

Webinar Series



Health Literacy
Solutions Center





How Nurse Leadership Advances Organizational and Patient Health Literacy

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HonorHealth Research Institute



Welcome to the Webinar

- **All attendees will be muted** during the webinar.
- **Use the chat** for comments and questions related to the webinar topic.
- **A Q&A session** will take place at the end of the presentation.
- **The webinar will be recorded and posted** in the Health Literacy Solutions Center webinar archives.

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Stanford
MEDICINE

Children's Health

Clinical systems nursing leadership Enlisting the Frontline to Get Involved

Ann Leung, BSN, RN, CPN
Clinical Nurse IV
Patient Education Council Chair

August 2024

“I’m just a nurse”



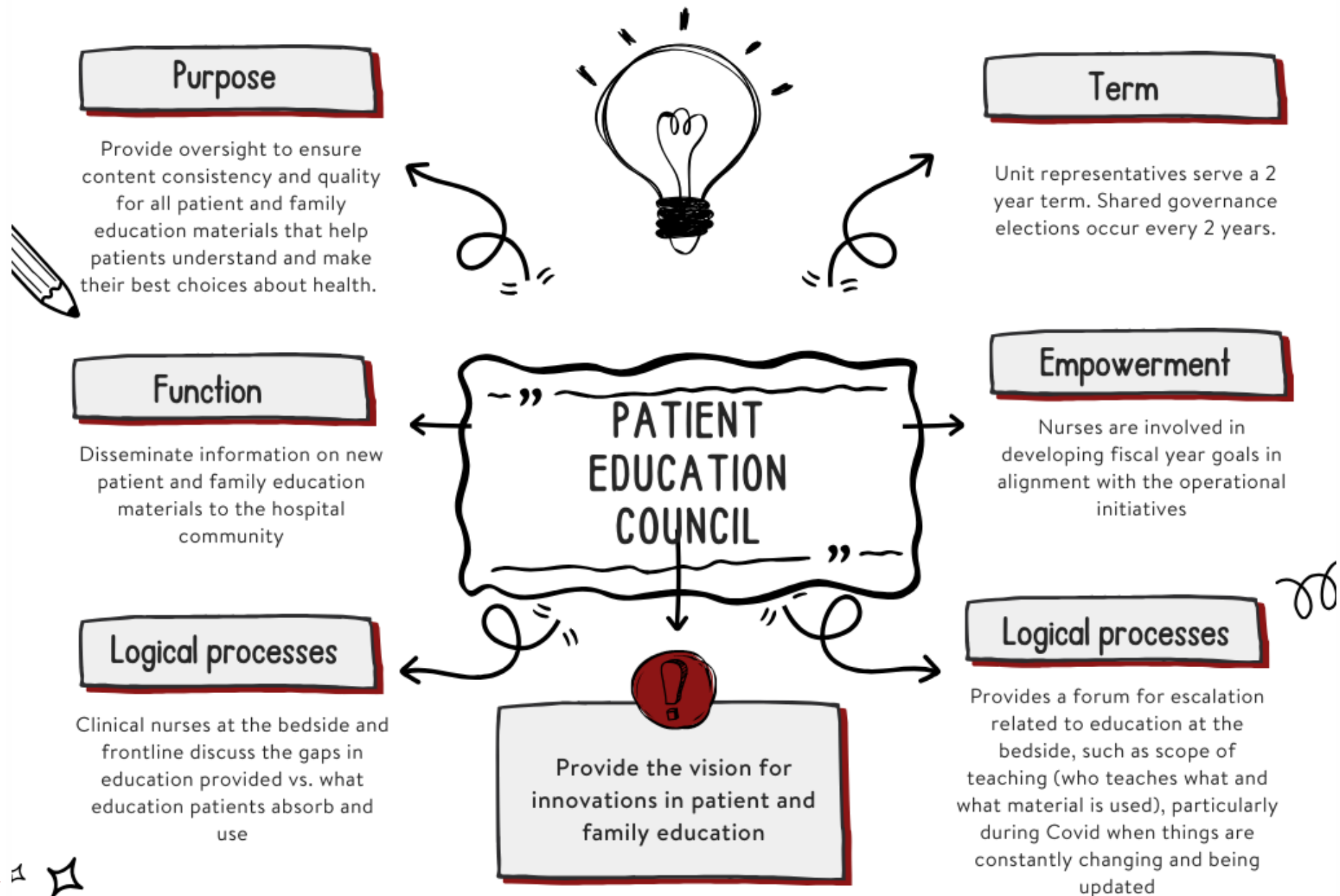


Getting Involved Through Shared Governance



Patient Education Council





Empowering Clinical Nurses to Make an Impact

— ”
Collaborative photoshoots to
create a photo library
representative of the patient
population ” —

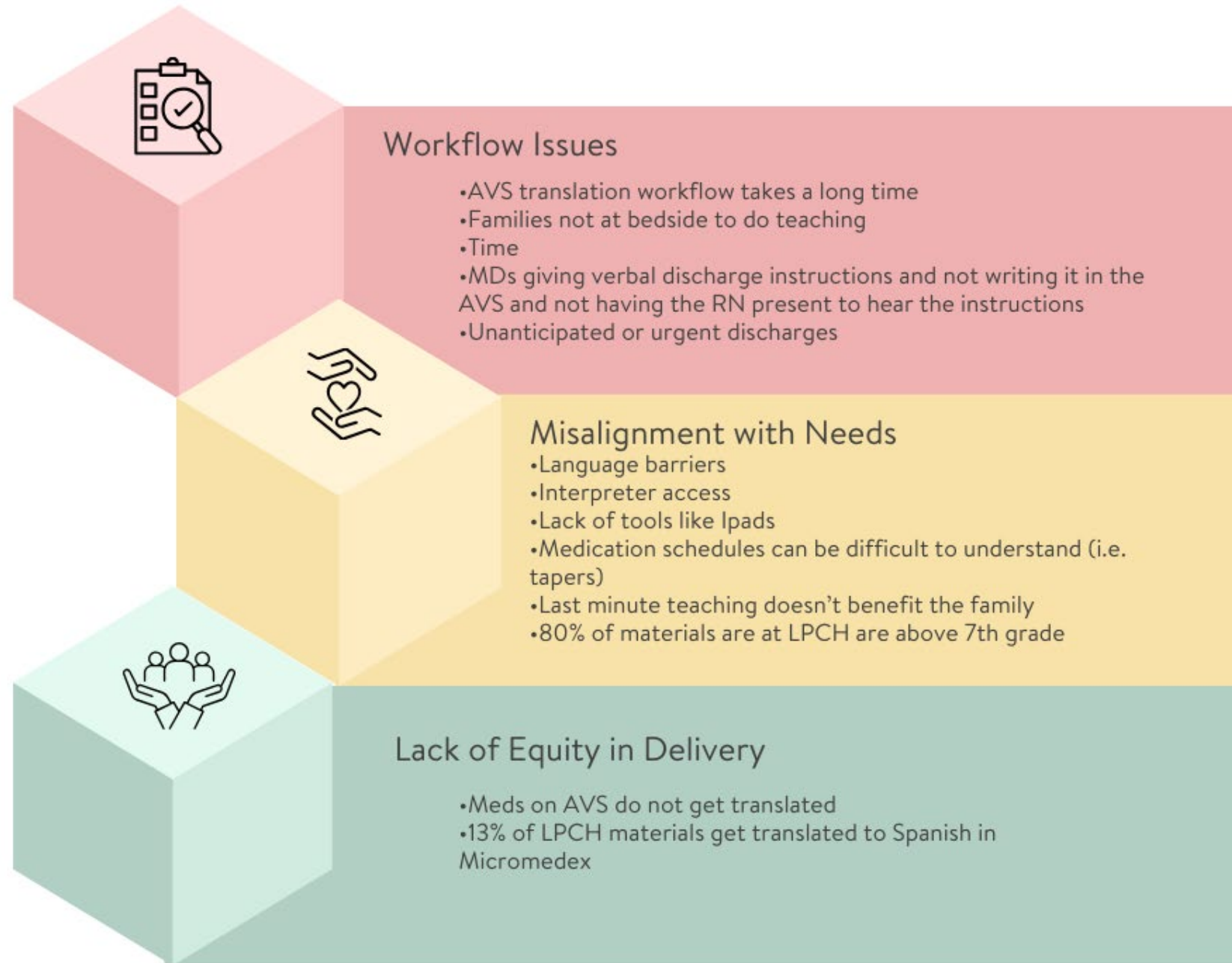
— ”
Collaborative summits with the
Family-Centered Care
department to create educational
materials and classes ” —

— ”
Participate in the review
process of policies related to
patient education ” —

— ”
Participate in gathering data and
analyzing organizational health
literacy knowledge and gaps in
education with discharge ” —

BARRIERS TO EDUCATION

IMPETUS FOR CHANGE



HEALTH LITERACY CLASS



WHY

Organizations with low health literacy knowledge have worse outcomes and health disparities.

We identified a need for a health literacy class that would enhance educational materials, optimize patient outcomes, and promote equity.

How the Health Literacy Class was Created

PLAN

- Assembled health literacy subject experts to build a course for teaching providers health literacy basics.
- Pre and post surveys with a validated Health Literacy tool.
- Family-Centered Care (FCC) team's input and participation in the course.

DO

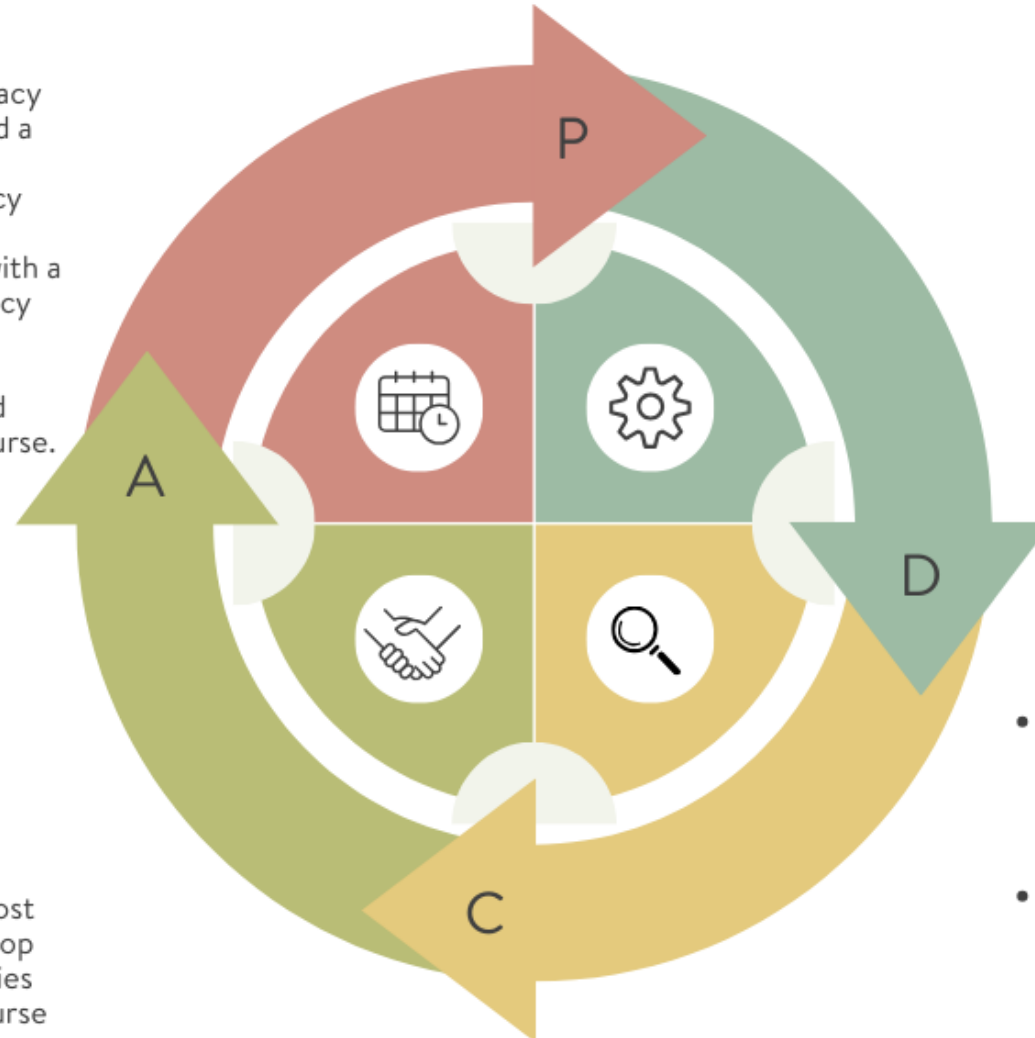
- Created 2.5 hour virtual course for teaching providers:
- Plain language action
- Numbers/charts/tables
- Family-Centered Care layout and design

CHECK

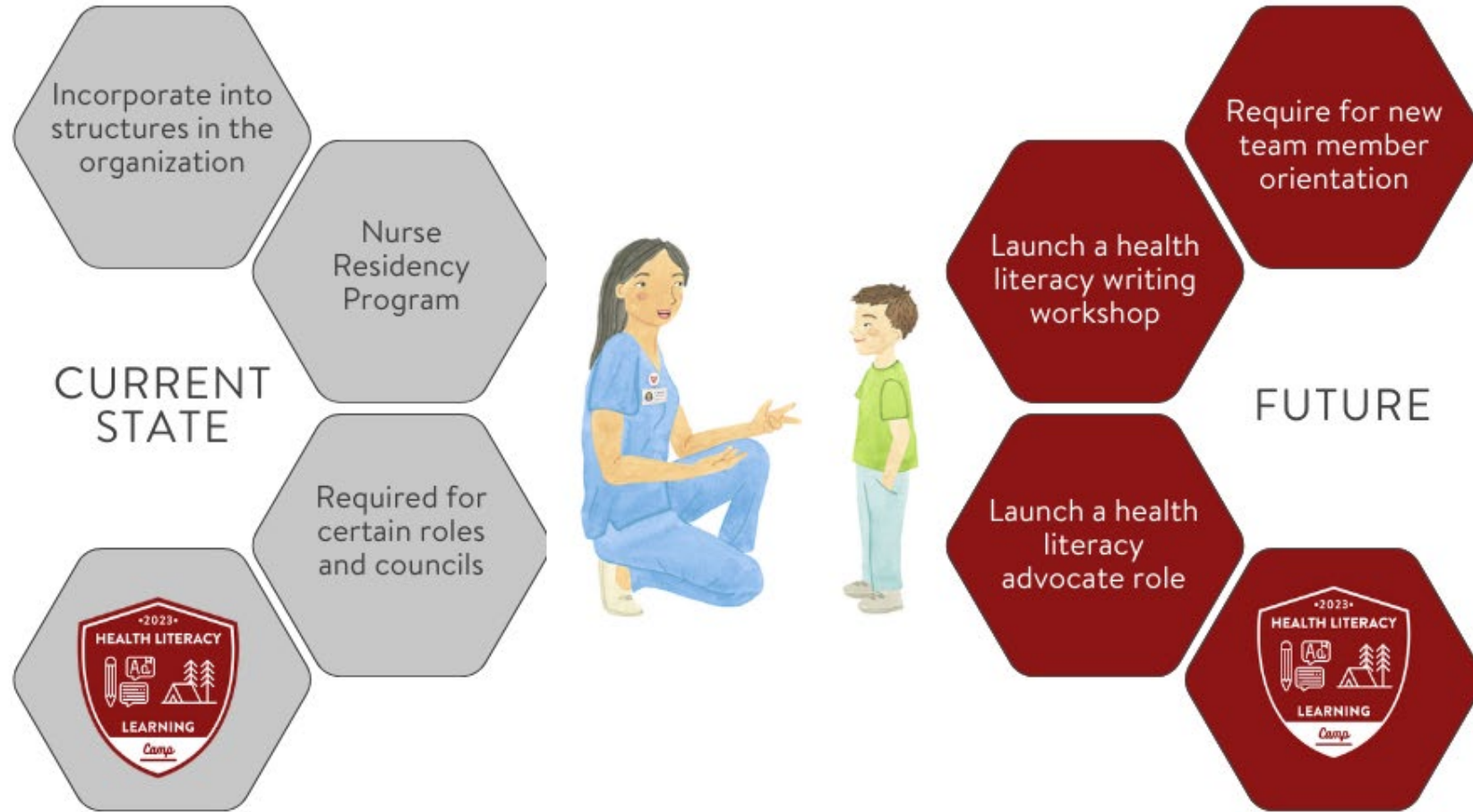
- Engaged participants in interactive components and breakout rooms to practice new health literacy skills.
- Post workshop data measured and checked self-reported health literacy knowledge levels.

ACT

- Provide continued education through workshop-seminars and staff meeting presentations.
- Review feedback and post implementation workshop from patients and families to help improve the course topics using actual cases.



Supporting a Culture of Health Literacy

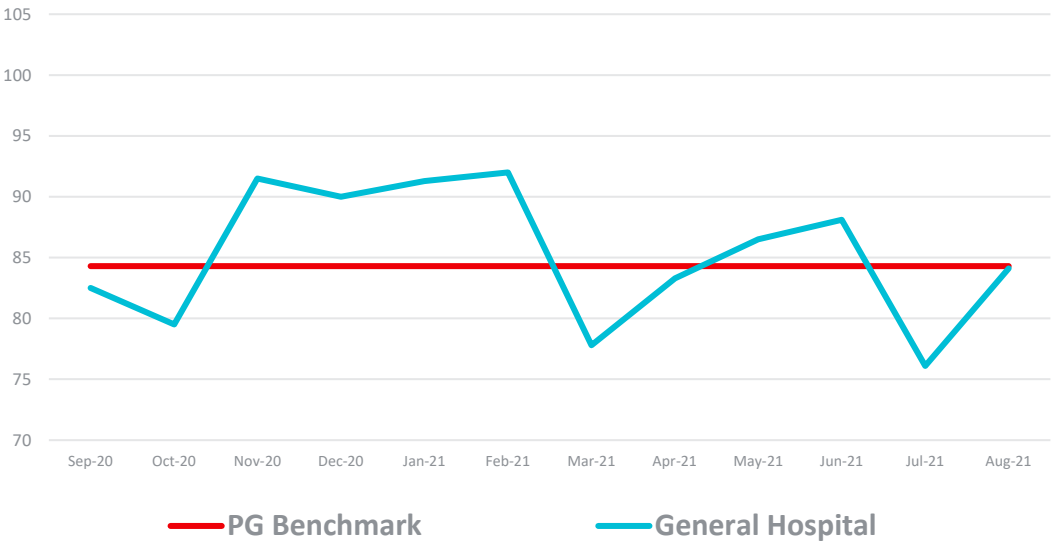


Impact of the Health Literacy Class (Press Ganey)

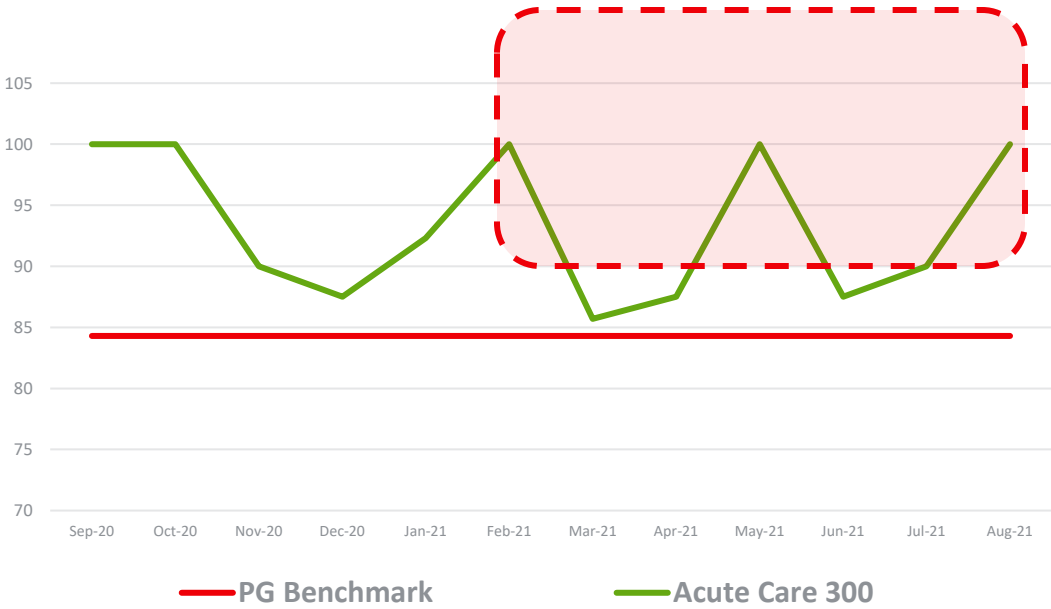
“During your stay at this hospital, how often did your child's nurses explain things to you in a way that was easy to understand?”



General hospital scores



Team that attended Health Literacy Class scores





Because.....

words, design, layout, and language
shouldn't be a barrier to health

Communicate to CARE: Using the consolidated framework for implementation research to implement health literacy practices in a pediatric ENT clinic

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Purpose

To examine and explore the effectiveness of implementation strategies to promote health literacy practices

Mixed methods

Setting & Participants

- Pediatric ENT clinic in academic health care system in Dallas, TX
- ENT clinical team and parents of children in clinic

Data Collection

Interviews at baseline (n=12)

- Informed by the Consolidated Framework for Implementation Research (CFIR)⁴

ENT Team Surveys (baseline, 6, & 12 months)⁵

- Acceptability
- Appropriateness
- Feasibility
- Conviction and Confidence with Teach Back

Parent HCAHPS health literacy 5 item composite survey⁶

Data Analysis

Deductive analysis of interviews
with CFIR domains/constructs

- Identified barriers and facilitators
- CFIR-ERIC Implementation Strategy Matching Tool to identify implementation strategies

Mean ENT team acceptability,
appropriateness, and feasibility

- >4 indicates high likelihood of successful implementation

Proportion of team reporting use
and confidence with teach back

Proportion of parents reporting
“always” to health literacy practices

QUALITATIVE RESULTS

Barriers

Time in clinic is fixed
15 min appts

Leadership role not
maximized

Unconvinced by
Literature

The reluctance would
be just the time ...just
our volume, I have
information all
memorized, how can
families repeat that all
back in a teach back?

Team will be more on
board just with evidence
that what we're doing
actually works. Literature
data is a little remote.
How does this apply to us
day to day?

When we told them
about this project,
they jumped on board.
They've [hospital]
increased our goal for
patient satisfaction.

We definitely try to do
the clear
communication. I don't
know how often we're
doing the teach-back ...
maybe that would
benefit us.

Relative
advantage
amongst team

Supportive
Leadership

Current health
literacy norms

Facilitators

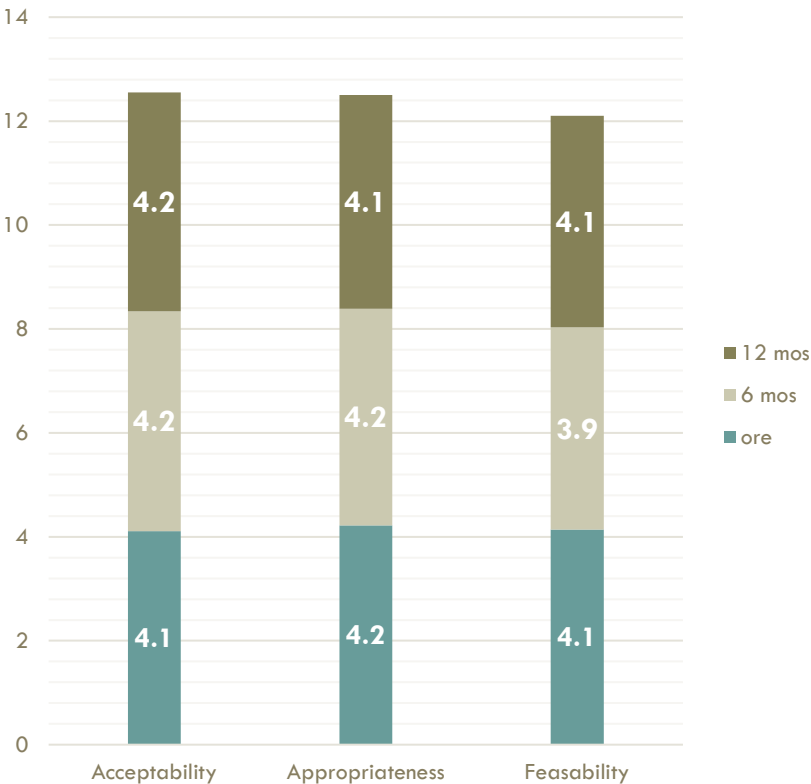
CFIR-ERIC Implementation Strategy Matching Tool⁷

Implementation

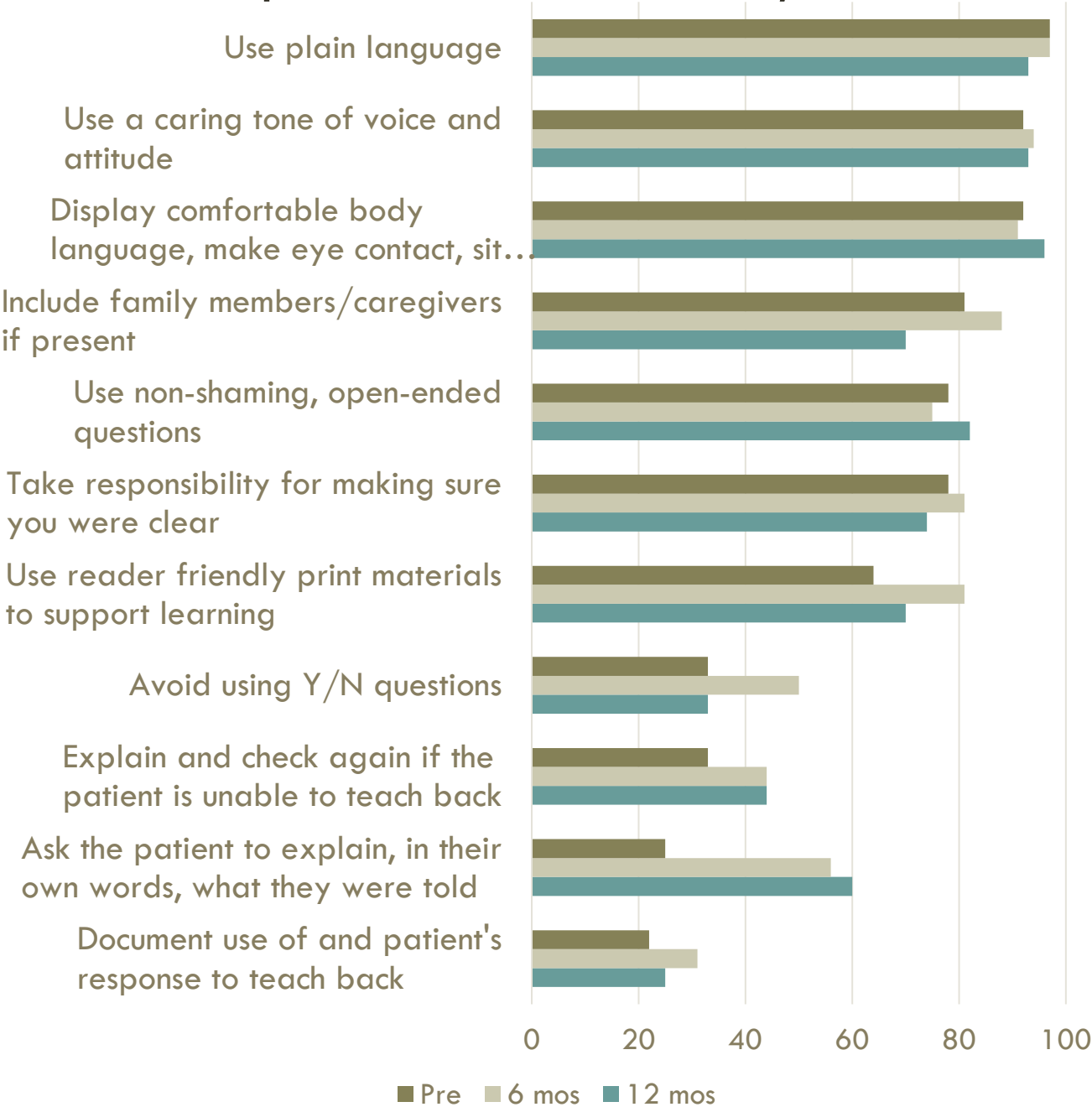
ERIC Strategies	Cumulative Percent	Relative advantage	Patient Needs & Resources	Compatibility	Learning Climate	Leadership Engagement
Assess for readiness and identify barriers and facilitators	206%	24%	33%	34%	19%	14%
Conduct local needs assessment	176%	34%	57%	21%	19%	14%
Conduct local consensus discussions	175%	24%	29%	41%	27%	27%
Identify and prepare champions	161%	45%	5%	21%	31%	41%
Promote adaptability	131%	24%	14%	45%	23%	9%
Facilitation	126%	10%	0%	24%	54%	18%
Alter incentive/allowance structures	125%	28%	10%	10%	23%	32%
Obtain and use patients/consumers and family feedback	122%	7%	76%	10%	8%	14%
Build a coalition	121%	14%	14%	21%	19%	18%
Involve patients/consumers and family members	114%	3%	71%	10%	12%	9%

- Health literacy microlessons
- Preparing and supporting champions
- Local consensus discussions at CARE lunches
- External facilitator
- Audit & feedback
- Quality improvement project
- Incentives for health literacy champions

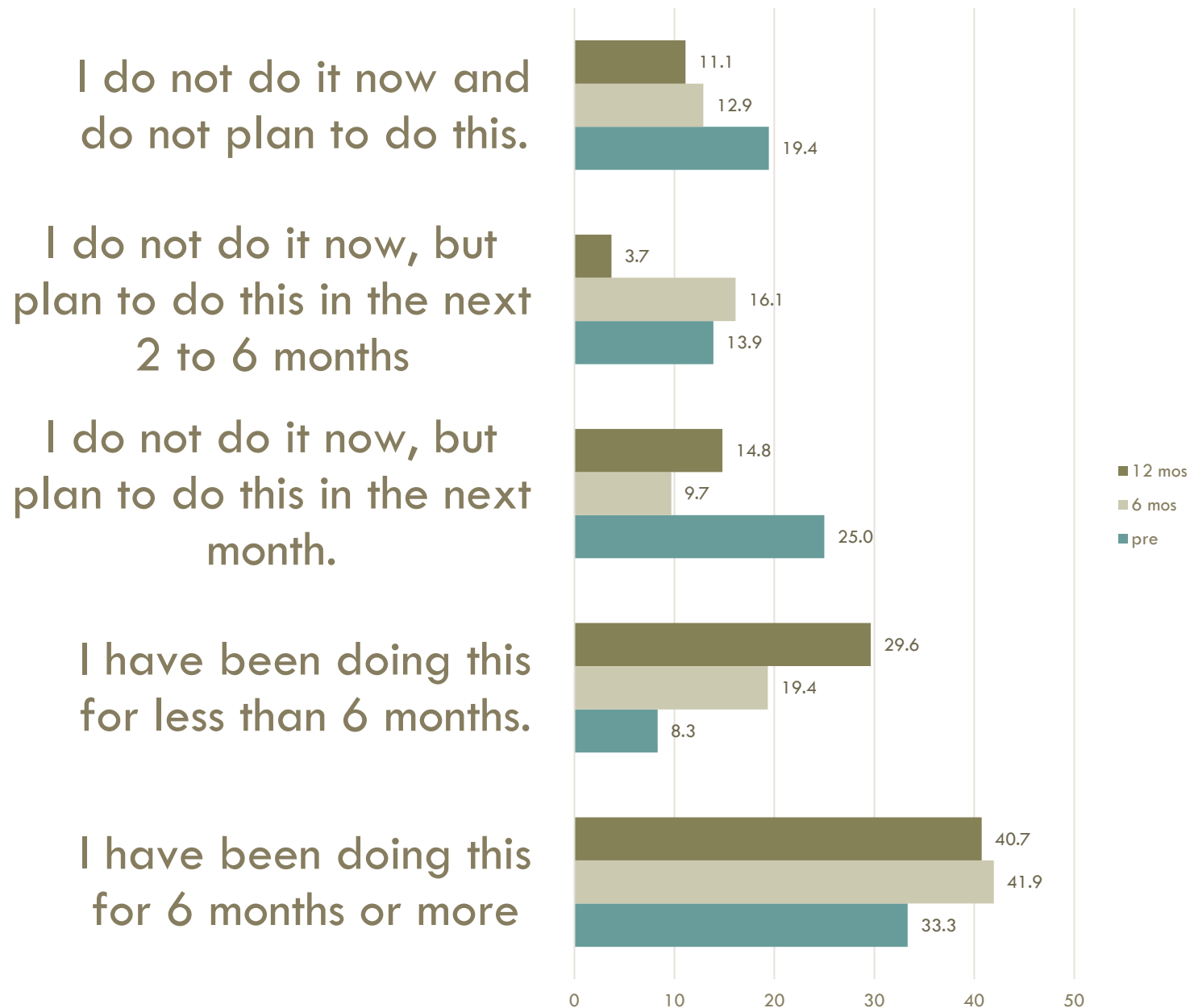
Mean Acceptability, Appropriateness, Feasibility



% Reported Health Literacy Practices

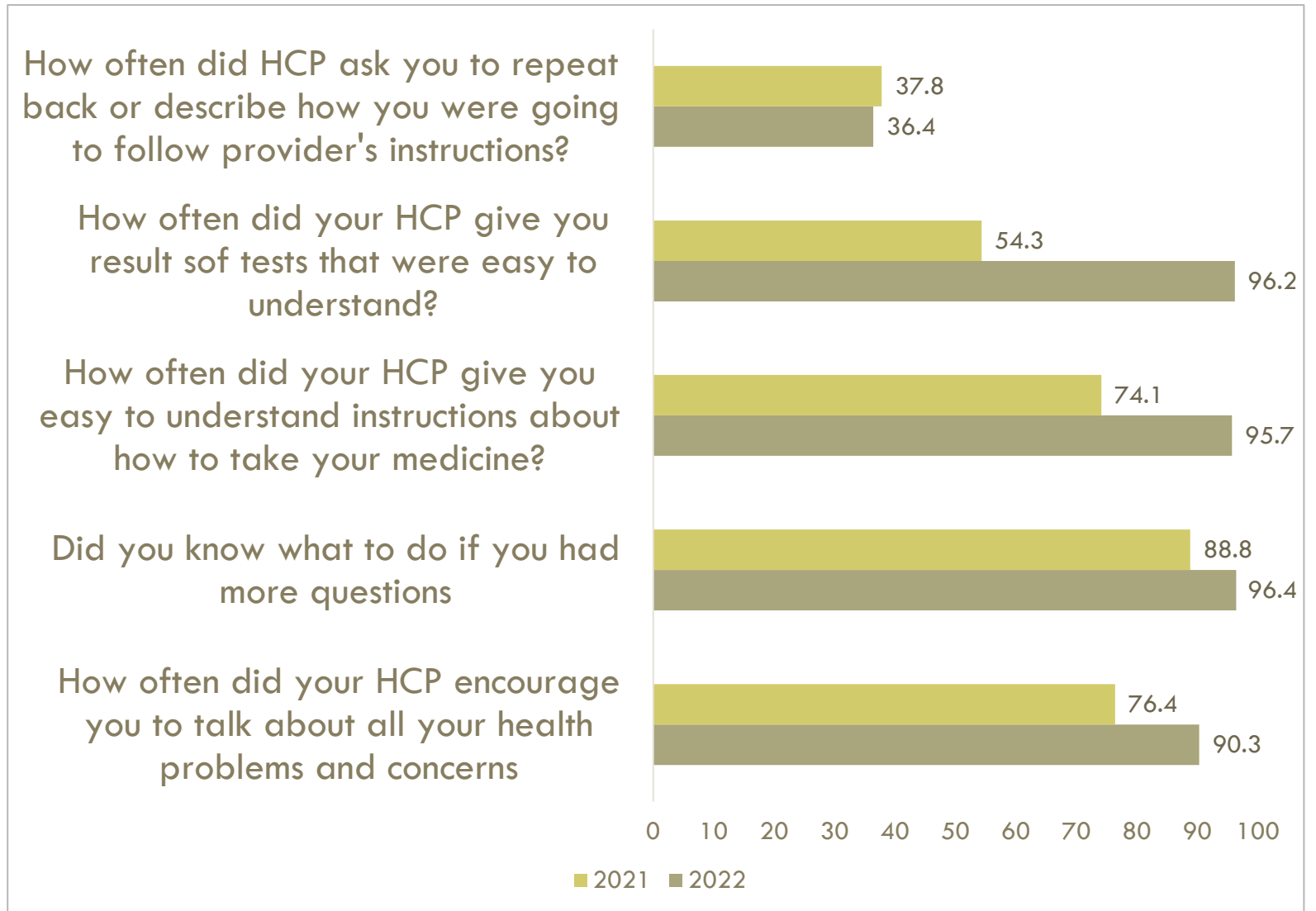


ENT team reported use of teach back pre- 6 months- 12 months



HCAHPS Health Literacy Composite

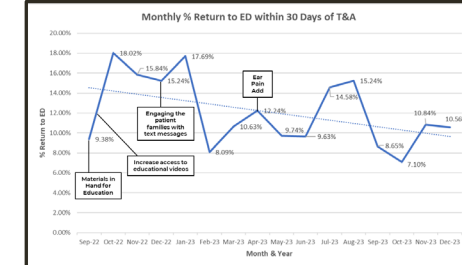
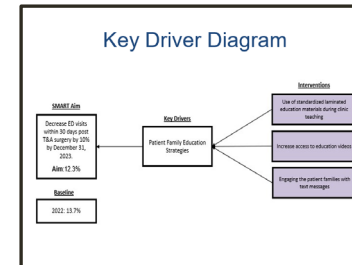
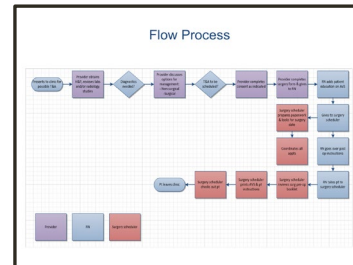
**Parent "Always"
Responses**
n = 196 baseline
n = 197 at 12mos



Implementation Strategies

Quality improvement project

-
- Post Op T&A ED Visit Cause & Effect Diagram**
- Goal:** Reduce ED visits within 30 days post T&A surgery by 10% by 12/31/2023
- People:**
- Patients not educated on post op T&A instructions
 - Patients not educated on how to take their pain medicine
 - If patient lives in rural area, they may not have access to a doctor or nurse to help with their pain
 - Patients may not have a higher level of understanding of what to expect post op
 - Patients may not have a higher level of understanding of what to expect post op
- Environment:**
- Disasters in area
 - Low patient volume
- Materials:**
- Materials not available in time or in quantity
 - Materials not available in time or in quantity
 - Open cases
 - Medication not available in time or in quantity
- Methods/Process:**
- O-2 monitors have been taken out of service
 - Larger monitors not available in time or in quantity
 - Patients not educated on post op T&A instructions
 - Patients not educated on how to take their pain medicine
 - Patients not educated on how to take their pain medicine
 - Patients not educated on how to take their pain medicine
- Equipment:**
- Combination of O-2 monitors and larger monitors not available in time or in quantity
 - O-2 monitors have been taken out of service
 - Larger monitors not available in time or in quantity
 - Patients not educated on post op T&A instructions
 - Patients not educated on how to take their pain medicine
 - Patients not educated on how to take their pain medicine
 - Patients not educated on how to take their pain medicine



Using iPARIHS to evaluate a Community of Practice of champions to support health literacy implementation in pediatric ambulatory clinics

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Communities of Practice

- Communities of Practice (CoP) efficient and effective to support implementation of evidence-based practices.
 - ⇒ Learning more than transfer of knowledge from experts to novices
 - ⇒ Learning complex, embedded in social interaction
 - ⇒ Brings nurses together to collaboratively accelerate health literacy uptake
- Nurse leader, external health literacy expert, and champion co-led CoP
- 24 nurse champion members
- 1 hour monthly via Zoom, alternating start time 0730/1200
- Agenda: training, champion activities, open discussion- “good catches=patient health literacy stories” and “rose and thorn= facilitators and barriers”
- Debriefed after meetings for actionable findings to bring in future agendas

Numeracy Skills

Health Literacy & Equity

What is numeracy?

Ability to read & use numbers to make decisions. Numeracy skills are needed to:

- ★ Read and interpret graphs (ex: Body Mass Index chart)
- ★ Read and interpret tables (ex: blood sugar log)
- ★ Understand risks (ex: 80% success with surgery)

To understand **lab results**, patient families need **numeracy skills** to:¹

- Access lab results in MyChart
- Interpret meaning of results
- Identify changes in numerical values

Help patient families understand following these recommendations.²



use plain language and avoid medical jargon



ensure access to MyChart



avoid abbreviations or explain abbreviations



give clear actions needed based on lab results

45% of adults in Dallas County have low numeracy skills.

They may have difficulty reading lab results and struggle with:

- Differentiating high, low and normal ranges
- Understanding units of measure
- Correlating results to risks
- Interpreting results compared to normal range



People with low numeracy skills might also struggle with understanding:

- **Medical & technical jargon**
- **Abbreviations**
- **Positive or negative outcomes**

HEALTH LITERACY PRACTICES



HEALTH LITERACY FACTS

- 1 in 4 parents have low health literacy and may struggle to understand and use health information to make health decisions for child [1]
- High expectations placed on parents to care for their child's health, especially those with chronic illness or having surgery [2]
- Estimated costs of low health literacy \$215 billion annually [3]

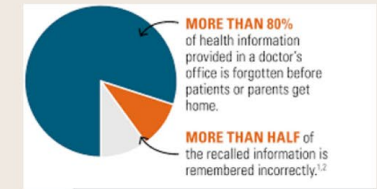
USE OF MEDICAL JARGON

Several studies have shown that clinician use of jargon is an obstacle for patient families. Clinical teams can intentionally work on using more plain language.

- Average 29 unexplained medical jargon terms during ENT clinic visits with parents [4]
- Parents reported pediatricians used medical terms without explaining them. Perceived pediatricians used medical jargon to avoid having to give more detailed explanations and to discourage questions. Reported need for information that is simple and understandable [5]

FOCUS ON 3 TO 5 KEY POINTS

Chunk information into manageable bits [6]



EVIDENCE FOR TEACH- BACK

- Increased patient satisfaction with medication teaching, health management [7]
- Teach-back used in 39% patient visits, increased patient centered communication [8]
- 45% dec 30-day readmissions reported in a meta-analysis [9]

REFERENCES

- 1) Yin, H. S., Johnson, M., Mendelsohn, A. L., Abrams, M. A., Sanders, L. N., & Dreyer, B. P. (2009). The health literacy of parents in the United States: a nationally representative study. *Pediatrics*, 124(Supplement_3), S289-S298.
- 2) Harrison, A. K., Olick, A., & Yin, H. S. (2019). Health literacy: implications for child health. *Pediatrics in Review*, 40(6), 263-277.
- 3) Rau, R. S., Bawa, W. A., Suminski, R., Snella, K., & Warady, B. (2015). Health literacy impact on national healthcare utilization and expenditure. *International Journal of Health Policy and Management*, 4(11), 747.
- 4) Link, A. R., Collin, W., Wasserman, C., Walsh, J., Beach, M. C., & Bove, E. F. (2019). Surgeon use of medical jargon with parents in the outpatient setting. *Patient Education and Counseling*, 102(6), 1111-1118.
- 5) Konstantynowicz, J., Marchewicz, L., Abramowicz, P., & Abramowicz, M. (2018). What do children with chronic diseases and their parents think about pediatricians? A qualitative interview study. *Maternal and Child Health Journal*, 23(8), 1745-1752.
- 6) Agency for Healthcare Research and Quality. Use the Teach-Back Method: Tool #5. Content last reviewed September 2020. Rockville, MD. <https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html>
- 7) Yin, P. H., & Leasure, A. R. (2019). Use and effectiveness of the teach-back method in patient education and health outcomes. *Federal Practitioner*, 36(6), 284.
- 8) Budeczewski, A., Bauman, L. J., Blank, A. E., Dreyer, B., Abrams, M. A., Stein, R. E., ... & Sharif, I. (2017). Relationship between Teach-back and patient-centered communication in primary care pediatric encounters. *Patient Education and Counseling*, 100(7), 1345-1352.
- 9) Oh, E. O., Lee, H. J., Yang, Y. L., & Kim, Y. M. (2021). Effectiveness of discharge education with the teach-back method on 30-day readmission: a systematic review. *Journal of Patient Safety*, 17(4), 308-310.



AHRQ Communication Surveys

<https://www.ahrq.gov/health-literacy/improve/precautions/tool4.html>

Comparison Pre - 6 month Agreement Proportions (McNemar's Test)

Question	Pre-Assessment Agree (%)	6 month Agree (%)	Change in Agree (%)	P Value
Q1	100% (84/84)	100% (84/84)	0	-
Q 2	93% (78/84)	93% (78/84)	0	1.000
Q 3	89% (75/84)	92% (77/84)	+3%	0.727
Q 4	90% (76/84)	94% (79/84)	+4%	0.508
Q 5	83% (69/83)	88% (73/83)	+5%	0.388
Q6	64% (54/84)	83% (70/84)	+19%	0.006
Q 7	68% (56/82)	79% (65/82)	+11%	0.151
Q 8	92% (77/84)	94% (79/84)	+2%	0.754
Q 9	83% (70/84)	91% (76/84)	+8%	0.180
Q 10	61% (50/82)	63% (52/82)	+2%	0.839
Q 11	96% (81/84)	94% (79/84)	-2%	0.687
Q12	55% (45/82)	70% (57/82)	+15%	0.045
Overall	82% (815/1001)	87% (869/1001)	+5%	<.001

Q6 I used non-medical language.

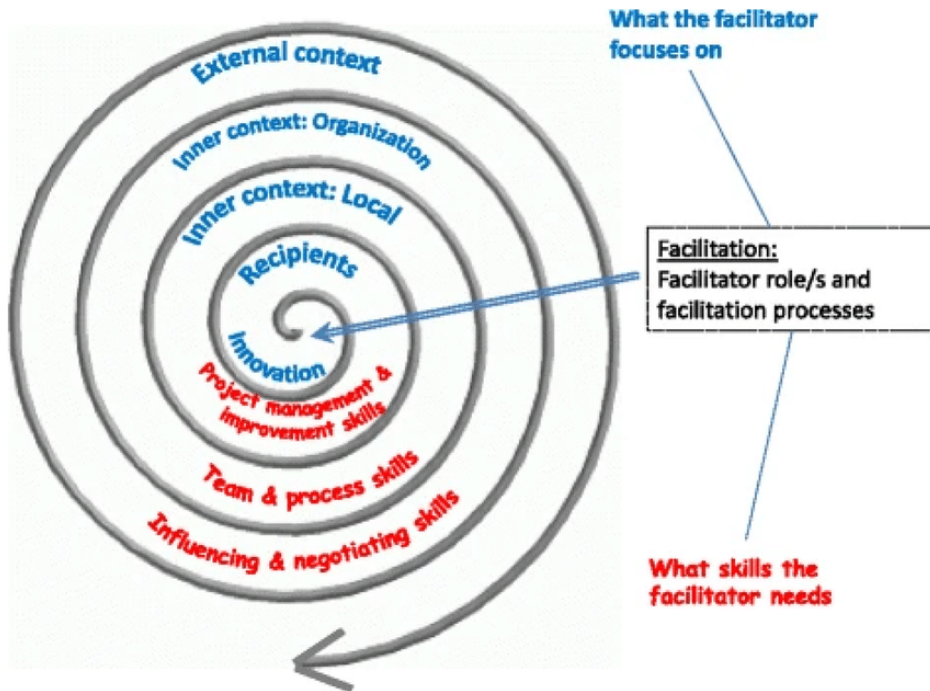
Q12 I asked the patient to describe how they were going to follow these instructions (teach back).

Integrated Promoting Action on Research Implementation in Healthcare

Qualitative Data Analysis

Directed content analysis using Ritchie et al. (2022)
iPARIHS codebook

- ⇒ Initial top-level codes 4 constructs: innovation, recipient, context, facilitation
- ⇒ Second level subconstructs



i-PARIHS construct	Sub-construct	Description	Exemplar quotes
Innovation Health literacy	Evidence	Patient stories, parent poor comprehension of health information	I don't know evidence. I mean, I can think of the things that tend to get people's attention. I feel like in my department or across the board are connecting with people's stories. So I feel like the more we can personalize-- and using evidence to maybe personalize it, I think, is more helpful [champion]
	Usability	Ease or difficulty with adopting health literacy practices e.g. decrease medical jargon and health information overload and to use teach back.	Spiels have become longer and longer. When I first became a dietitian, I felt like I had to explain my process and really give extra information like, "Well, your recipe was making 33 calories per ounce, and now it's just going to make 30 calories per ounce." I'm realizing more, families, unless they ask that extra information, they may not necessarily need that information, and I don't want them to focus on the wrong thing [CoP] Put it on yourself. I always am saying, "Hey, I want to make sure that I gave you the information that you need in this visit. So if you can try to summarize what we went over for me so that I make sure that I told you everything, let me make sure I told you what I think I did. [CoP]

REFERENCES

1. Hong YR, Jo A, Cardel M, Huo J, Mainous III AG. Patient-provider communication with teach-back, patient-centered diabetes care, and diabetes care education. *Patient Educ Couns*. 2020;103(12):2443-2450.
2. Morris ZS, Wooding S, Grant J. The answer is 17 years, what is the question: understanding time lags in translational research. *J R Soc Med*. 2011;104(12):510-520.
3. Brach C. The journey to become a health literate organization: a snapshot of health system improvement. *Stud Health Technol Inform*. 2017;240:203.
4. Damschroder, Laura J., David C. Aron, Rosalind E. Keith, Susan R. Kirsh, Jeffery A. Alexander, and Julie C. Lowery. "Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science." *Implementation science*. 2009; 4(1); 1-15.
5. Weiner BJ, Lewis CC, Stanick C, et al. Psychometric assessment of three newly developed implementation outcome measures. *Implementation Science*. 2017;12(1):1-12.
6. Weidmer BA, Brach C, Hays RD. Development and evaluation of CAHPS® survey items assessing how well healthcare providers address health literacy. *Med Care*. 2012;50(9 Suppl 2):S3.
7. Powell BJ, Waltz TJ, Chinman MJ, et al. A refined compilation of implementation strategies: Results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*. 2015;10(1):1-14. doi:10.1186/s13012-015-0209-1
8. DeWalt DA, Brouckson KA, Hawk V, et al. Developing and testing the health literacy universal precautions toolkit. *Nurs Outlook*. 2011;59(2):85-94. doi:10.1016/j.outlook.2010.12.002
9. Mabachi NM, Cifuentes M, Barnard J, et al. Demonstration of the health literacy universal precautions toolkit: Lessons for quality improvement. *J Ambul Care Manage*. 2016;39(3):199.

Nurse Leadership Advancing Organizational and Patient Health Literacy

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Research Institute

No Disclosures to Report

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Objectives

- Discuss how to raise awareness of the need for health literacy advancement.
- Discuss strategies to keep health literacy committee members engaged to move health literacy quality improvement and research forward.

Health Literacy:

Giving people the skills and ability to
take part in their health journey





SMART Oncology Nursing: Literacy, Goals, Coaching, and Empowerment

Amy Mirabella Amber Vrana R. Curtis Bay Alexandra Slater Melanie A. Brewer

Health Literacy, Goal Attainment, Empowerment, Self-Management, Education

ONF 2022, 49(1), 37-45. DOI: 10.1188/22.ONF.37-45

STRIVING TO IMPROVE PRACTICE

- Clinical research nurses (CRN):
 - Identified a need
 - Created and tested a novel educational intervention through a research study
 - Published the work
- FINDINGS: Goal attainment ranged from 67% to 100%. Patient empowerment scores were high at baseline and throughout.

CREATION OF A HEALTH LITERACY COMMITTEE

GOAL:

Provide a forum for members to work collaboratively in using evidence-based and best practice strategies for achieving a health literate organization.

PURPOSE:

The Health Literacy Committee is multidisciplinary, enabling representatives from various departments to discuss and formulate quality improvement strategies around health literacy. The Health Literacy Committee will review pertinent data before and after practice changes are implemented; identifying areas that require further action. The Committee is accountable for reporting outcomes to leadership within the institute.

Raising Awareness

Networking and Education

- Bring the evidence and science to a personal level
 - (Universal Health Literacy Precautions and Teach Back)
 - What is our why? What are the stories?
- Focus on overarching goals
- Calls to action
- Advocate for a seat at the table
- Disseminate findings

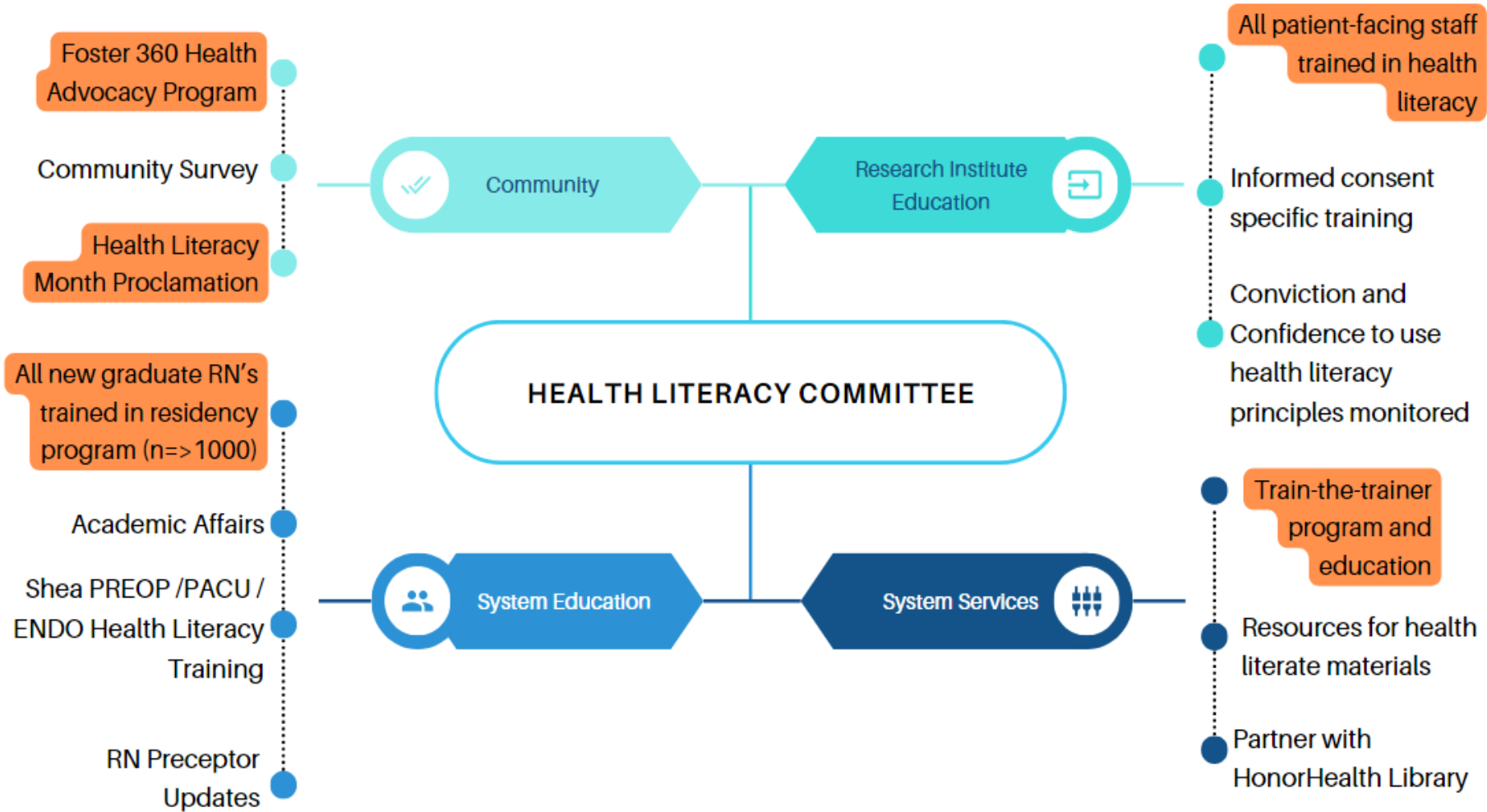
Transformational Leadership Surrounding Health Literacy

Innovation

Engage the Team (Health Literacy Committee)

- Include patients
- Offer multiple means of engagement for
 - Research
 - Community outreach
 - Quality Improvement
 - Grant
- Action-based work
- Celebrate accomplishments
- Build partnerships

HEALTH LITERACY COMMITTEE



Confidence and Conviction Data Research Staff



n=140

Health Literacy and Teach Back Noted
Improvement Opportunities

Action Taken

Avoiding yes/no questions

Modification in education plan

Documentation

Added smart phrase to documentation template

Community Survey

Participants: Hospital Patients, Staff, Advisory Board

- What is the best way for you to learn about your health?
- How can your healthcare team make asking questions easier?

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Community Survey Themes



Online educational materials and more options for education



Taking time and actively listening



Adapt to different learning styles



Visual aides in multiple languages



More face time with healthcare team

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Inpatient Research Study

- Impact of applying a health literacy bundle on patient experience questions on a 64-bed medical/ telemetry/stroke unit:
 - Care transitions
 - Communication about medicines
 - Communication with nurses
- Readmission rates
- Health Literacy Resource Nurses are Sub-Investigators for the study and Clinical Nurse Peer Mentors at the point of care

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Exam Room Poster

HONORHEALTH IS IMPROVING HEALTH LITERACY FOR YOU

HEALTH LITERACY IS UNDERSTANDING AND USING HEALTH INFORMATION

Patients with low health literacy ...



Are more
likely to visit
an **emergency
room**



Have more
**hospital
stays**



Are less likely
to follow
**treatment
plans**



Have higher
**mortality
rates**

3 ways to improve your health literacy

Be prepared at your visit

- ✓ Bring your medicine and health record(s)
- ✓ Have a family member or friend come with you

Ask questions

- ✓ Make sure you fully understand your care plan
- ✓ Ask for additional resources or help

Be open and honest

- ✓ Share your medical details and history
- ✓ Do not be embarrassed or ashamed
- ✓ Notify us if you are unhappy with your care

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Scan the QR code to see
additional resources →



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Welcome

To the Honor Health Research Institute

Universal Approach to Education Documents

What to expect during your consent visit:

We will do everything we can to help you be comfortable!

- Please read the consent before your visit. We will have a new copy of the consent for you to sign, so you can highlight and write down questions on your copy. You may share this with family and friends.
- You will be here for about 3 hours on your consent day.
 - o Read and sign consent - about 1 hour
 - o Exam - about 30 minutes
 - o Meet with the pharmacist (please bring all medicines with you)- about 30 minutes
 - o Infusion Clinic Visit (blood draw, heart monitor, vital signs, urine sample etc.)- about 30 minutes
 - o Meet with finance (phone or in person)- about 30 minutes
- Your nurse will go over the next steps after you sign the consent. Each study is different. You may need more scans, tests, appointments etc. We will help you with this.

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CONNECTING HEALTH LITERACY AND HEALTH EQUITY

Health literacy principles to advance health equity:

- Providing translation services
- Testing materials with the intended audience
- Using plain language
- Using teach back
- Creating EMRs that are accessible



These principles help meet the needs of a person/community related to cultural, linguistic, environmental and historical needs and priorities

- Health literacy principles strive to make information clearer
- Health equity principles make the information inclusive



Our call to action:

Impact of the research and initiatives has allowed us to continue the journey and lead a multidisciplinary team to make continuous and intentional changes in practice to honor patient education.

Plan is to continue to expand throughout the HonorHealth hospital system and build community partnerships **to Improve Health Equity through Health Literacy Interventions.**



What questions do you have?

Please type your questions in the Chat box.



Thank you for Attending

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