Heart Failure & The Failure to Understand: The Impact of Health Literacy on Patients Living with Heart Failure

Megan Shetterly RN, MS, CPPS
Senior Patient Safety Liaison
Pennsylvania Patient Safety Authority

Presenter Disclosure Information

Megan Shetterly, RN, MS, CPPS

FINANCIAL DISCLOSURE:
No relevant financial relationship exists
Patient Safety Authority Background

Act 13 of 2002 (Chapters 3 and 4 of MCARE)

• 11-member Board appointed by the Governor and General Assembly
• Independent Agency
• Non-regulatory
• Dedicated Funding Stream
• Contract with outside entity to collect, analyze and evaluate reports of Serious Events and Incidents and identify trends
• Advise and issue recommendations for changes and improvements in healthcare practices (Advisories)
• Focused education, collaboration, and guidance

Objectives

• Define health literacy
• Describe the scope and implications of the health literacy problem in the US and PA
• Recognize strategies and tools to promote health literacy for CHF patients
• Learn about positive outcomes experienced by a Pennsylvania health literacy collaborative focused on improving heart health
Health Literacy

• Health literacy is the ability to:
  – read
  – understand
  – act on health information effectively

• Functional health literacy is the ability to:
  – apply reading skills
  – apply numeracy skills in healthcare settings

Our Patients
The Cost

• Lower health knowledge: less healthy behaviors
• Under-utilization of preventive services
• Poorer health outcomes
• Needless patient suffering
• 6% more hospitalizations
• Longer hospital stays
• At least one more doctor visit and 1.5 times more likely to visit a doctor
• Three times as many prescriptions
• More medication and treatment errors
• Estimated cost of low health literacy to the U.S. economy is between $106 billion to $238 billion annually

(AHRQ; IOM; Schwartzberg; Vernon)

Extent of The Literacy Problem

• Literacy is a stronger predictor of an individual’s health status than:
  – age
  – income
  – employment status
  – education level
  – or racial/ethnic group

(Weiss)
National Assessment of Adult Literacy

- Assessment of the English literacy of U.S. adults
- Last conducted in 2003
- Nationally representative sample of more than 19,000 adults age 16 and older
- One-on-one administration in households and prisons (1,200 inmates)

93 Million Adults Have Basic or Below Basic Health Literacy

- Proficient: Might find information required to define a medical term by searching through a document
- Intermediate: Can determine healthy weight range for a specified height based on a graph that relates height/weight to body mass
- Below Basic: Able to locate and circle medical appointments on a slip
- Basic: Can give 2 reasons why a person with no symptoms should be tested for a disease based on what they read in a pamphlet

(NCES)
Percentage of Adults at **Below Basic** Health Literacy, By Race/Ethnicity: 2003

- **White**: 9%
- **Other**: 13%
- **Black**: 24%
- **American Indian/Alaska Native**: 25%
- **Hispanic**: 41%

(NCES)

**Limited Health Literacy by Pennsylvania Counties**

[Map showing health literacy rates by county, with varying shades indicating different percentages.]
What is it like?

- The following passage simulates what a reader with low general literacy sees on the printed page
- Read the entire passage out loud
- You have 1 minute to read
- Hint: The words are written backwards and the first word is “cleaning”

What is it like?

GNINAELC – Ot erussa hgih ecnamrofrep, yllacidoirep naelc eht epat sdaeh dna natspac revenehw uoy eciton na noitalumucca fo tsud dna nworm-red edixo selcitrap. Esu a nottoc baws denetsiom htiw lyporposi lohocla. Eb erus on lohocla sehcuot eht rebbur strap sa ti sdnets ot yrd dna yllautneve kcarc eht rebbur. Esu a pmad tholc ro egnops ot naelc eht tenibac. A dlim paos, ekil gnihsawhsid tnegreted, lliw pleh evomer esaerg ro lio.
Discussion

- What was it like to read this?
- How did it make you feel?
- How did it make you feel when someone near you was reading faster?

“Patients won’t tell you.”

% of patients who have never told:
- Supervisor 91%
- Children 53%
- Spouse 68%
- Anyone 19%
Red Flags

Analyzing, Educating and Collaborating for Patient Safety

4/27/2017

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Health Literacy and Older Adults: Challenges

Learning rate
- Reduced capacity to process and remember new information (working memory)
- The rate of storing new information and retrieving old information may slow down.

Response time
- Reduced processing speed
- More time is needed to consolidate information and is complicated by having to perform multiple tasks.

Concentration
- Greater tendency to be distracted
- It may become harder to ignore irrelevant stimuli and thoughts

Analyzing, Educating and Collaborating for Patient Safety

PREVISIT
Scheduling Appointments (phone menu or person/)

CHECKOUT
schedule referral, follow-up, insurance

BEFORE CHECKOUT
Receive handouts, Med samples, tests, instructions

SET PROTOCOL
Problem, Review Meds, add new meds, add Rx & tests, referrals

IN OFFICE
Problem, health history, med review

IN OFFICE
Sign-in, insurance/release forms

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Assessment

• Reading ability
  – “How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?”
  – “How confident are you filling out medical forms by yourself?”

• Learning styles
  – Written material
  – Discussions
  – Recordings
  – Return demonstration
  – Combinations?

(AHRQ, IOM, Evange$$ta)

Communication Considerations
HEALTH LITERACY ORAL COMMUNICATION SKILLS FOR CLINICIANS
This interactive tool provides insights into useful verbal and nonverbal communication skills that can enhance patient engagement and understanding.

Instructions: To see the oral communication skills, hover over the patient's mouth and face healthcare worker and clipboard.

Verbal communication skills that can improve patient interaction when applying the Ask Me 3® program, teach back method, or other inquiries include:

For more information, visit http://www.patientsafetyauthority.org.
This graphic accompanies, Gardner LA. Health literacy and patient safety events.
http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2016/Jun,13(2)/Pages/home.aspx

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(PSA)

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<table>
<thead>
<tr>
<th>Health Literacy Checklist: Evaluating Patient Documents</th>
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<tbody>
<tr>
<td>This sample checklist of health literacy principles may be used when creating or evaluating documents, such as patient healthcare instructions, information, or written permissions.</td>
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<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Main Topic:</th>
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<th>Document format:</th>
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<tr>
<td>Preoperative instructions</td>
<td>Consent form</td>
<td>Discharge form</td>
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<tr>
<td>Medication form</td>
<td>Other:</td>
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<th>Target audience:</th>
<th>Testing date:</th>
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**DOCUMENT SUITABILITY**
Assessment tools (e.g., SAM, PEMAT) can be used to evaluate overall suitability.*

**Does the material...**

<table>
<thead>
<tr>
<th>List one to two simple key objectives?</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
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<tr>
<td>Comments:</td>
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<tr>
<th>Describe the most important information first (e.g., what actions to take and their importance)?</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
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<td>Comments:</td>
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<tr>
<th>Emphasize desired behaviors?</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
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<td>Comments:</td>
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Processing Demands

- **40-80 percent** of the medical information patients receive is **forgotten** immediately and
- nearly **half** of the information retained is **incorrect**.
Strategies to Enhance Literacy

Teach Back
- Limit to the 3-4 most important things
- Can you tell me what you heard me say?
- What will you tell your spouse about your condition?

Ask Me 3
- Ask, “How comfortable are you with your reading?”
- Ask me 3:
  1. What is my main problem?
  2. What do I need to do?
  3. Why is it important for me to do this?

Why is this sooo important?
### Teach-back Observation Tool

**Care Team Member:** ________________________________  **Date:** ________________

**Observer:** ________________________________  **Time:** ________________

<table>
<thead>
<tr>
<th>Did the care team member...</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Use a caring tone of voice and attitude?</td>
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<td>Display comfortable body language, make eye contact, and sit down?</td>
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<td>Use plain language?</td>
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<td>Ask the patient to explain in their own words what they were told to do about:</td>
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<tr>
<td>• Signs and symptoms they should call the doctor for?</td>
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<td>• Key medicines?</td>
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<td>• Critical self-care activities?</td>
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<td>• Follow-up appointments?</td>
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<tr>
<td>Use non-shaming, open-ended questions?</td>
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<tr>
<td>Avoid asking questions that can be answered with a yes or no?</td>
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**Health Literacy Collaborative**

**SEPA-READS**

Southeastern Pennsylvania Reading Enhancements Addressing Disconnects in Cardiovascular Health Communication

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**www.hcifonline.org**
Health Literacy Collaborative

• Where?
  – Southeastern Pennsylvania

• When?
  – Year 2010

• Who?
  – 9 Hospitals

• How?
  – Grant funding from Pennsylvania Department of Health

SEPA-READS Initiative

• Focus: Heart Health in Older Adults (aged 50+)
  – Objectives
    • Enhance the capacity of health care systems and health professionals to address health literacy needs and improve older adults’ understanding of heart health information
    • Improve the ability of older adults to communicate with health care providers and staff in ways that increase their understanding of and capacity to effectively act on heart health information
How is it working?

- Better staff understanding of how teach back promotes positive patient outcomes
- Real life saving events happened
  - Ask Me 3 helped a patient avoid large insulin overdose
- CHF 30 day readmission rates decreased from 26.44% to 19.69%
- Developed 6 short video clips for heart patients
  - Recorded in English and in Russian (based upon community needs)
Frequent Failures

• Assuming the patient is the key learner
• Providing written discharge instructions that are
  – confusing
  – contradictory to other instructions
  – or not tailored to a patient’s level of health literacy or
    current health status
• Failure to ask clarifying questions about
  instructions and plan of care

Take Homes

• Keep language simple – use “living room” language
• Teach the three top things you want the patient to learn
• Make your teaching action oriented
• Use Teach-back methodology
• Teach from the first day, using all opportunities for small
  teaching moments
Health Literacy Resources

Agency for Healthcare Research and Quality (AHRQ) Toolkit

http://www.ahrq.gov/qual/literacy/
Authority’s Health Literacy Webinar Series

- Feb 16, 2017 (Recorded)
- April 15, 2017 (Recorded)
- July 25, 2017 • 12-1pm
- Sept 28, 2017 • 12-1pm

To register for upcoming live events send e-mail request to:
shmixell@pa.gov

Recordings available at:
www.patientsafetyauthority.org

What Questions Do You Have?!
References


References (cont)

- Health Care Improvement Foundation (HCIF). Southeastern Pennsylvania (SEPA) READS. 2010-2015. Funded through the Preventative Health and Health Services Block Grant through the PA Department of Health.
References (cont)


References (cont)


Thank You!

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