

Patient experience

Overcoming low health literacy: Helping your patient understand

Imagine sitting through a discussion with a surgeon or nurse and not understanding a single word—or worse, misinterpreting key information. Unfortunately, that's the situation for many patients and their families because millions of people in the US have insufficient health literacy skills.

A review in the *American Journal of Surgery* reports that, "Understanding in patients undergoing surgical treatment is poor." The authors also found that information intended to help patients make decisions "varies greatly in both content and quality and often is ineffective."

This lack of understanding can have a negative effect on patients' health.

"A number of studies show that poor health literacy interferes with patient self-management; their ability to take medications properly, to follow postop instructions, and to be able to understand information about the condition that requires surgical intervention," says Jane Rothrock, PhD, RN, CNOR, FAAN, a professor of allied health, emergency services, and nursing at Delaware Community College in Media, Pennsylvania, and a recognized expert on perioperative nursing. "It's a patient safety issue."

A reimbursement issue

It also soon will be a reimbursement issue. Starting in fiscal year 2013, Medicare will base a portion of hospitals' DRG reimbursement on their performance on quality metrics. This includes patients' perceptions of care as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

Two of 8 HCAHPS dimensions focus specifically on communication:

- communication with doctors
- communication about medications and discharge information.

Unless health literacy is addressed, OR managers could see lower scores and lower reimbursement.

Patients and organizations at risk

Surgical patients with low health literacy are at high risk for not being able to understand what they are told, says Kathy Becker, MBA, RN, an account leader for the Studer Group. "When they come to the hospital, they already have high anxiety, and then we use language they don't understand."

Consider patients being discharged from an ambulatory surgery center. "If we aren't careful with our instructions, they won't be able to take care of their wound and could end up with complications," Becker says.

That not only takes a human toll but also could open the organization up to litigation.

The Joint Commission recognized the critical role of health literacy by including it in its new patient-centered communication standards scheduled to be effective July 1, 2012.

By understanding the effects of health literacy and taking steps to improve it, OR managers can help protect the organization from legal actions, ensure full reimburse-

ment, and, most important, improve patient outcomes.

Literacy and health linked

“Health literacy is the ability to apply reading and writing skills in a health context so you can understand information, access care, and make good health decisions,” says Victoria Hawk, MPH, RD, CDE, research associate and diabetes program manager in the general internal medicine clinic at the University of North Carolina (UNC) at Chapel Hill. Hawk is a health literacy expert associated with the North Carolina Program on Health Literacy.

According to the Department of Health and Human Services, only 12% of US adults have “proficient” health literacy. More than a third are at basic or below-basic levels. This means a staggering number of surgical patients and families do not understand crucial information such as consent forms, biopsy findings, and discharge instructions.

A high price

The price can be high. Studies have linked low health literacy to increased hospitalizations, poorer health, and higher mortality, according to a 2011 review from the Agency for Healthcare Research and Quality (AHRQ)

“Health literacy is a strong predictor of overall health,” says Hawk.

Negative health literacy effects—medication errors, excess hospitalizations, longer hospital stays, more use of emergency departments, and a generally higher level of illness—are estimated to result in excess costs of \$50 billion to \$73 billion per year.

‘Universal Precautions’ for literacy

You can’t tell a person’s literacy by looking at him or her. Even the highly educated can have low health literacy, Hawk says. Health literacy can be situational. For instance, an OR patient with a high level of anxiety about her surgery may have learned she is overdrawn at the bank right before leaving for her preadmission testing appointment.

That’s why a team of experts from UNC Chapel Hill and AHRQ Literacy developed the “Health Literacy Universal Precautions Toolkit,” a free resource that applies the principles of Universal Precautions to prevent bloodborne pathogens transmission to promote health literacy.

“Like bloodborne illness, you don’t know who has an infection so you treat everyone like they do,” says Hawk. In the same way, “You don’t know who has limited health literacy, so you treat everyone like they may have difficulty understanding health information.”

The toolkit includes resources, including teach-back, an ideal tool for the fast-paced perioperative environment (<http://nchealthliteracy.org/toolkit/>).

Teach-back works

Most people will answer “yes” if asked “Do you understand?” after receiving health information rather than admit they do not know. Teach-back helps ensure a person comprehends what you have said.

St Luke’s Hospital in Cedar Rapids, Iowa, which has 14 ORs, integrated teach-back hospital-wide after finding it reduced readmissions in heart failure patients, says Kristin McVay, MSN, MHA, RN, perianesthesia manager.

In teach-back, you ask the person to “teach” you the information. For example, you might say to a patient before discharge, “I want to be sure I did a good job of explaining this. Can you tell me when you would call your surgeon?”

Tips for patient materials

Tips for improving patient information such as informed consent and discharge instructions from Jane Rothrock, PhD, RN, CNOR, FAAN:

- Write at no higher than 5th grade level; 3rd grade level is better.
- Bold face and underline only critical information.
- Use bullet points instead of paragraphs.
- Use words of 1 or 2 syllables.
- Use simple fonts and make the font size big enough for those with poor vision to read.
- Keep the information in words the patient would understand. For example, instead of cholecystectomy, say “take out your gallbladder.”
- Test the information with patients before putting into widespread use.

Have a question on the OR revenue cycle?

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You can also reach Siddel at ksiddel@hrmlc.com.

Easy-to-remember communication tool

AIDET is an easy-to-remember tool that puts the patient back into the center of communication, says Kathy Becker, MBA, of the Studer Group.

A = Acknowledge

When you approach a patient, smile, make eye contact, and use open body language. "You want to make the patient feel special," says Becker.

I = Introduce

When you introduce yourself, go beyond simply giving your name and department. Give the patient and family enough information so they feel comfortable with you as a caregiver. That could include skills, experience, and certification.

"It's nice for patients and families to know that the nurse has 10 years' experience," says Becker.

Point out others' assets, too, for example, "Your surgeon has been doing this procedure for more than 5 years."

If you are new, Becker suggests sentences such as, "I started in the OR 3 months ago and have a wonderful preceptor who is an excellent resource for me. I've worked 4 years as a nurse before I started in the OR."

D = Duration

Questions patients and families want answers to include:

- How long will the test, procedure, appointment, or admission take?
- How long will the patient need to wait before going home, returning to work, etc?
- When should they expect results or a returned phone call from you?

Remind staff that when a patient is taken to the OR, the family thinks the surgery has started.

"The surgeon may have told them the procedure will take an hour, so the anxiety escalates as time passes beyond that," Becker says. "We can prevent that by providing information about duration."

E = Explanation

Make explanations in language the patient will understand. Becker says nurses should also "narrate" the care they are giving patients.

"I see nurses delivering perfect clinical care and talking to patients, but they aren't telling them what they really need to know." Items to include are:

- Why are we doing this?
- What will happen and what should you expect?
- What questions do you have?

T = Thank you

Thank the patient and family for choosing the organization.

Source: Courtesy of The Studer Group.

Or, as Rothrock suggests, you can say, "Tell me in a couple of sentences what you are going to do when you get home and what you are doing tomorrow."

"It's such a simple thing," McVay says. "Teach me what I just talked to you about."

She suggests introducing teach-back to staff by sharing its effectiveness in reducing readmission rates.

"If we can offer the best information, we will reduce complications," she says.

McVay says some staff are "naturals" at the technique, while others require more coaching. St Luke's used a variety of methods to present teach-back to employees, including in-house publications, posters, a Jeopardy-type game, and role play. Teach-back is part of orientation, and staff have to document in the patient's record the method they used to ensure patient comprehension.

Literacy coaching for staff

To increase staff awareness of health literacy, explain how it affects patients, says Hawk.

She suggests the 6-minute Health Literacy Video from the American College of Physicians Foundation (www.acpfoundation.org/materials-and-guides/video/)

videos-for-patients/health-literacy-video.html).

The next step is to put resources such as teach-back and AIDET in place and ensure staff know how to use them (sidebars). Resources should include interpreters and translated material for those whose primary language isn't English.

Next day follow-up calls are essential because postop patients in pain have a difficult time understanding information on the day of surgery.

Check written materials

Informed consent and patient education materials should be checked for their level of health literacy, says Rothrock. "Most informed consent forms are written by attorneys and by people with an education level higher than 12th grade."

Rothrock suggests having a nurse-led team address readability of key patient materials. The team might include attorneys, risk managers, and nurse representatives from preop holding, preadmission testing, the OR, and the postanesthesia care unit.

Sit with patients

Instead of handing patients information right before they leave, have staff give patients time to read the information and sit with them to review it, Rothrock says.

"The act of sitting down is critical," she says. "Sitting down creates a different kind of engagement than standing up. You can look into their eyes, and they can read your lips if they need to."

She suggests asking questions such as, "Do you need my assistance reviewing some of this information?" "What areas would you like me to go over with you?"

Becker suggests a nurse be present when possible during physician-patient conversations about discharge instructions.

"When the physician leaves, the nurse can ask, 'What questions do you have about what the physician said?' or say 'Let's be sure you understand what the doctor told you.'"

Finally, OR managers need to keep health literacy on the staff's radar.

"It's a performance improvement initiative," McVay says. "You have to keep it alive. Share data about overall complications and patients' overall health after they go home to keep staff informed and engaged."

"It's our responsibility as leaders that our nurses are providing information patients need and making sure they understand it," says Becker. ❖

—Cynthia Saver, MS, RN

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Muslow J J W, Feeley T M, Tierney S. Beyond consent—improving understanding in surgical patients. *Am J Surg*. 2012;203(1):112-120.

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Teach-back tools

- Video of the teach-back method: www.youtube.com/watch?v=IKxjmpD7vfY
- PDF of the teach-back method: www.nchealthliteracy.org/toolkit/tool5.pdf