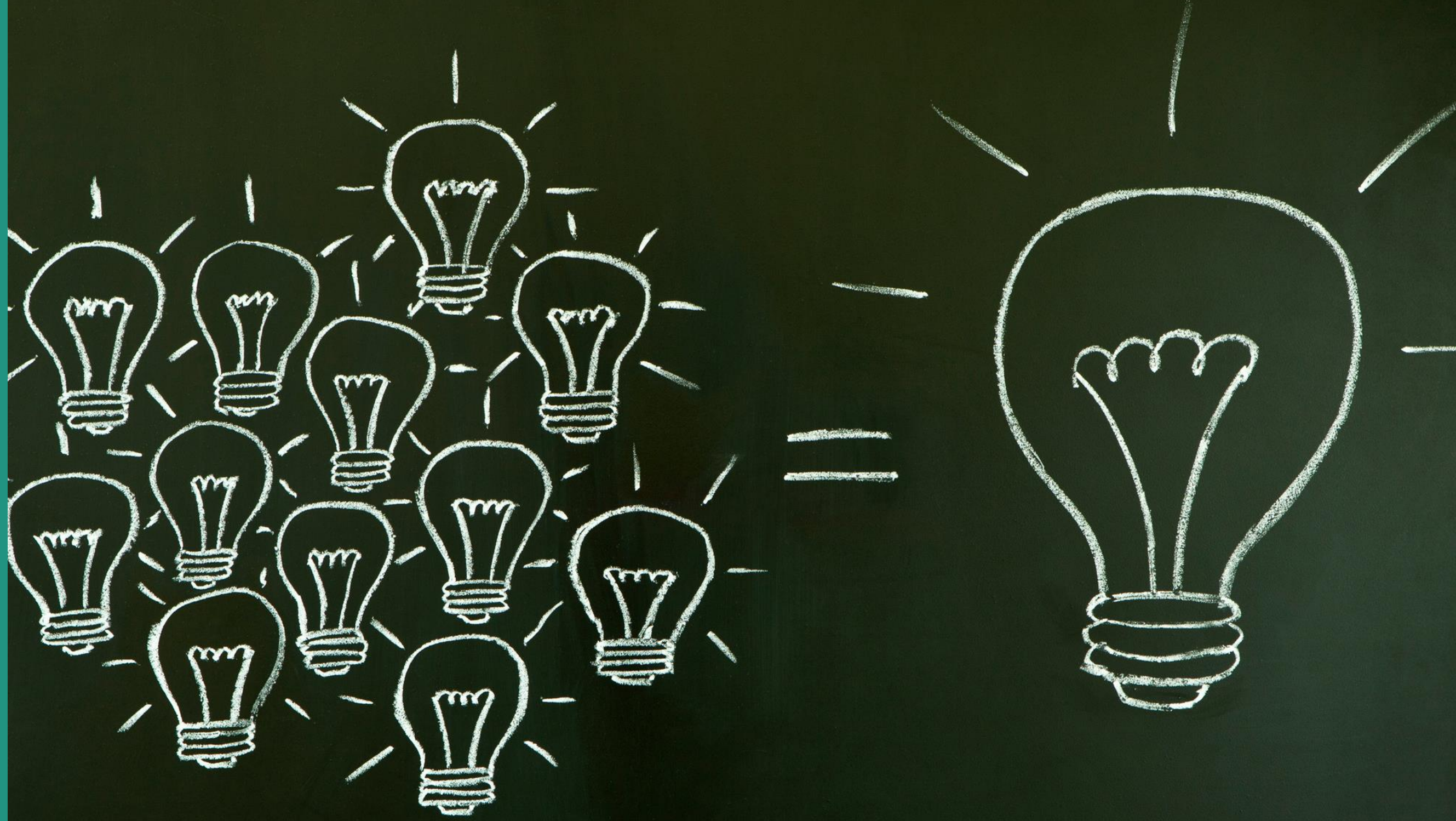


Kathleen White





Synergy



Why it Worked



Agenda



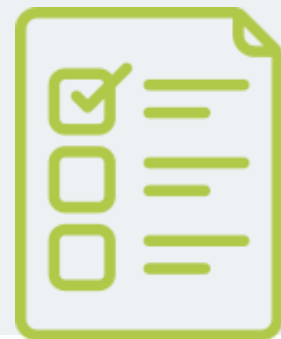
Introductions



Time



Assimilation



Tasks



Sub-committees

Sub-committees



Creating a name

Creating a logo



National Council to Improve Patient Safety
Through Health Literacy

Specialty Tasks

ASK AN EXPERT

A man with a beard and glasses, wearing a dark suit and a purple tie, is pointing his right index finger towards the text 'ASK AN EXPERT'. He is positioned on the right side of the frame, with his hand and part of his face visible.

Proof/editing

Citations/References

THE PROPOSAL

I. INCLUDE HEALTH LITERACY AS A NATIONAL PATIENT SAFETY GOAL

PREAMBLE

Clear and effective patient-centered communication and engagement are linked to patient safety,...

BACKGROUND/PROBLEM

- Patient Safety
- Financial Implications
- Health Equity
- Health Systems and Professionals

TJC CURRENT STATE

- TJC Standards
- TJC Survey Process

SOLUTION/PROPOSAL

- NPSG
- Elements of Performance

APPENDIX

- Examples of true life events

RESOURCES/ REFERENCES

Improve Providers' and Hospital Staff's Communications With Patients

Elements of Performance

Leaders

1. Establish defined communication safety strategies as a hospital priority.
2. Integrate health literacy into planning, measurement, patient safety, and quality improvement.
3. Create policies that, at a minimum, address the use of Health Literacy Universal Precautions, assuming that all patients have difficulty understanding medical information.
 - a. Use easily understood language in all written and spoken communication with patients and families.
 - b. Use teach-back to verify patient understanding of health information.
4. Require education of staff and licensed independent practitioners who are involved in patient teaching on the above use of Universal Precautions. Education takes place upon hire and at established intervals thereafter.
5. Require documentation of use of these health literacy principles in the medical record.



Proposal

Include Health Literacy as a National Patient Safety Goal

Preamble

Clear and effective patient-centered communication and engagement are linked to patient safety, high patient adherence, and improved quality outcomes. In addition, clear patient-centered communication leads to patient and healthcare professional satisfaction, which in turn is linked to reductions in the overall cost of care.¹

Background/Problem

Limited Health Literacy Impacts Patient Safety

Health literacy is known to be a factor in health outcomes. Limited health literacy is associated with each element of the Institute for Healthcare Improvement's (IHI's) Quadruple AIM. The failure to successfully communicate the patient's condition, treatment options, and jointly-agreed-upon plan of care has resulted in patient harm. This includes poor response to the treatment plan,² medication errors,³ unplanned healthcare encounters (such as increased emergency room visits),⁴ avoidable complications, hospital readmissions,⁵ and at times death. There are an untold number of real-life events that underscore the necessity for recognizing health literacy as a primary patient safety issue. (See Appendix : Consider These True Events.)

Limited Health Literacy Has Financial Implications

The most common costly missteps seen in medical professional liability cases that include patient harm are miscommunication between clinicians and patients. Depending on setting, between 15% and 22% of liability cases involve communication between providers and the patient/family.⁶

Limited Health Literacy Is a Health Equity Issue

Low health literacy and its consequences disproportionately affect low-income, less-educated, or otherwise disadvantaged populations.⁷ However, the complexity of the healthcare system makes understanding and using health information challenging even for those with higher literacy levels.⁸

Health Systems and Professionals Can Promote Health Literacy

Health systems and professionals impact health literacy by making health information and services understandable and actionable. Communications from health professionals, the media, and organizations often present information that is difficult to understand and act on. Therefore, the skills of health professionals to provide information in a manner appropriate to their audiences are equally important as an individual's abilities to understand this information. The interactions between laypersons and health professionals influence the health literacy of individuals, organizations, and society.⁹ Regardless of a patient's health literacy level, it is important that staff ensure that patients understand the information they are given.¹⁰

Proposal

Current State

The Joint Commission Standards

- Health literacy principles are embedded throughout the Joint Commission standards, but are not mentioned specifically as such, and the standards are dispersed throughout different chapters.
- Many standards and elements of performance related to patient-provider communication are vague (i.e., "communicate with patients in a manner that meets their verbal/written needs").

The Joint Commission Survey Process

- Surveyors do not assess for interventions such as use of clear language or teach-back. There are no requirements for policies for training or use of these evidence-based practices. Health literacy is not a focus of the survey process, and may not be mentioned at all.
- Without specific requirements for health literacy interventions, healthcare organizations are not accountable to implement these practices.
- Unlike other patient safety concerns, there is a lack of regulation to promote and enforce health literacy interventions in healthcare organizations.

Solution/Proposal

The Joint Commission has already recognized the importance of health literacy in patient safety in the white paper "What did the doctor say? Improving health literacy to protect patient safety."¹¹ We urge the Joint Commission to strengthen these recommendations by advancing health literacy to a National Patient Safety Goal as follows:

Improve Providers' and Hospital Staff's Communications With Patients

Elements of Performance

Leaders:

- 1) Establish defined communication safety strategies as a hospital priority.
- 2) Integrate health literacy into planning, measurement, patient safety, and quality improvement.
- 3) Create policies that, at a minimum, address the use of Health Literacy Universal Precautions, assuming that all patients have difficulty understanding medical information.
 - a. Use easily understood language in all written and spoken communication with patients and families.
 - b. Use teach-back to verify patient understanding of health information.
- 4) Require education of staff and licensed independent practitioners who are involved in patient teaching on the above use of Universal Precautions. Education takes place upon hire and at established intervals thereafter.
- 5) Require documentation of use of these health literacy principles in the medical record.

THE PROPOSAL

II. PROVIDE A CERTIFICATION AS A “HEALTH LITERATE HEALTHCARE ORGANIZATION” AFTER THE ORGANIZATION MEETS PREDETERMINED CRITERIA.

PREMBLE

“Health literate healthcare organizations make it easier for people to navigate, understand, and use information and services to take care of their health” (AHRQ)

BACKGROUND/PROBLEM

- Healthcare complexity
- Organizational lack of awareness
- Competing priorities
- Increased cost
- Insufficient recognition

BENEFITS TO PATIENTS

- Increased safety
- improved outcomes
- Improved access
- Increased engagement
- Optimized self-care

BENEFITS TO

ORGANIZATIONS

- Quality alignment
- Incentive
- Recognition:
- Legal protection
- Financial viability:

APPENDIX

- Example of one organization’s health literacy assessment, which highlights implementation of multiple health literacy strategies.

SOLUTION/PROPOSAL

CERTIFICATION

Create a Health Literacy Certification

Create a certification that will recognize organizations that meet criteria for a health literate organization. Identification of these criteria can be guided by documents such as HHS’s “National Action Plan to Improve Health Literacy,” the Institute of Medicine’s (IOM’s) “Ten Attributes of Health Literate Health Care Organizations,” and the Agency for Healthcare Research and Quality’s (AHRQ’s) “Health Literacy University Toolkit.”





Proposal

Provide a certification as a “Health Literate Healthcare Organization” after the organization meets predetermined criteria.

Preamble

“Health literate healthcare organizations make it easier for people to navigate, understand, and use information and services to take care of their health” (AHRQ).

Background/Problem

Healthcare complexity

The complexity of healthcare can challenge even those with higher literacy levels to obtain, understand, and use health information. According to the U.S. Department of Health and Human Services (HHS), “nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media, and communities.”¹

Organizational lack of awareness

While resources exist to guide organizations in health literacy efforts, many organizations lack awareness of these tools. Tools include “National Action Plan to Improve Health Literacy,” “Ten Attributes of Health Literate Health Care Organizations,” and “Health Literacy Universal Precautions Toolkit.”³

Competing priorities

Healthcare systems are faced with many competing priorities. These include regulatory changes, decreased reimbursement, evolving financial incentives, and increased competition. Organizations do not often link health literacy to current, measurable patient safety outcomes and patient satisfaction.

Increased cost

Low health literacy is estimated to cost the healthcare system \$438 billion to \$987 billion. That's according to 2018 direct medical cost and census population data* that was updated using the same assumptions and methods as the cost analysis done by Vernon et al. in 2007. ⁴

Insufficient recognition

Organizations that incorporate health literacy best practices into their culture/mission are not nationally recognized. In addition, there is no incentive for organizations to implement standard health literacy practices.

Proposal

Solution/Proposal

Create a Health Literacy Certification

Create a certification that will recognize organizations that meet criteria** for a health literate organization. Identification of these criteria can be guided by documents such as HHS's "National Action Plan to Improve Health Literacy," the Institute of Medicine's (IOM's) "Ten Attributes of Health Literate Health Care Organizations," and the Agency for Healthcare Research and Quality's (AHRQ's) "Health Literacy Universal Precautions Toolkit."

The Council envisions this certification to be similar to the Integration of Care Certification, which is not disease-specific.

Benefits of a Health Literacy Certification

Recognition of organizational health literacy will benefit both patients and organizations. Health literacy is foundational to other core priorities: patient safety, patient engagement, shared decision making, patient outcomes, and patient-centered care. Clear communication between providers/patients has been shown to improve patient satisfaction scores, which in turn can be linked to loyalty and Centers for Medicare & Medicaid Services (CMS) compensation rates.

Benefits to Patients

- **Increased safety:** Health literacy best practices, such as patient-centered inter-professional communication, will help enhance patient safety as the ultimate outcome.
- **Improved outcomes:** Patients will demonstrate an understanding of what they need to know or do at discharge to improve health outcomes and decrease medical errors.
- **Improved access:** Patients will be able to better access and navigate the healthcare system to effectively manage their care.
- **Increased engagement:** Consistent patient-centered communication is essential to shared decision making, informed consent, and achieving personal health goals.
- **Optimized self-care:** When patients receive clear communications about their care, care plans, and treatment options, they will be able to better manage their health and chronic health conditions.

APPENDIX

Appendix: Sample of How One Organization Implements the 10 Attributes of a Health Literate Organization

**Organizational Health Literacy Assessment
St. Vincent Charity Medical Center, Cleveland, Ohio
2007 – present**

Survey adapted from:

Institute of Medicine (2012), Attributes of a Health Literate Organization

Enliven (2013) Enliven Organizational Health Literacy

Appendix: Sample of How One Organization Implements the 10 Attributes of a Health Literate Organization

Organizational Health Literacy Assessment
St. Vincent Charity Medical Center, Cleveland, Ohio
 2007 – present

Attribute 1: A health literate organization has leadership that makes health literacy (HL) integral to its mission, structure, and operations

A health literate organization:	Fully implemented	Partially implemented	No	Example(s)
We have an explicit commitment to health literacy in our mission statement, policies, and programs.	X			<ul style="list-style-type: none"> • Gained support from senior leadership from our past 3 administrations • Added and embraced HL principles into our policy manual • Provided a dedicated section on HL on our website
We allocate fiscal and human resources related to health literacy.	X			<ul style="list-style-type: none"> • Created the Health Literacy Institute (HLI) with a dedicated budget (since 2007)
We prioritize clear and effective communication across all levels of the organization and across all communication channels.		X		<ul style="list-style-type: none"> • Follow (per policy) HL principles through all communication channels • Plan to complete a new Access to Care initiative aimed to improve overall scheduling and our patients' access experience (2020)
We identify and train health literacy champions throughout the organization.	X			<ul style="list-style-type: none"> • Participate in ongoing HL training and projects. Members of HLI represent interdisciplinary fields and serve as HL champions.

Appendix: Sample of How One Organization Implements the 10 Attributes of a Health Literate Organization

Attribute 2: A health literate organization integrates health literacy into planning, evaluation measures, patient safety, and quality improvement

A health literate organization:	Fully implemented	Partially implemented	No	Example(s)
We conduct health literacy organizational assessments.	X			<ul style="list-style-type: none"> • Conducted 3 comprehensive assessments since 2007 • Added and embraced HL principles into our policy manual • Provided a dedicated section on HL on our website
We assess the impact of policies and programs on individuals with limited health literacy.		X		<ul style="list-style-type: none"> • Developing plans for performance improvement project to assess effect of teach-back on patient understanding post-discharge
We factor health literacy into all patient safety plans.		X		<ul style="list-style-type: none"> • Creating policy to include HL as a standing agenda item for our Clinical Patient Safety Committee

Appendix: Sample of How One Organization Implements the 10 Attributes of a Health Literate Organization

Attribute 3: A health literate organization prepares the workforce to be health literate and monitors progress

A health literate organization:	Fully implemented	Partially implemented	No	Example(s)
We designated an office or official responsible for developing, implementing, and committing resources necessary to train the organization's employees.	X			<ul style="list-style-type: none"> • Assigned our Director of Organizational Development to a second role as the Director of HLI (2007)
We set and meet goals for ongoing formal and informal health literacy training for the entire workforce and evaluate the impact of that training.	X			<ul style="list-style-type: none"> • Continue to set goals for HL training and HL month activities annually (ongoing since 2007) • Include mandatory staff training on HL topics (complete with pre- and post-test evaluation) • Completed a 3-part performance improvement project to assess staff teach-back utilization (2018)
We incorporate health literacy into orientation and annual competencies.	X			<ul style="list-style-type: none"> • Include HL in staff monthly orientation, annual electronic competencies

Attribute 4: A health literate organization includes populations served in the design, implementation, and evaluation of health information and services

A health literate organization:	Fully implemented	Partially implemented	No	Example(s)
We collaborate with members of the target community when designing, pilot testing, and developing programs, services, and materials.	X			<ul style="list-style-type: none"> • Conduct ongoing evaluation for understandability and use of our print products • Work closely with adult learners from our local adult learning center
We obtain feedback on health information and services from individuals who use them.	X			<ul style="list-style-type: none"> • Added an active patient representative to our HL team



A Letter of support from IHA

Opening Letter to TJC

The Proposal

Appendix

Council Roster

The Proposal Package



**Now
We
Wait**

