WHO Collaborating Centre for Health Promotion in Hospitals and Health Care

Gesundheit Österreich GmbH

The Vienna model for health literate hospitals: engaging patients and caregivers

Jürgen M. Pelikan, Professor em. (University of Vienna), PhD
Director, WHO-CC Health Promotion in Hospitals and Health Care
at Gesundheit Österreich GmbH, Vienna / Austria

8th Annual Health Literacy Research Conference

Panel: Health literate hospitals: meeting the needs of patients and caregivers

Bethesda, October 14th 2016

Overview

1. Why investing in Health Literate Hospitals?
   - » Our understanding of health literacy & hospitals
   - » Problems of patients with limited HL in health care
2. What are Health Literate Hospitals all about?
3. How to implement Health Literate Hospitals?

1. WHY INVESTING IN HEALTH LITERATE HOSPITALS?

Understanding of Health Literacy as a relational concept – That has consequences for measurement and interventions!

Measure personal HL competences

Measure fit of HL competences to HL demands

Measure situational HL demands and support

(Parker, 2009)

Improve individual/ population HL by offers for personal learning (education, training)

Compensate for HL deficits of disadvantaged groups by specific compensatory measures

Improve organizational HL by reducing situational demands & offering specific institutional support > develop health literate settings

Why health literate – or health literacy sensitive– hospitals for patients and care givers?

- Considerable proportions of the general population and even larger proportions of patients´ have limited health literacy (HL) in the US, in Europe, in Asia, in Australia.
- Patients with limited HL have problems in adequately using health care & hospitals and worse outcomes in treatment.
- Limited HL does not just result from low personal knowledge, competences & motivation concerning health, but also from high demands and complexities of Health Care organizations.
- Therefore, limited HL can be tackled by hospitals and other health care organizations by lessening their demands and offering compensatory resources and also by better educating patients & care givers
- Health literate hospitals should combine both strategies to enable and empower their patients and their caregivers!

2. WHAT ARE HEALTH LITERATE HOSPITALS ALL ABOUT?

IOM Concept of Health Literate Health Care Organizations

"A health literate organization makes it easier for people to navigate, understand, and use information and services to take care of their health."

(Brach et al. 2012)

This graphic reflects the views of the authors of the Discussion Paper "Ten Attributes of Health Literate Health Care Organizations" and not necessarily of the authors' organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.

INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES
Advising the nation • Improving health

Ten attributes of health literate (healthcare) organizations

A health literate organization … (Brach et al. 2012)

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

General Change / quality / risk management Relating to participation principle Specific HL content

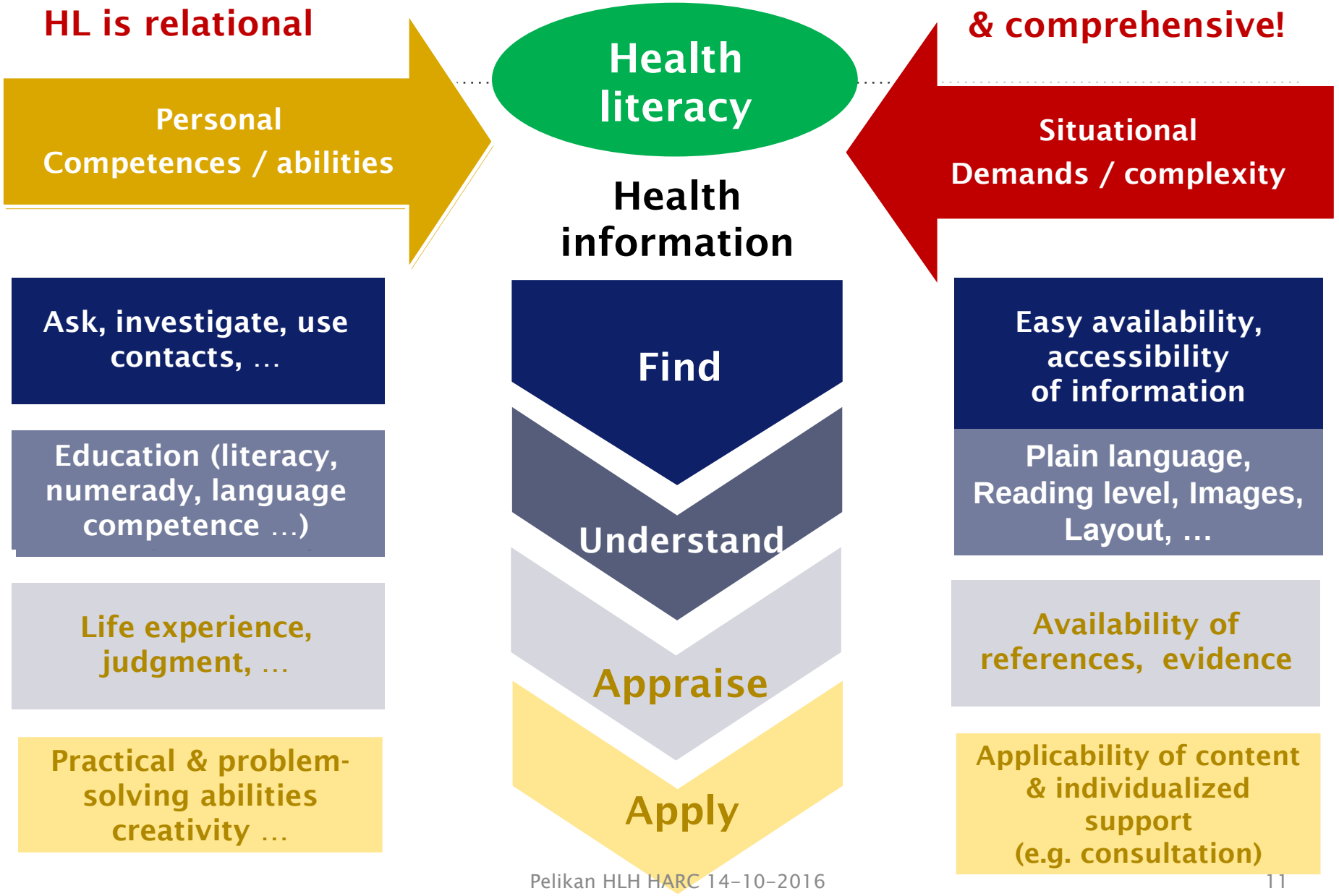
Limitations of IOM-attributes and goals for Vienna study

- Limitations of already complex IOM attributes:
  - Start from limitations of rather specific individual oriented health literacy research, with still a clinical bias
  - Have a narrow understanding of stakeholders (mainly patients) and of relevant functions (mainly treatment of patients) of HLHCO

- Goals for Vienna concept:
  - Health literacy as a core concept of health promotion and health promotion a relevant aspect of quality in reoriented health services
  - Comprehensive & relational understanding of health literacy
  - Integration of health literacy into strategies of the comprehensive setting approach of Health Promoting Hospitals
  - Making more explicit use of quality methodology

Steps and methods of Vienna-HLO study 2014/2015

- Comprehensive literature search on health literate healthcare organizations
- Cross-check with other healthcare reform movements
  - Quality movements & Health Promoting Hospitals & Health Services
- Development of a cognitive map & model and of standards, sub-standards and indicators for an organizational self-assessment tool
- Standards development according to criteria of the International Society for Quality in Healthcare (ISQua)
  - Identification & translation of indicators – 113 Indicators from 20 instruments
  - Development of 47 new indicators for areas not covered in the literature (especially HL of staff, lifestyle development)
  - Consultation of experts and stakeholders
- Feasibility study in 9 Austrian hospitals, self-assessment & questions on tool, follow-up interviews with coordinators
- Revision of self-assessment tool based on results of this study
- Translation of tool into English language
- Tool-box for improving organizational health literacy
- Publications in German language, publications in English language (in press)
- Preparations for a Working Group on HLO in international HPH network


HL is relational
& comprehensive!
Health literacy
Personal
Competences / abilities
Situational
Demands / complexity
Health information
Ask, investigate, use contacts, …
Education (literacy, numerady, language competence …)
Life experience, judgment, …
Practical & problem-solving abilities creativity …
Find
Understand
Appraise
Apply
Easy availability, accessibility of information
Plain language, Reading level, Images, Layout, …
Availability of references, evidence
Applicability of content & individualized support (e.g. consultation)

Cognitive map of the Vienna-HLO study based on whole systems approach of strategies of HPH

HL of / HL for	Stakeholder groups			D) Organizational structures & processes – capacities for implementation
	A) Patients	B) Staff	C) Community	
1) Access to, & living & working in the hospital	A1) HL for living & navigating	B1) HL for navigating & working	C1) HL for navigating & access	Di) Leadership & capacity building for implementing HL Dii) Monitoring of HL of structures & processes Diii) Advocacy & networking for HL
2) Diagnosis, treatment & care	A2) HL for co-producing health	B2) HL for health literate patient communication	C2) HL for co-production of continuous & integrated care	
3) Disease management & prevention	A3) HL for disease management & prevention	B3) HL for disease management & prevention	C3) HL for disease management & prevention	
4) Healthy lifestyle development	A4) HL for healthy lifestyle development	B4) HL for healthy lifestyle development	C4) HL for healthy lifestyle development	

Self-assessment tool following the Vienna-HLO model

	Patients	Staff	Community	Organizational structures & processes – capacities implementation
Domain1: Access to, living & working in the organization	**Standard 4: Navigation assistance** 4.1 Barrier-free contact via website and telephone 4.2 Provision of information relevant for arrival and hospital stay 4.3 Availability of support at main entrance 4.4 Clear and easy-to-understand navigation system 4.5 Free availability of health information for patients and visitors			**Standard 1: Management policy and organizational structures** 1.1 HL as corporate responsibility 1.2 Quality assurance of HL **Standard 2: Participative development of materials and services** 2.1 Participation of patients 2.2 Participation of staff **Standard 9: Dissemination and further development** 9.1 support of the dissemination and further development of health literacy
Domain 2: Diagnosis, treatment & care	**Standard 5: HL in patient communication** 5.1 in spoken communication 5.2 in written communication 5.3 support by language translators and interpreters 5.4 also in high-risk situations	**Standard 3: Develop HL skills of staff for patient communication** 3.1 for all situations that involve communication	**Standard 8: Contribute to HL in the region** 8.1: promotion of continuous and integrated care	
Domain 3: Disease management & prevention	**Standard 6: Promote HL of patients and relatives** 6.1 for disease-specific self-management	**Standard 7: Promote HL of staff** 7.1 for the self-management of occupational health and safety risks		
Domain4: Healthy lifestyle development	**Standard 6: Promote HL of patients and relatives** 6.2 for healthy lifestyle development	**Standard 7: Promote HL of staff HL** 7.2 for healthy lifestyles	**Standard 8: Contribute to HL in the region** 8.2 contribution to public health within the realm of possibility	

The 9 standards of the Vienna-HLO model (with 22 sub-standards, 160 indicators)

1. Provide (organizational) capacities, infra-structures & resources for health literacy in the organization
2. Develop & evaluate materials and services in participation with users
3. Qualify staff for HL communication
4. Develop a supportive environment – provide navigation assistance
5. Apply HL communication principles in all routine communications – in spoken, written, audio-visual and digital communication & by providing interpreting and translation support
6. Improve personal HL of patients & significant others by learning offers
7. Improve personal HL of staff by learning offers
8. Improve HL in the organization's community & catchment area
9. Share experiences & be a role model for HL in the health care community

Standard 2: Developing and evaluating materials and services in a participatory manner

- **Content**:
  - The organization involves patients and staff who are targeted by specific documents and services in the development and evaluation of these.
- **Sub-standards**:

2.1 The organization involves patients in the development and evaluation of documents and services.

1. Rules of communication and communication processes are developed and tested together with representatives of the target group(s), e.g. persons with poor reading skills, representatives of certain linguistic groups.
2. Representatives of the target group(s) are involved in the development and testing of documents and materials for patients, e.g. info-sheets, legal information, informed consent forms, apps.
3. Documents are developed and tested together with representatives of self-help organizations and patient advocates.
4. (Former) Patients are involved in staff training to provide feedback on staff's communication quality.
5. Feedback- and complaints procedures are available regarding comprehensibility of documents and of provided services.

2.2 The organization involves staff in the development and evaluation of documents and services.

Standard 5: Use health literacy best practices in patient communication

- **Content**:
  - Patient communication follows principles of health literacy best practice. This applies to all forms of communication and all standard situations, e.g. admission, medical history taking, ward rounds, and discharge. Thereby, communication needs of different patient groups have to be considered.

- **Sub-standards**:
  - 5.1 Oral communication with patient is easy to understand and act on.
  - 5.2 Design and applications of written materials are easy to understand and act on.
  - 5.3 Design and application of computer apps and new media are easy to understand and act on.
  - 5.4 Communication in native languages of patients is supported by personnel and material resources.
  - 5.5 Communication is easy to understand and act on also in high-risk situations

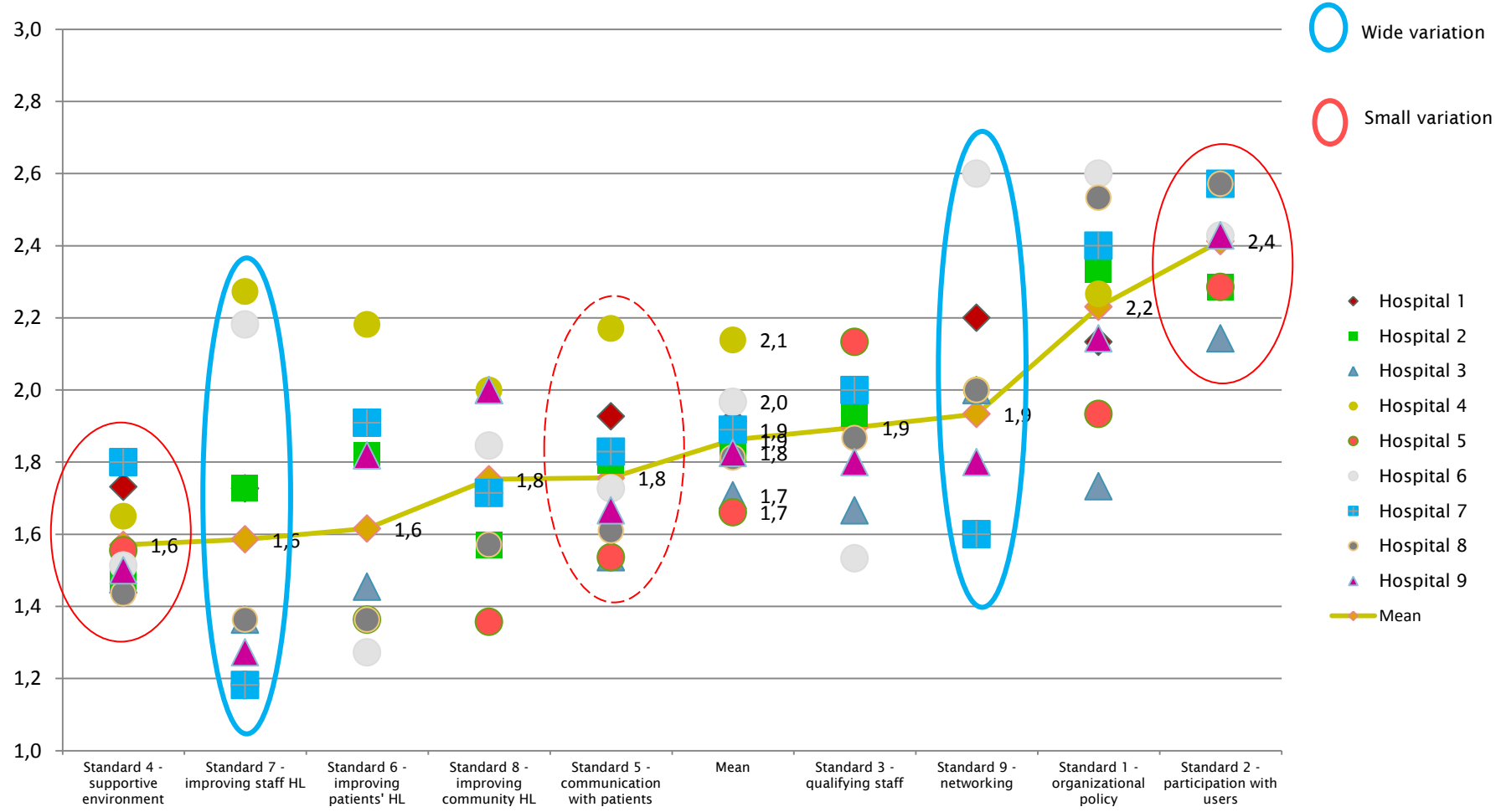
Sub-Standard 5.1 Oral communication with patients is easy to understand and act on.

1. There are guidelines for oral patient communication which follow health literacy precautions/best practices, e.g. plain language, teach back. These are applicable to all situations of communication. (Also see basic principles of oral communication in attachment 3).
2. Communication guidelines consider the needs of different patient groups, e.g. members of different linguistic groups, people with impaired hearing or visual impairment, people with different intellectual capabilities.
3. Communication guidelines consider the ethnic and cultural diversity of patients, e.g. the need to involve relatives.
4. Patient information about diagnosis and therapy is comprehensive, follows the current state of the art, and enables patients to take decisions on treatment together with professionals.
5. Patients are encouraged to ask questions, e.g. Ask Me Three. See glossary.
6. Patients are allowed and encouraged to bring family or friends to meetings with staff.
7. Patient consultations take place in spatial arrangements that support effective communication, e.g. private counseling space, noiseless environment)
8. Sufficient time for patient consultations is ensured.
9. Patient consultations are only conducted with receptive patients, e.g. not shortly after anesthesia.
10. Patients can arrange consultations with staff.

Testing of the Vienna-HLO self-assessment tool by an Austrian feasibility study

- Aim:
  - Explore whether standards, sub-standards and indicators are & procedure of self-assessment is understandable, relevant and doable
  - Results are useful for organizational diagnosis and benchmarking
- Methods:
  - Self-assessment in 9 Austrian hospitals, differing in type and region, between October 2014 and March 2015
  - Descriptive analysis of self-assessment data and of feedback on the tool & follow-up interviews with coordinators of the self assessment in hospitals
- Results:
  - The standards are seen as relevant & the self-assessment tool as comprehensible and feasible, but some improvements of phrasing resulted from the piloting
  - The tool is sensitive, since there was enough variation between different standards and hospitals
  - Self-assessment can support organizational diagnosis & benchmarking & identification of areas in need for development
  - The model is comprehensive, but can be modularized for implementation
  - Specific improvements can be initiated by using the tool box

Results of the Vienna-HLO feasibility study: variation of mean values of standards and hospitals



Dietscher & Pelikan 2015

3. HOW TO IMPLEMENT HEALTH LITERATE HOSPITALS?

Steps for setting up a Health Literate Hospital following standard procedures of organizational change management

1. Decision by Management to go into the direction of an HLH
2. Inviting stakeholders for an implementation project with adequate resources
3. Adapting and executing the self-assessment tool in the organization
4. Data analysis for defining a status quo diagnosis
5. Deciding on priorities where improvement is mostly necessary & establishing project groups for implementation
6. Using toolbox for implementing specific measures to improve the organization

References

- Brach C, Keller D, Hernandez LM et al. (2012). Ten Attributes of Health Literate Health Care Organizations. Washington (DC): National Academy of Sciences: Institute of Medicine.
- Dietscher, C., Lorenc, J., & Pelikan, J. M. (2014). Selbstbewertungs-Instrument für die organisationale Gesundheitskompetenz von Krankenhäusern. [Self assessment tool for the organizational health literacy of hospitals.] Vienna: LBIHPR & ONGKG
- Dietscher, C., Lorenc, J., & Pelikan, J. M. (2015a). Pilottestung zum „Selbstbewertungs-Instrument für die organisationale Gesundheitskompetenz von Krankenhäusern“ gemäß dem Wiener Konzept Gesundheitskompetenter Krankenbehandlungsorganisationen. LBIHPR Forschungsbericht. [Pilot testing of “Self assessment tool for the organizational health literacy of hospitals”. LBIHPR Research report.] Vienna: LBIHPR.
- Dietscher, C., Lorenc, J., & Pelikan, J. M. (2015b). Toolbox 2015 zum Wiener Konzept Gesundheitskompetenter Krankenbehandlungsorganisationen. [Toolbox 2005 for the Vienna concept for health literate health care organizations.] Vienna: LBIHPR
- Dietscher, C., & Pelikan, J. M. (2015). Gesundheitskompetente Krankenbehandlungsorganisationen. [Health literate health care organizations.] *Prävention und Gesundheitsförderung*. First Online. doi: 10.1007/s11553-015-0523-0
- Dietscher, C., Pelikan J.M. (2016) Health-literate hospitals and healthcare organizations. Results from an Austrian feasibility study on the self-assessment of organizational health literacy in hospitals. In: Schaeffer, D., Pelikan J.M. (eds.) Health Literacy. Die zunehmende Bedeutung von Wissen und Kompetenz für die Gesundheit. Hogrefe, in press
- Parker R (2009). Measuring Health Literacy: What? So What? Now What? Institute of Medicine, Roundtable on Health Literacy, Washington (DC): National Academy Press.
- Pelikan, J. M., & Dietscher, C. (2015a). Gesundheitskompetenz im System der Krankenversorgung. [Health literacy in the system of health care.] *Journal für Gesundheitsförderung, 2*, 28-33.
- Pelikan, J. M., & Dietscher, C. (2015b). Warum sollten und wie können Krankenhäuser ihre organisationale Gesundheitskompetenz verbessern? [Why should and how can hospitals improve their health literacy?] *Bundesgesundheitsblatt*, (58), 989-995, doi: 10.1007/s00103-015-2206-6.
- WHO Regional Office for Europe (2013): Health Literacy. The Solid Facts. http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf

Thank you very much for your kind attention!

Contact

Jürgen M. Pelikan

Stubenring 6
1010 Vienna, Austria
T: +43 1 515 61- 381
F: +43 1 513 84 72
E: juergen.pelikan@goeg.at

www.goeg.at