

“What Did They Say?”

Clear Health Communication
Techniques to Improve Patient
Understanding



Goals

- Review the relationship between communication and health literacy
- Understand how provider communication impacts patient satisfaction
- List strategies for communicating with patients with limited health literacy

Communicating with our patients: What makes understanding difficult?

- **HEALTH LITERACY**

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

The Importance of Health Literacy

- Only 12% of the US population is “proficient” in health literacy
- Poor health literacy is associated with poor outcomes
 - Poor knowledge of their own medical conditions
 - Problems taking medications
 - ↑ hospitalizations and ED visits
 - ↑ mortality

-National Assessment of Adult Literacy, 2003

Red Flags for Low Health Literacy in Hospitalized Patients

- Non-adherence with medications
- Difficulty describing how to take home medications
- Difficulty describing current medical problems or medical history
- Seldom have questions



Patient Satisfaction

- The *Patient Experience*– HCAHPS (**H**ospital **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems)
- Common metrics, national standards, publicly reported
- Performance scores contribute to a hospital's reimbursement through the Value Based Purchasing (VBP) program with healthcare reform
- Required metric toward the goal of Magnet® designation



The primary HCAHPS question of interest:

- “During this hospital stay, how often did nurses explain things in a way you could understand?”
 - **Top-box scores are the only ones that “count”!**
 - Top-box corresponds to “Always” on a 4 item scale (Never, Sometimes, Usually, Always)
 - What is your hospital’s score?
 - What is your unit’s score?

Additional HCAPHS questions related to communication around the discharge process:

- “When I left the hospital, I clearly understood the purpose for taking each of my medications.”
- “When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.”
- Studies show, nationally, only 37% of discharged patients were able to state the purpose of their meds

- So, how can we use clear health communication techniques
 - to improve patient understanding
 - and patient satisfaction,
 - for all patients,
 - regardless of their health literacy?

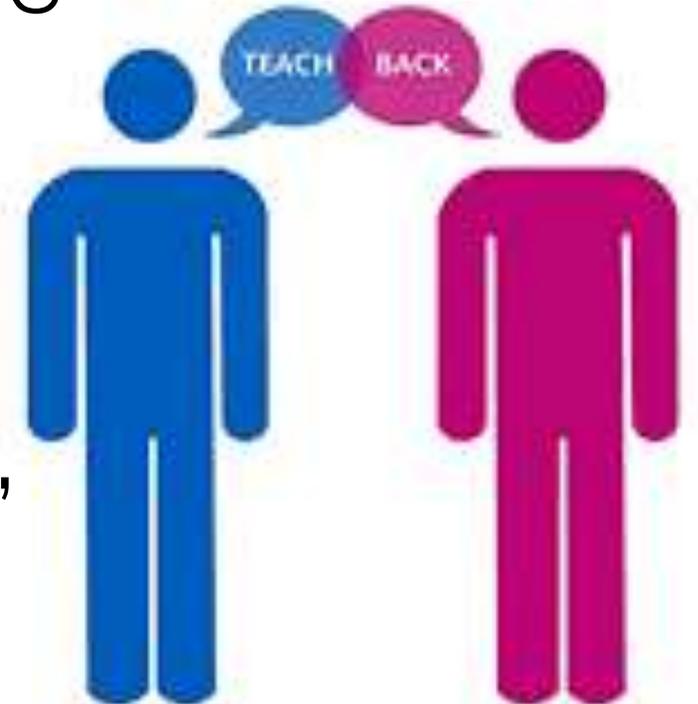
The Health Literacy “Universal Precautions” Approach

- Structuring the delivery of care as if everyone may have limited health literacy
 - You cannot tell health literacy by looking
 - Higher literacy skills ≠ understanding
 - Anxiety can reduce ability to manage health information
 - Everyone benefits from clear communications

Berkman ND et al. Low health literacy and health outcomes: an updated systematic review. [Ann Intern Med.](#) 2011 Jul 19; 155:2 (97)

Key Strategies to Promote Effective Communication

- Speak in plain, non-medical language
 - Minimize jargon!
- Teach-back
- Limit to 1-3 key messages
- Ask *“What questions do you have?”*



Minimize Jargon

- Target a 4th to 6th grade level

INSTEAD OF:	SAY:
Intern/Resident	Doctor
Hypertension	High Blood Pressure
Benign	Not Cancer
Oral or PO	By Mouth
PRN	When You Need It
Your Test Was Negative	You Do Not Have HIV
Avoid Dairy Products	Avoid Eating Milk, Cheese, Yogurt
Take Twice a Day	Take 1 pill in the morning & 1 pill at night

Confirm understanding using “**Teach-Back**”

- Ask a question that doesn't have a “yes”/”no” answer
 - *Which medications are you supposed to be taking once you go home?”*
- Instead of “Does this make sense?” ask the patient to repeat back the information they were given in their own words
 - *“I want to make sure I've explained things clearly. Can you repeat back to me who you are supposed to call if you develop a fever?”*
 - *“Now tell me, when are you supposed to take your levothyroxine?”*

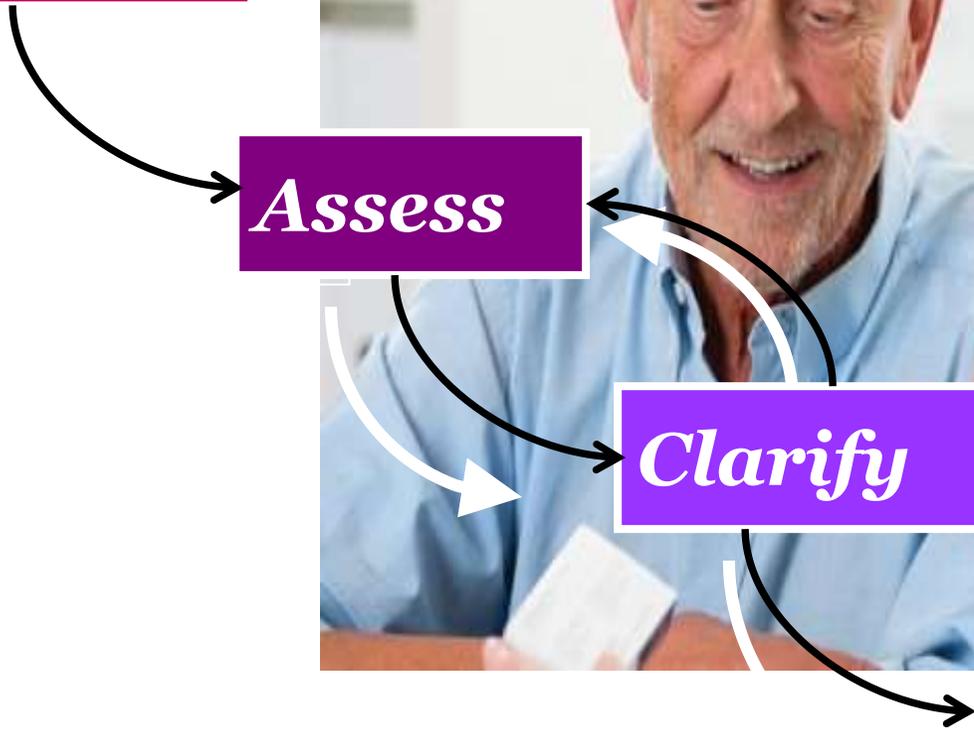
Teach-back

Explain

Assess

Clarify

Understanding



Focus On 1 – 3 Key Messages:

- Limit amount of important information that you give to the patient at any given time; example:
 - *“When you get home, call your PCP to make a follow-up appointment.”*
 - *“This antibiotic is your only new medication. Continue taking all of your home medications.”*
 - *“This pill is used to treat your infection.”*
- More than 3 key messages shown to be too much to comprehend
- If additional information needs to be discussed
 - Use frequent teach-back

Ask for Questions the Right Way

- Encouraging questions enhances communication and patient understanding
- We often ask “Do you have any questions?” or “OK?”
 - Some patients worry that they will seem “stupid” if they have questions or indicate that they don’t understand
- Instead, ask **“What questions do you have?”**
 - This normalizes or “expects” that patients should have questions



Let's review a few discharge scenarios!

Summary

- Poor health literacy is common and is associated with poor health outcomes
- How we communicate with our patients is important for:
 - Patient satisfaction ratings, hospital recognition, reimbursement
 - Most importantly for the health and satisfaction of our patients

Take Home Points:

- **Avoid Medical Jargon**
- **Use Teach-back**
- **Focus on 1-3 key messages**
- Elicit questions with
“What Questions Do You Have?”



What questions do **YOU** have?

Question for Audience Members

- What is one technique discussed today that you will commit to using the next time you communicate with patients?

Acknowledgments

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- Actors: Rachel Palkoska, Stephanie Johnson, Dave Sever, Carla Spagnoletti

Supplementary Material

- >100 medical unit nurses at UPMC participated in this curriculum in June and July 2016.
- In the next slides, we will share with you how we evaluated the curriculum's effectiveness and present to you results from our evaluation.

Evaluation

- Pre and post surveys were administered before and after this curriculum was given
 - We measured knowledge, confidence, attitudes towards clear health communication techniques and health literacy
- We conducted 300 direct observations of discharges on general medicine services at UPMC using a communication skills checklist
 - We compared nurse communication before and after participation in the curriculum
- We collected HCAHPS scores from medicine units staffed by participating nurses
 - We compared scores 3 months before the curriculum to 3 months after it
- We compared the change in communication specific HCAHPS scores from surgical floors (non-participants) to medical floors (participants) over same time periods

Nurse Attitudes, Confidence, Knowledge

Importance Items	Mean Pre	Mean Post	p-value
Translating medical info for patient care	4.7	4.9	0.0001
Translating medical info for patient satisfaction	4.7	4.9	0.0001
Using "Teach-back" to confirm understanding	4.4	4.8	<.0001
Asking "What questions do you have"	4.8	4.9	0.42
Review changes to medications at discharge	4.7	4.9	<0.001
Confidence Item			
Ability to translate medical information	3.9	4.6	<.0001
Knowledge Score			
Percentage Correct (out of 7)	57%	86%	<.0001

*N= 85 survey respondents, importance and confidence items reported on a 1-5 Likert-type scale where 5 is highest score.

Nursing Communication Skills During Discharge

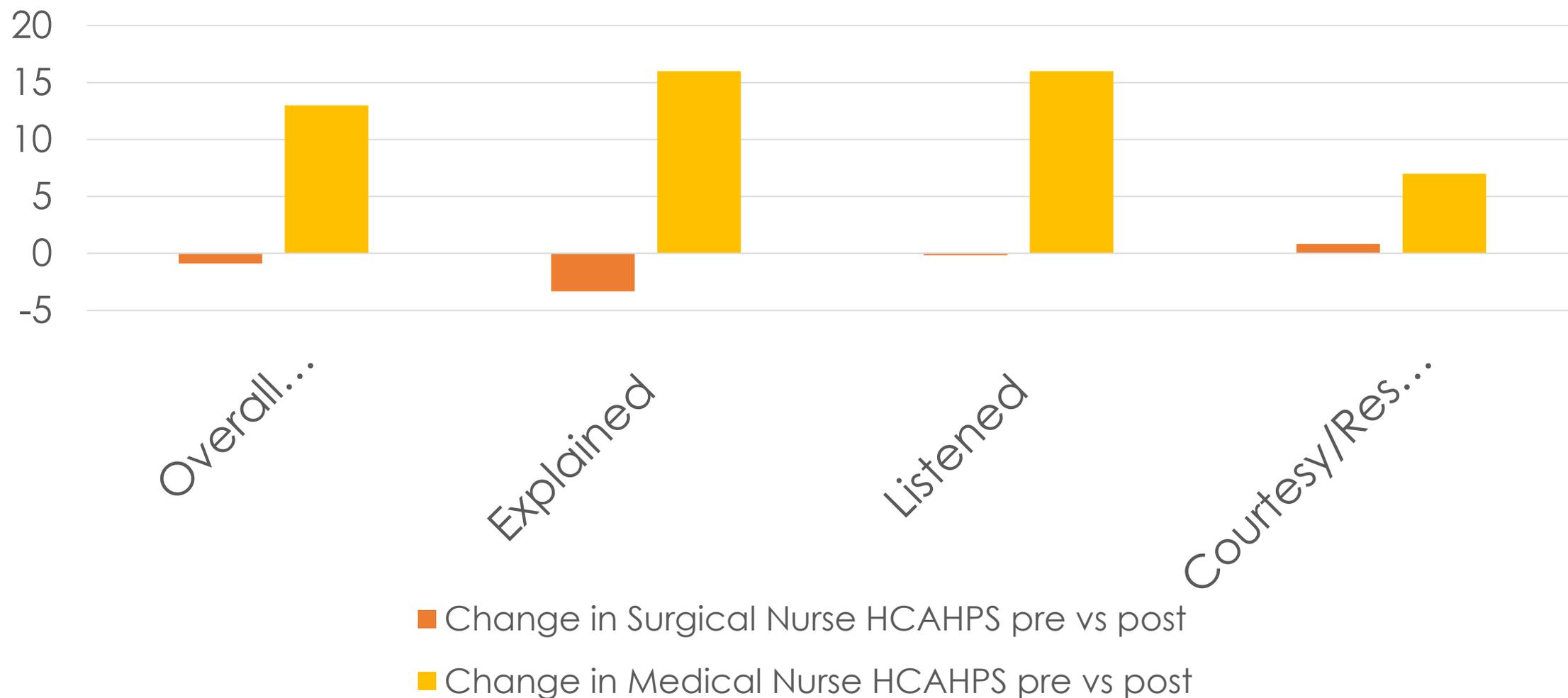
Communication Skills	Pre (N=150) % done	Post (N=150) % done	P-value
Nurse used "Teach Back"	4	22	<.0001
Nurse explained indications for new meds	44	50	0.24
Nurse used plain language	99	99	1.00
Nurse asked "what questions do you have?"	6	36	<.0001
Nurse ensured complete patient understanding	27	64	<.0001

*Based on 300 direct observations using communication skills checklist

Patient Satisfaction with Nurse Communication

HCAHPS Item	% "top-box" 3 months pre	% "top-box" 3 months post	% Improvement	P-value
Nurses explained things to you in a way that you could understand	59	75	16%	.003
Nurses listened to me	60	76	16%	.018
Nurses treated me with courtesy and respect	74	81	7%	.199
Overall communication with nurses	65	78	13%	.025

Change in Nurse HCAHPS Scores



*% change in communication specific HCAHPS cores from surgical floors (did not participate in curriculum) compared to medical floors (did participate in curriculum) during same time periods

Results Summary

- Participation in this curriculum improved nurses' knowledge, importance, confidence, and skill with clear health communication techniques
- Communication-specific HCAHPS scores increased after the curriculum was implemented
- The improvement in scores can likely be attributed to the curriculum (rather than from other factors) since nurses' scores from surgical floors either stayed the same or worsened during the same time period

For more information

- About this curriculum, this presentation, or this study, please contact:

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