Best Practices in Health Literacy and Patient and Family Education

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This project is supported by grant number R18HS021429 from the Agency for Healthcare Research and Quality. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Agency for Healthcare Research and Quality.

http://unmc.edu/patient-safety/capture_falls.htm
Learning Objectives

- Explain challenges identified by the CAPTURE Falls project related to patient and family education
- Describe national initiatives intended to improve health literacy
- Identify best practices to improve written and verbal patient/family education specific to fall risk reduction
Introduction and Background: Challenges Related to Patient and Family Education
Fall Risk Reduction Multi-Team System

**Patient & Family**
Teach-back if cognitively able

**Core Team**
- Physician
- Nursing performs fall risk assessment, implements interventions
- PT consults re mobility
- Pharmacist reviews medications
- All educate patient & family

**Coordinating Team = Fall Risk Reduction Team**
Accountable for implementation and evaluation of fall risk reduction program; holds core team accountable

**Ancillary & Support**
- Radiology is informed of fall risk during handoff
- Housekeeping turns on alarms
- Laundry ensures clean gait belt
- Env. Services fixes equipment

**Administration**
Holds Fall Risk Reduction Team accountable for implementation and evaluation of fall risk reduction program
Provides resources (time, money, equipment, personnel) for Fall Risk Reduction Team

Contingency Team = Post Fall Huddle about 1 patient
Baseline survey to examine structures-processes-outcomes related to fall risk reduction

70 of 83 general community hospitals in Nebraska responded (84%)
– 56 of 65 Critical Access Hospitals (CAHs) (86%)
– 14 of 18 non-CAHs (78%)
## Fall Risk Reduction Strategies: Processes

<table>
<thead>
<tr>
<th>Universal Interventions</th>
<th>% Non-CAH (n=14)</th>
<th>% CAH (n=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Light within Reach</td>
<td>100</td>
<td>98</td>
</tr>
<tr>
<td>Document Fall Risk in Chart</td>
<td>93</td>
<td>93</td>
</tr>
<tr>
<td>Nonskid Footwear</td>
<td>86</td>
<td>75</td>
</tr>
<tr>
<td>Top Bed Rails Up</td>
<td>64</td>
<td>71</td>
</tr>
<tr>
<td>Hourly Rounding</td>
<td>71</td>
<td>68</td>
</tr>
<tr>
<td>Supervised Ambulation</td>
<td>36</td>
<td>66</td>
</tr>
<tr>
<td>Supervised Toileting</td>
<td>43</td>
<td>57</td>
</tr>
<tr>
<td>Gait/Transfer Belt</td>
<td>57</td>
<td>64</td>
</tr>
<tr>
<td>Supervised Transfers</td>
<td>36</td>
<td>63</td>
</tr>
<tr>
<td>Patient/Family Education</td>
<td>86</td>
<td>61</td>
</tr>
</tbody>
</table>
Role of Communication

Do you communicate fall risk status......?

<table>
<thead>
<tr>
<th>Percentage of Hospitals</th>
<th>Non-CAH (n=14)</th>
<th>CAH (n=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Patients</td>
<td>69%</td>
<td>64%</td>
</tr>
<tr>
<td>To Families</td>
<td>39%</td>
<td>53%</td>
</tr>
<tr>
<td>Across Shifts</td>
<td>46%</td>
<td>67%</td>
</tr>
<tr>
<td>Across Units/Depts</td>
<td>54%</td>
<td>50%</td>
</tr>
</tbody>
</table>
Data Summary from Fall Event Database

Association Between Contributing Factors and Physical Injury for 297 Falls Reported by 17 Hospitals

Contributing factors may reflect high prevalence of frailty

- Medications (73%)
- Weakness (52%)
- Cognitive impairment (32%)
- Impulsive behavior (28%)
- Sensory impairment (27%)
- Overestimated ability (23%)
- Incontinence/urgency (10%)

All Falls (n=297)  | Physical Injury (n=99)  | No Physical Injury (n=198)
Challenges to Educating about Fall Risk

- Cognitive impairment makes teach-back difficult
- Difficulty assessing health literacy and a given patient’s optimal learning style
- Patients are overwhelmed with information, especially on admission, making patient education a challenge
How Some Hospitals Address Challenges

• Engage community members to review written fall risk educational materials
• Re-educate on days subsequent to admission
• Turn Ask-Me-3 into Tell-You-3:
  1) You might fall because your legs are weak.
  2) You need to use the call light to ask for help.
  3) It is important to do this because you might be seriously injured if you fall.
Part 2

The Role of Health Literacy: National Initiatives
1. The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. *Healthy People 2010* (2000)

2. The degree to which individuals have the capacity to read, understand, and act on basic health information. *AMA* (2007)

3. ...allows the public and personnel working in health-related contexts to find, understand, evaluate, communicate, and use information. *Calgary Charter* (2008)
Predictors of Health Status:

• Literacy Skills
  • Age
  • Income
  • Employment Status
  • Education Level
  • Racial or ethnic group

National Patient Safety Foundation, Partnership for Clear Health Communication
Low level HL skills contribute to health disparities

• People with low health literacy are more likely to:
  • report poor health,
  • have an incomplete understanding of their health problems and treatment,
  • be at greater risk of hospitalization, readmission, and death.
Proficient (12%): Define medical terms from complex document, calculate share of employee health insurance.

Intermediate (53%): Determine healthy weight from body mass index (BMI) chart, interpret prescription and over-the-counter drug labels.

Basic (22%): Understand simple patient education handout.

Below Basic (14%): Circle date on appointment slip. Understand simple pamphlet about pre-test instructions.
• Goal --- Health Communication and Information Objective # 11-2: (Developmental) Improve the health literacy of persons with inadequate or marginal literacy skills.
National initiatives

- CLAS Standards (2007); Enhanced in 2011
- Plain Language Act (2010)
- Health Literacy Universal Precautions Toolkit
- Ten Attributes of Health Literate Health Care Organizations (IOM, 2012)
- Calgary Charter on Health Literacy (2012)
- CDC Clear Communication Index (2013)
- PEMAT (AHRQ, 2013)
• The 14 standards are organized by themes:
  • Culturally Competent Care (Standards 1-3),
  • Language Access Services (Standards 4-7),
  • Organizational Supports for Cultural Competence (Standards 8-14).

• Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations.
1. Develop and disseminate health and safety information that is accurate, accessible, and actionable

2. Promote changes in the health care system that improve health information, communication, informed decision-making, and access to health services

3. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level
4. Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community.

5. Build partnerships, develop guidance, and change policies.

6. Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy.

7. Increase the dissemination and use of evidence-based health literacy practices and interventions.
The Calgary Charter on Health Literacy: Rationale and Core Principles for the Development of Health Literacy Curricula

The Calgary Charter on Health Literacy:
Tools to Start on the Path to Improvement
Tool 1: Form a Team
Tool 2: Assess Your Practice
Tool 3: Raise Awareness

Tools to Improve Self-Management and Empowerment
Tool 14: Encourage Questions
Tool 15: Make Action Plans
Tool 16: Improve Medication Adherence and Accuracy
Tool 17: Get Patient Feedback

Tools to Improve Supportive Systems
Tool 18: Link Patients to Non-Medical Support
Tool 19: Medication Resources
Tool 20: Use Health and Literacy Resources in the Community
Ten Attributes of Health Literate Health Care Organizations

Cindy Brach, Debra Keller, Lyla M. Hernandez, Cynthia Baur, Ruth Parker, Benard Dreyer, Paul Schyve, Andrew J. Lemerise, and Dean Schillinger*

June 2012
CDC Clear Communication Index
A Tool for Developing and Assessing CDC Public Communication Products
User Guide
The Patient Education Materials Assessment Tool (PEMAT) and User’s Guide

An Instrument To Assess the Understandability and Actionability of Print and Audiovisual Patient Education Materials

Version 1.0

The Patient Education Materials Assessment Tool (PEMAT) is a systematic method to evaluate and compare the understandability and actionability of patient education materials. It is designed as a guide to help determine whether patients will be able to understand and act on information. Separate tools are available for use with print and audiovisual materials.

Prepared for:
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
540 Garnet Road
Rockville, MD 20850

Contract No: HS8429020000012I; TO 4

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Cindy Brach, M.P.P., Agency for Healthcare Research and Quality

Contents
An Introduction to the Patient Education Materials Assessment Tool (PEMAT) and User’s Guide
How To Use the PEMAT To Assess a Material
Domain: Understandability
Tools: Content
Best Practices in Written and Verbal Patient and Family Education
General to patient education

- Plain language principles
- First language if possible/interpreters
- Prioritize the NEED to know from the Nice to know
- Limit the number of points

- Keep it simple / 5th-8th grade reading level
- Check for understanding early and often
- Make the points focus on action and reinforce the desired behavior (not the negative behavior)
<table>
<thead>
<tr>
<th>“Official” Term</th>
<th>User-Centered Term</th>
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<tbody>
<tr>
<td>Hypertension</td>
<td>high blood pressure</td>
</tr>
<tr>
<td>Insomnia</td>
<td>can’t sleep</td>
</tr>
<tr>
<td>Benign</td>
<td>not cancer</td>
</tr>
<tr>
<td>Hazardous</td>
<td>dangerous</td>
</tr>
<tr>
<td>Disorder</td>
<td>problem</td>
</tr>
<tr>
<td>Option</td>
<td>choice</td>
</tr>
<tr>
<td>Routinely</td>
<td>often</td>
</tr>
<tr>
<td>Adverse</td>
<td>bad</td>
</tr>
</tbody>
</table>
• Tool 11: Design Easy-to-Read Material
• Tool 12: Use Health Education Material Effectively
• Tool 13: Welcome Patients: Helpful Attitudes, Signs, and More
Specific to verbal communication

- With handout to reinforce information
Tools to Improve Spoken Communication

• Tool 4: Tips for Communicating Clearly
• Tool 5: The Teach-Back Method
• Tool 6: Follow-up with Patients
• Tool 7: Telephone Considerations
• Tool 8: Brown Bag Medication Review
• Tool 9: How to Address Language Differences
• Tool 10: Culture & Other Considerations
Interactive communication loop

- Start the loop by helping the patient feel safe.
- Ask early and ask often. Listen and pay attention.
- Tailor your message to be more consistent with what the patient says.
- Use other ways of communicating.
- Consider why the message is not understood.
- Feel confident that you have done your best to communicate.

Teach Back

Provides an opportunity to check on understanding with the patient and re-teach if necessary.

• Re-phrase if a patient is not able to share the information accurately.

• Ask the patient to share the information again, until you are comfortable they really understand it.

• If they still do not understand, consider other strategies (pictures, videos, analogies).
Ask patients to demonstrate understanding…

- “What will you tell your family about your condition?”

- “I want to be sure I explained everything clearly, so can you please explain it back to me so I can be sure I did.”

- “Show me what you would do.”
• Simple content = Easier for medical interpreters.
  – Start with your three points.
  – What do you want the patient to do?

• Show, ...don’t tell.
  – Use models, visuals, pictures
  – Avoid jargon
  – Use “prescription” sheets even for Over The Counter
  – Role play
  – Watch the total physical response/ non-verbal cues
Examples of available tools

• Ask Me 3: http://www.npsf.org/askme3/
• Teach back method
• Audio & Visual aids: diagrams, photos, videos, analogies, 3-D models, audiotapes / CD-ROMs

Free Readability Level formulas available:

1. The Flesch Reading Ease formula
2. The Flesch-Kincaid Grade Level
3. The Fog Scale (Gunning FOG Formula)
4. The SMOG Index
5. The Coleman-Liau Index
6. Automated Readability Index
7. Linsear Write Formula

• Commercial health literacy software is also available
Electronic Health Records (EHR)

• EHRs can expose potential safety problems when they occur, helping providers avoid more serious consequences for patients and leading to better patient outcomes. For example, increased completion of daily fall assessment helping to avoid prolonged hospital stays.
MedlinePlus Connect

• *Linking Patient Portals and EHRs to Consumer Health Information*
• STEADI (CDC) pocket guide for providers

• Health literacy is complex and multifaceted
• Research shows everyone appreciates and benefits from plain language and simple, straightforward health messages
• We shared information on 8 national health literacy initiatives
• We provided evidence-based recommendations on developing health education materials
• We encourage making communication an interactive loop
• We provided some existing tools and some new innovations
Contact Information

Contact the CAPTURE Falls Research Team at:

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Health Literacy Out Loud Podcasts
http://www.healthliteracy.com/podcast.asp

Simply Put

Plain Language  http://www.plainlanguage.gov/howto/index.cfm

Ask Me 3:  http://www.npsf.org/askme3/

Help Your Patients Succeed:  Includes teach back.
http://www.pfizerhealthliteracy.com/public-health-professionals/tips-for-providers.html
Resources

Healthy People 2020: www.healthypeople.gov

National Health Literacy Action Plan
http://www.health.gov/communication/hlactionplan/

Institute of Medicine’s 10 Attributes of a Health Literate Organization
http://www.iom.edu/~/media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_HLit_Attributes.pdf

National Culturally and Linguistically Appropriate Services (CLAS) Standards

CDC Clear Communication Index
http://www.cdc.gov/healthcommunication/ClearCommunicationIndex/

The Patient Education Materials Assessment Tool (PEMAT) and User’s Guide
References


Slide 15: National Patient Safety Foundation, Partnership for Clear Health Communication


References, cont.


Slide 26: Ten Attributes of Health Literate Health Care Organizations (Institute of Medicine, 2012), [http://www.iom.edu/Global/Perspectives/2012/HealthLitAttributes.aspx](http://www.iom.edu/Global/Perspectives/2012/HealthLitAttributes.aspx)


Slide 39: Readability Formulas: www.readabilityformulas.com

Slide 40: Benefits of EHRs, Improved Diagnostics & Patient Outcomes

http://www.healthit.gov/providers-professionals/improved-diagnostics-patient-outcomes

Slide 41: MedlinePlus Connect: Linking Patient Portals and EHRs to Consumer Health Information


Slide 42: CDC, Stopping Elderly Accidents, Deaths, and Injuries (STEADI)

http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html?s_cid=tw_injdir154#download
CAPTURE Falls
Collaboration and Proactive Teamwork Used to Reduce
http://unmc.edu/patient-safety/capture_falls.htm