

Carolinas HealthCare System

Health Literacy: A Critical Success Factor for Quality Health Care

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Carolinas HealthCare System

Uncompromising Excellence. Commitment to Care.

Carolinas Healthcare System

Third largest nonprofit healthcare system

More than 30 owned, leased, or managed hospitals, long-term care facilities, and home health agencies

Six hundred care locations

Two thousand physicians

Research

Education: Residency programs

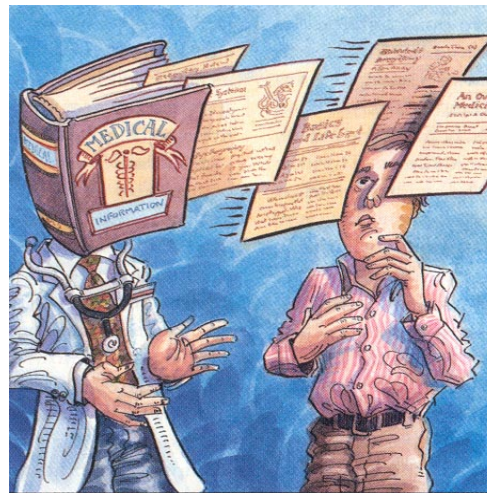


Carolinas Healthcare System Health Literacy Collaborative

A Change Package to Improve Patient-Provider Communication

Health Literacy: “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

(source: www.hrsa.gov/healthliteracy)



CHS Collaborative

Impact of Health Literacy on a Healthcare System

The consequences of low health literacy are devastating to the nation's overall health and healthcare systems. A few examples:

- 43% of adults have basic or below basic literacy (2003 nat'l Assessment of Adult Literacy)
- A 2007 study est. annual cost of low health literacy at \$106 - \$236 billion
- Only 50% of all patients take medications correctly
- Adults with low health literacy
 - average 6% more hospital visits
 - remain in the hospital 2 days longer
 - have earlier mortality
- Annual healthcare costs 4 times higher for those with low literacy
- 3 in 4 ER patients do not fully understand discharge instructions
- 60% of low health literacy patients do not understand informed consent = legal implications



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Impact of Health Literacy on a Healthcare System

In addition to enhancing patient care and the patient experience, there are a number of regulatory forces driving health literacy improvement:

- The Joint Commission has several new health literacy-related standards holding facilities accountable for communication
- 9 of the 24 National Patient Safety Goals are directly impacted by patient-provider communication
- 3 IOM Quality Chasm Report aims involve health literacy
- How a facility handles patient communication and patients with lower health literacy affects patient satisfaction scores
- CMS HCAHPS have 4 health literacy-related domains designed to improve quality



CHS Collaborative System Response

A 2009 task force studied health literacy strategies across the system.

Recommendations resulted in executive leadership establishing health literacy as a key initiative, funding a system-wide multi-state collaborative to standardize and improve health literacy management:

- Need to increase health literacy awareness to improve quality and patient safety outcomes across the system
- Failure to address health literacy has significant patient safety, clinical outcomes, and financial ramifications
- Developing strategies for addressing low health literacy and enhancing patient understanding benefits patient and provider
- Improvements create practical, supportive, evidence-based interactions between an informed, activated patient and family and a prepared, proactive practice team



CHS Collaborative System Response

The project was an experiment on many levels:

- first system-wide collaborative for CHS
- a test of the IHI-collaborative model as a tool for such a large system to ensure uniform excellence and promote shared learning
- system's first attempt at creating a large-scale, customized database for QI; entailed
 - development plan
 - building phase
 - testing phase
 - troubleshooting
 - maintenance



CHS Collaborative System Response

For 1 year, teams worked together using the Model for Improvement with a change package. Key elements:

- Increase awareness, implement / evaluate strategies
- IHI-style collaborative to make “breakthrough” improvements
- Use Quality Improvement tools and methodology
- Categories for health literacy improvement
 - Patient communication
 - Provider education
 - Patient satisfaction
- 24 teams from facilities in North and South Carolina
- Universal measures for each team, while also supporting unique, facility-specific efforts
- Begin with a pilot site, then spread in 2011

The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available on www.IHI.org)



CHS Collaborative System Response

Long-range goal - maximize the quality of care for all patients within the framework of health literacy across the system.

Delivering demonstrably better care will lead to improved outcomes for patients and their families.

Short-range goal - teams to implement 11 required changes from an evidence-based change package of 28 items over a one year period.

The change package was based on the AHRQ's newly released Health Literacy Toolkit.

Universal implementation of these 11 changes ensures that the system as a whole addresses health literacy at a basic level.



CHS Collaborative

Anatomy of a Health Literacy Collaborative

Measurable Collaborative Goals

- 1) 90% of facilities complete pre- and post-assessment surveys by conclusion of Collaborative
- 2) 90% of invited facilities participate
- 3) 90% of teams submit data on a monthly basis
- 4) 90% of teams rate “satisfaction with collaborative” at 4.0 or higher on a 5-point evaluation scale
- 5) 50% of teams will achieve a self-rating score of 4.0 or higher on the IHI scale

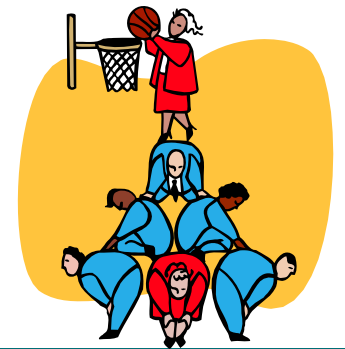


CHS Collaborative

Anatomy of a Health Literacy Collaborative

Measurable Team Goals

- 1) 25% improvement on pre- and post-assessment survey by April 2011
- 2) 75% of staff demonstrating use of Teach Back by April 2011
- 3) 75% of staff demonstrating use of Ask Me 3 by April 2011
- 4) 100% of staff complete mandatory testing module by end of the year
- 5) Teams achieve a change score of 11 or better by April 2011



CHS Collaborative

Anatomy of a Health Literacy Collaborative

Collaborative Format

- **Two Learning Sessions**
 - Pre-work assignments
 - Health Literacy expert presentations
 - Learn and use Quality tools and methodology
- **Action period: carried out PDSA cycles and submitted data**
- **Conference calls**
- **Monthly reports**
- **Custom-designed database**
- **CHS web-based SharePoint site**
- **ListServ**



CHS Collaborative

Anatomy of a Health Literacy Collaborative

Improvement Process

Collaborative participants applied the Model for Improvement (MFI) to a health literacy framework. The MFI asks 3 questions:

- 1) What are we trying to accomplish?
- 2) How will we know changes are an improvement?
- 3) What changes can we make that will result in improvement?

Rapid testing with PDSA cycles is used throughout the MFI.



CHS Collaborative

Anatomy of a Health Literacy Collaborative

Teams must address the following items from the overall package:

- Establish a team with identified roles
- Complete organizational assessment
- Raise staff awareness of Health Literacy
- Employ “Teach Back”
- Employ “Ask Me 3”
- Implement Annual Required Module on Health Literacy
- Incorporate Health Literacy into new employee orientation
- Establish a process to inventory and discard patient education materials older than 2005
- Establish a process for approval of patient forms
- Establish a process for approval of patient education materials
- Obtain patient feedback to improve Health Literacy practices



CHS Collaborative

Anatomy of a Health Literacy Collaborative

Building teams and consensus were key components:

- system leadership notified facility executives of the opportunity and asked them to identify teams
- CHS Management liaison worked with Performance Improvement contacts to assemble teams
- many teams formed around the original task force members
- team consisted of 5 – 8 individuals, 2 – 4 of whom (champion + clinical staff member at least) attended learning sessions
 - nearly all teams included nurses
 - many teams also involved performance improvement coaches
 - other team members include (e.g.) staff educators, rehabilitation interpreters, home health caregivers
- during the action period, teams used many tactics to onboard unit staff, e.g. involving management, staff development, human relations, and leadership development staff
- teams found staff satisfaction surveys and patient feedback extremely helpful in driving change



CHS Collaborative

Collaborative Outcomes

Teams implemented changes in ways best suited to each facility, e.g.:

- Added Health Literacy, Teach Back, and Ask Me 3 to annual mandatory Professional Development Days (“Skills Fair”)
- Incorporated Health Literacy into Employee Forums
- Created “Ask Me 3” bulletin board to encourage patients to ask questions
- Presented Health Literacy at staff meetings and service excellence orientations
- Incorporated 6-minute Health Literacy video into Annual Required Module
- Conducted weekly coaching with other staff, focused on Teach Back and Ask Me 3 role play
- Required mandatory attendance at 1-hr learning session for pilot unit members
- Used National Patient Safety posters and Ask Me 3 handouts
- Developed “Key Communications Strategies” flyer
- Revised orientation process to focus on Health Literacy
- Established interdisciplinary Patient Communication Committee
- Followed up with patient instructions after discharge
- Improved signage for directions and room numbers
- Obtained volunteers to assist patients and families with way finding



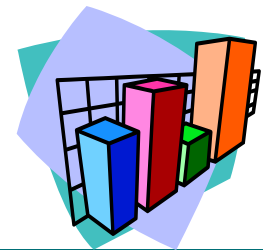
CHS Collaborative

Collaborative Outcomes

While not all of the goals have been met yet, the Dashboard shows clear improvement in most categories.

Report out and communication have driven progress:

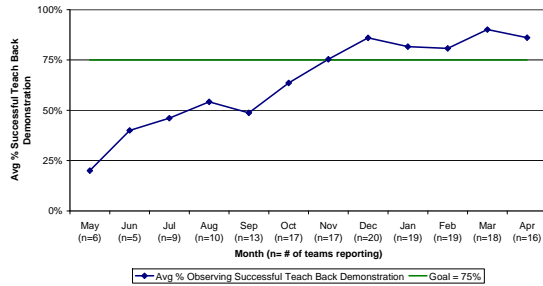
- Teams submitted monthly data and progress narratives into the database with Collaborative leadership and coaches monitoring results.
- Teams were encouraged to submit monthly reports to their senior leaders.
- Collaborative leadership met regularly with system leadership regarding progress.
- System leadership sent periodic updates to facility executives.
- The project was spotlighted at the 2010 CHS Leadership Development Institute
- Will be addressed with the Board of Trustees in 2011



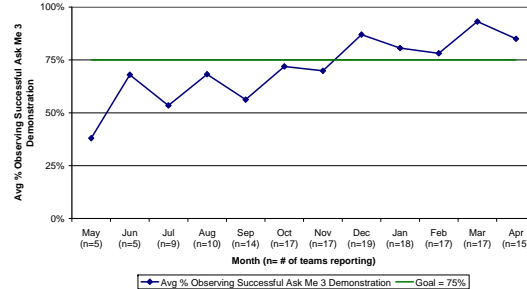
CHS Collaborative

Collaborative Outcomes

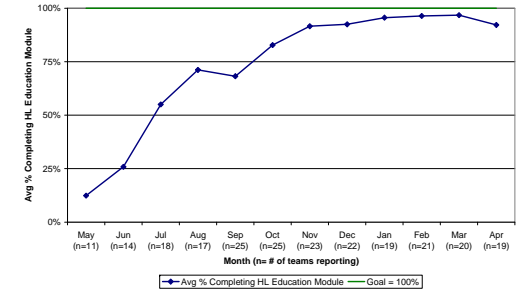
Goal 1: Successful Use of Teach Back



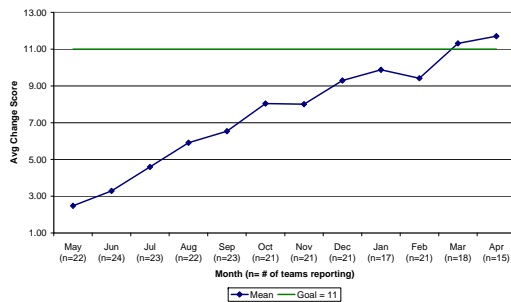
Goal 2: Successful Use of Ask Me 3



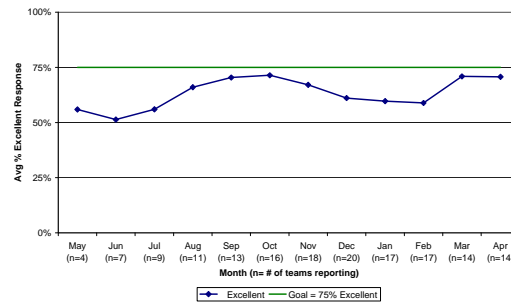
Goal 3: Completion of HL Education Module



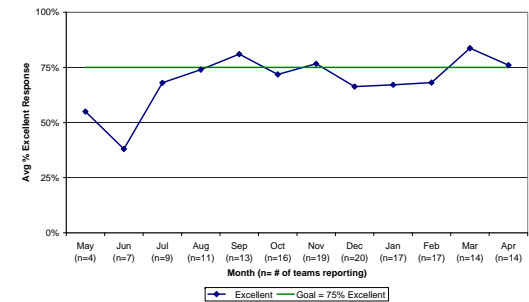
Goals 4-5: Achieve a Change Score of 11.00



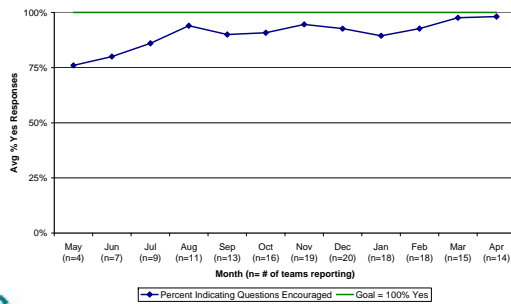
Goal 6: Patient Feedback Question #1 MD Communication



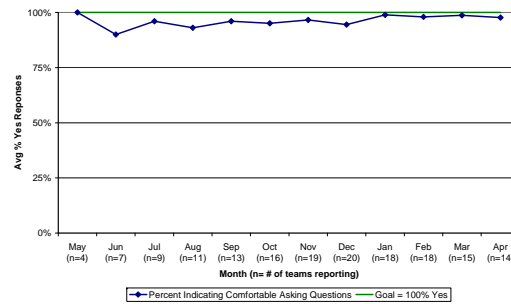
Goal 6: Patient Feedback Question #2 Non-MD Communication



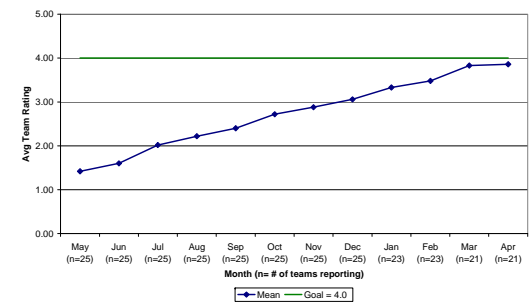
Goal 6: Patient Feedback Question #3 Questions Were Encouraged



Goal 6: Patient Feedback Question #4 Comfortable Asking Questions



Goal 7: Achieve a Team Rating of 4.0 (4.0 = Significant Improvement)



CHS Collaborative

Collaborative Outcomes

Many lessons were learned, and will inform future initiatives.

Learning Session evaluations

- Participants appreciated opportunity to share how other facilities accomplished steps
- Participants want more role play experience
- More help with understanding data and data collection

Collaborative leadership recommendations

- Extend planning time prior to event
- 3 learning sessions (6 days total) would be ideal
- Need content expert for entire collaborative
- Teams need strong leadership, organization, and manager involvement from the beginning



CHS Collaborative

Collaborative Outcomes

Reported barriers

- Time constraints and competing priorities; staff availability
- Funding at the facility-level for initiatives
- Challenges balancing the legal requirements of consent forms with literacy requirements
- Senior leader engagement

Reported learning

- Use small sample sizes with PDSA cycles
- Spread the word at every opportunity
- Involve physicians
- Need for hard-wiring (awareness→action)



CHS Collaborative

Spread and Sustainability

Currently developing spread and sustainability plans:

- Maintain the database, so data can drive ongoing work
- Facilities to hold their own mini-collaboratives, including ancillary staff and physicians. All teams to use a core bundle:
 - 6-minute AMA video: *It's Hard to Be a Patient*
 - Teach Back training
 - Ask Me 3 training
 - Health Literacy education module
- Expand database to encompass new units as the spread plan is enacted
- Possibly create a QSOC for Health Literacy to address the issue of long-term ownership



CHS Collaborative

Spread and Sustainability

Many teams have already begun sharing knowledge in unique ways. Some examples include:

- creating introductory Health Literacy workshop; partnering with local community college to educate healthcare professionals from several community agencies
- creating a poster for display in the main lobby with take-away handouts and resource materials
- providing a Health Literacy in-service to all facility physical therapy staff, respiratory therapy staff, RN case managers, social workers
- working with Marketing Dept to create Ask Me 3 and Teach Back table tents for staff lounges and mouse pads to be distributed across the institution

