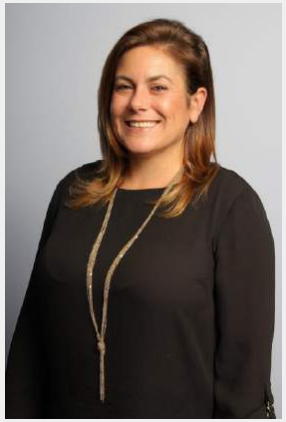
Health Literacy PDSA Cycles: Becoming Health Literate Organizations

Staten Island
Performing Provider System

Hello!

We are part of the CCHL Workgroup



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Session Objectives

- Develop awareness of Staten Island PPS's Health Literacy Initiative
- Be able to review and discuss 3 case studies: Health Literacy PDSA's at a Skilled Nursing Facility, Hospital and Community Based Organization
- Opportunity to develop a Health Literacy PDSA to Impact Performance Measures at your workplace

1.

Intro to Staten Island Performing Provider System's

Health Literacy Initiative

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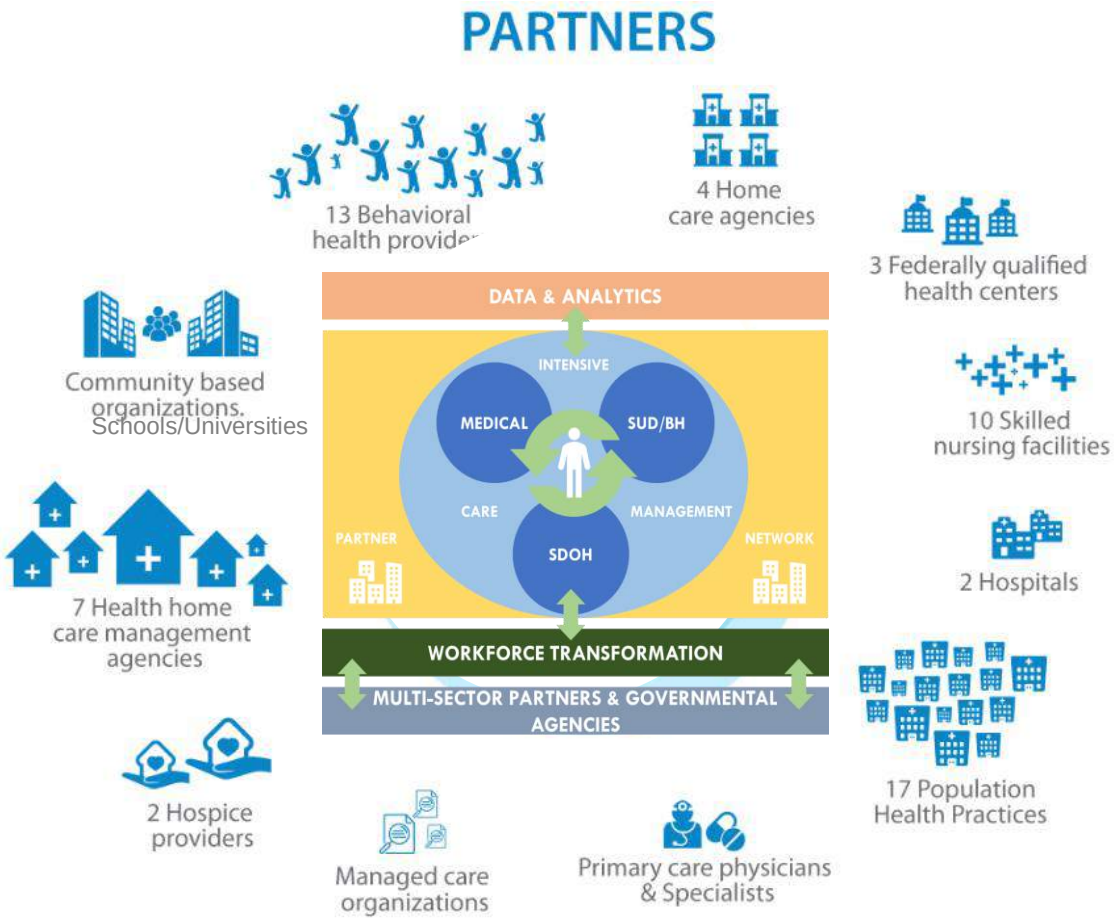
The single biggest problem in communication is the illusion that it has taken place

-George Bernard Shaw

Staten Island PPS

Background

Staten Island Performing Provider System (SI PPS)



DSRIP Goal:

Improve quality of care, transform the delivery system on Staten Island, and reduce preventable ER and hospitalizations by 25%

Financial:

Over $220 million dollars to be invested into SI throughout course of DSRIP

Partners:

- Over 75 fully engaged organizations
- 17 Population Health Improvement practices
- 20+ Community-Based Organizations
- 3,600+ Primary Care Practitioners in Staten Island PPS provider roster

Impact:

- 4 out of 10 Staten Island residents affected by DSRIP

Workstream Goals & Deliverables

Cultural Competency & Health Literacy	Workstream Goals: Develop cultural competency and health literacy programs including training strategy across all DSRIP projects and participating partners to reduce health communication barriers and improve social determinants of health
Strategy: Conduct community needs assessment and hold community focus groups to identify further needs, develop CC/HL site champions, engage CBOs to offer LGBTQ+, disability ally and military sensitivity trainings and contract to impact social determinants of health, implement Diversity, Equity and Inclusion training	Projected CBO spending through DY5: **$12M**

CC/HL Training Needs & Focus Areas:

Language access VRI/ Medical Interpreter

Health Literacy Train the Trainer

Cultural awareness

- LGBTQ+
- Disability Ally Initiative
- Veterans/military
- DEI
- Interreligious awareness

Social determinants of health (SDOH)

Goals:

1. Network-wide Language Access
2. Become Health Literate Organizations
3. Support LGBTQ Healthcare Equality Credentialing
4. 80% employees 3 required CC/HL trainings

DSRIP Projects & Actively Engaged Patients

Integration of Primary Care and Behavioral Health Services (3.a.i) AE Count: 32,710	Implementing the INTERACT project (2.b.vii) AE Count: 2,595	Evidence-based Strategies for Diabetes Management (3.c.i) AE Count: 19,972	Health Home At-Risk (2.a.iii) AE Count: 7,510	Hospital-Home Care Collaboration (2.b.viii) AE Count: 2,315	Patient Activation Activities (2.d.i) AE Count: 83,112
Development of Withdrawal Management Services (3.a.iv) AE Count: 2,390	Integration of Palliative Care into Nursing Homes (3.g.ii) AE Count: 1,363	Care Transitions Intervention Model to Reduce 30 day Readmissions (2.b.iv) AE Count: 5,505	Increase Access to High Quality Chronic Disease Preventive Care & Management (4.b.ii)	Strengthen Mental Health & Substance Abuse Infrastructure (4.a.iii)	**Unique counts as of January 29, 2019** **Total AE Count: 111,316**

Example Performance Measures: Evidence Based Strategies for Disease Management

Measure	Steward
Medical Assistance with Smoking and Tobacco Use Cessation – Advised to Quit, Discussed Cessation Medication, Discussed Cessation Strategies	C&G CAHPS Survey
Flu Shots – Adults Ages 18-64	C&G CAHPS Survey
Health Literacy – Instructions are easy to understand, PCP described how to follow instructions, PCP explained what to do if illness got worse	C&G CAHPS Survey
Prevention Quality Indicator #1 – Preventable Short Term Diabetes Complications per 100,000 members	AHRQ
Comprehensive Diabetes Screening – all 3 tests performed (hemoglobin A1c, eye exam, attention for nephropathy)	Medical Record/Claims Review (MedReview)
Comprehensive Diabetes Care – Hemoglobin A1c Poor Control (>9.0%)	Medical Record/Claims Review (MedReview)

Collaboration

How a variety of provider types unite to build *‘Health Literate Organizations’* across a community.

Goal: Improve Organizational Health Literacy

F. STRATEGIC GOALS, OBJECTIVES AND STRATEGIES

GOAL 1: IMPROVING ORGANIZATIONAL CULTURAL COMPETENCY AND HEALTH LITERACY

Vision: PPS partners recognized as organizations who are health literate, culturally and linguistically competent, providers of equitable healthcare solutions to all

Objective A: Survey each PPS partner site (CCHL PPS Partner survey) to identify current state

Objective B: Create gap analysis regarding organizational capacity for language access, health literacy, cultural competency and diversity and inclusion

Objective C: Prioritize sites based on gaps/risks identified

Objective D: Develop a toolkit providing framework and suggested implementation plan for recommended national best practice strategies; policies and procedures; approved vendors/group pricing agreements for language access and health literacy

Objective E: Collaborate with Diversity and Inclusion Site Champions to disseminate toolkit, strategize individual site action plan

Objective F: Implement site specific Action Plans

Objective G: Re-assess current state of PPS Partners

Improving health communication, health literacy and cultural competency throughout the Staten Island PPS will allow us to meet the evolving needs of our patient population and improve the knowledge base and skill set of providers in our network, therefore improving trust relationships and health related outcomes. SI PPS is responsible for ensuring each partner in our network is providing the highest quality of care while promoting patient safety and recognize the need to align best practices, services and competencies available.

Culturally Competent and Health Literate organizations are those who follow these and other national best practice guidelines from the Office of Minority Health: Culturally and Linguistically Appropriate Services (CLAS Standards) /Health Equity; National Health Literacy Standards; AHRQ Universal

Health Literacy: is most often defined as a person's ability to obtain and act on health information to improve and sustain health and wellness.

- Requires communication, reading, writing, numeracy and navigational skills
- Is the key to successful health and affects community members and providers
- Improving communication skills for patients, providers, partners, and community will improve adherence, trust and outcomes

Mission: to transform Staten Island's healthcare landscape by creating a dependable, accountable, and coordinated network of care that improves the quality, efficiency, and accessibility of Staten Island's healthcare system.

Baseline Measurement Results

Performance Measure	Projects	Data Source	MY 1 Target	MY 1 Result	MY 2 Target	MY 2 Result	MY 3 Target
Care Coordination with provider up-to-date about care received	2a/b/c	C&G CAHPS		84.15%	84.92%	83.77%	84.59%
Getting Timely Appointments, Care and Information	2a/b/c	C&G CAHPS		88.31%	88.73%	85.47%	86.17%
Care Transitions	2a/b/c	H-CAHPS		90.67%	91.30%	92.33%	92.80%
Helpful, Couretous, and Respectful Office Staff	2a/b/c	C&G CAHPS		87.81%	88.63%		
Primary Care - Length of Relationship	2a/b/c	C&G CAHPS		69.39%	70.95%	75.74%	76.67%
Primary Care - Usual Source of Care	2a/b/c	C&G CAHPS		79.80%	81.07%	75.55%	77.24%
Flu shots for adults 18-64	3c	C&G CAHPS		34.64%	37.52%	43.62%	45.60%
Health Literacy - How to Follow Instructions	3c	C&G CAHPS		85.23%	85.68%	78.50%	79.62%
Health Literacy - What To Do If Illness Worsens	3c	C&G CAHPS		92.63%	92.78%	84.82%	85.75%
Health Literacy - Instructions Easy to Understand	3c	C&G CAHPS		95.57%	95.90%	93.11%	93.68%
Medical Assistance with Smoking and TU Cessation - Advised to Quit[HP]	3c	C&G CAHPS		87.95%	88.71%	85.96%	86.92%
Medical Assistance with Smoking and TU Cessation - Discussed Cessation Medication[HP]	3c	C&G CAHPS		68.29%	69.85%	64.20%	66.17%
Medical Assistance with Smoking and TU Cessation - Discussed Cessation Strategies[HP]	3c	C&G CAHPS		61.90%	63.24%	59.44%	61.02%

DSRIP MY2:
July 1, 2016- June 30, 2017

DSRIP MY3:
July 1, 2017- June 30, 2018

Health Literacy

CG CAHPS Health Literacy

- Q12. Provider usually or always listened carefully to you
- Q14. Provider usually or always showed respect for what you had to say
- Q18. Provider usually or always gave easy to understand instructions for caring for illness or health condition
- Q11. Provider usually or always explained things in way that was easy to understand
- Q15. Provider usually or always spent enough time with you
- Q19. Provider usually or always asked you to describe how you would follow instructions for caring for illness or health condition
- Q20. Provider usually or always explained what to do if illness or health condition got worse or came back

P4P Measure	Data Source	Health Literacy	MY 3 $/ Risk
Potentially Preventable ER Visits	DOH Claims Data	Community HL, HL Navigation, Health Ins Lit, SDOH, CA	$2,038,193
Potentially Preventable Readmissions	DOH Claims Data	Pt. Ed, language access, health comm, Teach Back, MI	$2,038,193
PQI 90 Adult Ambulatory Sensitive Discharges	DOH Claims Data	Pt. Ed, Community HL, SDOH, CA	$2,038,193
PDI 90 Child Ambulatory Sensitive Discharges	DOH Claims Data	Pt. Ed, Community HL, SDOH, CA	$2,038,193
Adult Access to Ambulatory or Preventive Care – 20 to 65 years and older	DOH Claims Data	Pt. Ed, Community HL	$2,038,194
Children's Access to Primary Care – 12 months to 19 years	DOH Claims Data	Pt. Ed, Community HL	$2,038,192
Care Transitions – Patient understands discharge plan	H-CAHPS Survey	Pt. Ed, Teach Back, MI	$2,038,193
Adherence to Antipsychotic Medication	DOH Claims Data	Pt. Ed, Teach Back, Cultural Awareness	$690,295
PQI 1 – Discharges w Diabetes Short Term Complications	DOH Claims Data	Pt. Ed, Teach Back, CA, SDOH, MI	$1,356,980
Smoking Cessation – People advised to quit	C&G CAHPS Survey	Ask me 3, Teach Back, Pt. Ed	$76,537
Smoking Cessation – Discussed cessation medication w patient	C&G CAHPS Survey	Ask me 3, Teach Back, Pt. Ed	$76,537
Smoking Cessation – Discussed cessation strategies w patient	C&G CAHPS Survey	Ask me 3, Teach Back, Pt. Ed	$76,537
Patients understanding of follow up care	C&G CAHPS Survey	Health Lit: All	$76,537
Providers ask patients to restate follow up care	C&G CAHPS Survey	Health Lit: All	$76,537
Patients understand what to do if a problem occurs	C&G CAHPS Survey	Health Lit: All	$76,537
		Total:	$16,773,848

Health Literacy Workgroup Goals

DEVELOP A COMMON AGENDA

Health Literacy, or the ability to get, understand and use health information meaningfully, is at the intersection of everything DSRIP hopes to accomplish for Medicaid and Uninsured users across New York state.

- Use best practice models to create sharable, easily accessible resources that can be easily adapted
- Focus on 4-5 actions that can be implemented by all provider types
- Connect actions to performance measures

CREATE ORGANIZATION SPECIFIC MILESTONES

It's imperative that we empower both patients and providers by developing skills, improving communication and fostering trusting relationships.

Dedicating time and resources into making small changes to promote health literacy will provide long-term return on investments.

- Support partners in focusing on health literacy 'wins' important to their facility or patients
- Create a reporting structure to allow workgroup celebration of wins

Improving providers' and patients' health literacy and health communication skills can positively impact both survey and claims based performance measures and represent a large source of funding for PPSs.

Develop a common agenda that matters to everyone's bottom line

DSRIP Funding + Performance Measures *Joint Commission * Patient Centered Medical Home

Where did we begin?

IOM: 10 Attributes of Health Literate Organizations

1. Get Leadership Buy-in
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement
3. HL Workforce Transformation (Awareness Training)
4. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact. (Effective Communication + Teach Back)
5. Provides easy access to health information and services and navigation assistance
6. Design and give out easy to understand + act on Health Info
7. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
8. Community Health Literacy + Health Ins. Literacy

AHRQ: Health Literacy Universal Precautions Zipcode

1. Form a Team
2. Create a HL Plan
3. Raise Awareness
4. Communicate Clearly
5. Use the Teach-Back
6. Follow Up w/ Patients
7. Improve Telephone Access
8. Address Language Barriers
9. Consider Culture, Customs and Beliefs
10. Assess, Select, and Create Easy-to-Understand Material
11. Use Health Education Material Effectively
12. Welcome Patients
13. Encourage Questions
14. Make Action Plans with Patients
15. Help Patients Remember How and When to Take Their Medicine
16. Get Patient Feedback on HL Improvements
17. Link Patients to Social Service Supports
18. Direct Patients to Medicine Resources
19. Make Referrals Easy

Health Literacy Action Plans: A Common Agenda

Leadership Buy-in

Health Literacy (HL) is a PPS priority with support from Board and Steering members. 14 partner organizations have committed to ‘Become Health Literate Organizations”

Form a Team

Each partner organization has a ‘Health Literacy Team’. Members include c-suite, clinicians, educators, front-line, marketing, outreach, quality, behavioral, care coordination

Create a Plan

Using AHRQ’s HL Toolkit and IOM’s 10 Attributes for guidance, organizational assessments gave each team a baseline of needs and assets. Implementation plans were created based on partner priorities

Training

Health Literacy is a required training for all partner employees.

HL Bootcamp Train the Trainer

3-part HL Bootcamp

Online CDC Modules

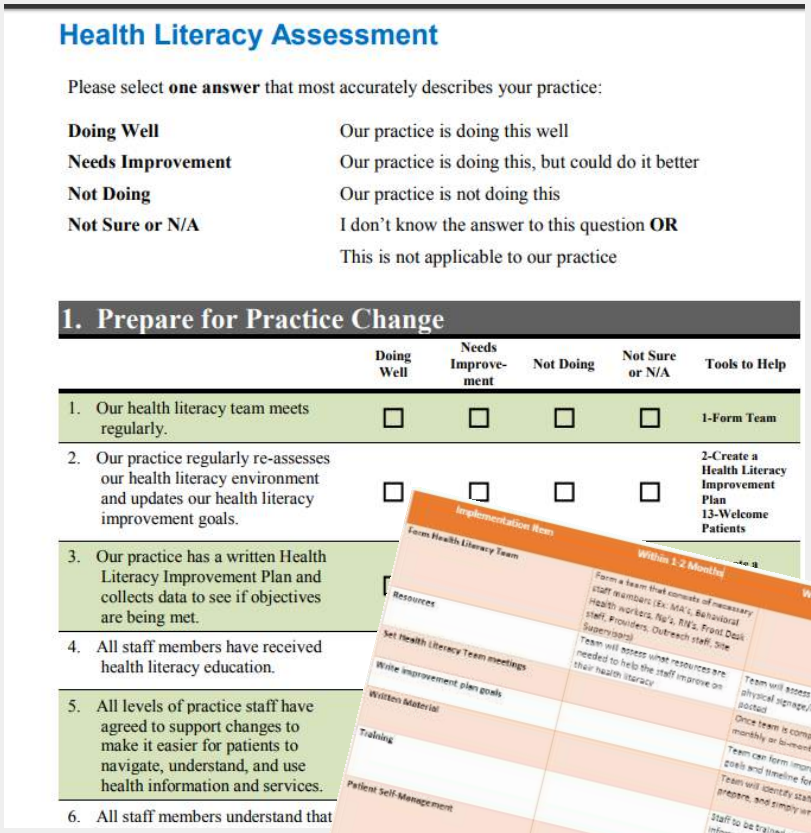
Communication

Conduct QI or PDSA initiatives using AHRQ’s Communicate Clearly or Teach Back tools. Conduct self-assessments of communication and solicit patient feedback. Include Teach Back documentation in EHR.

Patient Ed

Teams received plain language training on HL Universal Precautions and assessed patient education, marketing/social media and legal material.

Baseline: Organizational Assessment & Create a Plan



Health Literacy Assessment

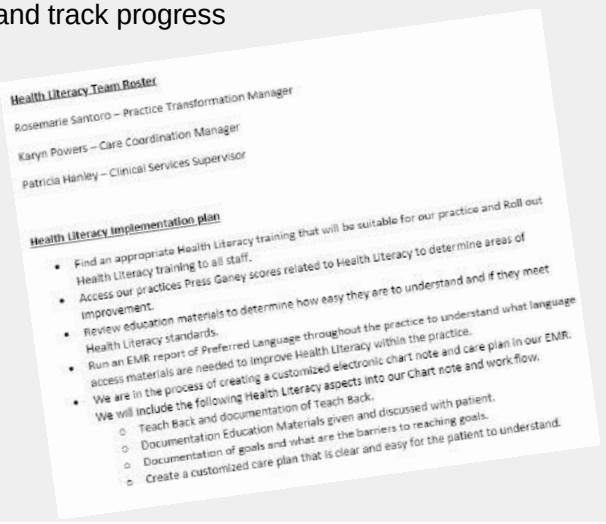
Please select **one answer** that most accurately describes your practice:

Doing Well	Our practice is doing this well
Needs Improvement	Our practice is doing this, but could do it better
Not Doing	Our practice is not doing this
Not Sure or N/A	I don't know the answer to this question **OR** This is not applicable to our practice

1. Prepare for Practice Change

	Doing Well	Needs Improve-ment	Not Doing	Not Sure or N/A	Tools to Help
1. Our health literacy team meets regularly.	☐	☐	☐	☐	1-Form Team
2. Our practice regularly re-assesses our health literacy environment and updates our health literacy improvement goals.	☐	☐	☐	☐	2-Create a Health Literacy Improvement Plan 13-Welcome Patients
3. Our practice has a written Health Literacy Improvement Plan and collects data to see if objectives are being met.					
4. All staff members have received health literacy education.					
5. All levels of practice staff have agreed to support changes to make it easier for patients to navigate, understand, and use health information and services.					
6. All staff members understand that					

Implementation Item	Within 1-2 Months	Within 3-6 Months	Within 7-10 Months
Form Health Literacy Team	Form a team that consists of necessary staff members (Ex: MA's, Behavioral Health workers, Np's, RN's, Front Desk staff, Providers, Outreach staff, Site Supervisors)		
Resources	Team will assess what resources are needed to help the staff improve on their health literacy		
Set Health Literacy Team meetings		Team will assess sites to see what physical signage/language needs to be posted	
Write improvement plan goals		Once team is complete, have set monthly or bi-monthly meetings	
Written Material		Team can form improvement plan goals and timeline for those goals	
Training		Team will identify staff to assess, prepare, and simply written material	
Patient Self-Management		Staff to be trained on health literacy information and how to interact with patients who have different levels of health literacy	Team will continue to assess this process to approve new/updated written material
Test Goals			Staff to be trained on health literacy information and how to interact with patients who have different levels of health literacy
			Staff will work with patients to train them on how to use the patient portal, follow-up with patients between visits to ensure compliance, and have patients demonstrate medication practices to ensure compliance as well
			Team will continue to test goals to measure improvement and to see what areas or staff members need more training or enhancement
	Team can test goals to measure improvement and to see what areas or staff members need more training or enhancement		



Health Literacy Team Roster

Rosemarie Santoro – Practice Transformation Manager

Karyn Powers – Care Coordination Manager

Patricia Hanley – Clinical Services Supervisor

Health Literacy Implementation plan

- Find an appropriate Health Literacy training that will be suitable for our practice and Roll out Health Literacy training to all staff.
- Access our practices Press Ganey scores related to Health Literacy to determine areas of improvement.
- Review education materials to determine how easy they are to understand and if they meet Health Literacy standards.
- Run an EMR report of Preferred Language throughout the practice to understand what language access materials are needed to improve Health Literacy within the practice.
- We are in the process of creating a customized electronic chart note and care plan in our EMR. We will include the following Health Literacy aspects into our Chart note and work flow.
  - Teach Back and documentation of Teach Back.
  - Documentation Education Materials given and discussed with patient.
  - Documentation of goals and what are the barriers to reaching goals.
  - Create a customized care plan that is clear and easy for the patient to understand.

Take the Assessment

- ✓ Collect assessment data
- ✓ Discuss responses
- ✓ Discuss opportunities for improvement

Develop a Health Literacy Improvement Plan

- ✓ Set your health literacy improvement goals
- ✓ Identify the tools to facilitate improvement
- ✓ Decide how you will implement the tools you have chosen
- ✓ Develop a clear and written action plan (PDSA)
- ✓ Define who will be responsible
- ✓ Set time-specific, achievable objectives
- ✓ Establish measures
- ✓ Prep for implementation
- ✓ Raise Awareness!!!
- ✓ Sustain and track progress

Raising Awareness: Training Options

Slide 1. Hidden Barriers and Practical Strategies

Health Literacy:

Hidden Barriers and Practical Strategies

CDC Health Literacy for Public Health Professionals

Resources | Glossary | Contents

Course Overview

This course consists of a brief introduction followed by three lessons. Within these lessons there are video clips, case studies, and knowledge check questions.

Introduction

Lesson 1: What is Health Literacy?

Lesson 2: Why Does Health Literacy Matter?

Lesson 3: Applying Health Literacy to Practice

A young girl receives a vaccination at a public health clinic.

BACK | HOME | NEXT

Health Literacy BOOT CAMP for Staten Island PPS Partners

Teach Back · Health Literacy · Navigation · Health Information · Communication Skills · Plain Language

Meet the Experts

Celina Ramsey, MShc, Director of Health Literacy, Diversity & Outreach

Celina became involved in teaching health literacy to community members in 2007. Her experience is in working with healthcare professional centers on plain language and effective communication styles.

Anna Allen, Co-Founder & Executive Director of Say Ah!

Anna is a writer and health care advocate who first learned about health literacy in 2004 and has been fascinated by it ever since. Prior to starting Say Ah!, Anna worked as a journalist in Asia and New York.

Who Should Attend?

- Health Educators
- Communicators
- Health Coaches
- Health Providers
- Marketing Experts
- Social Media Experts
- Web Designers
- Community Health Workers

What to Expect

Breakfast and lunch will be served • You **must** take all 3 classes to get a certificate

Day 1: June 28

9-11am: Celina Ramsey, MShc
- Introduction to SI PPS + DSRIP, and CCHL
- Overview of Health Literacy
- National Best Practice Review

11-2pm: Anna Allen, Founder Say Ah!
- Health Literacy: Health Impacts
- Effective Communication and Health Outcomes

Day 2: July 19

9-11am: Celina Ramsey, MShc
- Tools for Effective Communication
- Teach Back Training
- Reliable Electronic Resources

11-2pm: Anna Allen, Founder Say Ah!
- Plain Writing language lab
- Evaluate written materials
- Deep Dive into Your Own Materials

Day 3: August 16

9-11am Celina Ramsey, MShc
- Create HL Campaign
- Health Literacy Writing Lab

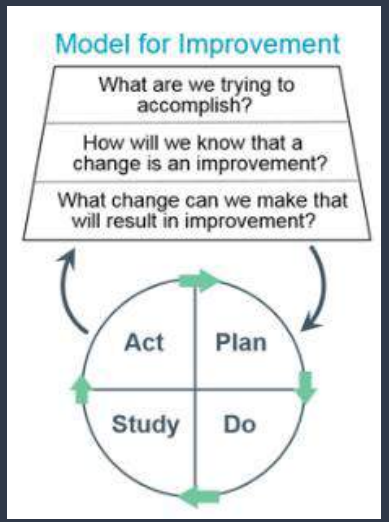
11-2pm Anna Allen, Founder Say Ah!
- Accessible Design
- Create and Design Web-Based Content and Other Materials
- Design Lab

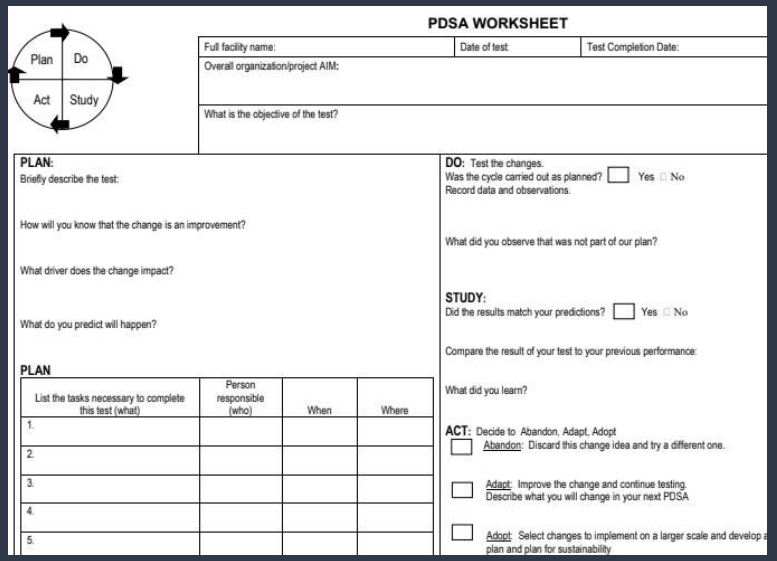
CREATE ORGANIZATION SPECIFIC MILESTONES

Pairing Performance Measures with AHRQ Tools for PDSA Cycles

Measure #	Data Source	Performance Measure
1	C&G CAHPS	Someone from providers office usually or always talked about all prescription medications being taken
2	C&G CAHPS	Someone from providers office usually or always followed up with you to give you results of blood test, x-ray or other test
3	C&G CAHPS	Provider usually or always listened carefully to you
4	C&G CAHPS	Provider usually or always showed respect for what you had to say
5	C&G CAHPS	Usually or always got answer to medical question the same day you contacted provider's office
6	C&G CAHPS	Provider usually or always gave easy to understand instructions for caring for illness or health condition
7	C&G CAHPS	Provider usually or always explained things in way that was easy to understand
8	C&G CAHPS	Provider usually or always spent enough time with you
9	C&G CAHPS	Provider usually or always asked you to describe how you would follow instructions for caring for illness or health condition
10	C&G CAHPS	Provider usually or always explained what to do if illness or health condition got worse or came back
11	C&G CAHPS	Medical Assistance with Smoking Advised to Quit
12	C&G CAHPS	Medical Assistance with Smoking Discussed Cessation Medication
13	C&G CAHPS	Medical Assistance with Smoking Discussed Cessation Strategies
14	C&G CAHPS	Hospital Stay- Staff took my preferences and those of my family or caregiver into account in deciding my health care needs
15	C&G CAHPS	Hospital Stay- When I left the hospital, I had a good understanding of the things I was responsible for in managing my health
16	C&G CAHPS	Hospital Stay- When I left the hospital, I clearly understood the purpose for taking each of my medications

Topic	Tool	Examples provided by AHRQ
Tools to Improve Spoken Communication	**Tool 4: Communicate Clearly**	Key Communication Strategies Poster Communication Self-Assessment Communication Observation Form Brief Patient Feedback Form
	Tool 6: Follow Up with Patients	Followup Instruction Form for a Patient with Diabe
	Tool 7: Improve Telephone Access	Sample Automated Telephone System Menu
	Tool 8: Conduct Brown Bag Medicine Reviews	Medicine Review Form Medicine Review Poster
Tools to Improve Written Communication	**Tool 11: Assess, Select, and Create Easy-to-Understand Materials**	Adult Initial Health History Form Young Child Health History Form Adult Return Visit Update Form Consent to Treat Form Release of Medical Information Lab Results Letter Appointment Reminder
Tools to Improve Self-Management and Empowerment	**Tool 14: Encourage Questions**	Brief Patient Feedback Form
	Tool 15: Make Action Plans	My Action Plan in English and Spanish Simple Action Plan Form
	Tool 16: Help Patients Remember How and When to Take Their Medicine	My Medicines Form Medicine Reminder Form Medicine Aid Poster
	Tool 17: Get Patient Feedback	Navigating the Health Care System Patient Portal Feedback Form Suggestion Box Poster Health Literacy Patient Survey Sample Cover Letter
Tools to Improve Supportive Systems	**Tool 18: Link Patients to Non-Medical Support**	Community Referral Form
	Tool 20: Connect Patients with Literacy and Math Resources	Example Community Referral Form





Health Literacy Workgroup

Partner Organization	Type	PCMH	HL Train	HL TTT	Comm Self-Ass	HL Comm Tools	DY3Q3 AHRQ Tool	CG CAHPS #	AHRQ Tool
Staten Island University	Hospital	X	X	X	X	X	4, 13, 14, 15, 16	1	14, 16
Richmond University Medical Center	Hospital	X		X	X	X		11	18
Community Health Center of Richmond	FQHC	X		X		X	4	12	16
Metro Community Health Center	FQHC			X		X			
Brightpoint	FQHC	X		X	X	X	4	7	4
Community Health Action of SI	CBO			X	X	X	4	7	4
Eger Nursing Home	SNF		X	X	X	X	4	6	4
Clove Lakes Nursing Home	SNF			X		X		14	4
E.G. Healthcare	PC	X	X	X	X	X		1	16
Victory Internal Medicine	PC	X	X	X	X	X	11, 12, 14		
University Physicians Group	PC	X		X					
Visiting Nurse Association of SI	Home Care			X	X	X			
Coordinated Behavioral Care (CBC)	Care Coord.		X		X	X	4		
Northshore Home Care	Home Care		X	X	X	X	4		
YMCA	BH			X					
SIPCW	CBO			X		X			
Camelot	BH					X			
Golden Gate	SNF					X			
Jewish Board	BH					X			
Beacon CCHC	FQHC			X		X			

Key Performance Indicators- Examples

KPI: Patient Education Material

% of patient education material distributed from reliable resource (HL standards)

- N= # materials from reliable resources
- D= # total materials

% of handouts written below 7-8th grade reading level (plain language)

- N= # of plain language handouts
- D= # total handouts

KPI: Always Use Teach Back

% of patients with 'Teach Back' documented in EHR at _____

- Discharge
- Enrollment/ Follow-up
- Consent
- New Med or Diagnosis

- N= # of patients with teach back documented
- D= # of patients with Medicaid

16,773,848 $

At- Risk Dollars

14

Organization in Health Literacy Workgroup

100%

Total success!

Question	SIPPS 2017 Score (MY3)	SIPPS 2016 Score (MY2)	Point Change	Composite/ Question Group
Q2. Provider is usual source of care	87.1%	74.8%	+ 12.3 ▲	Access to Primary Care
Q25. Rating of Provider (8, 9 or 10)	88.1%	77.8%	+ 10.4 ▲	Ratings
Q19. Provider usually or always asked you to describe how you would follow instructions for caring for illness or health condition	83.4%	78.2%	+ 5.3	Health Literacy
Q3. Length of provider relationship is at least 1 year or longer	79.6%	74.6%	+ 5.0	Access to Primary Care
Q13. Provider usually or always knew important information about your medical history	94.7%	90.0%	+ 4.7	Care Coordination
Q27. Clerks and receptionists usually or always courteous and respectful	94.5%	89.9%	+ 4.6	Helpful, Courteous, and Respectful Office Staff
Q10. Usually or always got answer to medical question the same day you contacted provider's office	89.4%	84.9%	+ 4.5	Getting Timely Appt, Care, and Info
Q11. Provider usually or always explained things in way that was easy to understand	92.8%	88.6%	+ 4.2	Provider Communication
Q26. Clerks and receptionists usually or always helpful	89.9%	85.7%	+ 4.1	Helpful, Courteous, and Respectful Office Staff
Q15. Provider usually or always spent enough time with you	91.1%	87.0%	+ 4.1	Provider Communication
Q18. Provider usually or always gave easy to understand instructions for caring for illness or health condition	96.7%	93.6%	+ 3.1	Health Literacy
Q12. Provider usually or always listened carefully to you	94.6%	91.9%	+ 2.7	Provider Communication
Q24. Someone from provider's office usually or always talked about all prescription medications being taken	78.6%	76.1%	+ 2.5	Care Coordination
Q8. Usually or always got appointment for non-urgent care as soon as you needed	90.3%	87.9%	+ 2.4	Getting Timely Appt, Care, and Info
Q20. Provider usually or always explained what to do if illness or health condition got worse or came back	87.6%	85.3%	+ 2.3	Health Literacy
Q14. Provider usually or always showed respect for what you had to say	94.7%	93.7%	+ 0.9	Provider Communication
Q6. Usually or always got appointment for urgent care as soon as you needed	84.9%	84.3%	+ 0.6	Getting Timely Appt, Care, and Info
Q22. Someone from provider's office usually or always followed up with you to give results of blood test, x-ray, or other test	83.1%	83.2%	- 0.1	Care Coordination

Better ▲ ▼ Worse

▲▼ **Statistically significantly higher/lower than 2016 score.**

Thanks!

Any questions?

You can find me at:
Ramsey.Celina@gmail.com

Special thanks to all the people who made and released these awesome resources for free:

- Presentation template by SlidesCarnival

2.

Health Literacy PDSA Case Study

Skilled Nursing Facility

Eger Lutheran Homes and Services

Eger Health Care and Rehabilitation Center

Eger Harbor House

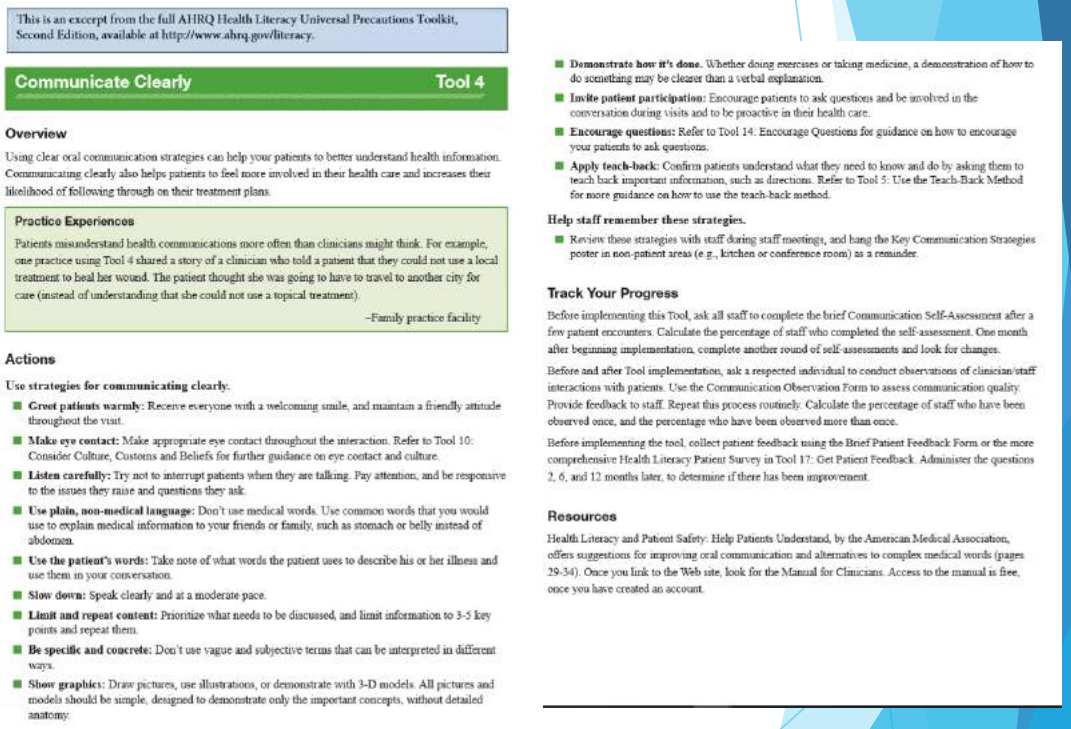
Eger at Home

Eger Health Care and Rehabilitation Center

- Serving the Staten Island Community for 93 years
- 650 employees
- 5-Stars in Overall Quality on the Centers for Medicare and Medicaid national nursing home rating system
- 1st quintile in the New York State Nursing Home Quality Initiative performance program
- Preferred provider status with several Medicare Choice insurance plans because of our effective and economically efficient care
- Deficiency-free survey during our most recent annual NYS Department of Health Certification Survey

Eger Health Care and Rehabilitation Center Raising Awareness of Health Literacy

- Eger's Health Literacy Committee chose to use AHRQ Tool 4, Communicate Clearly to begin the work of raising Health Literacy awareness



This is an excerpt from the full AHRQ Health Literacy Universal Precautions Toolkit, Second Edition, available at http://www.ahrq.gov/literacy.

Communicate Clearly — Tool 4

Overview

Using clear oral communication strategies can help your patients to better understand health information. Communicating clearly also helps patients to feel more involved in their health care and increases their likelihood of following through on their treatment plans.

Practice Experiences

Patients misunderstand health communications more often than clinicians might think. For example, one practice using Tool 4 shared a story of a clinician who told a patient that they could not use a local treatment to heal her wound. The patient thought she was going to have to travel to another city for care (instead of understanding that she could not use a topical treatment).

–Family practice facility

Actions

Use strategies for communicating clearly.

- **Greet patients warmly:** Receive everyone with a welcoming smile, and maintain a friendly attitude throughout the visit.
- **Make eye contact:** Make appropriate eye contact throughout the interaction. Refer to Tool 10: Consider Culture, Customs and Beliefs for further guidance on eye contact and culture.
- **Listen carefully:** Try not to interrupt patients when they are talking. Pay attention, and be responsive to the issues they raise and questions they ask.
- **Use plain, non-medical language:** Don't use medical words. Use common words that you would use to explain medical information to your friends or family, such as stomach or belly instead of abdomen.
- **Use the patient's words:** Take note of what words the patient uses to describe his or her illness and use them in your conversation.
- **Slow down:** Speak clearly and at a moderate pace.
- **Limit and repeat content:** Prioritize what needs to be discussed, and limit information to 3-5 key points and repeat them.
- **Be specific and concrete:** Don't use vague and subjective terms that can be interpreted in different ways.
- **Show graphics:** Draw pictures, use illustrations, or demonstrate with 3-D models. All pictures and models should be simple, designed to demonstrate only the important concepts, without detailed anatomy.
- **Demonstrate how it's done.** Whether doing exercises or taking medicine, a demonstration of how to do something may be clearer than a verbal explanation.
- **Invite patient participation:** Encourage patients to ask questions and be involved in the conversation during visits and to be proactive in their health care.
- **Encourage questions:** Refer to Tool 14: Encourage Questions for guidance on how to encourage your patients to ask questions.
- **Apply teach-back:** Confirm patients understand what they need to know and do by asking them to teach back important information, such as directions. Refer to Tool 5: Use the Teach-Back Method for more guidance on how to use the teach-back method.

Help staff remember these strategies.

- Review these strategies with staff during staff meetings, and hang the Key Communication Strategies poster in non-patient areas (e.g., kitchen or conference room) as a reminder.

Track Your Progress

Before implementing this Tool, ask all staff to complete the brief Communication Self-Assessment after a few patient encounters. Calculate the percentage of staff who completed the self-assessment. One month after beginning implementation, complete another round of self-assessments and look for changes.

Before and after Tool implementation, ask a respected individual to conduct observations of clinician/staff interactions with patients. Use the Communication Observation Form to assess communication quality. Provide feedback to staff. Repeat this process routinely. Calculate the percentage of staff who have been observed once, and the percentage who have been observed more than once.

Before implementing the tool, collect patient feedback using the Brief Patient Feedback Form or the more comprehensive Health Literacy Patient Survey in Tool 17: Get Patient Feedback. Administer the questions 2, 6, and 12 months later, to determine if there has been improvement.

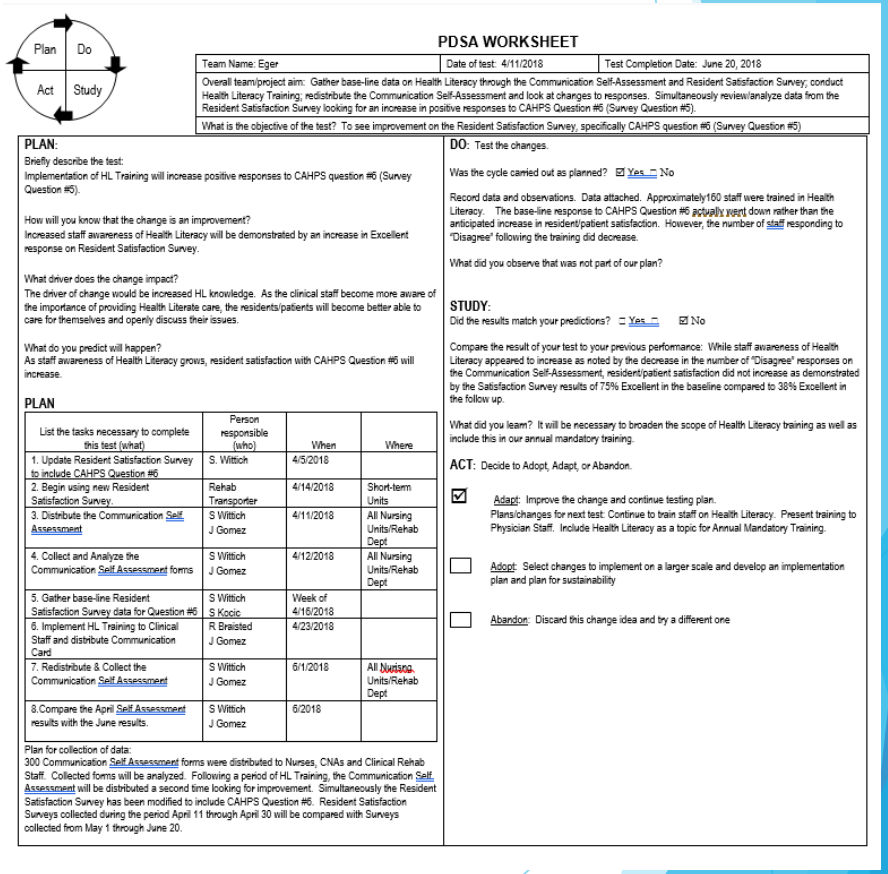
Resources

Health Literacy and Patient Safety: Help Patients Understand, by the American Medical Association, offers suggestions for improving oral communication and alternatives to complex medical words (pages 29-34). Once you link to the Web site, look for the Manual for Clinicians. Access to the manual is free, once you have created an account.

Eger Health Care and Rehabilitation Center
Raising Awareness of Health Literacy

Eger began to implement its plan for raising Health Literacy Awareness
using the PDSA Worksheet

- Plan
- Do
- Study
- Act



Plan Do Act Study

PDSA WORKSHEET

Team Name: Eger	Date of test: 4/11/2018	Test Completion Date: June 20, 2018
Overall team/project aim: Gather base-line data on Health Literacy through the Communication Self-Assessment and Resident Satisfaction Survey; conduct Health Literacy Training; redistribute the Communication Self-Assessment and look at changes to responses. Simultaneously review/analyze data from the Resident Satisfaction Survey looking for an increase in positive responses to CAHPS Question #6 (Survey Question #5).		
What is the objective of the test? To see improvement on the Resident Satisfaction Survey, specifically CAHPS question #6 (Survey Question #5)		

PLAN:

Briefly describe the test:
Implementation of HL Training will increase positive responses to CAHPS question #6 (Survey Question #5).

How will you know that the change is an improvement?
Increased staff awareness of Health Literacy will be demonstrated by an increase in Excellent response on Resident Satisfaction Survey.

What driver does the change impact?
The driver of change would be increased HL knowledge. As the clinical staff become more aware of the importance of providing Health Literate care, the residents/patients will become better able to care for themselves and openly discuss their issues.

What do you predict will happen?
As staff awareness of Health Literacy grows, resident satisfaction with CAHPS Question #6 will increase.

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1. Update Resident Satisfaction Survey to include CAHPS Question #6	S. Wittich	4/5/2018	
2. Begin using new Resident Satisfaction Survey.	Rehab Transporter	4/14/2018	Short-term Units
3. Distribute the Communication Self Assessment	S Wittich J Gomez	4/11/2018	All Nursing Units/Rehab Dept
4. Collect and Analyze the Communication Self Assessment forms	S Wittich J Gomez	4/12/2018	All Nursing Units/Rehab Dept
5. Gather base-line Resident Satisfaction Survey data for Question #6	S Wittich S Kocic	Week of 4/16/2018	
6. Implement HL Training to Clinical Staff and distribute Communication Card	R Braisted J Gomez	4/23/2018	
7. Redistribute & Collect the Communication Self Assessment	S Wittich J Gomez	6/1/2018	All Nursing Units/Rehab Dept
8.Compare the April Self Assessment results with the June results.	S Wittich J Gomez	6/2018	

Plan for collection of data:
300 Communication Self Assessment forms were distributed to Nurses, CNAs and Clinical Rehab Staff. Collected forms will be analyzed. Following a period of HL Training, the Communication Self Assessment will be distributed a second time looking for improvement. Simultaneously the Resident Satisfaction Survey has been modified to include CAHPS Question #6. Resident Satisfaction Surveys collected during the period April 11 through April 30 will be compared with Surveys collected from May 1 through June 20.

DO: Test the changes.

Was the cycle carried out as planned? ☑ Yes ☐ No

Record data and observations. Data attached. Approximately160 staff were trained in Health Literacy. The base-line response to CAHPS Question #6 actually went down rather than the anticipated increase in resident/patient satisfaction. However, the number of staff responding to "Disagree" following the training did decrease.

What did you observe that was not part of our plan?

STUDY:

Did the results match your predictions? ☐ Yes ☐ ☑ No

Compare the result of your test to your previous performance: While staff awareness of Health Literacy appeared to increase as noted by the decrease in the number of "Disagree" responses on the Communication Self-Assessment, resident/patient satisfaction did not increase as demonstrated by the Satisfaction Survey results of 75% Excellent in the baseline compared to 38% Excellent in the follow up.

What did you learn? It will be necessary to broaden the scope of Health Literacy training as well as include this in our annual mandatory training.

ACT: Decide to Adopt, Adapt, or Abandon.

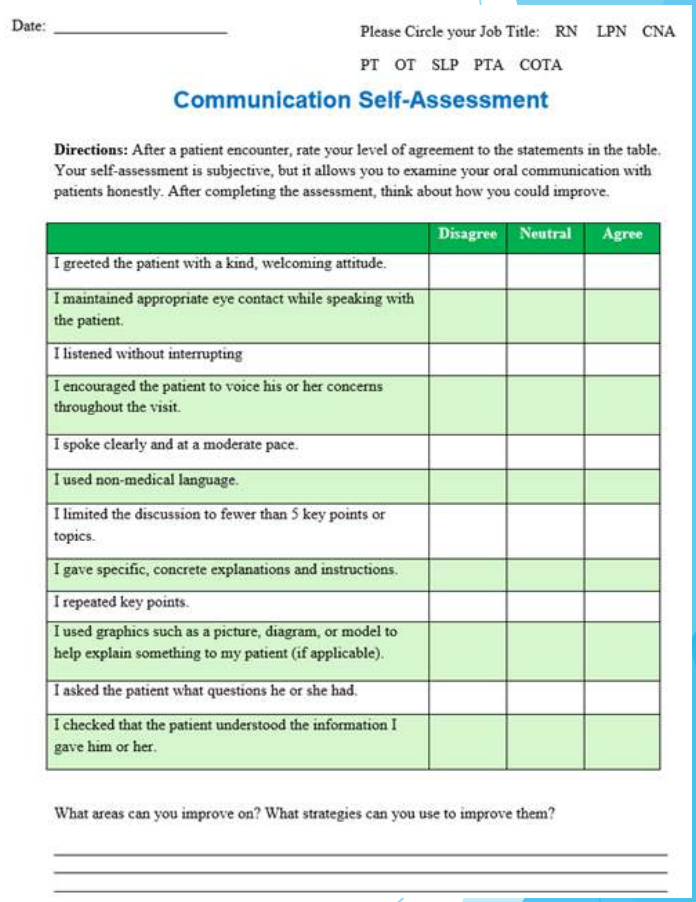
☑ Adapt: Improve the change and continue testing plan.
Plans/changes for next test: Continue to train staff on Health Literacy. Present training to Physician Staff. Include Health Literacy as a topic for Annual Mandatory Training.

☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

☐ Abandon: Discard this change idea and try a different one

Eger Health Care and Rehabilitation Center Raising Awareness of Health Literacy

- Communication Self Assessment forms were distributed to all Nursing Units, initially in April, 2018 and again in June 2018.
- Written instructions were provided to the Clinical Unit Supervisors and requested that members of all disciplines on the Unit including RN, LPN, and CNA, complete the form following one interaction with a resident during their shift on that particular day. The Supervisor was asked to pass the packet along to the next shift.
- The Communication Self Assessment was provided to the Rehabilitative Services Department with the same instructions.
- The completed forms were to be placed in an envelope and collected at the end of a 24 hour period.



Date: _____

Please Circle your Job Title: RN LPN CNA PT OT SLP PTA COTA

Communication Self-Assessment

Directions: After a patient encounter, rate your level of agreement to the statements in the table. Your self-assessment is subjective, but it allows you to examine your oral communication with patients honestly. After completing the assessment, think about how you could improve.

	Disagree	Neutral	Agree
I greeted the patient with a kind, welcoming attitude.			
I maintained appropriate eye contact while speaking with the patient.			
I listened without interrupting			
I encouraged the patient to voice his or her concerns throughout the visit.			
I spoke clearly and at a moderate pace.			
I used non-medical language.			
I limited the discussion to fewer than 5 key points or topics.			
I gave specific, concrete explanations and instructions.			
I repeated key points.			
I used graphics such as a picture, diagram, or model to help explain something to my patient (if applicable).			
I asked the patient what questions he or she had.			
I checked that the patient understood the information I gave him or her.			

What areas can you improve on? What strategies can you use to improve them?

_____

_____

_____

Eger Health Care and Rehabilitation Center
Raising Awareness of Health Literacy

Communication Self Assessment

Apr-18

300 Communication Self Assessment forms were distributed to all Nursing Units during morning report. Clinical Unit Supervisor was asked to pass the packet to the next shift. These were also provided to the Rehab Department. Employees were asked to complete the tool following an encounter with a resident/patient. The completed forms were picked up the following morning.

Unit	Received	All Responses = Agree	Neutral or Agree	Disagree
Rehab	16	9	5	
2	29	13	11	
4	16	12	3	
5	20	13	5	
6	7	1	0	
7	15	7	2	
8	17	11	5	
	120	**66**	**31**	
Percent Agree/Neutral		**81%**		

	Disagree	Neutral	Agree
I encouraged the patient to voice his or her concerns throughout the visit.			
I used non-medical language.			
I limited the discussion to fewer than 5 key points or topics.			
I used graphics such as a picture, diagram, or model to help explain something to my patient (if applicable).			

Eger Health Care and Rehabilitation Center
Raising Awareness of Health Literacy

Communication Self Assessment

Jun-18

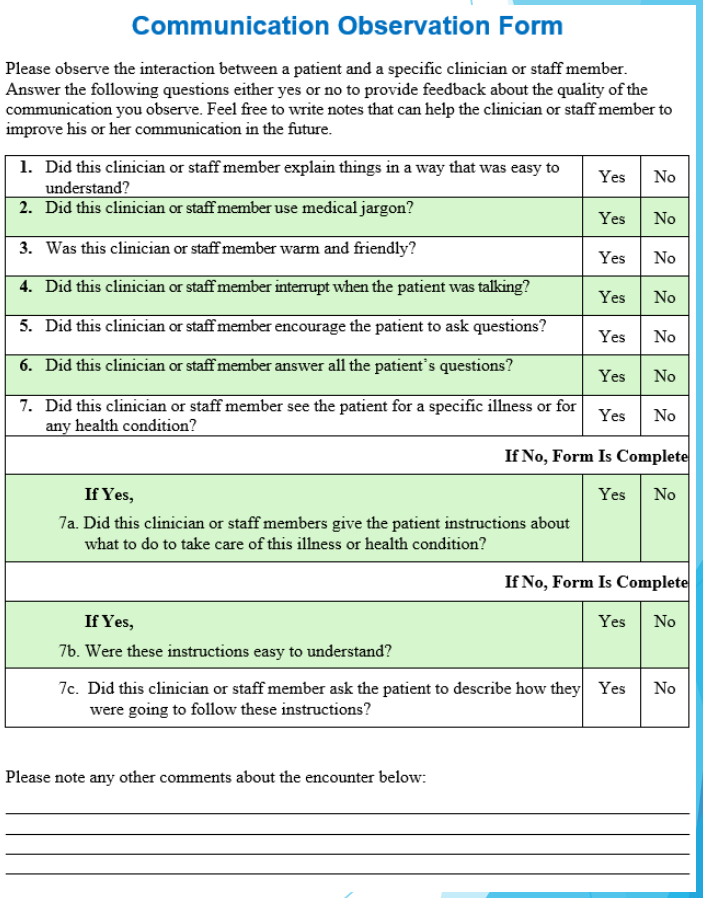
Approximately 160 employees were trainined in Health Literacy. 300 Communication Self Assessments were distributed to staff in the same fashion as above. 118 were received. It is noted that the number of "Disagree" resposnes decreased from 33 to 18.

Unit	Received	All Responses = Agree	Neutral or Agree	Disagree
Rehab	16	6	10	0
2	24	10	10	4
3	5	2	3	0
4	28	20	6	2
5	9	7	2	0
6	8	2	1	5
7	10	3	5	2
8	18	10	4	4
	118	**60**	**41**	**17**
Percent Agree/Neutral		**86%**		**14%**

Eger Health Care and Rehabilitation Center
Raising Awareness of Health Literacy

Additionally, staff were observed during an interaction with residents and their family. Following this observation, the observed staff member was asked to complete the Communication Self Assessment.

- Communication Observation Form
- Communication Self-Assessment



Communication Observation Form

Please observe the interaction between a patient and a specific clinician or staff member. Answer the following questions either yes or no to provide feedback about the quality of the communication you observe. Feel free to write notes that can help the clinician or staff member to improve his or her communication in the future.

1. Did this clinician or staff member explain things in a way that was easy to understand?	Yes	No
2. Did this clinician or staff member use medical jargon?	Yes	No
3. Was this clinician or staff member warm and friendly?	Yes	No
4. Did this clinician or staff member interrupt when the patient was talking?	Yes	No
5. Did this clinician or staff member encourage the patient to ask questions?	Yes	No
6. Did this clinician or staff member answer all the patient's questions?	Yes	No
7. Did this clinician or staff member see the patient for a specific illness or for any health condition?	Yes	No
If No, Form Is Complete		
If Yes, 7a. Did this clinician or staff members give the patient instructions about what to do to take care of this illness or health condition?	Yes	No
If No, Form Is Complete		
If Yes, 7b. Were these instructions easy to understand?	Yes	No
7c. Did this clinician or staff member ask the patient to describe how they were going to follow these instructions?	Yes	No

Please note any other comments about the encounter below:

_____

_____

_____

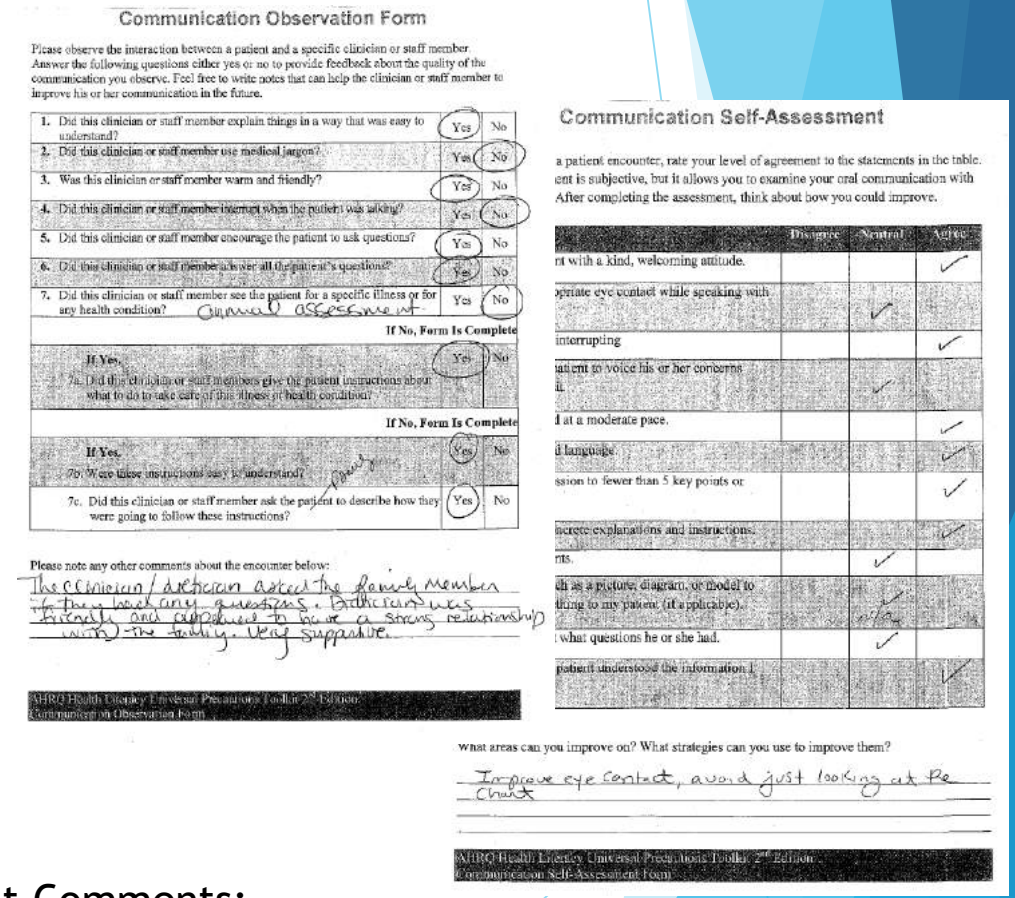
_____

Eger Health Care and Rehabilitation Center
Raising Awareness of Health Literacy

- The observer was an expected member of the Care Plan meeting. In this situation, the Director of Therapeutic Recreation.
- A wide variety of disciplines were observed, including:
  - Dietitian
  - Nurse Practitioner
  - Social Worker
  - Registered Nurse
  - RN Case Manager

Observation Comments:

- Asked if family had questions, friendly and knowledgeable of patient's current and past history
- Explained medications with formal name and then explained in plain terms what the medication was used for
- Improve on the use of plain language
- Wound Care RN used medical jargon



Communication Observation Form

Please observe the interaction between a patient and a specific clinician or staff member. Answer the following questions either yes or no to provide feedback about the quality of the communication you observe. Feel free to write notes that can help the clinician or staff member to improve his or her communication in the future.

1. Did this clinician or staff member explain things in a way that was easy to understand?	Yes	No
2. Did this clinician or staff member use medical jargon?	Yes	No
3. Was this clinician or staff member warm and friendly?	Yes	No
4. Did this clinician or staff member interrupt when the patient was talking?	Yes	No
5. Did this clinician or staff member encourage the patient to ask questions?	Yes	No
6. Did this clinician or staff member answer all the patient's questions?	Yes	No
7. Did this clinician or staff member see the patient for a specific illness or for any health condition? Annual assessment	Yes	No
If No, Form Is Complete		
If Yes, 7a. Did this clinician or staff members give the patient instructions about what to do to take care of this illness or health condition?	Yes	No
If No, Form Is Complete		
If Yes, 7b. Were these instructions easy to understand?	Yes	No
7c. Did this clinician or staff member ask the patient to describe how they were going to follow these instructions?	Yes	No

Please note any other comments about the encounter below:

The clinician / dietician asked the family member if they had any questions. Both clinicians friendly and appeared to have a strong relationship with the family. Very supportive.

AHRQ Health Literacy Universal Precautions Toolkit, 2nd Edition
Communication Observation Form

Communication Self-Assessment

a patient encounter, rate your level of agreement to the statements in the table.
ent is subjective, but it allows you to examine your oral communication with
After completing the assessment, think about how you could improve.

	Disagree	Neutral	Agree
rt with a kind, welcoming attitude.			✓
priate eye contact while speaking with		✓	
interrupting			✓
atient to voice his or her concerns it.		✓	
l at a moderate pace.			✓
l language.			✓
ssion to fewer than 5 key points or			✓
ncrete explanations and instructions.			✓
nts.		✓	
ch as a picture, diagram, or model to thing to my patient (if applicable).		✓	
what questions he or she had.		✓	
patient understood the information.			✓

what areas can you improve on? What strategies can you use to improve them?

Improve eye contact, avoid just looking at the Chart

AHRQ Health Literacy Universal Precautions Toolkit, 2nd Edition
Communication Self-Assessment Form

Self Assessment Comments:

- Improve eye contact and avoid just looking at the chart
- Listening without interrupting

Eger Health Care and Rehabilitation Center Raising Awareness of Health Literacy

- Health Literacy Training was implemented in April 2018. Initially training was provided to all clinical staff including:
  - Registered Nurses
  - Licensed Practical Nurses
  - Occupational Therapists
  - Physical Therapists
  - Speech Therapists

Health Literacy Awareness was added to the Annual Mandatory Training which is provided to all staff.

- ❖ More than 300 employees have attended the full Health Literacy Training.
- ❖ 680 employees received a basic Health Literacy training during 2018 Mandatory Training.

Eger Health Care and Rehabilitation Center Raising Awareness of Health Literacy

- Eger implemented a second day orientation for all newly hired staff
  - Training Topics include:
    - Health Literacy: Hidden Barriers and Practical Strategies
    - Cultural Awareness
    - Disability Ally
    - LGBTQ

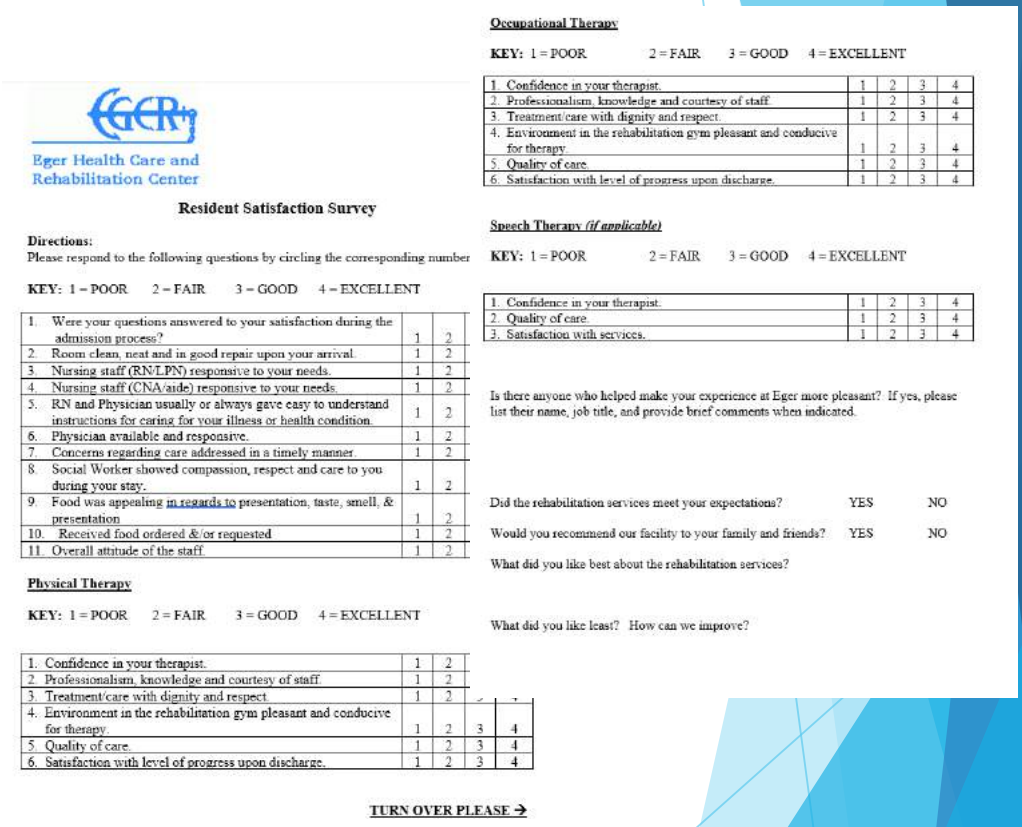
Eger Health Care and Rehabilitation Center Raising Awareness of Health Literacy

- Health Literacy Training includes issues such as:
  - Hidden Barriers to Communicating with Patients
  - Using a Health Literacy Universal Precautions Approach
  - Patient Safety: Medication Errors
  - Strategies to Improve Patient Understanding
  - Teach Back Method
  - Visuals Improve Understanding/Recall
  - 7 Tips for Care Givers
    - Use plain language
    - Limit Information (3-5 key points)
    - Be specific and concrete, not general
    - Demonstrate, draw pictures, use models
    - Repeat/summarize
    - Teach-Back (confirm understanding
    - Be positive, hopeful, empowering

Eger Health Care and Rehabilitation Center Raising Awareness of Health Literacy

To gage the effectiveness of the training, the Resident Satisfaction Survey was revised to include the question:

“RN and Physician usually or always gave easy to understand instructions for caring for your illness or health condition.”



Eger Health Care and Rehabilitation Center

Resident Satisfaction Survey

Directions:
Please respond to the following questions by circling the corresponding number

KEY: 1 = POOR 2 = FAIR 3 = GOOD 4 = EXCELLENT

1. Were your questions answered to your satisfaction during the admission process?	1	2
2. Room clean, neat and in good repair upon your arrival.	1	2
3. Nursing staff (RN/LPN) responsive to your needs.	1	2
4. Nursing staff (CNA/aide) responsive to your needs.	1	2
5. RN and Physician usually or always gave easy to understand instructions for caring for your illness or health condition.	1	2
6. Physician available and responsive.	1	2
7. Concerns regarding care addressed in a timely manner.	1	2
8. Social Worker showed compassion, respect and care to you during your stay.	1	2
9. Food was appealing in regards to presentation, taste, smell, & presentation	1	2
10. Received food ordered &/or requested	1	2
11. Overall attitude of the staff.	1	2

Physical Therapy

KEY: 1 = POOR 2 = FAIR 3 = GOOD 4 = EXCELLENT

1. Confidence in your therapist.	1	2		
2. Professionalism, knowledge and courtesy of staff.	1	2		
3. Treatment/care with dignity and respect.	1	2		
4. Environment in the rehabilitation gym pleasant and conducive for therapy.	1	2	3	4
5. Quality of care.	1	2	3	4
6. Satisfaction with level of progress upon discharge.	1	2	3	4

TURN OVER PLEASE →

Occupational Therapy

KEY: 1 = POOR 2 = FAIR 3 = GOOD 4 = EXCELLENT

1. Confidence in your therapist.	1	2	3	4
2. Professionalism, knowledge and courtesy of staff.	1	2	3	4
3. Treatment/care with dignity and respect.	1	2	3	4
4. Environment in the rehabilitation gym pleasant and conducive for therapy.	1	2	3	4
5. Quality of care.	1	2	3	4
6. Satisfaction with level of progress upon discharge.	1	2	3	4

Speech Therapy *(if applicable)*

KEY: 1 = POOR 2 = FAIR 3 = GOOD 4 = EXCELLENT

1. Confidence in your therapist.	1	2	3	4
2. Quality of care.	1	2	3	4
3. Satisfaction with services.	1	2	3	4

Is there anyone who helped make your experience at Eger more pleasant? If yes, please list their name, job title, and provide brief comments when indicated.

Did the rehabilitation services meet your expectations? YES NO

Would you recommend our facility to your family and friends? YES NO

What did you like best about the rehabilitation services?

What did you like least? How can we improve?

Eger Health Care and Rehabilitation Center
Raising Awareness of Health Literacy

Resident Satisfaction Survey

Resident/Patient Satisfaction Survey -- Baseline Results (4/18/2018)		
Total Collected	31	Percent Response
Poor	0	0.00%
Fair	1	3.23%
Good	7	22.58%
Excellent	23	74.19%

Resident/Patient Satisfaction Survey -- Follow Up Results (6/2018)			
Total Collected		21	Percent Response
Poor		1	0.00%
Fair		2	9.52%
Good		10	47.62%
Excellent		8	38.10%

Resident/Patient Satisfaction Survey -- Follow Up Results (10/2018)		
Total Collected	12	Percent Response
Poor	0	0.00%
Fair	1	8.33%
Good	1	8.33%
Excellent	10	83.33%

Resident/Patient Satisfaction Survey -- Follow Up Results (3/2019)			
Total Collected		32	Percent Response
Poor		0	0.00%
Fair		0	0.00%
Good		20	62.50%
Excellent		12	37.50%

Eger Health Care and Rehabilitation Center Raising Awareness of Health Literacy

In April, 2018, Eger began the 8 Steps of the initial PDSA to obtain base-line data.

In June, the cycle was performed a second time. The results of the second round of data collection did not meet the expectation.

Eger decided to "Adapt" the program.

- Expand the Health Literacy Training to all Staff
- Incorporate Health Literacy training into our annual mandatory training
- Charge Eger's Quality Assurance/Performance Improvement Committee with monitoring the program on a go-forward basis.

STUDY:
Did the results match your predictions? Yes ☑ No

Compare the result of your test to your previous performance: While staff awareness of Health Literacy appeared to increase as noted by the decrease in the number of "Disagree" responses on the Communication Self-Assessment, resident/patient satisfaction did not increase as demonstrated by the Satisfaction Survey results of 75% Excellent in the baseline compared to 38% Excellent in the follow up.

What did you learn? It will be necessary to broaden the scope of Health Literacy training as well as include this in our annual mandatory training.

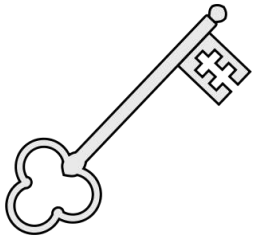
ACT: Decide to Adopt, Adapt, or Abandon.

☑ Adapt: Improve the change and continue testing plan.
Plans/changes for next test: Continue to train staff on Health Literacy. Present training to Physician Staff. Include Health Literacy as a topic for Annual Mandatory Training.

☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

☐ Abandon: Discard this change idea and try a different one

Eger Health Care and Rehabilitation Center Raising Awareness of Health Literacy



Education is key

- As the statistics indicate, education will create a more Health Literate environment.
- Eger's plan is to bring full Health Literacy education to all staff, not just the direct care staff.
- We will continue to require all new hires to attend the two-day orientation and open the classes of day two to current staff as space permits.
- Annual mandatory training will continue to include Health Literacy as a continued reminder of its importance.

2.Health Literacy PDSA Case Study

Hospital

Improving Health Literacy and Medication Adherence: Collaboration between Pharmacy and Ambulatory Care Clinic

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STATEN ISLAND UNIVERSITY HOSPITAL
Northwell Health

666-bed Teaching Hospital that spans two campuses.

Our 17-acre North campus houses Staten Island's most modern emergency department, a state-of-the-art education center, and a medical arts pavilion.

Our South campus boasts its own emergency department and offers a range of specialty programs, including geriatric psychiatry, behavioral health and substance abuse services.

Objectives of this Presentation

1. Describe the overall Health Literacy initiatives at Staten Island University Hospital

2. Review how the Health Literacy Communication Tool was used as a platform to discuss Health Literacy hospital wide (AHRQ Tool 3).

3. Review the identified opportunity to improve patient experience and outcomes by using PDSA for a Health Literacy and Medication reconciliation initiative in the Ambulatory Care Clinic (AHRQ Tool 14 & 16).

4. Discuss the implementation and preliminary outcomes of the Health Literacy and Medication Reconciliation initiative in the Ambulatory Care Clinic.