HEN 2.0 READMISSIONS WEBINAR #3

March 17, 2016
11:00 a.m. – 12:30 p.m. CT
WELCOME AND INTRODUCTIONS

Emily Koebnick, Program Manager, HRET | 11:00 – 11:05
WEBINAR PLATFORM QUICK REFERENCE

Mute your computer audio ➔

Today’s Presentation

Chat with the Group

Download today’s slides and resources
ADDITIONAL REMINDERS

• Quality of audio (if listening through your computer) depends on your internet connection
• To maximize the size of any one ‘pod,’ simply press the four-way arrow icon in the top right corner
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00-11:05 AM</td>
<td>Welcome and Introductions</td>
<td>Emily Koebnick, MPH, MPA Program Manager, HRET</td>
</tr>
<tr>
<td></td>
<td>Open and housekeeping information, including review of relevant HRET HEN resources,</td>
<td></td>
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<tr>
<td></td>
<td>change packages and Listserv®.</td>
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<tr>
<td>11:05-11:10 AM</td>
<td>HEN Data Update</td>
<td>Annette Organus, MPH Data Analyst, HRET</td>
</tr>
<tr>
<td></td>
<td>Review of readmissions measures and national progress toward our 40/20 HEN goals.</td>
<td></td>
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<tr>
<td>11:10-11:30 AM</td>
<td>Ending the Term “Non-Compliance”</td>
<td>Pat Teske, MHA, RN Improvement Advisor, Cynosure</td>
</tr>
<tr>
<td></td>
<td>Participants will:</td>
<td>Matthew Schreiber, MD VP Hospital Quality and</td>
</tr>
<tr>
<td></td>
<td>• Question why the term “non-compliance” impedes readmissions reduction</td>
<td>System Safety, Spectrum Health</td>
</tr>
<tr>
<td></td>
<td>• Recognize new and successful approaches for more challenging patients</td>
<td></td>
</tr>
<tr>
<td>11:30-11:50 AM</td>
<td>Case Study: Flagler Hospital</td>
<td>Gina Mangus VP Patient Engagement Flagler Hospital</td>
</tr>
<tr>
<td></td>
<td>Sharing from a fellow HEN hospital about how to approach engagement and improve</td>
<td>St. Augustine, FL</td>
</tr>
<tr>
<td></td>
<td>outcomes in the process.</td>
<td></td>
</tr>
<tr>
<td>11:50 AM-12:10 PM</td>
<td>Health Literacy Assessments and Interventions</td>
<td>Kim Werkmeister, RN, CPHQ Cynosure Health</td>
</tr>
<tr>
<td></td>
<td>Participants will:</td>
<td>Improvement Advisor</td>
</tr>
<tr>
<td></td>
<td>• Practice health literacy assessments and interventions</td>
<td></td>
</tr>
<tr>
<td>12:10-12:25 PM</td>
<td>Bring It Home</td>
<td>Emily Koebnick, MPH, MPA Program Manager, HRET</td>
</tr>
<tr>
<td></td>
<td>Action items from today’s webinar and suggestions for next steps in your readmissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>prevention work.</td>
<td></td>
</tr>
<tr>
<td>12:25-12:30 PM</td>
<td>Q&amp;A</td>
<td>All</td>
</tr>
</tbody>
</table>
AVAILABLE NOW: READMISSIONS CHANGE PACKAGE

Download it Here
SIGN UP TODAY: READMISSIONS LISTSERV®

• Readmissions Listserv® is available for:
  – Sharing of:
    • HRET Resources
    • Publically Available Resources
    • Best Practices
    • Learnings from Subject Matter Experts
  – Troubleshooting for Data Reporting and Analysis

Sign Up Here
HEN DATA UPDATE

Annette Urganus, MPH, Data Analyst, HRET | 11:05 – 11:10
## HEN DATA UPDATE

<table>
<thead>
<tr>
<th>Core Harm Topics / Measures</th>
<th>Baseline Submission Rate</th>
<th>Baseline Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readmissions within 30 Days (All Cause)</td>
<td>63%</td>
<td>8.15</td>
</tr>
<tr>
<td><strong>Readmission: AHA/HRET Evaluation Measure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Readmission within 30 Days (All Cause)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measure type</strong></td>
<td><strong>Outcome</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Inpatients returning as an acute care inpatient to the same facility within 30 days of date of discharge</td>
<td></td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>Total inpatient discharges (excluding discharges due to death)</td>
<td></td>
</tr>
<tr>
<td><strong>Rate calculation</strong></td>
<td>( \left( \frac{\text{Numerator}}{\text{Denominator}} \right) \times 100 )</td>
<td></td>
</tr>
<tr>
<td><strong>Specifications/definitions</strong></td>
<td>Facilities should follow the CMS definition of a readmission. This definition is explained in the “Frequently asked questions about readmissions” chapter, available on Quality Net. “Chapter 3 – Readmissions Measures,” section “Defining readmissions” beginning on page 7</td>
<td></td>
</tr>
<tr>
<td><strong>Sources/Recommendations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data source(s)</strong></td>
<td>Administrative data or billing systems or other tracking systems</td>
<td></td>
</tr>
<tr>
<td><strong>NHSN data transfer</strong></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Baseline period</strong></td>
<td>3Q 2015 (July 1 – Sep 30 2015) Additional baseline data requirements TBD</td>
<td></td>
</tr>
<tr>
<td><strong>Monitoring period</strong></td>
<td>Monthly, beginning Oct 2015</td>
<td></td>
</tr>
<tr>
<td><strong>CDS Measure ID(s)</strong></td>
<td>HEN2-READ-1</td>
<td></td>
</tr>
<tr>
<td><strong>AHA/HRET HEN 1</strong></td>
<td>EOM-READ-75\textsuperscript{26}</td>
<td></td>
</tr>
</tbody>
</table>
PROCESS MEASURES

• Compliance in implementing the seven essential elements of the care
  – Transitions bundle
• Percentage of discharge care plans that contain all the elements of the discharge care plan
• Percentage of Project RED patient care plans that contain all the elements of the Project RED patient care plan
• Percentage of risk assessment tool is completed at admission
• Percentage of patients receiving complete discharge education verified by teach-back or other means

No More Non-Compliance
Pat Teske, MHA, RN, Improvement Advisor, Cynosure Health
Matthew Schreiber, MD, VP Hospital Quality and System Safety at Spectrum Health | 11:10 – 11:30
Non-Compliance
WHAT CAN WE DO DIFFERENTLY?

1. Improve patient engagement
   • Listen more - what are the barriers?
   • What works best for you?
2. Identify patient goals
   • What matters to you? NOT what’s the matter with you?
3. Modify educational materials and approach
   • Less is often more - what are the vital few?
   • Water pill vs. Lasix
   • Validate understanding through the use of teach-back
4. Build self-reliance skills, for example
   • What to say when calling the doctor’s office
   • Setting up systems for medications
5. Motivational interviewing skills
6. Celebrate small successes
If you want to see what organizational inertia looks like, try changing your hospital discharge form.

This is a good hill to die on if you are committed to reducing readmissions.

Teach-back to patient AND their key contact is mission critical.

Nursing will balk big-time, and only direct observation and talking to patients will tell you if it is happening the way it should.
A GOOD EXAMPLE

<table>
<thead>
<tr>
<th>I was in the hospital because</th>
<th>I should ...</th>
<th>Important contact information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>1. My primary doctor:</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>2. My hospital doctor:</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>3. My visiting nurse:</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>4. My pharmacy:</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>5. Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My appointments:</th>
<th>Tests and issues I need to talk with my doctor(s) about at my clinic visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On: <em><strong>/</strong></em>/___ at: <em><strong>:</strong></em> am/pm For: ____________________________</td>
<td>1. _____________________________________________________________________</td>
</tr>
<tr>
<td>2. On: <em><strong>/</strong></em>/___ at: <em><strong>:</strong></em> am/pm For: ____________________________</td>
<td>2. _____________________________________________________________________</td>
</tr>
<tr>
<td>3. On: <em><strong>/</strong></em>/___ at: <em><strong>:</strong></em> am/pm For: ____________________________</td>
<td>3. _____________________________________________________________________</td>
</tr>
<tr>
<td>4. On: <em><strong>/</strong></em>/___ at: <em><strong>:</strong></em> am/pm For: ____________________________</td>
<td>4. _____________________________________________________________________</td>
</tr>
<tr>
<td>Other instructions:</td>
<td>5. _____________________________________________________________________</td>
</tr>
</tbody>
</table>

I understand my treatment plan. I feel able and willing to participate actively in my care:

Patient/Caregiver Signature

Provider Signature

Date
TEACH-BACK

• **Step 1:** Using simple language, explain the concept/process to the patient/caregiver

• **Step 2:** Ask the patient/caregiver to repeat in his or her own words how s/he understands the concept

• **Step 3:** Identify and correct misunderstandings

• **Step 4:** Ask the patient/caregiver to demonstrate understanding again to ensure the misunderstandings are corrected

• **Step 5:** Repeat steps 4 and 5 until the clinician is convinced of comprehension

Dean Schillinger, MD
Associate Professor of Clinical Medicine
University of California, San Francisco
BENEFITS OF BEDSIDE DELIVERY

- Ensures patients are actually able to receive their medications
  - Prior authorization
  - Exorbitant co-pays
  - Unusual drug not routinely on shelf-stock
- Provides opportunities to reduce cost to patient
  - Can ensure most preferred tier in class of drug selected
  - Can access prescription savings/co-pay assistance from vendor/partners
  - $6,389 prescription savings with co-pay assistance and coupons. For 369 patients that received a total of 921 prescriptions through Walgreen’s bedside delivery in July 2011
- Patient Satisfier/High Touch Experience
CASE STUDY: Flagler Hospital in St. Augustine, FL

Gina Mangus, VP of Patient Engagement | 11:30 – 11:50
Building meaningful relationships with our patients and their families in a way that supports their ability to effectively use the knowledge, tools and motivation we provide to achieve their best possible health.
Our patient engagement team is here to build a framework that supports engagement before, during and after a patient’s hospital stay.
• Traditional Marketing
• Community Outreach
• Patient Education
• Concierge Services
• 4,008 patients registered since inception
• 4,784 logins
• Patients added 1,306 clinical items to their personal health record
• Patients accessed their health records 4,784 times

7.49% Meaningful Use Measure 2
Mall Walkers
A Community Program of Flagler Hospital

Weekly monitoring of blood pressure, weight & blood sugar
Free smoking cessation classes
Disease-specific education classes
Patient Education – Setting Expectations

You play a vital role in your health and recovery.
Example: Hip Replacement

The ends of the ball and socket are both covered in a smooth material called "cartilage" (articular cartilage).
What our patients are telling us...

Did the Emmi program answer questions you would have normally called to discuss with your healthcare provider (doctor, nurse, etc)?

- Yes, 94%
- No, 8%

How useful was the Emmi program in:

- Covering unknown risks: 81%
- Providing new information: 83%
- Increasing confidence to ask questions: 83%

(Percent of viewers who answered Useful or Very Useful)

264 responses (Flagler Patients)
How well did the Emmi program prepare you (and your child) for:

- Prep for procedure: 76%
- Hospital/doctor visit: 87%
- Recovery: 81%
- Follow-up: 85%
- Managing health condition: 96%

(% of viewers who answered Prepared or Very Well Prepared)

222 Responses  Flagler patients
• Evidence-based Communications
• Condition-Specific Education
• Transition Call Education
• Spiritual Care
Using evidence-based techniques to communicate improves a patient’s:
- Trust and confidence
- Sharing of concerns, information and preferences
- Adherence to recommendations
- Self monitoring, self-care and personal ownership
- Adoption of preventive and healthy behaviors
- Knowledge of their own condition and ability to use it
- Ability to make informed health care decisions

Why Communications Training?
• All of us learning and sharing together
  • In a series of one-hour workshops
  • That are experiential, fun, and interactive
  • Led by our managers and directors
• Practicing proven service & collaboration skills

Fulfilling our passion for healthcare and for patient satisfaction, teamwork, and quality
• Ten clinics teach 100 VOICE Standards
• Approximately 60 sessions are held every month
• All disciplines
• Three year program
• Approximately 1,200 employees targeted to complete in year 1
Initial Results

CAHPS-IP-A: Communication with Nurses

HCAHPS  Total (77.9)  CMS HCAHPS 50th Percentile (79.0)
Initial Results

CAHPS-IP-A: Discharge Information

Patients VOICE launch


Positive

HCAHPS Total (82.8) CMS HCAHPS 50th Percentile (87.0)
Patient liaison provides disease-specific education to patients and family members

Focus on: Newly diagnosed or poorly managed CHF, COPD, Stroke
Example: COPD

DON'T use aerosols and sprays

- No hairspray
- No cleaners that you spray
- Use solid or roll-on deodorant
Example: COPD

Start small

There's a sheet where you can choose 1 or 2 things you want to start doing over the next couple of weeks.

Patient liaison also emails program to home.
What are patients telling us?

**After watching, will you take new action in managing your health?**
- Yes, 92%
- No, 8%

**Are you more motivated to take your medications?**
- Yes, 75%
- No, 25%

**Are you more aware of how your lifestyle impacts your health?**
- Yes, 93%
- No, 7%
After watching, will you take new action in managing your health?

- Yes, 75%
- No, 25%

Are you more aware of how your lifestyle impacts your health?

- Yes, 77%
- No, 23%

Are you motivated to change your lifestyle?

- Yes, 76%
- No, 24%

35,000 responses – All Emmi Clients 2015
• Patients often forget the username and password they selected.

• Provide a card with their username and password.

• Patients are hesitant to provide an email address. We included specific language for registration staff: “Flagler Hospital does not sell or distribute any patient email address information. Email addresses obtained will solely be used for our FollowMyHealth Patient Portal and clinical education programs.”

• Proxy forms are key. Many family members of elderly patients are most interested in using the portal.
Transition Call Education

WHAT YOU NEED TO KNOW ABOUT YOUR Follow-Up Phone Call

We care about your health in the hospital and at home.
Please expect an automated phone call from 1-(904) 671-6397 so we can see how you are doing as you recover, and provide help if needed. The Caller ID will read: "Flagler Nurse Call".

You will receive a call from our automated system within two days after leaving the hospital.
You will be asked a few questions about your health and progress.*
Please answer the questions using the phone keypad.
*Questions on the back.

Based on your answers, a clinician may call you back to offer help and instructions.
• Follow-up Education
• Transition Calls
• Continuous Improvement
Weigh yourself each morning

- With little or no clothes on
- At the same time every day

The best time is first thing in the morning AFTER you go to the bathroom and BEFORE you have anything to eat or drink.
HCAHPS Impact For Flagler, Feb '14 - May '15
(N=1,938 surveys, 1,844 NoEmmi, 94 Emmi)
NoEmmi: All Who Didn't View, Emmi: Viewed

HCAHPS Top Box Percentage

<table>
<thead>
<tr>
<th></th>
<th>Comm W/ MDs (3 quest's)</th>
<th>Disch Info (2 quest's)</th>
</tr>
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<tbody>
<tr>
<td>NoEmmi Top Box %</td>
<td>77%</td>
<td>84%</td>
</tr>
<tr>
<td>Emmi Top Box %</td>
<td>83%</td>
<td>90%</td>
</tr>
<tr>
<td>Relative Improv't</td>
<td>+9%</td>
<td>+7%</td>
</tr>
</tbody>
</table>

Conf Level=99% Conf Level=97%
After a hospital stay, it's common to experience some discomfort. Do you have any issues with pain that you would like to discuss with one of our staff members?
### Key Metrics for Voice Call Programs based on Calls that were made

<table>
<thead>
<tr>
<th>Unit</th>
<th>Voice Calls Made</th>
<th>Patients Reached</th>
<th>Patients Requiring Intervention</th>
<th>Median Time to Intervene in Hours</th>
<th>Patients with Improvement Areas Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 East Voice Call 1</td>
<td>9</td>
<td>78% (7)</td>
<td>14% (1)</td>
<td>6.0</td>
<td>100% (1)</td>
</tr>
<tr>
<td>8 West Voice Call 1</td>
<td>11</td>
<td>82% (9)</td>
<td>22% (2)</td>
<td>2.0</td>
<td>50% (1)</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>20</strong></td>
<td><strong>80% (16)</strong></td>
<td><strong>19% (3)</strong></td>
<td><strong>4</strong></td>
<td><strong>67% (2)</strong></td>
</tr>
</tbody>
</table>

### Key Metrics for Voice Call Programs based on Calls that were made

<table>
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</thead>
<tbody>
<tr>
<td>8 East Voice Call 1</td>
<td>11</td>
<td>82% (9)</td>
<td>33% (3)</td>
<td>22.0</td>
<td>67% (2)</td>
</tr>
<tr>
<td>8 West Voice Call 1</td>
<td>10</td>
<td>90% (9)</td>
<td>33% (3)</td>
<td>20.0</td>
<td>33% (1)</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>21</strong></td>
<td><strong>86% (18)</strong></td>
<td><strong>33% (6)</strong></td>
<td><strong>21</strong></td>
<td><strong>50% (3)</strong></td>
</tr>
<tr>
<td>Name</td>
<td>Message</td>
<td>Date</td>
<td>Author</td>
<td>Encounter ID</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------</td>
<td>--------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>She had some questions regarding pain with burps.</td>
<td>01/05/16 at 11:45 AM</td>
<td>R</td>
<td>to 2000429483</td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>Instructions: Patient lost them. Cathy went...</td>
<td>01/04/16 at 02:24 PM</td>
<td>R</td>
<td>to 2000417507</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>Charge nurse called patient and discussed in detail.</td>
<td>01/04/16 at 02:18 PM</td>
<td>R</td>
<td>to 2000430156</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>I called Dr. T to office and spoke with Matt...</td>
<td>12/17/15 at 02:10 PM</td>
<td>R</td>
<td>to 2000417523</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>This patient was discharged on Tuesday. Since...</td>
<td>12/17/15 at 01:51 PM</td>
<td>R</td>
<td>to 2000417523</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>Patient had appointment with Dr. T this morning...</td>
<td>12/09/15 at 01:48 PM</td>
<td>R</td>
<td>to 2000406320</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>I called at 11:25 went to answering machine. I...</td>
<td>12/09/15 at 12:52 PM</td>
<td>R</td>
<td>to 2000406320</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>Patient could not find the phone number for Phy...</td>
<td>12/07/15 at 10:50 AM</td>
<td>R</td>
<td>to 2000409060</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>Called patient, she is doing well, accidentally...</td>
<td>12/04/15 at 12:45 PM</td>
<td>T</td>
<td>rt 2000416419</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>The problem was actually regarding...</td>
<td>12/01/15 at 09:05 AM</td>
<td>R</td>
<td>to 2000408383</td>
<td></td>
</tr>
</tbody>
</table>
Patient & Family Focus Groups

- Facilitated by an internal moderator
- Groups of 8-15
- Addressing specific topics of interest – Most recently, discharge instructions
Physician Performance Dashboard Example – Understanding of Medications

<table>
<thead>
<tr>
<th>Category</th>
<th>Factor</th>
<th>Negative Responses</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td></td>
<td>100% (1)</td>
<td>1</td>
</tr>
<tr>
<td>Physician</td>
<td></td>
<td>56% (5)</td>
<td>9</td>
</tr>
<tr>
<td>Physician</td>
<td></td>
<td>50% (1)</td>
<td>2</td>
</tr>
<tr>
<td>Physician</td>
<td></td>
<td>24% (7)</td>
<td>29</td>
</tr>
<tr>
<td>Physician</td>
<td></td>
<td>20% (1)</td>
<td>5</td>
</tr>
<tr>
<td>Physician</td>
<td></td>
<td>15% (3)</td>
<td>20</td>
</tr>
<tr>
<td>Physician</td>
<td></td>
<td>14% (2)</td>
<td>14</td>
</tr>
<tr>
<td>Physician</td>
<td></td>
<td>14% (2)</td>
<td>14</td>
</tr>
</tbody>
</table>

| Grand Totals | 23% (22) | 94 |

Physician Name
IMPROVING HEALTH LITERACY

Kim Werkmeister, RN, CPHQ, Improvement Advisor, Cynosure Health | 11:50 – 12:10
Do you understand what I am saying?

Toilet out of order.
Please use floor below.
BARRIERS TO COMMUNICATION WITH PATIENTS

Low Health Literacy
WHAT IS 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.

Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media and communities.

Healthy People 2020
U.S. Department of Health and Human Services
“How would you take this medicine?”

395 primary care patients in 3 states

• 46% did not understand instructions ≥ 1 labels

• 38% with adequate literacy missed at least 1 label

HEALTHY PEOPLE 2020 GOALS

• Everyone has the right to health information that helps them make informed decisions, and

• Health services should be delivered in ways that are understandable and beneficial to health, longevity and quality of life.

RED FLAGS TO IDENTIFY PATIENTS AT RISK FOR LOW HEALTH LITERACY

• Frequently missed appointments
• Incomplete registration forms
• Not taking medications or not taking medications as prescribed
• Unable to name medications, explain purpose or dosing
• Identifies pills by looking at them, not reading label
• Unable to give coherent, sequential history
• Ask fewer questions
• Lack of follow-through on tests or referrals
HEALTH LITERACY ASSESSMENTS

Tools from AHRQ:

• Short assessment of health literacy (SAHL-S&E)

• Rapid estimate of adult literacy in medicine (REALM)
HOW CAN WE HELP OUR PATIENTS UNDERSTAND HEALTH INFORMATION?

“Universal Precautions”

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

• Focus on “need-to-know” & “need-to-do”
• Use teach-back method
• Demonstrate/draw pictures
• Use clearly written education materials
TEACH-BACK

• “I want to make sure I explained it correctly. Can you tell me in your words how you understand the plan?”

• “I want to make sure I explained your medicine clearly. Can you tell me how you will take your medicine?”
PATIENT TEACHING WITH VISUALS

• Pictures/demonstrations most helpful to patient with low literacy and visual learners
• Most health drawings too complicated
• Physician drawings often very good (not too complex)
• Patients say “show me” and “I can do it”
• Use simulation as a form of teaching
MORE PATIENT TEACHING TIPS

• 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
## WHAT IS PLAIN LANGUAGE?

<table>
<thead>
<tr>
<th>Jargon</th>
<th>Plain Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annually</td>
<td>Yearly or every year</td>
</tr>
<tr>
<td>Arthritis</td>
<td>Pain in joints</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Having to do with the heart</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>Skin doctor</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Elevated sugar in the blood</td>
</tr>
<tr>
<td>Hypertension</td>
<td>High blood pressure</td>
</tr>
</tbody>
</table>
RESOURCES

Health Literacy Assessments:

Teach-back Resources:
http://www.teachbacktraining.org/
BRING IT HOME

Emily Koebnick, Program Manager, HRET | 12:10 – 12:25
PHYSICIAN LEADER ACTION ITEMS

What are you going to do by next Tuesday?

- Find out if the term non-compliance/non-adherence is used by your fellow MDs to describe challenging patients
- Challenge the use of this terminology

What are you going to do in the next month?

- Eliminate this terminology from forms/reason codes
- Use teach-back to verify patient understanding of discharge instructions
UNIT-BASED TEAM ACTION ITEMS

What are you going to do by next Tuesday?
- Find out if this terminology is being used on your unit
- If so, challenge its use

What are you going to do in the next month?
- Observe the quality of discharge teaching
- Provide feedback to staff
- Test a health literacy assessment tool
HOSPITAL LEADERS ACTION ITEMS

What are you going to do by next Tuesday?
- Make the case that we can do better

What are you going to do in the next month?
- Reinforce effective strategies
- Monitor HCAHPs CTM results
PFE LEADS ACTION ITEMS

What are you going to do by next Tuesday?
- Stand up for no more non-compliance

What are you going to do in the next month?
- Advocate for a deeper understanding of failed discharge plans
QUESTIONS?
THANK YOU!

Find more information on our website: www.hret-hen.org

Questions/Comments: hen@aha.org