What Did the Doctor Say?:
Advancing Health Literacy through Joint Commission Standards and Initiatives

Christina L. Cordero, PhD, MPH
Associate Project Director
Department of Standards and Survey Methods
Division of Healthcare Quality Evaluation
The Joint Commission

Ohio Health Literacy Conference Day
Cleveland, Ohio
October 26, 2012

The Joint Commission
Accredits/certifies over 19,000 health care organizations and programs

Our Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

Vision Statement: All people always experience the safest, highest quality, best-value health care across all settings.
Communication and Health Care

- Communication is a cornerstone of patient safety
- Health care is communication-dependent and accurate information is needed for several important processes
- Direct communication can be affected by:
  - Health Literacy
  - Language
  - Culture
  - Hearing or Visual Impairment
  - Cognitive Limitation
  - Intubation
  - Disease (ALS, Stroke)

What is Health Literacy?

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

(Healthy People 2010; Patient Protection and Affordable Care Act)
Health Literacy is also…

The skills of health professionals to provide health information appropriate for their audience is **equally important as an individual’s skills.**

(National Action Plan to Improve Health Literacy)

Patients with Low Health Literacy

American College of Physicians Foundation (ACP Foundation)


Stop at 2:45 of 6:26
Patients with Low Health Literacy

- Disproportionately affects vulnerable populations
  - Older adults
  - Low-income levels
  - Racial and ethnic minorities

- Stronger predictor of health status than age, income, employment status, education, race/ethnicity

<table>
<thead>
<tr>
<th>Increased risks for:</th>
<th>Less likely to have:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospitalizations</td>
<td>• Mammograms/Pap smears</td>
</tr>
<tr>
<td>• Mortality</td>
<td>• Flu vaccination</td>
</tr>
<tr>
<td>• Higher medical costs</td>
<td>• Well-child health visits</td>
</tr>
<tr>
<td></td>
<td>• Control over chronic diseases</td>
</tr>
</tbody>
</table>

Additional Communication Needs

- International Medical Interpreter Association

Culture, Language, and Health Literacy

- In 2007, over 55 million people spoke a language other than English at home (US Census Bureau, 2010)

- Approximately 24.5 million people were identified as limited English proficient (LEP) (US Census Bureau, 2010)
  - Limited English Proficient (LEP) is defined as: a patient’s self-assessed ability to speak English less than “very well.”

- LEP patients have varying degrees of health literacy
  - Despite limited abilities in English, may have high-level abilities in their native language
  - Cultural considerations regarding how patient perceives illness and approaches treatment

Impact of Low Health Literacy

- Navigating the health care system
- Filling out forms and questionnaires
- Understanding medicine and human biology
- Advocating for your care
- Communicating with providers
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 between July 2006 and October 2008

- **Communication** identified as a root cause for 533 Sentinel Events reported to The Joint Commission

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these root cause data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of root causes or trends in root causes over time.

Root Cause Sub-Categories of Communication

Note: Percentages based on sentinel events in which communication was found as the primary root cause (533 events)
Health Literacy Resources

- National Action Plan to Improve Health Literacy
  - 7 goals/strategies to improve health literacy
- Health Literacy Universal Precautions Toolkit
  - Systematic approach to reducing the complexity of medical care
- Health Literacy: A Prescription to End Confusion Institute of Medicine, 2004
- The Health Literacy of America’s Adults: Results from the 2003 National Assessment of Adult Literacy
- Improving Health Literacy Within a State: Workshop Summary
  - State-based models to improve health literacy (North Carolina, Iowa, Missouri, Louisiana), role of universities and community
- Attributes of a Health Literate Organizations
- Rural Assistance Center

Joint Commission Support for Health Literacy

- Joint Commission Accreditation Standards
  - Existing standards
  - Standards for patient-centered communication
- “What Did the Doctor Say?:” Improving Health Literacy to Protect Patient Safety
- Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals
Health Literacy in Existing Requirements

- Informing patients of their rights (RI.01.01.01, EP 2)
- Receiving information that patients can understand (RI.01.01.03)
  - Tailoring to age, language, ability to understand
  - Providing interpreting and translation services
- Patient education meets patient needs (PC.02.03.01)
- Patient participation in care decisions (RI.01.02.01)
- Informed consent (RI.01.03.01)
- Informing patients of their responsibilities in care (RI.02.01.01)
  - Asking questions or acknowledging when he or she does not understand the treatment course or care decision

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

Download this report for free at: http://www.jointcommission.org/Advancing_Effective_Communication
Patient-Centered Communication Standards

- Identify communication needs
- Address communication needs
- Qualifications for language interpreters/translators
- Provide language services
- Collect preferred language data
- Collect race and ethnicity data
- Allow patients access to a support individual
- Ensure care free from discrimination

Implementation Plan for Standards

- Approved in December 2009
- Released to field in January 2010
- Published in 2011 Hospital manuals

- Surveyors evaluated compliance with standards
- Findings did not affect the accreditation decision

- Inclusion in accreditation decision on **July 1, 2012**
  - RI.01.01.01, EPs 28 and 29 implemented July 1, 2011
Effective Patient-Provider Communication

NEW Standard PC.02.01.21 The hospital effectively communicates with patients when providing care, treatment, and services.

Rationale
This standard emphasizes the importance of effective communication between patients and their providers of care, treatment, and services. Effective patient-provider communication is necessary for patient safety. Research shows that patients with communication problems are at an increased risk of experiencing preventable adverse events, and that patients with limited English proficiency are more likely to experience adverse events than English speaking patients.

Elements of Performance (PC.02.01.21)
NEW 1. The hospital identifies the patient’s oral and written communication needs, including the patient’s preferred language for discussing health care.

Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.

NEW 2. The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient’s oral and written communication needs.
Qualifications for Interpreters

**Standard HR.01.02.01** The hospital defines staff qualifications.

**Element of Performance (HR.01.02.01)**

1. The hospital defines staff qualifications specific to their job responsibilities.

**NEW Note 4:** Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.

Right to Effective Communication

**Standard RI.01.01.03** The hospital respects the patient’s right to receive information in a manner he or she understands.

**Elements of Performance (RI.01.01.03)**

2. The hospital provides language interpreting and translation services.

**NEW Note:** Language interpreting options may include hospital-employed language interpreters, contract interpreting services, or trained bilingual staff. These may be provided in person or via telephone or video. The hospital determines which translated documents and languages are needed based on its patient population.

3. The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient’s needs.
Collection of Patient-Level Data

**Standard RC.02.01.01** The medical record contains information that reflects the patient’s care, treatment, and services.

**Element of Performance (RC.02.01.01)**
1. The medical record contains the following demographic information:
   - The patient’s name, address, date of birth, and the name of any legally authorized representative
   - The patient’s sex
   - The patient’s communication needs, including preferred language for discussing health care
   NEW Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.

Collection of Patient-Level Data

**Standard RC.02.01.01** The medical record contains information that reflects the patient’s care, treatment, and services.

**Element of Performance**
**NEW** 28. The medical record contains the patient’s race and ethnicity.
Access to a Support Individual

**Standard RI.01.01.01** The hospital respects, protects, and promotes patient rights.

**Element of Performance (RI.01.01.01)**

**NEW** 28. The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay.

**Note:** The hospital allows for the presence of a support individual of the patient’s choice, unless the individual’s presence infringes on others’ rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient’s surrogate decision maker or legally authorized representative.

---

Non-Discrimination in Care

**Standard RI.01.01.01** The hospital respects, protects, and promotes patient rights.

**Element of Performance**

**NEW** 29. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
Additional Standards Resources

R³ Report  Requirement, Rationale, Reference
A complimentary publication of The Joint Commission  Issue 1, February 9, 2011
Download the R³ Report for free: http://www.jointcommission.org

- First issue of R³ Report focuses on the patient-centered communication standards for hospitals
- 10 minute video on Joint Commission standards and other resources
- Highlights 2 educational monographs

Roadmap for Hospitals

- Inspire hospitals to integrate effective communication, cultural competence, and patient- and family-centered care into system of care
- Recommended issues to address to meet unique patient needs, above and beyond standards
- Implementation examples, practices, and “how to” information

Download Roadmap for Hospitals free at: http://www.jointcommission.org/Advancing_Effective_Communication
Recommendations from the *Roadmap*

**Health Literacy Issues**

- Integrate health literacy strategies into patient discussions and materials *(supports New PC.02.01.21, existing RI.01.01.03)*
  - Develop written materials that meet patient needs
  - Develop non-written patient education options (audio, video)
  - Pilot test materials with patients, community, local adult literacy programs

**Support patient’s ability to understand and act on health information**

- How do you prefer to receive information (written, verbal)
- Teach back method

**Engage patients and families in the care process and discharge instruction**

- Encourage patient and family to ask questions
- Consider follow-up phone call to review instructions
Recommendations from the *Roadmap*

- Tailor the informed consent process *(supports existing RI.01.03.01)*
  - Written documents – plain language, format, pictures
  - Readability level, translated materials

- Provide patient education that meets needs *(supports existing PC.02.03.01)*

- Create an environment that is inclusive of all patients
  - Make sure navigational signage is understood by patients

Recommendations from the *Roadmap*

- Collect feedback from patients, families, and the surrounding community
  - Review complaint resolution system and patient surveys
  - Invite patients and families to participate in focus groups, advisory councils
  - Engage local adult literacy or adult basic education programs to provide feedback on written materials

- Share information with the community about hospital efforts to meet unique patient needs
  - Engage the community through public events and health fairs
Recommendations from the Roadmap

Other Issues

- Develop a system to provide language services (supporting New PC.02.01.21, RI.01.01.01, RI.01.01.03)
  - Offer a mixture of language services to ensure coverage
  - Provide translated written documents for frequently encountered languages

- Ensure competence of individuals providing language services
  - Define qualifications for language interpreters and translators (supporting New Note to HR.01.02.01)
  - Refrain from relying on untrained individuals (family or friends) to provide language services

Recommendations from the Roadmap

- Incorporate communication, cultural competence, and patient- and family-centered care issues into staff training curricula
  - Use various methods (in-service, grand rounds, case studies, DVD courses, online modules)
  - Encourage staff to improve overall communication skills (patient-provider, provider-provider)

- Identify staff concerns or suggested improvements for providing care that meets patient needs
  - Conduct a staff survey to evaluate staff’s experiences and challenges
  - Promote staff discussion around challenges and barriers to providing care
Roadmap for Hospitals - Appendices

A: Checklist of all issues to address

B: Existing Joint Commission requirements supporting effective communication, cultural competence, and patient- and family-centered care

C: New Joint Commission standards for patient-centered communication
   - Explanation of revision/addition
   - Self-assessment guidelines
   - Practice examples

D: Laws and regulations

E: Resource guide

Joint Commission Efforts – Past and Present

Research Study: Hospitals, Language, and Culture: A Snapshot of the Nation
   - Research reports
   - OCR video

Health Equity and Meeting the Needs of the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community
   - Field Guide

Speak Up Initiative
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

Download the Report of Findings free at: http://www.jointcommission.org/Advancing_Effective_Communication

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
- Self-assessment tool to tailor initiatives to meet the needs of diverse patient populations

Download One Size Does Not Fit All free at: http://www.jointcommission.org/Advancing_Effective_Communication
Additional HLC Projects

- A study to help understand what drives some hospital CEOs to embrace language, culture, and health literacy improvement initiatives (Sept/Oct 2010 JHM)

- Video with Office for Civil Rights to support language access in health care organizations - *Improving Patient-Provider Communication: Joint Commission Standards and Federal Laws* (on website)

- Ongoing research on the experience of Juan Lopez, a limited English proficient patient, at 60 hospitals across the nation (in preparation)

Meeting the Needs of LGBT Patients

- LGBT Stakeholder Meeting:
  To promote effective communication, cultural competence, and patient-and family-centered care for lesbian, gay, bisexual, and transgender (LGBT) patients and families by bringing together stakeholders to identify practices and articulate implementation processes.

- Field guide/toolkit addressing LGBT health care in hospitals

- Increased awareness among health care providers, consumers, and policymakers

Download the Field Guide for free at:
http://www.jointcommission.org/Advancing_Effective_Communication
Speak Up Initiative

Joint Commission’s award-winning patient safety program
- Know Your Rights
- Understanding Your Doctors and Other Caregivers

No copyright or reprinting permission required
Print/Videos available in English and Spanish

Download for free at: http://www.jointcommission.org/speakup.aspx

For More Information

Please visit our project website:
www.jointcommission.org/Advancing_Effective_Communication

Available:
Information on new standards and Roadmap for Hospitals
Information on The Field Guide
Hospitals, Language, and Culture study information
Links to other websites and resources

Standards inquiries:
Standards Interpretation Group at 630-792-5900
www.jointcommission.org/standards (online form)

My contact information:
ccordero@jointcommission.org or 630-792-5845
The Joint Commission Disclaimer

These slides are current as of (10/18/12). The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or The Joint Commission.