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

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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

**Personal Skills/Abilities**

**Health Literacy**

**Situational Demands/Complexity**

- 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

(Parker, 2009)
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)
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
Health literacy

Personal Competences / abilities

- Ask, investigate, use contacts, ...
- Education (literacy, numeracy, language competence …)
- Life experience, judgment, …
- Practical & problem-solving abilities, creativity …

Health information

Find
Understand
Appraise
Apply

Situational Demands / complexity

- Easy availability, accessibility of information
  - Plain language, Reading level, Images, Layout, …
- Availability of references, evidence
- Applicability of content & individualized support (e.g. consultation)

HL is relational

& comprehensive!

- HL is relational & comprehensive!
Cognitive map of the Vienna–HLO study based on whole systems approach of strategies of HPH

<table>
<thead>
<tr>
<th>HL of HL for</th>
<th>Stakeholder groups</th>
<th>D) Organizational structures &amp; processes – capacities for implementation</th>
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<tbody>
<tr>
<td>1) Access to, &amp; living &amp; working in the hospital</td>
<td>A) Patients</td>
<td>B) Staff</td>
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<td>A1) HL for living &amp; navigating</td>
<td>B1) HL for navigating &amp; working</td>
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<td>3) Disease management &amp; prevention</td>
<td>A3) HL for disease management &amp; prevention</td>
<td>B3) HL for disease management &amp; prevention</td>
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<tr>
<td>4) Healthy lifestyle development</td>
<td>A4) HL for healthy lifestyle development</td>
<td>B4) HL for healthy lifestyle development</td>
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# Self-assessment tool following the Vienna-HLO model

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<thead>
<tr>
<th>Domain 1: Access to, living &amp; working in the organization</th>
<th>Patients</th>
<th>Staff</th>
<th>Community</th>
<th>Organizational structures &amp; processes – capacities implementation</th>
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<tbody>
<tr>
<td><strong>Standard 4: Navigation assistance</strong></td>
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<td><strong>Standard 1:</strong> Management policy and organizational structures</td>
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<tr>
<td>4.1 Barrier-free contact via website and telephone</td>
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<td>1.1 HL as corporate responsibility</td>
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<td>4.2 Provision of information relevant for arrival and hospital stay</td>
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<td>1.2 Quality assurance of HL</td>
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<td>4.3 Availability of support at main entrance</td>
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<td><strong>Standard 2:</strong> Participative development of materials and services</td>
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<tr>
<td>4.4 Clear and easy-to-understand navigation system</td>
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<td>2.1 Participation of patients</td>
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<tr>
<td>4.5 Free availability of health information for patients and visitors</td>
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<td>2.2 Participation of staff</td>
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<tr>
<th>Domain 2: Diagnosis, treatment &amp; care</th>
<th>Patients</th>
<th>Staff</th>
<th>Community</th>
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<td><strong>Standard 5: HL in patient communication</strong></td>
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<td><strong>Standard 8:</strong> Contribute to HL in the region</td>
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<td>5.1 in spoken communication</td>
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<td>8.1: promotion of continuous and integrated care</td>
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<td>5.2 in written communication</td>
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<td><strong>Standard 9:</strong> Dissemination and further development</td>
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<td>5.3 support by language translators and interpreters</td>
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<td>9.1 support of the dissemination and further development of health literacy</td>
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<td>5.4 also in high-risk situations</td>
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<td><strong>Standard 7:</strong> Promote HL of staff HL</td>
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<th>Domain 3: Disease management &amp; prevention</th>
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<th>Staff</th>
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<td><strong>Standard 6: Promote HL of patients and relatives</strong></td>
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<td><strong>Standard 8:</strong> Contribute to HL in the region</td>
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<td>6.1 for disease-specific self-management</td>
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<td>8.2 contribution to public health within the realm of possibility</td>
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<td>7.1 for the self-management of occupational health and safety risks</td>
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<th>Domain 4: Healthy lifestyle development</th>
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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:**
  1. **Oral** communication with patient is easy to understand and act on.
  2. Design and applications of **written materials** are easy to understand and act on.
  3. Design and application of **computer apps and new media** are easy to understand and act on.
  4. Communication in **native languages** of patients is supported by personnel and material resources.
  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

Wide variation
Small variation

Dietscher & Pelikan 2015

Results

Gesundheit Österreich GmbH

WHO Collaborating Centre
for Health Promotion
in Hospitals and Health Care

Hospital 1
Hospital 2
Hospital 3
Hospital 4
Hospital 5
Hospital 6
Hospital 7
Hospital 8
Hospital 9

Standard 4 - supportive environment
Standard 7 - improving staff HL
Standard 6 - improving patients' HL
Standard 8 - improving community HL
Standard 5 - communication with patients
Standard 3 - qualifying staff
Standard 9 - networking
Standard 1 - organizational policy
Standard 2 - participation with users

Mean

Wide variation
Small variation

Pelikan HLH HARC 14–10–2016

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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

Thank you very much for your kind attention!

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