Meeting Joint Commission Standards for Health Literacy

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Communication and Health Care
- Communication is the cornerstone of patient safety
- Health care is communication-dependent
  - Accurate information is needed for:
    - Assessment
    - Diagnosis
    - Treatment
    - Consent
    - Education

Multiple Players in Communication
- Patient/family
- Physicians
- Nursing
- Pharmacy
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Social work
- Psychology
- Lab
- Imaging
- Billing
Communication-Vulnerable Patients

- Access to direct communication can be inhibited by:
  - Language
  - Culture
  - Hearing or visual impairment
  - Health Literacy
  - Cognitive Limitation
  - Intubation
  - Disease (ALS, Stroke)

- Communication-vulnerable patients are at increased risk for serious medical events

Functional Health Literacy

- Ability to read, understand, and act on health information
  - Half the adult U.S. population lacks the skills to function within the healthcare system (IOM)
  - 90 million Americans do not understand what they are told by their providers (AMA)

- Everyday application of the four components:
  - Reading
  - Writing
  - Oral Language
  - Hearing & Speaking
  - Math

Implications of Low Functional Literacy

- How patients navigate the healthcare environment system
- What patients know and understand about medicine and human biology
- How they communicate with providers
- How well they can serve as an advocate for their own care
Health Literacy and Patient Care

**Environment/Structure**
- Navigational tools
  - Do signs need to be in multiple languages?
  - Are there color/symbol systems that could be used?
  - What information is provided to patients before their visit?
- Communication formats
  - Do chosen formats – written, online, verbal - present added challenges or demands on patients?

**Written Materials**
- Forms, consents, instructions, educational materials, medication labels, etc.
- What is the readability (reading level, flow, etc.)?
- What languages are materials provided in (how have they been translated)?
- How complicated are any diagrams, charts, or tables?
- Is written information the optimal format for providing this type of information? Are there alternatives feasible?

**Verbal Communication**
- What communication barriers might there be?
- Is there too much jargon being used?
- Is verbal information being supplemented in any way?
- What resources are available to bridge barriers?
Limited English Proficiency (LEP)

- A legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter; the inability to speak, read, write, or understand English at a level that permits an individual to interact effectively with health care providers or social service entities (DHHS)

- LEP patients have varying degrees of literacy
  - Despite limited abilities in English, LEP patients may have high-level abilities in their native language
  - In terms of health, there are cultural considerations also

Activities Dependent Upon Effective Communication

Factors Influencing Effective Communication
- Language
- Culture
- Health Literacy
- Illness
- Disability
- Cognitive Impairment

Implications for Patient Safety

- People with low health literacy are less likely to use screening and prevention services, understand how to take their medications, keep chronic health conditions in check, and more likely to be hospitalized (AHRO)

www.ahrq.gov/clinic/epcsums/litsum.html
Communication and Sentinel Events

Impact of communication on sentinel events

**Sentinel event:** an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase *or the risk thereof* includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Communication and Sentinel Events

- Joint Commission’s Sentinel Event Database
  - Voluntary reports
  - January 1995 – current
- Detailed root cause analysis for 843 Sentinel Events out of 1400 total events accepted since July 2006
- Communication identified as a root cause for 533 Sentinel Events reported to The Joint Commission
Joint Commission Support for Effective Communication

- Joint Commission Accreditation Standards
- Public Policy White Paper: “What Did the Doctor Say?,” Improving Health Literacy to Protect Patient Safety
- Research Study: Hospitals, Language, and Culture: A Snapshot of the Nation
- Standards Development Project: Developing Hospital Standards for Culturally Competent Patient-Centered Care
- Speak Up materials:
  - Know Your Rights
  - Understanding Your Doctors and Other Caregivers

Ethics, Rights, & Responsibilities

- Standard RI.2.100: The hospital respects the patient’s right to and need for effective communication.
  - EP 1: The hospital respects the right and need of patients for effective communication.
  - EP 2: Written information provided is appropriate to the age, understanding, and as appropriate, to the population served, the language of the patient.
  - EP 3: The hospital provides interpretation (including translation) services as necessary.
  - EP 4: The hospital addresses the needs of those with vision, speech, hearing, language and cognitive impairments.
Ethics, Rights, & Responsibilities

Standard RI.2.20: Patients receive information about their rights.
   – EP 1: Information on rights is provided to each patient.

Standard RI.2.30: Patients are involved in decisions about their care, treatment, and services provided.
   – EP 1: Patients are involved in decisions about their care, treatment, and services.
   – EP 2: Patients are involved in resolving dilemmas about care, treatment, and services.

Standard RI.2.40: Informed consent is obtained.
   – EP 3: A complete informed consent process includes a discussion of the following elements:
     – Nature of the proposed care, treatment, services, medications, interventions, or procedures
     – Potential benefits, risks, side effects
     – Likelihood of achieving goals
     – Reasonable alternatives
     – Relevant risks, benefits, side effects related to alternatives
     – Limitations on the confidentiality of information

Information Management

Standard IM.6.20: Records contain patient-specific information, as appropriate, to the care, treatment, and services provided.
   – EP 2: Medical records contain the following demographic information: the patient’s language and communication needs.
Leadership

Standard LD.3.60: Communication is effective throughout the organization.
- EP 1: The leaders ensure processes are in place for communicating relevant information throughout the organization in a timely manner.
- EP 2: Effective communication occurs in the organization, among the organization's programs, among related organizations, with outside organizations, and with patients and families, as appropriate.
- EP 3: The leaders communicate the organization's mission and appropriate policies, plans, and goals to all staff.

Provision of Care, Treatment, and Services

Standard PC 6.10: The patient received education and training specific to the patient’s needs and as appropriate to the care, treatment, and services provided.
- EP 1: Education provided is appropriate to the patient’s needs.
- EP 2: The assessment of learning needs addresses cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication, as appropriate.

Provision of Care, Treatment, and Services

Standard PC 6.30: The patient received education and training specific to the patient’s abilities as appropriate to the care, treatment, and services provided by the hospital.
- EP 1: Education provided is appropriate to the patient’s abilities.
- EP 3: The content is presented in an understandable manner.
- EP 5: Comprehension is evaluated.
Public Policy White Paper:
Health Literacy Recommendations

Recommendation 1: Make effective communications an organizational priority to protect the safety of patients

Recommendation 2: Incorporate strategies to address patients' communication needs across the continuum of care

Recommendation 3: Pursue policy changes that promote improved practitioner-patient communications

Make Effective Communications an Organizational Priority

Sample Solutions for Recommendation 1:
- Organizational Culture: Make patient-centered communications/cultural competence a priority
- Data Collection/Assessment: Learn the literacy levels/language needs of the community served
- Recruitment: Set recruitment goals or establish hiring practices that value diversity
- Training: Train/continually educate staff to recognize and appropriately respond to communication vulnerable patients
- Patient-Centered Environments: Make all communication points (signage, materials, written/verbal instructions, etc.) patient-friendly

Address Communication Needs Across the Continuum of Care

Sample Solutions for Recommendation 2:
- Entry: Develop and provide forms and information that are "client centered" – plain language/multi-language
- Health Care Encounter: Apply communication techniques known to enhance understanding (plain language, "teach back," "show back," etc.)
- Transition: Standardize approach to "hand-off" communications
- Self-Management: Place outreach calls to patients to ensure understanding of, and adherence to self-management regimens
Pursue Policy Changes Promoting Improved Communications

Sample Solutions for Recommendation 3:
- **Referrals:** Refer patients with low literacy to adult learning centers and assist with enrollment process
- **Collaboration:** Encourage partnerships between adult educators, adult learners, and health professionals to develop health-curricula and health interventions
- **Payment Systems:** Pursue pay-for-performance strategies that provide incentives to foster patient-centered communications and culturally competent care

Hospitals, Language, and Culture: A Snapshot of the Nation (HLC)

Cross-sectional qualitative study

Three Research Questions:
1. What are the challenges hospitals face providing care to diverse patient populations?
2. What are hospitals doing to address these challenges?
3. Are there any promising practices that can be replicated to improve care?

HLC Sample Hospitals (n=60)

Region (representing 32 states)

- **West:** 21
- **Midwest:** 12
- **Northeast:** 10
- **South:** 17
- **Rural:** 15
- **Urban:** 35
- **Teaching/Academic:** 22
- **Public:** 15
- **Non-profit:** 32
- **300+ beds:** 32
- **100-299 beds:** 18
- **25-99 beds:** 10
Exploring Cultural and Linguistic Services in the Nation’s Hospitals: A Report of Findings

- Released in March 2007
- Download a free copy of the report on HLC website
- Provides an overview of the HLC study
  - Detailed methodology
  - Site visit protocol
  - Recommendations for hospitals, policymakers, and researchers

Key Findings from the Report of Findings

- Wide range of practices/interpretation of good practice
- Gap between current practice and desired practice
  - Missing resources
  - Resources, processes not being used
- Culture and language are challenging issues to address

Key Findings from the Report of Findings

- More focused efforts on language than culture
- Data collection and use is inconsistent across and within hospitals
- Need for greater clarity in Joint Commission standards regarding effective communication
Cross-sectional qualitative study
Three Research Questions:
1. What are the challenges hospitals face providing care to diverse patient populations?
2. What are hospitals doing to address these challenges?
3. Are there any promising practices that can be replicated to improve care?

One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations
- Released April 2008
- Download a free copy of the report on HLC website
- Thematic framework derived from current practices in 60 hospitals

Framework for Establishing Practices to Meet the Needs of Diverse Patients
- Building a Foundation
  - Organizational policies and procedures
  - Role of leadership
- Collecting and Using Data to Improve Services
  - Community- and patient-level data
  - Collecting data before, during, after services
- Accommodating the Needs of Specific Populations
  - Services targeted to large populations in the community
- Establishing Internal and External Collaborations
  - Bringing together multiple departments, organizations, providers, and individuals
There is no “one size fits all” solution for cultural competence. Each organization is unique.

Organizations need to:
- Identify the needs of the population served
- Assess how well needs are met through current systems
- Bring people together to explore C&L issues
- Make assessment, monitoring, and evaluation of needs and services a continuous process
- Implement a range of practices spanning all 4 themes of this report in a systemic manner

Chapter 8: Tailoring Initiatives to Meet the Needs of Diverse Populations

Chapter 8: Self-Assessment Tool

Created to help hospitals and other health care organizations evaluate the way they currently provide care to diverse patients

Intended to address the main issues emerging from the HLC study; organized by 4 themes highlighted in report

Questions designed to promote discussion around the need to improve or expand current initiatives to meet C&L needs

Engage diverse staff members from different sectors of organization

Other Resources from the HLC study

A study to help understand what drives some hospital CEOs to embrace language, culture, and health literacy improvement initiatives

Ongoing research on the experience of Juan Lopez, a limited English proficient patient, at 60 hospitals across the nation

Joint Commission surveyor education, including a collaboration with the Office for Civil Rights to develop a video and learning module focused on Title VI of the U.S. Civil Rights Act and Section 504 of the Americans with Disabilities Act
Developing Hospital Standards for Culturally Competent Patient-Centered Care

- 18-month standards development project (August 2008 through January 2010)
- Project will explore how diversity, culture, language, and health literacy issues can be better incorporated into current Joint Commission standards or drafted into new requirements
- Standards will build upon previous studies and projects, including the research framework from the HLC study and evidence from the current literature.

A multidisciplinary Expert Advisory Panel will provide guidance regarding principles, measures, structures, and processes that will be the basis of standards.

Collaboration with National Health Law Program (NHeLP) to develop an implementation guide to prepare organizations for new standards.

Complementary Projects in the Field

- National Quality Forum (NQF)
  National Voluntary Consensus Standards for a Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency
  – Recommends 45 practices for endorsement along with a comprehensive national framework for measuring and reporting cultural competency

- National Committee for Quality Assurance (NCQA)
  Cultural and Linguistic Access Standards Advisory Committee
  – Develop a cohesive module of standards for evaluating efforts to improve the provision of culturally and linguistically appropriate services
  – Intent to release the standards in 2009
Issues to Address

- Prioritize effective communication and make commitments highly visible to staff and patients
- Assess your current practices, communications, environment, patient needs, etc.
- Implement policies that support effective communication
- Assess patient needs and implement a uniform framework for collecting data on race, ethnicity, language, and health literacy
- Train staff or create tools that will help staff learn the appropriate procedures for assisting communication-vulnerable patients

Issues to Address

- Provide ongoing in-service training on ways to meet the communication needs of the patient population
- Implement informed consent processes to include forms in simple sentences and in the language of the patient; use “teach back” and engage the patient in a dialogue about the procedure
- Formalize processes for developing plain language patient education materials and for translating materials, including patient rights and informed consent documents
- Collaborate with other health organizations or community groups to create or share resources

For More Information

- Hospitals, Language, and Culture study website: www.jointcommission.org/patientsafety/hlc/
- Christina L. Cordero, PhD, MPH  
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  630.792.5845
- Available:
  - Downloadable reports
  - Hospitals, Language, and Culture study information
  - Culturally competent patient-centered care standards information
  - Links to other websites
  - Resources
Questions??