Caring for Diverse and Communication-Vulnerable Patients: A Patient Safety Challenge

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University of Colorado | Anschutz Medical Campus
3 Related Vignettes

• Toni Cordell
  – Read at 5th grade level,
  – Abd pain and AUB
  – A therapeutic procedure is performed ...

• 18 y.o. Spanish-speaking man
  – Stumbles into girlfriend’s house and passes out after saying he felt “intoxicado” ...

• Mohammed Kochi
  – Elderly Afghani, refuses chemotherapy following gastric cancer resection ...
Effective Communication Rests on Multiple Factors

- Health Literacy
- Language
- Culture

Organizational Culture
Organizational Leadership and Priorities
Workforce Issues
Community Resources
Quality Improvement Infrastructure
Goals for Today

• Describe the complex interplay between individual clinicians’ communication skills and the organizational environment in which care is provided
• Place effective communication into the QI paradigm of measure, learn and improve
• Articulate the role of collecting validated data on organizational performance as a strategy for performance improvement in the area of effective communication.
Disclosure and Disclaimer

• I have no personal financial relationships with and no investments in health-related companies
• A number of these slides were developed while I was at the AMA, but I’m not here representing the AMA

• I WILL be talking about a not-for-profit program, CAT, that I developed at the AMA and now run at Colorado, which includes products and services that bring (minimal) revenue to the University of Colorado and my Center.
Professional Ethics and Patient-Centered Communication

• Social covenant in health care
Some evidence of our collective promise ...

• The Joint Commission Standards for Hospitals, Ambulatory, Behavioral Health, Long Term Care, and Home Care
• The American Hospital Association’s code, “Ethical Conduct for Health Care Institutions”
• The American Medical Association’s “Principles of Medical Ethics”
• The American Nurses Association’s “Code of Ethics for Nurses”
• The American Pharmacists Association’s “Code of Ethics for Pharmacists.”
• The Institute of Medicine Report, “Crossing the Quality Chasm: A New Health System for the 21st Century”
• The Institute of Medicine Report, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care”
• The Office of Minority Health “National Culturally and Linguistically Appropriate Services (CLAS) Standards”
Professional Ethics and Effective Communication

• Social covenant in health care
• Broad consensus related to:
  – Obligation to provide high quality care
  – Protecting patient autonomy
  – Equity concerns
• N.B. Effective communication can also uncover latent ethical dilemmas
  – Assumed primacy of autonomy
  – Equity, “equal” care, and cultural competence
Why focus on effective communication in health care

Intrinsic Value

• Respectful communication is central to the patient-physician relationship
  – Integrity of the medical profession
  – Respect, informed consent and shared decisions

Instrumental Value

• Effective communication improves...
  – Adherence
  – Partnership
  – Chronic disease management
  – (and helps avoid lawsuits – e.g., Levinson et al, 1997)
ARE THERE COMMUNICATION PROBLEMS IN HEALTH CARE?

Sure communication is important, but...
Sentinel Events

Top 10 Root Causes, 2013

• **Human factors** — 70% *(Staffing levels and mix, peer review, fatigue and complacency, etc.)*
• **Communication** — 65% *(Communication among and between staff, physicians, administration, patients and patients' families)*
• **Leadership** — 62%. *(Organizational planning, culture and leadership)*
• **Assessment** — 55%. *(Patient assessment and care decisions)*
• **Information management** — 23% *(Data definitions, security, availability and medical records)*
• **Physical environment** — 16%. *(General safety, equipment management, etc.)*
• **Care planning** — 11%. *(Planning and/or collaboration)*
• **Continuum of care** — 11%. *(Access to care, continuity, transfers)*
• **Medication use** — 11%. *(Storage, control, ordering, administering, etc.)*
• **Operative care** — 10%. *(Planning, blood use and/or patient monitoring)*
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No completed “statement of concern” (CC) took >150 seconds, but nevertheless...

• Patients completed their CC only 23% of the time
• In 12% of visits the physician interrupted before the patient had expressed a single concern.
• Of 54 patients interrupted, only 1 ever got to finish their CC
• Mean time to interruption was 18 seconds

N.B. Very Small Study Population
• 74 visits at Wayne State University clinic
• 2 faculty and 13 residents recorded
Soliciting the patient’s agenda

Have we improved?

Marvel, et al. JAMA 1999

- 29 Board certified FPs in Colorado, 264 visits
- Fellowship training improved completion rates (44% v 22%)
- Those allowed to complete their CC took, on average, only 6 seconds longer to do so.
- Completed CC in 28% of visits
- Mean time to “redirection” = 23.1 sec.
- Rare to complete CC after redirection (8%)
- ‘Columbo concerns’ more common if no initial solicitation (35% v 15%)
Clarification versus hypothesis testing...

- Closed-ended questions (when does your chest pain occur?); re-completer statements (So, you’re having chest pain in the evenings); and elaborators (tell me more about your chest pain) are functionally equivalent.
- All serve as redirectors to a specific issue. All essentially cut the patient off...

“Once hypothesis testing has begun, it is difficult for a patient to get a word in edgewise.”
What can doctors do?

• 1 full minute of listening

• “Is there anything else?”

• Ask up front what the patient thinks is causing the problem, and what might help

• Collaborate to prioritize issues at the beginning
Effective Communication Rests on Multiple Factors

- Health Literacy
- Language
- Culture

- Organizational Culture
- Organizational Leadership and Priorities
- Workforce Issues
- Community Resources
- Quality Improvement Infrastructure
What if my patient...

Doesn’t understand me?

“The fatal pedagogical error is to throw answers, like stones, at the heads of those who have not yet asked the question.”

Paul Tillich

- What is low literacy?
- How many of your patients have low literacy?
- What’s it like for them?
- What works to improve understanding?
Definitions:

General Literacy:

“An individual’s ability to read, write and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one’s goals, and develop one’s knowledge and potential.”

National Literacy Act of 1991

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.”

IOM and Healthy People 2010
U.S. high school dropout rate is 17%
Core competency domains of adult cognitive skills:
- Literacy
- Reading components
- Numeracy, and
- Problem solving in technology-rich environments

Literacy = “understanding, evaluating, using and engaging with written text to participate in society, to achieve one’s goals and to develop one’s knowledge and potential” (OECD 2012)
How Common is Low Health Literacy?

Figure 2-A. Percentage of adults age 16 to 65 at each level of proficiency on the PIAAC literacy scale: 2012 and 2014

Figure 2-B. Percentage of adults age 16 to 65 at each level of proficiency on the PIAAC numeracy scale: 2012 and 2014

Average scores on the IALS, ALL, and PIAAC literacy scales for adults in the United States age 16 to 65: Various years, 1994-2014

- **IALS (1994-1998):** 273
- **ALL (2003-2008):** 268*
- **PIAAC (2012/2014):** 272

What does “Basic” literacy mean?

National Assessment of Adult Literacy (NAAL)*

- Questions at the “Intermediate” level that 44-50% could not answer:
  - Determine what time a person can take a prescription medication, based on information on the drug label that relates the timing of the medication to eating
  - Find the age range during which children should receive a particular vaccine, using a chart that shows all childhood vaccines and ages recommended.

* National Center for Educational Statistics, U.S. Department of Education
“Show Me How Many Pills You Would Take in 1 Day”

John Smith        Dr. Red

Take two tablets by mouth twice daily.

Humibid LA       600MG
1 refill
Rates of Correct Understanding vs. Demonstration

“Take Two Tablets by Mouth Twice Daily”

- Low Literacy Level:
  - Understanding: 71%
  - Demonstration: 35%

- Marginal Literacy Level:
  - Understanding: 84%
  - Demonstration: 63%

- Adequate Literacy Level:
  - Understanding: 89%
  - Demonstration: 80%
Patients with Low Literacy

Increased Risk of Hospitalization*

*Adjusted for age, gender, socioeconomic status, health status, and regular source of care.
Low literate diabetic patients less likely to know correct management....

Know symptoms of low blood sugar (hypoglycemia)

Know correct action for hypoglycemic symptoms

Low health literacy associated with...

- Increased hospitalization (five studies)
- Greater emergency care use (nine studies)
- Lower use of mammography (four studies)
- Lower receipt of influenza vaccine (four studies)
- Higher risk of mortality for seniors (two studies)
- Poorer overall health status among seniors (five studies)

Low Health Literacy

Key mediator of health disparities

- Long-term illness
- Self-reported health status
- Receipt of an influenza vaccine
- Physical and mental health-related QoL
- Prostate-specific antigen levels
- Nonadherence to HIV medications
- Enrollment in health insurance.

Variations across one city...

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 1 or 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willmette</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>Northbrook</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>Oak Park</td>
<td>13%</td>
<td>23%</td>
</tr>
<tr>
<td>Chicago</td>
<td>37%</td>
<td>63%</td>
</tr>
</tbody>
</table>
Adult Literacy Estimator

• General estimate for your state/county

  - https://nces.ed.gov/naal/estimates/
What is it like?

• The following passage simulates what a reader with low general literacy (NAALS level ~1-2) sees on the printed page.
• Read the entire passage out loud.
• You have 1 minute to read.
• Hint: The words are written backwards and the first word is “cleaning”
GNINAELC – Ot erussa hgih ecnamrofrep, yllacidoirep naelc eht epat sdaeh dna natspac revenehw uoy eciton na noitalumucca fo tsud dna nworb-red edixo selcitrap. Esu a nottoc baws denetsiom htiw lyporposi lohocla. Eb erus on lohocla sehcuot eht rebbur strap, sa ti sdnet ot yrd dna yllautneve kcarc eht rebbur. Esu a pmad tholc ro egnops ot naelc eht tenibac. A dlim paos, ekil gnihsawhsid tnegreted, Iliw pleh evomer esaerg ro lio.
What is it like?

• How do you clean the capstan?
Red Flags

In the exam room, look and listen for:

• “I forgot my glasses…
• “Let me bring this home so I can discuss it with my children.”
• Difficulty explaining medical concerns
• Unable to name medications, or explain purpose or timing of administration
• Becoming angry, demanding
• Clowning around, using humor
• Being passive - No questions
Use “teach back” or “show me” techniques.

- Ask patient to demonstrate understanding
  - “What will you tell your spouse about your condition?”
  - “I want to be sure I explained everything clearly, so can you please explain it back to me so I can be sure I did.”

- Do not ask,
  - “Do you understand?”
“Teach back” works

• “Asking that patients recall and restate what they have been told” is one of 11 top patient safety practices based on strength of scientific evidence.
  (AHRQ, 2001 Report on *Making Health Care Safer*)

• Physicians’ application of interactive communication to assess recall or comprehension was associated with better glycemic control for diabetic patients.
  (Schillinger D. *Arch Intern Med.* 2003; 163)
Controversies

• Shillinger’s “Closing the Loop” Study
  – 74 encounters
  – 124 new concepts
  – 15 teach backs
  – 8 correct

• What to do when patients get the teach back wrong??
• Key is an organizational, systemic approach.
•Clinicians cannot address low literacy alone.
Re-conceptualizing “health literacy”?

• “…health literacy reflects the contextual demands placed on the individual by
  – their specific clinical condition and associated health care decisions,
  – the communication characteristics of the dominant medical culture,
  – the structure and function of clinical services that assume limitless health literacy and require self-advocacy and vigilance, and
  – the emphasis that society (fueled by a health consumer-oriented marketplace) places on individual, rather than ecological, determinants of health.”

Paasche-Orlow et al, 2006
Effective Communication Rests on Multiple Factors:

- Health Literacy
- Language
- Culture

Supporting Factors:

- Organizational Culture
- Organizational Leadership and Priorities
- Community Resources
- Workforce Issues
- Quality Improvement Infrastructure

Effective Communication Rests on Multiple Factors.
Ineffective communication is a patient safety problem...

**USING METHODS AND CONCEPTS FROM PATIENT SAFETY TO IMPROVE COMMUNICATION**
Example #1: Using safety methods to improve communication

There was one time, a patient was complaining of visual hallucinations . . . I didn’t know if it was just bad dreams . . . I had seen him a few times without an interpreter, and they were surprised that I used one for a specific visit, but later I think they understood why . . . I didn’t know if it was an undiagnosed tumor, or schizophrenia, or whatever . . . it turned out he was just having really poor sleep . . . it was a cultural nuance of how he described “hallucinations.”

—Family practitioner at a large academic center
Context

• Most practices care for some patients with limited English proficiency
• There is risk of communication errors and harm with ineffective interpretation
• Many physicians speak more than one language, at least to some extent...
• When is it safe to rely on our own language skills rather than call a professional interpreter?
Commission to End Health Care Disparities

Work Process and Products

• Partnered with George Washington University*
• Funding from The California Endowment**
• Semi-structured interviews with partially-bilingual physicians
• Develop HFMEA “failure modes” list and convene national expert panel
• Example of HFMEA and the “5 Why’s” method in a hypothetical health care organization

* Marsha Regenstein, PhD and her team
** Special thanks to Ignatius Bau
The situation we describe is [well-suited to HFMEA methods because] many physicians and clinical organizations will recognize that a risk of clinically significant miscommunication can arise when partially bilingual physicians serve as their own interpreters; yet, with luck, no known poor outcomes are available within the organization to study.

Commission to End Health Care Disparities

Promoting appropriate use of physicians’ non-English language skills in clinical care

Recommendations for policymakers, organizations and clinicians

Appropriate Use of Non–English-Language Skills in Clinical Care

Marsha Regenstein, PhD, MCP
Ellie Andres, MPH
Matthew K. Wynia, MD, MPH

An estimated 25 million US residents have limited English proficiency (LEP)\(^1\) and in a 2006 national survey of 2022 interns, 54% reported encountering patients with LEP at least weekly, with physicians’ non–English-language skills are extremely heterogeneous, ranging from those who speak just a few words of 1 or more non–English languages to those who are native speakers and received their medical training in another language. Similarly, the communication demands of certain clinical interactions are greater than others—conversations about end-of-life care or informed consent for surgery implicitly pose greater miscommunication risks compared with more routine encounters.

Recommendations

“...even formal language assessments cannot guarantee proficiency for all situations, at least for those physicians in the broad middle range of proficiency.”

• “Always” scenarios
  – End of Life planning
  – Trauma/assault victims
  – Psychosocial issues
  – High-stakes genetics
  – Team-based encounters
  – Others based on specialty...

• “Red Flags”
  – Word finding
  – Rephrasing problems
  – Emotional disconnect
  – Patient editing
  – Novel topic
  – Confusing answer
  – Confusing question

Example #2: Using safety methods to improve communication

Using Validated Measures to Track and Improve Communication in Health Care Organizations
Communication occurs in organizational contexts

- Health communication has been extensively studied in recent years.
- Most research is on communication performance in patient-clinician dyads – and most improvement recommendations are for clinicians.
- But work on patient safety and quality improvement has moved away from individuals and toward focusing on organizational factors.
Communication Climate Assessment Toolkit

• Developed by AMA-led multi-stakeholder body in consultation with expert advisors
• Tools validated in multiyear, national field-test in hospitals and large clinics
• 7 of 9 domains endorsed by National Quality Forum as measures for health disparities and cultural competence
• Referenced in the Enhanced CLAS standards “Blueprint” and the Joint Commission “Roadmap” guidance documents
  • Included in National Quality Measures Clearinghouse of HHS/AHRQ
Measurement Domains

Patient-Centered Communication

- Cross-cultural Communication
- Community Engagement
- Health Literacy
- Language Services
- Information Collection
- Performance Evaluation
- Leadership Commitment
- Patient Engagement
- Workforce Development
Assesses communication as an organizational function

360° assessment of communication climate at health care organizations that incorporates perspectives of...

- Staff (clinical and non-clinical)
- Patients
- Executives
- Policymakers
incorporates multiple perspectives on communication

**Patient**
Did doctors ask you to repeat their instructions?

**Executive**
How many of your clinicians have received specific training on ways to check whether patients understand instructions?

**Health Literacy**

**Staff**
Have you ever received specific training on ways to check whether patients understand instructions?

**Policy**
Is it hospital policy for staff members to ask patients to repeat instructions?
Domain scores correlated with patient-reported quality, trust

Table 4. Multivariate Relationship Between Organizational Performance in Each Communication Domain and Patient-Reported Measures of General Quality and Trust

<table>
<thead>
<tr>
<th>Communication Domain</th>
<th>OR (95% CI) I Receive High-Quality Medical Care</th>
<th>OR (95% CI) My Medical Records Are Kept Private</th>
<th>OR (95% CI) If a Mistake Were Made in my Health Care, the System Would Try to Hide It From Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational commitment</td>
<td>1.34 (1.22-1.54)</td>
<td>1.22 (1.05-1.40)</td>
<td>0.73 (0.66-0.86)</td>
</tr>
<tr>
<td>Data collection</td>
<td>0.95 (0.90-0.95)</td>
<td>1.00 (0.95-1.05)</td>
<td>1.0 (1.00-1.05)</td>
</tr>
<tr>
<td>Workforce development</td>
<td>1.47 (1.28-1.69)</td>
<td>1.28 (1.10-1.47)</td>
<td>0.73 (0.62-0.86)</td>
</tr>
<tr>
<td>Engage community</td>
<td>1.54 (1.28-1.76)</td>
<td>1.28 (1.10-1.54)</td>
<td>0.73 (0.59-0.86)</td>
</tr>
<tr>
<td>Engage individuals</td>
<td>1.40 (1.22-1.61)</td>
<td>1.22 (1.05-1.40)</td>
<td>0.73 (0.62-0.86)</td>
</tr>
<tr>
<td>Health literacy</td>
<td>1.40 (1.22-1.61)</td>
<td>1.28 (1.10-1.47)</td>
<td>0.73 (0.62-0.86)</td>
</tr>
<tr>
<td>Language services</td>
<td>0.90 (0.82-0.95)</td>
<td>1.05 (0.95-1.16)</td>
<td>1.0 (0.90-1.16)</td>
</tr>
<tr>
<td>Cross-cultural</td>
<td>1.28 (1.16-1.40)</td>
<td>1.16 (1.05-1.28)</td>
<td>0.82 (0.73-0.90)</td>
</tr>
<tr>
<td>Performance monitoring</td>
<td>1.40 (1.22-1.54)</td>
<td>1.22 (1.05-1.40)</td>
<td>0.73 (0.66-0.86)</td>
</tr>
</tbody>
</table>

Abbreviations: OR, odds ratio; CI, confidence interval.

Results are adjusted for patient age, sex, education, and language ability, and reflect the effects of 5-point changes in domain scores.

Some features of the CAT process

• Trained consultants assist with planning, implementation and interpretation of results

• Survey distribution by email (Qualtrics®) or paper with postage-paid reply envelopes

• Surveys available in multiple languages
### Example of a CAT survey

#### About this hospital...

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>p1. How many times have you visited the hospital in the last 6 months?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p2. Could you find your way around the hospital?</td>
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<tr>
<td>p3. Could you understand the hospital’s signs and maps?</td>
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<tr>
<td>p4. Did hospital staff help you find community resources?</td>
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<tr>
<td>p5. Could you understand the people at the front desk?</td>
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<tr>
<td>p6. Was it easy to ask questions at the hospital?</td>
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<tr>
<td>p7. Were the hospital’s forms easy for you to fill out?</td>
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<td>p8. Did hospital staff offer to help you fill out the forms?</td>
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<tr>
<td>p9. Did you understand the hospital’s informed consent forms?</td>
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<td>p10. Was information in the waiting areas helpful?</td>
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<tr>
<td>p11. Did you take educational materials home from the hospital?</td>
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<tr>
<td>p12. Did the educational materials meet your needs?</td>
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</tr>
<tr>
<td>p13. Were the educational materials easy to understand?</td>
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</tr>
</tbody>
</table>

#### About the doctors at this hospital...

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>p14. Did doctors listen to you?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>p15. Did doctors respect what you had to say?</td>
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<tr>
<td>p16. Did doctors explain things in a way you could understand?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>p17. Did doctors ask you to repeat their instructions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p18. Did doctors involve you in decisions about your health care?</td>
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<tr>
<td>p19. Did doctors at the hospital try to understand your culture?</td>
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<tr>
<td>p20. Could you talk to your doctors about home remedies?</td>
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<tr>
<td>p21. Did doctors ask if you had any questions?</td>
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<tr>
<td>p22. Did you have enough time to talk with your doctor?</td>
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</tbody>
</table>
Demographics of your hospital patient population and those completing the C-CAT Patient Survey

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Your Hospital Patient Population</th>
<th>C-CAT Patient Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino(a)</td>
<td>7.0%</td>
<td>10.8%</td>
</tr>
<tr>
<td>American Indian/Eskimo/Aleut</td>
<td>0.0%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>3.9%</td>
<td>8.3%</td>
</tr>
<tr>
<td>African-American *</td>
<td>11.1%</td>
<td>8.3%</td>
</tr>
<tr>
<td>African</td>
<td>N/A</td>
<td>1.7%</td>
</tr>
<tr>
<td>European-American/White **</td>
<td>66.9%</td>
<td>61.7%</td>
</tr>
<tr>
<td>Other</td>
<td>11.2%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

*Includes persons of Caribbean descent and non-Hispanic
**Non-Hispanic
<table>
<thead>
<tr>
<th>Domain</th>
<th>Your Hospital Score</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Commitment</td>
<td>79.4</td>
<td>78.2</td>
</tr>
<tr>
<td>Information Collection</td>
<td>46.4</td>
<td>52.3</td>
</tr>
<tr>
<td>Community Engagement</td>
<td>78.4</td>
<td>78.9</td>
</tr>
<tr>
<td>Workforce Development</td>
<td>73.3</td>
<td>75.9</td>
</tr>
<tr>
<td>Individual Engagement</td>
<td>71.9</td>
<td>77.6</td>
</tr>
<tr>
<td>Cross-Cultural Communication</td>
<td>70.8</td>
<td>74.8</td>
</tr>
<tr>
<td>Language Services</td>
<td>54.8</td>
<td>68.0</td>
</tr>
<tr>
<td>Health Literacy</td>
<td>81.8</td>
<td>78.0</td>
</tr>
<tr>
<td>Evaluating Performance</td>
<td>64.7</td>
<td>64.3</td>
</tr>
</tbody>
</table>
Leadership Commitment

An organization should routinely examine its commitment or capacity and efforts to meet the communication needs of the population it serves, including leadership involvement; mission, goals, and strategies; policies and programs; budget allocations; and workforce values.

The following describes how well Your Hospital performed relative to this domain by displaying selected results from each of the C-CAT assessment tools.
Selected Survey Results

The table below presents a few key items from the executive, staff, and patient surveys in the domain of **Health Literacy**: The “Issues,” on the far left of the table, represent key areas within this domain, which are addressed by the particular set of questions listed on the right side of the table. The issues and questions in the table represent some items that have a significant impact on this domain, but they do not represent all questions included in the domain score calculations.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Survey Recipient</th>
<th>Question Number</th>
<th>Staff &amp; Patient Survey Questions &amp; their Feelings</th>
<th>n</th>
<th>% Adequate Training or % Always*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating with patients in plain language instead of using technical terms</td>
<td>Executive</td>
<td>E.56</td>
<td>Staff have been adequately trained on the importance of communicating in plain language.</td>
<td>8</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>S.54</td>
<td>Staff have been adequately trained on the importance of communicating in plain language.</td>
<td>798</td>
<td>62.4%</td>
</tr>
<tr>
<td></td>
<td>Patient</td>
<td>P.24</td>
<td>Patient understood the doctor’s instructions.</td>
<td>102</td>
<td>81.9%</td>
</tr>
<tr>
<td>Checking whether patients understand instructions</td>
<td>Executive</td>
<td>E.57</td>
<td>Staff have been adequately trained on ways to check whether patients understand instructions.</td>
<td>8</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>S.55</td>
<td>Staff have been adequately trained on ways to check whether patients understand instructions.</td>
<td>812</td>
<td>61.7%</td>
</tr>
<tr>
<td></td>
<td>Patient</td>
<td>P.17</td>
<td>Doctor asked patient to repeat their instructions.</td>
<td>126</td>
<td>27.8%</td>
</tr>
</tbody>
</table>
Summary of CAT results

CAT is fully in-line with enhanced CLAS Standards Blueprint and Joint Commission Roadmap

- Useful for documenting compliance

CAT gives easy-to-understand scores in 9 domains

- Useful for developing targeted QI interventions

CAT explores variations in perspectives

- Compare patient, staff & leadership; policy vs. practice

CAT has a national benchmarking database

- Compare your performance to other organizations
Improving communication to assure safety:

What can clinicians and organizations do?

- Clinicians can ...
  - Seek out communication skills workshops
  - Ensure 1 full minute of listening
  - Ask “Is there anything else?” and “What questions do you have?”
  - Use teach-back and look out for red flags

- Organizations can ...
  - Recognize that ineffective communication is a very common safety and quality challenge
  - Know that every patient will benefit from improved communication, and communication-vulnerable patient groups might benefit the most
    - This makes communication improvement a powerful tool to address health disparities
  - Use QI and patient safety methods and concepts to measure and improve communication in your organization
What questions do you have?

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