

On Becoming a Health Literate Organization: A Journey with Urgency

HARC VIII

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One



Carolinas HealthCare System

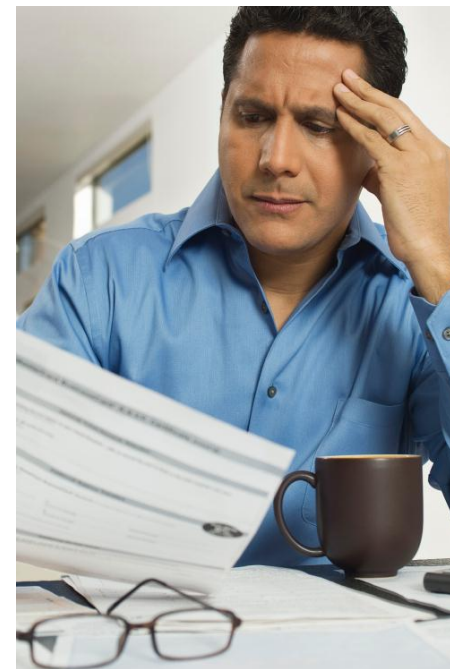
Health Literacy Equation



x



=



Skills / Abilities

x

Difficulty / Complexity

=

Health Literacy

Carolinas HealthCare System

- One of the nation's largest public, not-for-profit healthcare systems
- Full spectrum of healthcare and wellness programs throughout North and South Carolina
- 38 hospitals and 900 care locations
- 7,500 licensed beds
- 60,000 employees
- Annually serve over 3 million patients and have over 9 million patient encounters
- Region's only Level I Trauma Center

Carolinas HealthCare System

- Began as a single community hospital, but has evolved into a fully-integrated healthcare delivery network
- Operating as a single-unified enterprise, our goal is to provide seamless access to coordinated, high quality healthcare to everyone in our communities, close to home
- Nationally-recognized clinicians sharing expertise and collaborating with care teams across the system
- Unique structure allows us to deliver value in 3 important ways: through the patient experience, through quality outcomes and delivery process, and through cost and efficiency



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.

TABLE 1 Attributes of a Health Literate Organization*

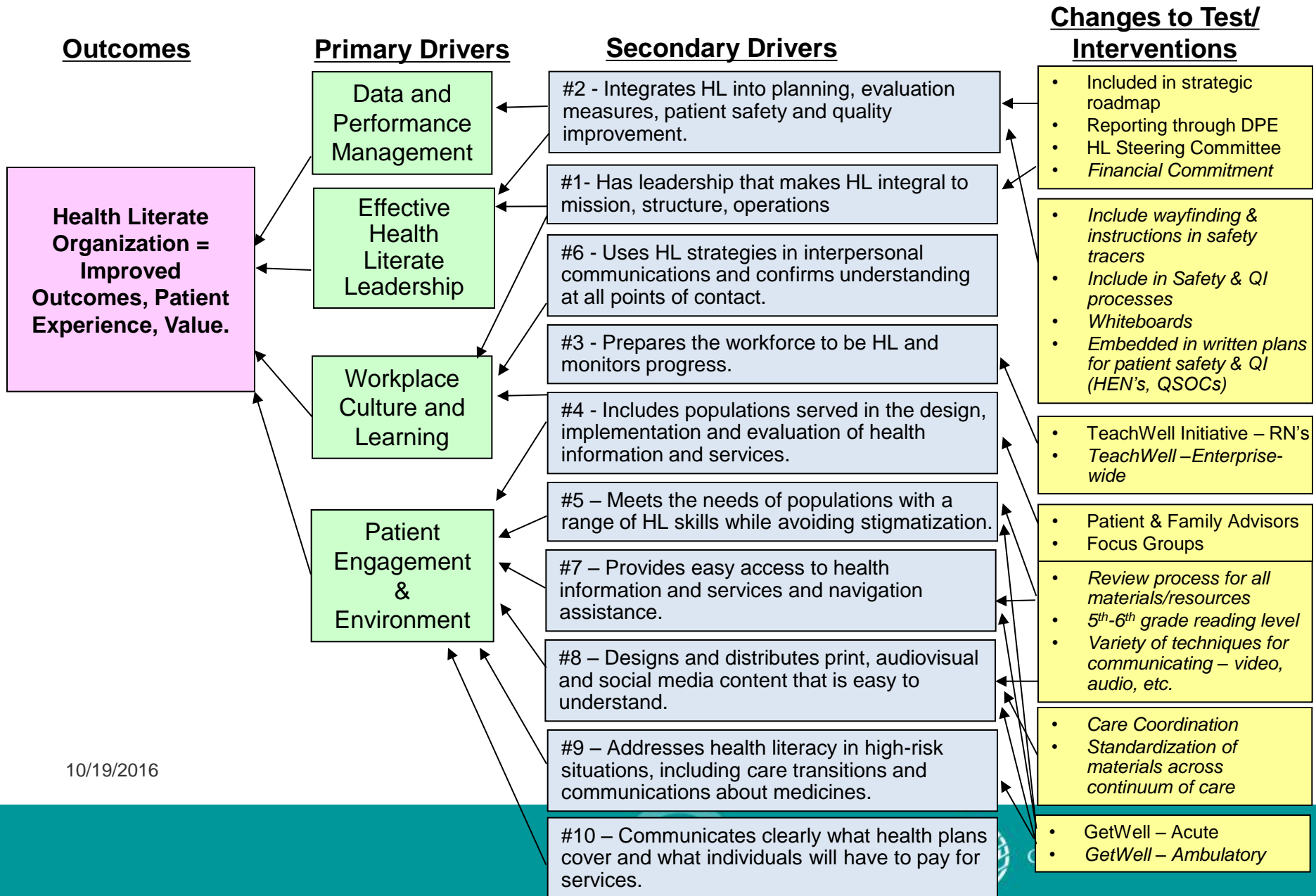
A Health Literate Organization:	Examples
1. Has leadership that makes health literacy integral to its mission, structure, and operations	<ul style="list-style-type: none"> • Develops and/ implements policies and standards • Sets goals for health literacy improvement, establishes accountability and provides incentives • Allocates fiscal and human resources • Redesigns systems and physical space
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement	<ul style="list-style-type: none"> • Conducts health literacy organizational assessments • Assesses the impact of policies and programs on individuals with limited health literacy • Factors health literacy into all patient safety plans
3. Prepares the workforce to be health literate and monitors progress	<ul style="list-style-type: none"> • Hires diverse staff with expertise in health literacy • Sets goals for training of staff at all levels
4. Includes populations served in the design, implementation, and evaluation of health information and services	<ul style="list-style-type: none"> • Includes individuals who are adult learners or have limited health literacy • Obtains feedback on health information and services from individuals who use them
5. Meets needs of populations with a range of health literacy skills while avoiding stigmatization	<ul style="list-style-type: none"> • Adopts health literacy universal precautions, such as offering everyone help with health literacy tasks • Allocates resources proportionate to the concentration of individuals with limited health literacy
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact	<ul style="list-style-type: none"> • Confirms understanding (e.g., using the Teach-Back, Show-Me, or Chunk-and-Check methods) • Secures language assistance for speakers of languages other than English • Limits to two to three messages at a time • Uses easily understood symbols in way-finding signage
7. Provides easy access to health information and services and navigation assistance	<ul style="list-style-type: none"> • Makes electronic patient portals user-centered and provides training on how to use them • Facilitates scheduling appointments with other services
8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on	<ul style="list-style-type: none"> • Involves diverse audiences, including those with limited health literacy, in development and rigorous user testing • Uses a quality translation process to produce materials in languages other than English
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines	<ul style="list-style-type: none"> • Prioritizes high-risk situations (e.g., informed consent for surgery and other invasive procedures) • Emphasizes high-risk topics (e.g., conditions that require extensive self-management)
10. Communicates clearly what health plans cover and what individuals will have to pay for services	<ul style="list-style-type: none"> • Provides easy-to-understand descriptions of health insurance policies • Communicates the out-of-pocket costs for health care services before they are delivered

*Reproduced from [1].

Measures to Assess a Health-Literate Organization,
Vanderbilt Center for Effective Health Communication



Health Literacy Key Driver Diagram



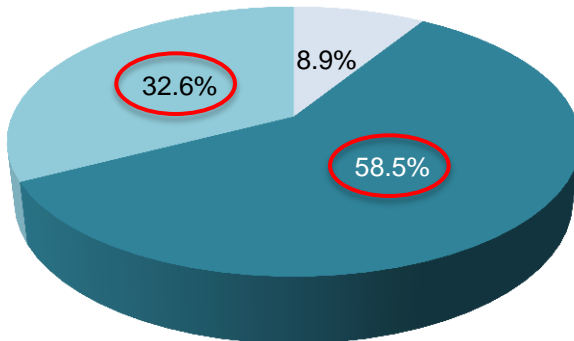
Next Steps

In May 2012, CHS responded to a system-wide health literacy survey.

Over 365 nurse executives, leaders & employees completed the survey.

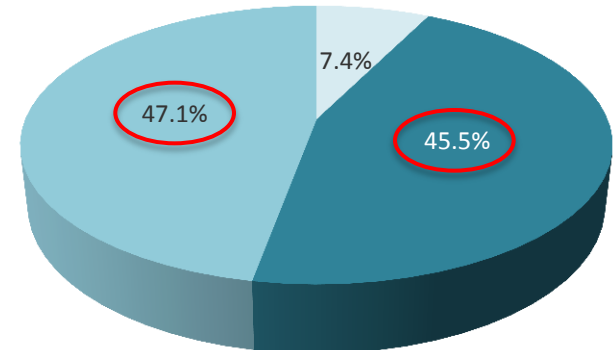
Over 300 care locations across the care continuum were represented.

Teach Back



*Nursing staff
observed using
Teach Back &
Ask Me 3 Some
or None of the
Time...*

Ask Me 3



CHS Barriers to Success....

- "Roll-out not executed well"
- "Lack of observations after training"
- "Pushback because how long it takes"
- "Lack of training on how to phrase questions"

■ All of the Time
■ Some of the Time
■ None of the Time

A Bold Goal

*To have all 10,000 CHS nurses trained and using two evidence-based health literacy practices, **Teach Back** and **Ask Me 3**, by December 31, 2012!*



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Carolinus HealthCare System

2012 TeachWell

Next spread phase led by nursing division: 2012 TeachWell

- System Chief Nurse Executive joined CHS, became champion
- Surveyed >365 nurse executives, leaders, and staff at >300 care locations
- Management Company sponsorship with “Design Thinking” strategies:
 - Combine empathy with creative solutions
 - Brainstorm sessions
 - Created “Playbook”

TeachWell in Action



Storytelling Worksheet

Observation Title: _____

Insights
What particular things did you observe?

Who we observed:	Observed by:
Where:	When:

What we saw...
2-3 sentence summary of the related stories.
These should be provable assertions or observable facts.

Supporting Items
Draw or attach items to help explain the story and depict what you observed

HEALTH LITERACY TRACKING METRICS

Nurse's name: _____

1. What was the context (i.e. shift change, discharge, office visit, transfer, etc.) of the interaction?
2. How many questions were asked by the patient/caregiver?

Was Teach Back used? Yes or No

Was Ask Me 3 used? Yes or No

What is the preferred technique for this type of interaction?

HEALTH LITERACY QUIZ CARDS

What are the "Ask Me 3" questions?

Microsoft Internet Explorer provided by Carolinas HealthCare System

rolinas.org/body.cfm?id=1150

Web Slice Gallery

PeopleConnect

I need to find... Advanced Search

Home > Clinical > Clinical - Healthcare Literacy

Clinical - Healthcare Literacy

In This Section

- > [Clinical - Healthcare Literacy](#)
- > Ambulatory Physician Office
- > Care Event Reporting
- > Clinical Nutrition
- > CMC Physician Connection
- > Formularies
- > MedCon MDWeb Logins
- > PACS Stentor

OUR GOAL: 10,000

8,729

Improving Patient Understanding

CHS is committed to improving health outcomes for patients which will increase patient satisfaction and reduce readmissions by closing the gap between what we communicate to our patients and what our patients understand.

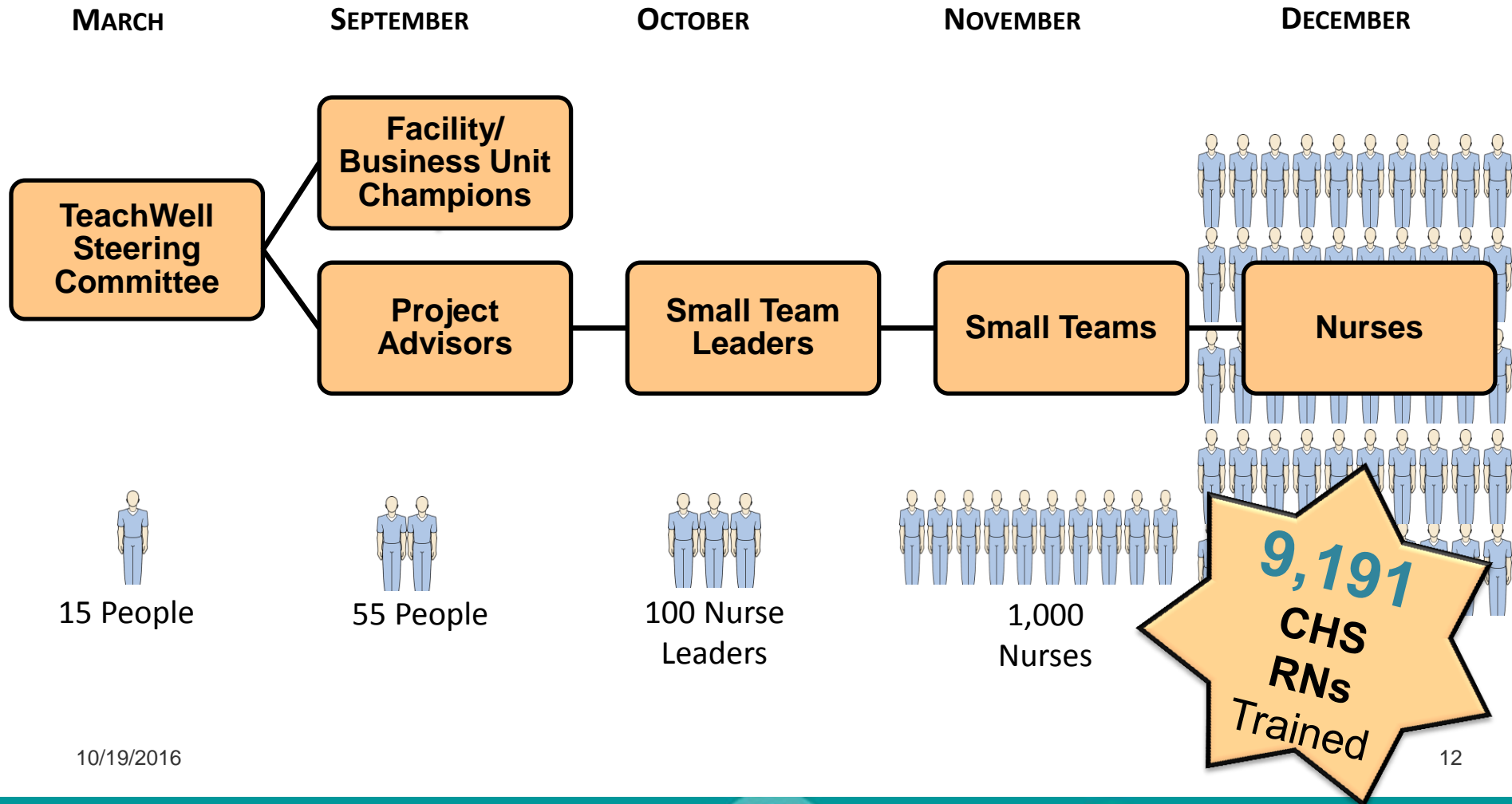
TeachWell Challenge: Help us reach our goal!

We have set a bold goal! Educate 10,000 nurses by December 31, 2012. Help achieve the goal of increased patient understanding. Learn TeachWell today.

Join Mary Ann Wilcox, System Nurse Executive for Carolinas HealthCare System, as she introduces TeachWell, explores the importance of patient communication and shares examples of how Ask Me 3 and Teach Back can be applied and reinforced successfully with patients.

[Watch the Video](#)

TeachWell Spread



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2012 TeachWell

- Make evidence-based Teach Back and Ask Me 3 the “CHS way”
- Converge innovative design thinking methodology with change management techniques
- Package deliberately left unfinished; allow participants to make it their own
- Unique design captures the hearts and minds of frontline nurses through creativity and ownership

Resident Education

Multi-year Quality Improvement project in community clinic:

- Used Teach Back
- Created written materials to support education
- Used QI tools to confirm improvement
- Increased patient and staff satisfaction
- Maximized effectiveness of visit

Project continued after resident graduation, and spread to other providers.

Project Aim

To provide better communication between the provider and parent/patient during well child care visits, 3 key points will be discussed and Teach Back will be performed at 95% of well child visits by May 2012

Initial Outline for Newborn Visit

NB visit outline

weight changes: can lose up to 10% birth weight

feed him / her on demand - signs of hunger (sucking, smacking lips, fussy, hand in mouth)

if you need help with BF, let us know

may want to feed every 1-2 hours - this is normal

when to take baby to hospital - “worry signs”

- temp rectally less than 97, greater than 100
- less than half their normal wet diapers
- not waking up when you want to play with them
- poor feeding or very low muscle strength - floppy
- different color - pale or yellow

proper sleeping - sleep in own bed

always sleep on back

no pillows / blankets in crib

keep temp in room not too cold or too hot



Myers Park Pediatric Clinic Today is your newborn visit Your Doctor's Name is Dr. Meg McKane

Things to remember about your visit today

1. Weight loss/ feeding

*It is normal for babies to lose weight at first.
Your baby should regain their birth weight by 10 day.*



*With formula
your baby will
eat every 2-4
hours*



*With breast feeding your baby may eat
every hour at first.
If you are having problems
with breast-feeding, we can help*

Watch for signs of hunger, crying and sucking on hands



2. Warning Signs: Reasons to call the clinic (or ER if we are closed)

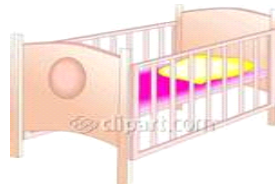


*If you think your baby is sick
take their
temperature in their bottom.
Call if their temperature is
less than 97 F or
more than 100 F*



*your baby is more sleepy than normal,
hard to wake up,
not sucking well ,
not as active as usual.
no wet diapers for 8 hours
changes in color that worry you*

3. Co-sleeping (sleeping in the same bed as your baby)



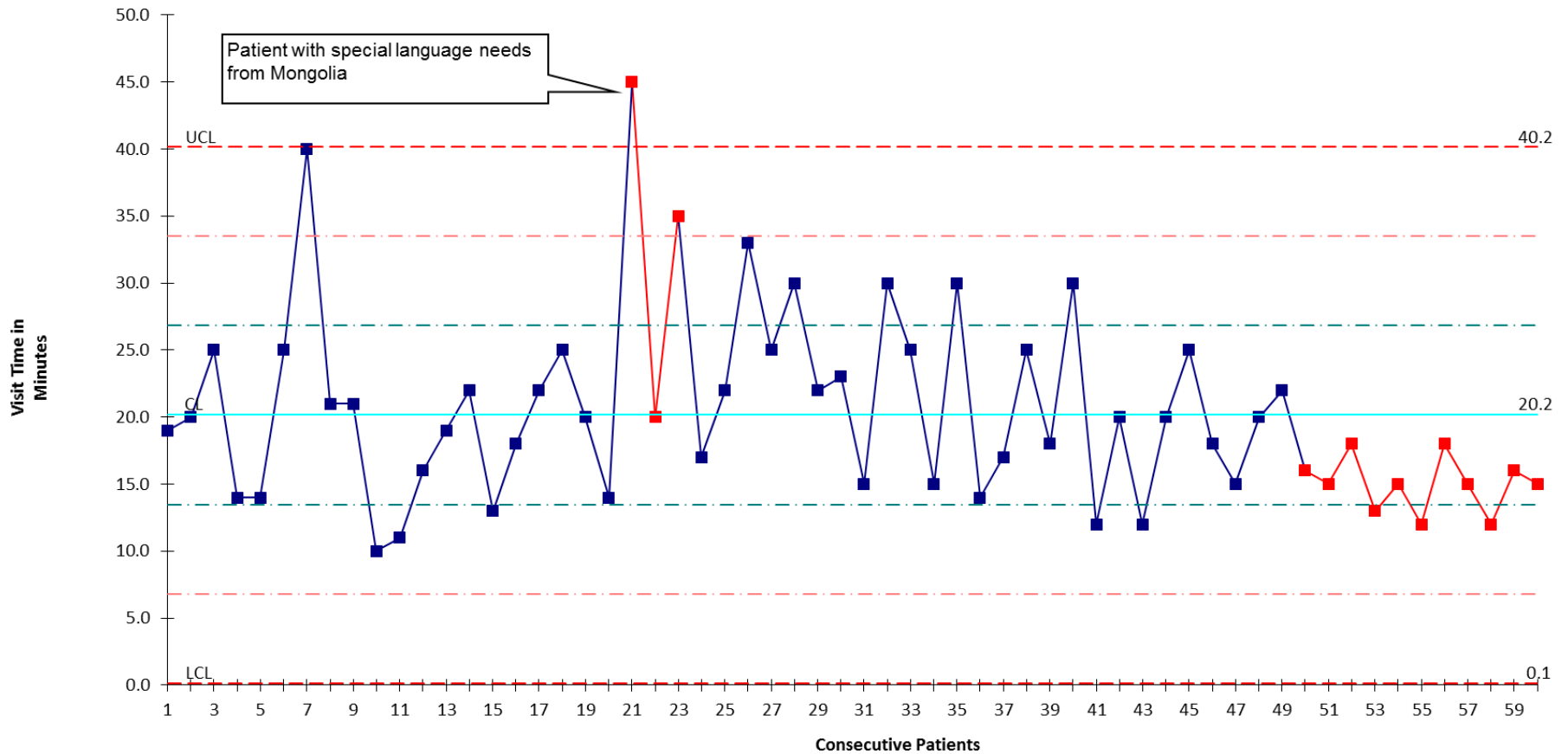
*Do **NOT** let the baby sleep in your bed.
Every night put the baby to bed in their own crib.
If you do not have a crib, let us know*

Your next visit is when your baby is 1 month old

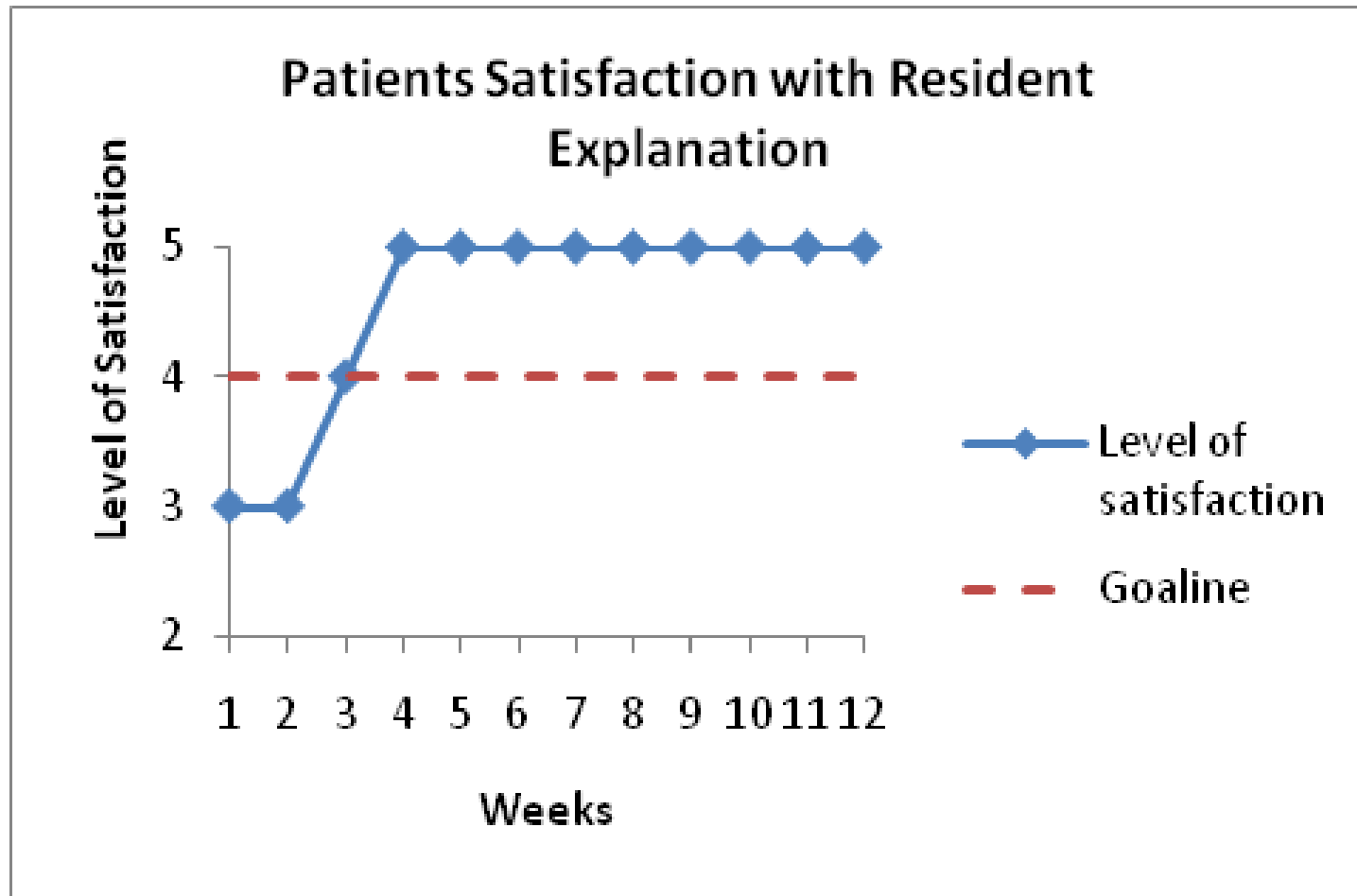
Perceived Barriers

- Teach Back takes too long, visit times will be prolonged
- Patients will not like being asked to repeat instructions, will feel insulted
- Staff will have to field complaints of parents/patients about being questioned

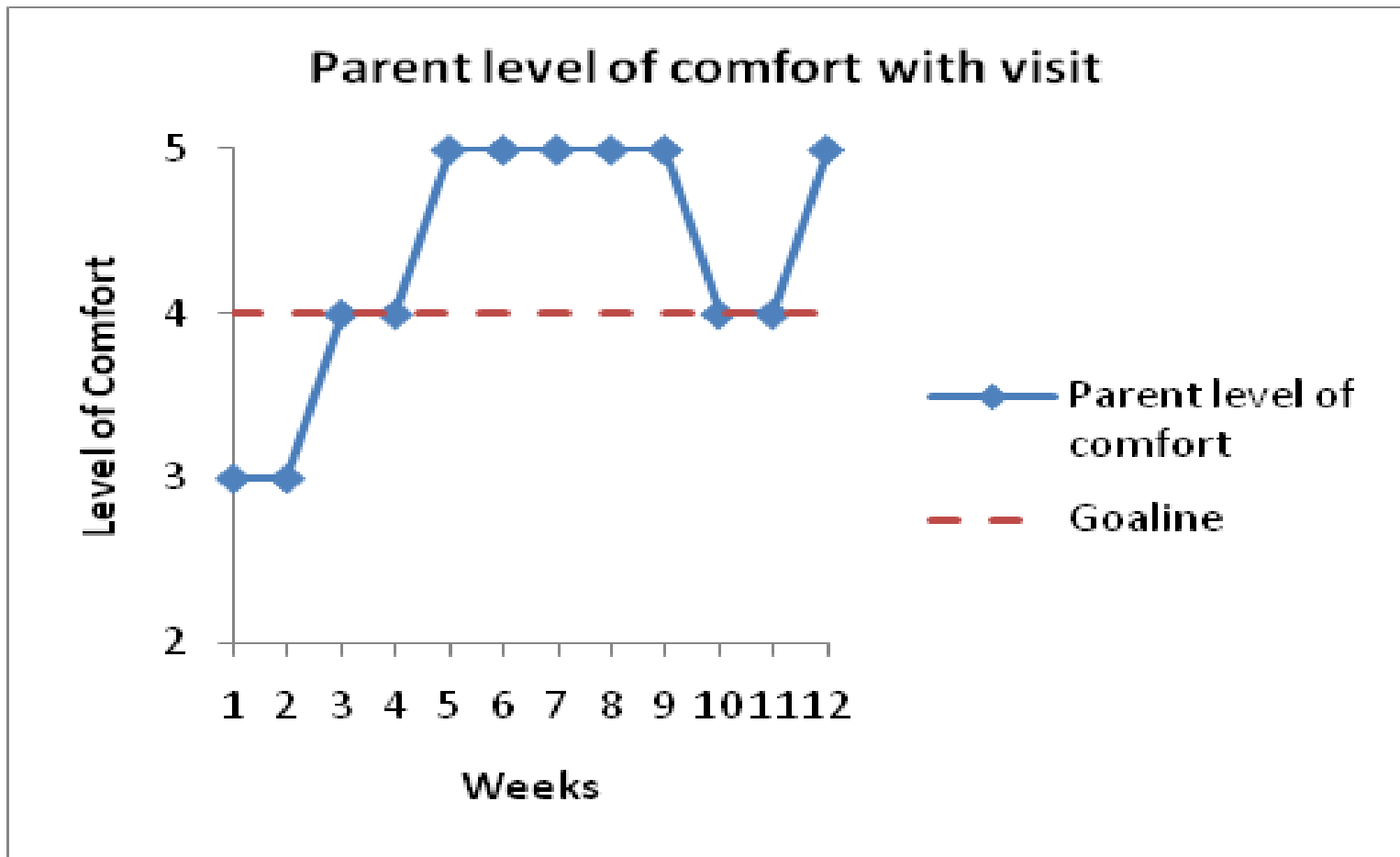
Impact of using Teach Back (TB) on Patient Visit Time



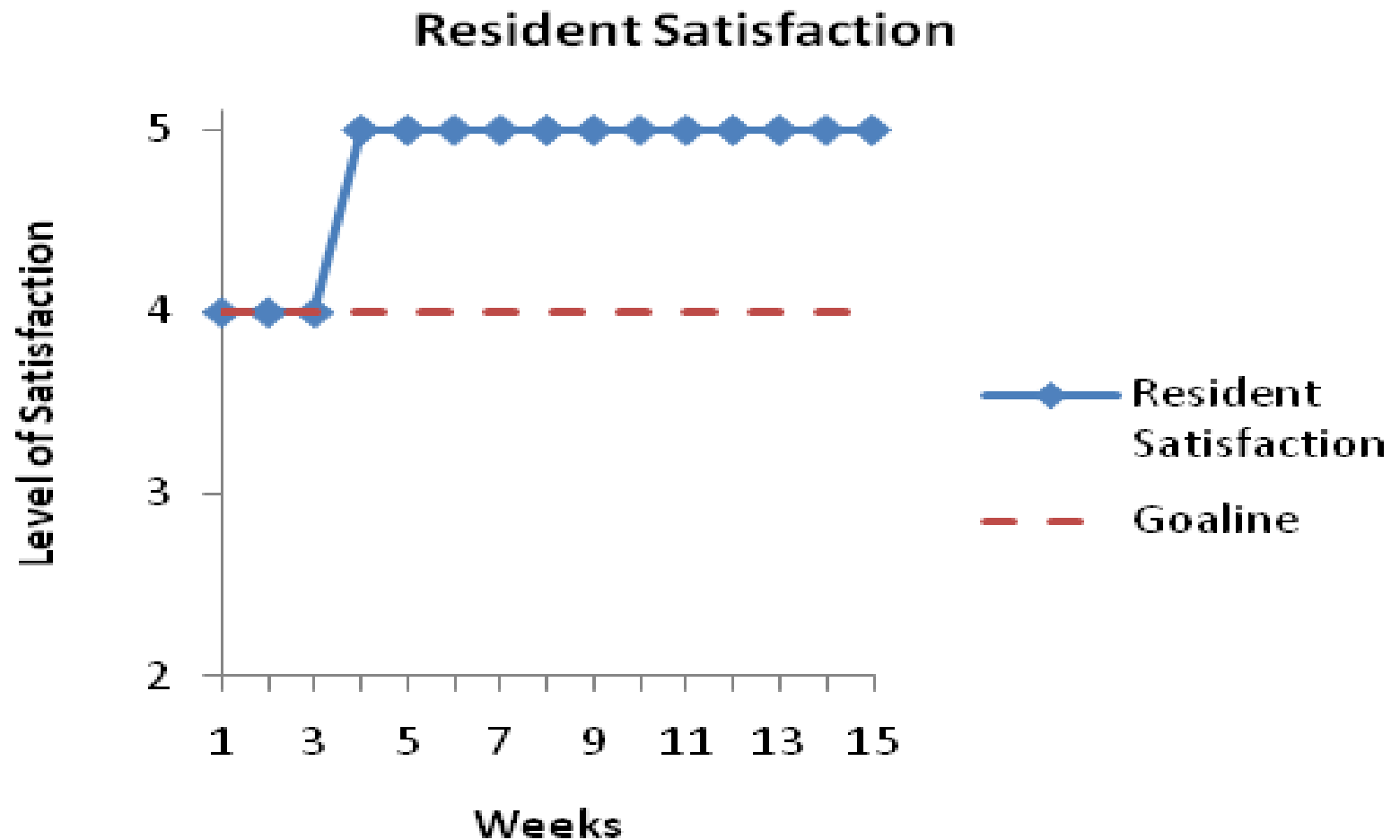
Patient Satisfaction



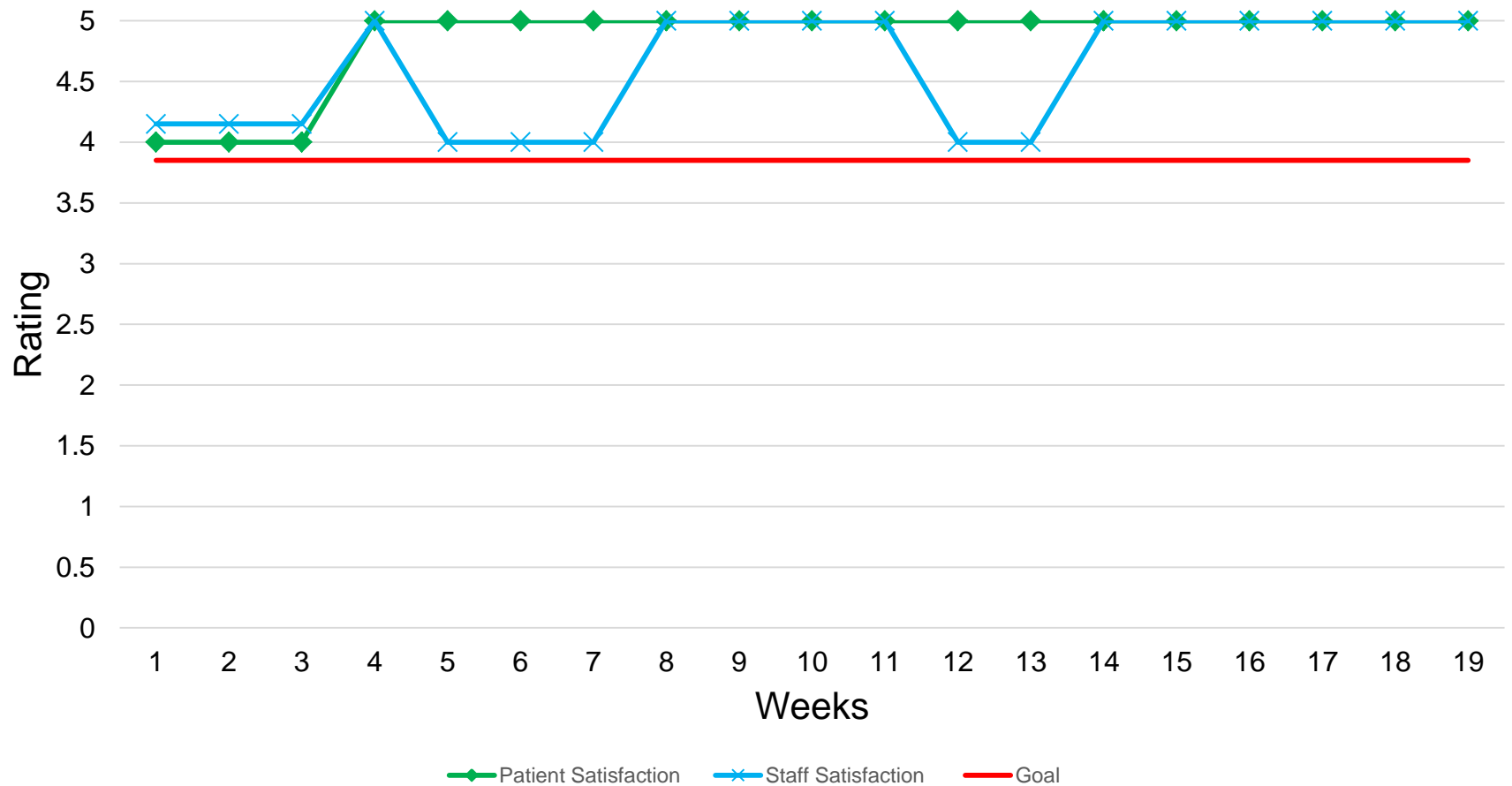
Parent Level of Comfort



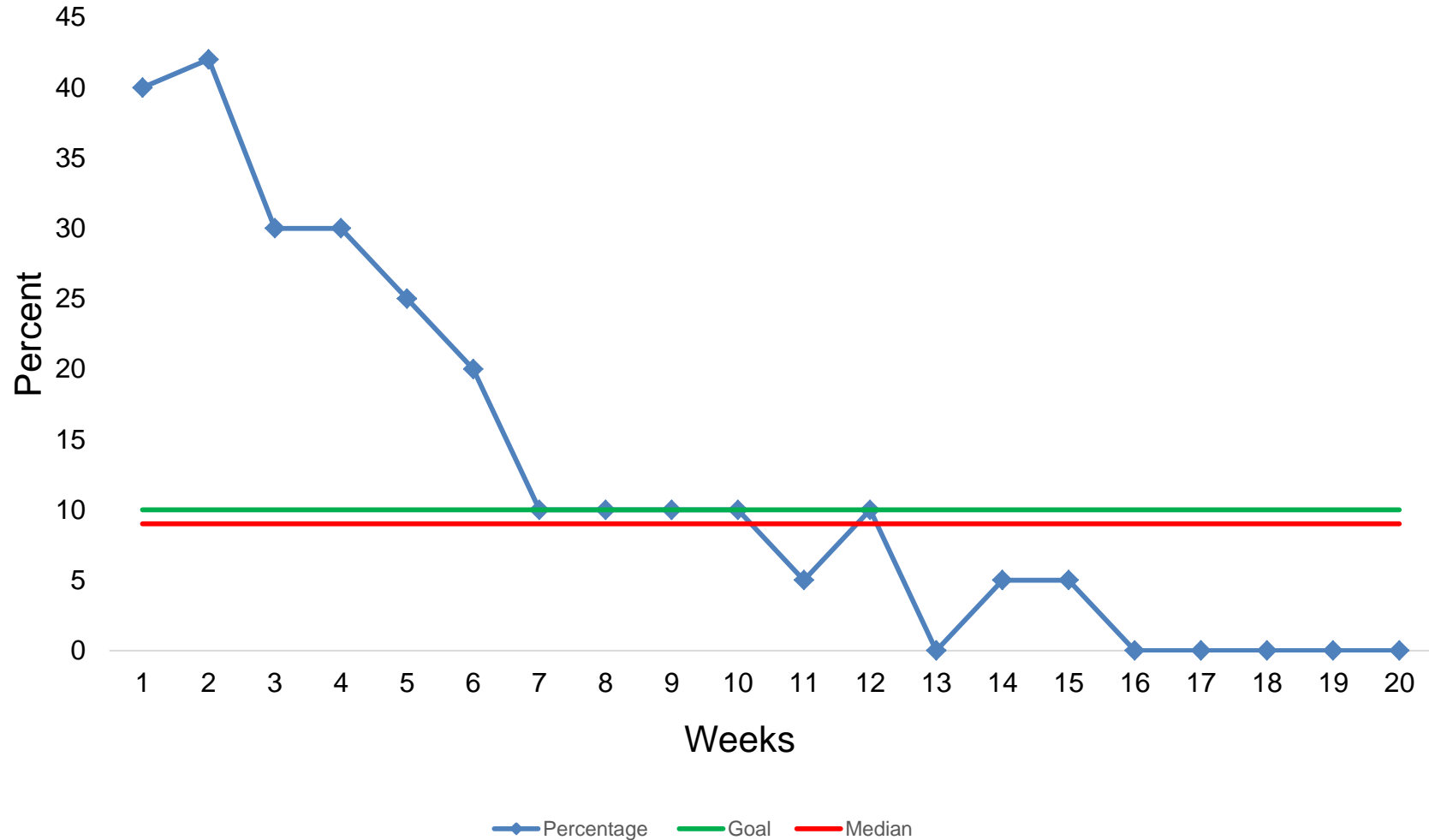
Resident Satisfaction



Patient and Staff Satisfaction



Percentage of Patients requiring Repeat Teach Back



Results

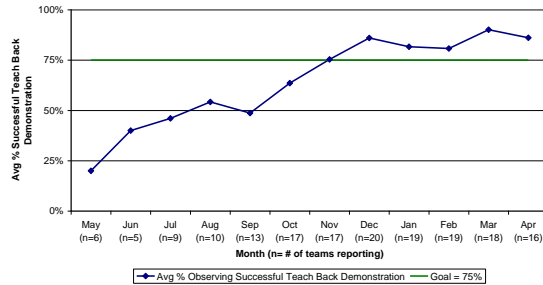
- Decreased cycle time
- More efficient visits
- High Staff / Provider Satisfaction
- High Patient Satisfaction
- Increased resident proficiency over time

The Three Faces of Performance Measurement

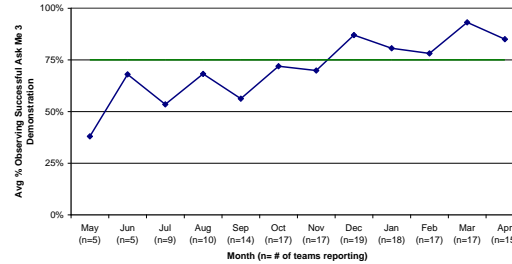
Aspect	Improvement	Accountability	Research
<u>Aim</u>	Improvement of care	Comparison, choice, reassurance, spur for change	New knowledge
<u>Methods:</u> • Test Observability	Test observable	No test, evaluate current performance	Test blinded or controlled
• Bias	Accept consistent bias	Measure and adjust to reduce bias	Design to eliminate bias
• Sample Size	"Just enough" data, small sequential samples	Obtain 100% of available, relevant data	"Just in case" data
• Flexibility of Hypothesis	Hypothesis flexible, changes as learning takes place	No hypothesis	Fixed hypothesis
• Testing Strategy	Sequential tests	No tests	One large test
• Determining if a change is an improvement	Run charts or Shewhart control charts	No change focus	Hypothesis, statistical tests (t-test, F-test, chi square), p-values
• Confidentiality of the data	Data used only by those involved with improvement	Data available for public consumption and review	Research subjects' identities protected

CHS Collaborative

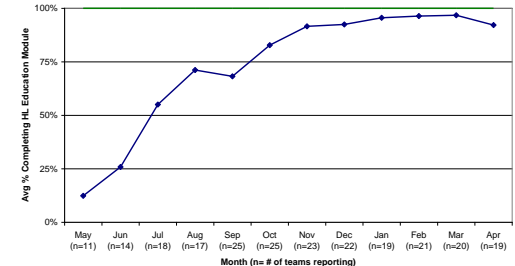
Goal 1: Successful Use of Teach Back



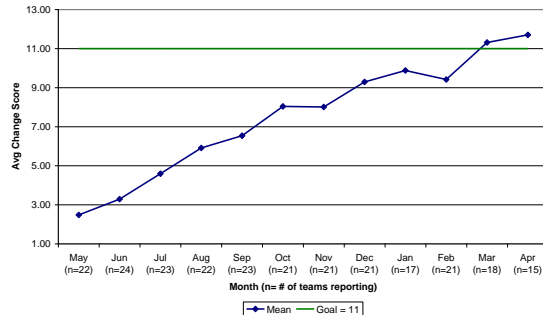
Goal 2: Successful Use of Ask Me 3



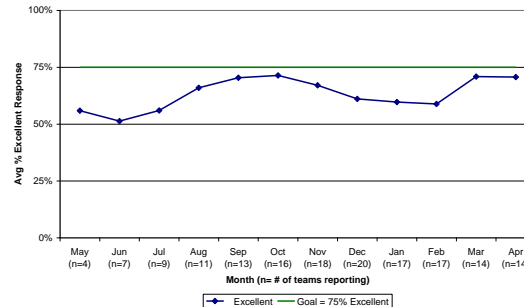
Goal 3: Completion of HL Education Module



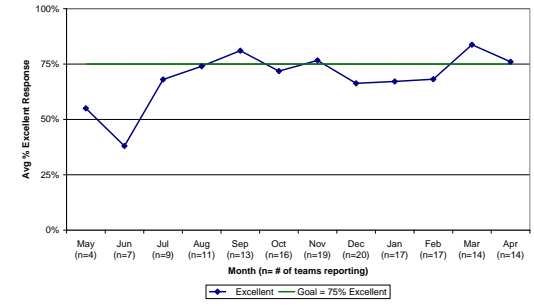
Goals 4-5: Achieve a Change Score of 11.00



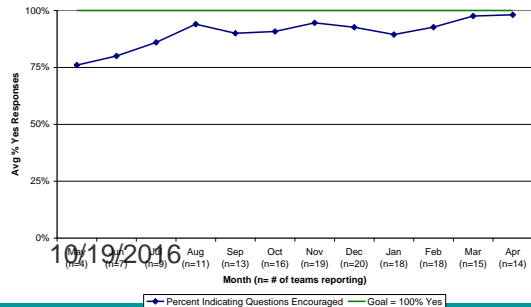
Goal 6: Patient Feedback Question #1 MD Communication



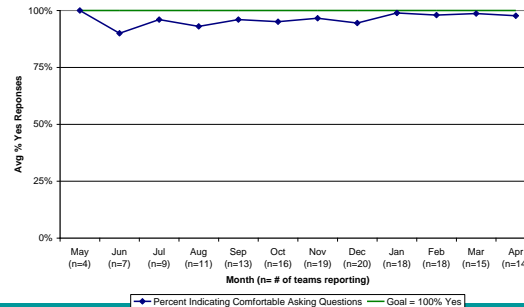
Goal 6: Patient Feedback Question #2 Non-MD Communication



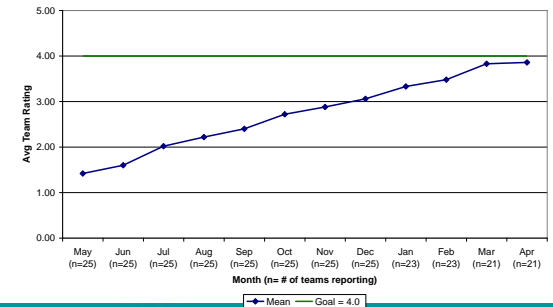
Goal 6: Patient Feedback Question #3 Questions Were Encouraged



Goal 6: Patient Feedback Question #4 Comfortable Asking Questions



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



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Resources

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ), *Questions Are the Answer* www.ahrq.gov/questions/

U.S. Department of Health and Human Services, Health Resources and Services Administration (HERSA) www.hrsa.gov/publichealth/healthliteracy/healthlitabout.html

Vanderbilt Center for Effective Health Communication for Institute of Medicine Health Literacy Roundtable, *Measures to Assess a Health-Literate Organization* www.iom.edu/~media/Files/Activity%20Files/PublicHealth/HealthLiteracy/Commissioned-Papers/Measures_Assess_HLO.pdf

Institute of Medicine, *Attributes of a Health Literate Organization* www.iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_HLit_Attributes.pdf

National Patient Safety Foundation, *Ask Me 3* <http://www.npsf.org/?page=askme3>

NC Program on Health Literacy (AHRQ Universal Precautions Toolkit) www.nchealthliteracy.org/toolkit/

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