



Proposal

Include Health Literacy as a National Patient Safety Goal

Preamble

Clear and effective patient-centered communication and engagement are linked to patient safety, high patient adherence, and improved quality outcomes. In addition, clear patient-centered communication leads to patient and healthcare professional satisfaction, which in turn is linked to reductions in the overall cost of care.¹

Background/Problem

Limited Health Literacy Impacts Patient Safety

Health literacy is known to be a factor in health outcomes. Limited health literacy is associated with each element of the Institute for Healthcare Improvement's (IHI's) Quadruple AIM. The failure to successfully communicate the patient's condition, treatment options, and jointly-agreed-upon plan of care has resulted in patient harm. This includes poor response to the treatment plan,² medication errors,³ unplanned healthcare encounters (such as increased emergency room visits),⁴ avoidable complications, hospital readmissions,⁵ and at times death. There are an untold number of real-life events that underscore the necessity for recognizing health literacy as a primary patient safety issue. (See Appendix : Consider These True Events.)

Limited Health Literacy Has Financial Implications

The most common costly missteps seen in medical professional liability cases that include patient harm are miscommunication between clinicians and patients. Depending on setting, between 15% and 22% of liability cases involve communication between providers and the patient/family.⁶

Limited Health Literacy Is a Health Equity Issue

Low health literacy and its consequences disproportionately affect low-income, less-educated, or otherwise disadvantaged populations.⁷ However, the complexity of the healthcare system makes understanding and using health information challenging even for those with higher literacy levels.⁸

Health Systems and Professionals Can Promote Health Literacy

Health systems and professionals impact health literacy by making health information and services understandable and actionable. Communications from health professionals, the media, and organizations often present information that is difficult to understand and act on. Therefore, the skills of health professionals to provide information in a manner appropriate to their audiences are equally important as an individual's abilities to understand this information. The interactions between laypersons and health professionals influence the health literacy of individuals, organizations, and society.⁹ Regardless of a patient's health literacy level, it is important that staff ensure that patients understand the information they are given.¹⁰

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Current State

The Joint Commission Standards

- Health literacy principles are embedded throughout the Joint Commission standards, but are not mentioned specifically as such, and the standards are dispersed throughout different chapters.
- Many standards and elements of performance related to patient-provider communication are vague (i.e., “communicate with patients in a manner that meets their verbal/written needs”).

The Joint Commission Survey Process

- Surveyors do not assess for interventions such as use of clear language or teach-back. There are no requirements for policies for training or use of these evidence-based practices. Health literacy is not a focus of the survey process, and may not be mentioned at all.
- Without specific requirements for health literacy interventions, healthcare organizations are not accountable to implement these practices.
- Unlike other patient safety concerns, there is a lack of regulation to promote and enforce health literacy interventions in healthcare organizations.

Solution/Proposal

The Joint Commission has already recognized the importance of health literacy in patient safety in the white paper “What did the doctor say? Improving health literacy to protect patient safety.”¹¹ We urge the Joint Commission to strengthen these recommendations by advancing health literacy to a National Patient Safety Goal as follows:

Improve Providers’ and Hospital Staff’s Communications With Patients

Elements of Performance

Leaders:

- 1) Establish defined communication safety strategies as a hospital priority.
- 2) Integrate health literacy into planning, measurement, patient safety, and quality improvement.
- 3) Create policies that, at a minimum, address the use of Health Literacy Universal Precautions, assuming that all patients have difficulty understanding medical information.
 - a. Use easily understood language in all written and spoken communication with patients and families.
 - b. Use teach-back to verify patient understanding of health information.
- 4) Require education of staff and licensed independent practitioners who are involved in patient teaching on the above use of Universal Precautions. Education takes place upon hire and at established intervals thereafter.
- 5) Require documentation of use of these health literacy principles in the medical record.

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Appendix: Consider These True Events

Kath Y., an RN, thought she was very clear in the discharge instructions she gave to a male patient who was going home on a blood thinner. She explained the diet the patient needed to follow and the importance of getting bloodwork done weekly. She instructed him to take all of his medicine until it was gone.

Later that week, the patient was readmitted with massive bleeding. Fortunately, he survived. The patient later shared that when he got home, he took “all of his medicine,” just as he thought his nurse had instructed. Unfortunately, he took all of it at once.

Due to medical conditions, medication, or anxiety, approximately 40% of all hospital inpatients are cognitively impaired.¹

Alternative Outcome

This medication-related adverse event could have been avoided if: 1) all hospital staff had been trained to use effective teach-back during transitions of care, 2) the hospital’s EHR had printed out a pictorial medication schedule with plain language instructions, and 3) hospital staff had made a post-discharge phone call to review the patient’s medications with him after he returned home.

Nancy K., a 74-year-old wife, mother, grandmother, and successful business owner, developed an irregular heart rhythm after open heart surgery and was placed on the blood thinner Coumadin®. She did well postoperatively. At her 6-month office visit, her doctor started her on aspirin, explaining that aspirin has blood-thinning qualities that are similar to those of Coumadin®.

The doctor’s intent was for Nancy to take the aspirin in addition to her Coumadin®. She misunderstood, and stopped taking the Coumadin®. Within 1 week, Nancy was admitted to the hospital’s Intensive Care Unit with multiple blood clots in her lungs. She was placed on a ventilator and required multiple interventions to maintain her blood pressure.

Studies have shown that 40% to 80% of the medical information patients are told during office visits is forgotten immediately, and nearly half the information retained is incorrect.²

Alternative Outcome

This adverse event could have been avoided if the doctor had been trained in effective use of plain language and teach-back.

Allison L., a 26-year-old mother, took her 5-year-old son to the hospital while he was in the throes of an asthma attack. The emergency department staff immediately gave the boy epinephrine, followed by a nebulizer treatment, which stabilized the frightened child. The resident ordered an InspirEase® spacer for the child’s inhaled medication. Two days later, the little boy was back in the emergency department with asthma. Allison could not read well and did not understand that she needed to pull the spacer bag to its full size before she pressed the inhaler. Her child was not getting enough medicine.

Alternative Outcome

This adverse event could have been avoided if all hospital staff had been trained in teach-back’s related “show me” technique, and if emergency department staff had given Allison a plain language handout with illustrations showing how to use the spacer correctly.

These three events show the merit of incorporating teach-back, spoken plain language, and plain language written materials universally.

¹ Bickel H, Hendlmeier I, Heßler JB, Junge MN, Leonhardt-Achilles S, Weber J, Schüftele M (2018). The Prevalence of Dementia and Cognitive Impairment in Hospitals. *Deutsches Arzteblatt international*, 115(44), 733–740. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6318438>. doi: 10.3238/arztebl.2018.0733.

² McGuire LC. Remembering What the Doctor Said: Organization and Adults’ Memory for Medical Information. *Exp Aging Res*. 1996;22(4):403–428. doi:10.1080/03610739608254020.

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Resources

These are tools organizations can use to address health literacy and improve patient safety.

Agency for Healthcare Research and Quality. Health Literacy Universal Precautions Toolkit. Content last reviewed July 2019. <https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/index.html>.

Agency for Healthcare Research and Quality. Patient Education Materials Assessment Tool (PEMAT) and User's Guide. Content last reviewed July 2019. <https://www.ahrq.gov/ncepcr/tools/self-mgmt/pemat.html>.

Agency for Healthcare Research and Quality. Re-Engineered Discharge (RED) Toolkit. Content last reviewed February 2020. <https://www.ahrq.gov/patient-safety/settings/hospital/red/toolkit/index.html>.

Centers for Disease Control and Prevention (2019) Clear Communication Index. Content last reviewed August 29, 2019. <https://www.cdc.gov/ccindex/index.html>.

Centers for Disease Control and Prevention. Plain Language Materials & Resources. Content last reviewed October 2019. <https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html>.

Plain Language Action and Information Network. Accessed March 20, 2020. Plainlanguage.gov.

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Endnotes

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4. Balakrishnan MP, Herndon JB, Zhang J, Payton T, Shuster J, Carden DL. The Association of Health literacy with preventable emergency department visits: a cross-sectional study. *Acad Emerg Med*. 2017;24(9):1042–1050. doi:10.1111/acem.13244.
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6. CRICO 2018 CBS Benchmarking Report. Medical Malpractice in America: A 10-Year Assessment With Insights. Accessed March 12, 2020. https://cdn2.hubspot.net/hubfs/217557/crico_medmal_in_america_web.pdf.
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8. Agency for Healthcare Research and Quality. Health Literacy Universal Precautions Toolkit. Content last reviewed July 2019. Accessed March 12, 2020. <https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/index.html>.
9. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy. Accessed March 12, 2020. <https://health.gov/our-work/health-literacy/national-action-plan-improve-health-literacy>.
10. Agency for Healthcare Research and Quality. Health Literacy Universal Precautions Toolkit. Use the Teach-Back Method: Tool #5. Content last reviewed February 2015. Accessed December 9, 2019. <https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/healthlitoolkit2-tool5.html>.
11. Joint Commission. What Did the Doctor Say? Improving Health Literacy To Protect Patient Safety. 2007. Accessed December 9, 2019. https://www.jointcommission.org/assets/1/18/improving_health_literacy.pdf.