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A Nurse Leadership Project to Improve Health Literacy on a Maternal-Infant Unit

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ABSTRACT

Objective: To describe how participation in the Sigma Theta Tau International Maternal-Child Health Nurse Leadership Academy positioned the authors to lead an interdisciplinary team through implementation and evaluation of a change project related to patient education based upon national health literacy standards. The project goal was to improve patient satisfaction with nurse communication and preparation for hospital discharge.

Design: Quality improvement.

Setting/Participants: Mother/-baby unit of an academic medical center serving a high percentage of patients of a minority population and underserved clients.

Intervention: The five- step intervention included (a) review of current health literacy standards, (b) formation of an infrastructure for development and evaluation of existing patient education materials, (c) assessment of patient education materials currently in use, (d) assessment of literacy level and learning styles of new mothers, and (e) provision of continuing education to increase knowledge of nurses as patient teachers and of health literacy.

Measurement: Mean scores of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) in the domains of patient satisfaction with nurse communication and discharge information were used to measure patient satisfaction with health communication.

Results: Patient satisfaction with nurse communication increased from 75.9% to 84.6%. Satisfaction with discharge information increased from 84.6% to 98.6%.

Conclusion: The leadership academy successfully positioned the authors to guide an interdisciplinary team through development of a process to meet the education and communication needs of patients and improve their health literacy. As a result, a positive effect was noted on patient satisfaction with health communication.

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Health literacy is the ability to obtain and process health information to make informed decisions regarding health care (Brega et al., 2015). Data from the U.S. National Assessment of Adult Literacy demonstrate that only 12% of adults have proficient health literacy skills and 36% of adults have basic or less than basic health literacy skills (Kutner, Greenberg, Jin, & Paulsen, 2006). Low health literacy adversely affects the patient's ability to make informed decisions on health, including the health of family members, and can lead to worse health outcomes. Patients with low health literacy skills use fewer preventative services, are less likely to proactively manage chronic health conditions, and have greater mortality rates (Easton, Entwistle, & Williams, 2010; Sayah, Majumdar, Williams, Robertson, & Johnson, 2013; Sheridan et al., 2013). In addition, parents with low health literacy skills are more likely to use pediatric emergency department services for nonurgent health issues (Morrison, Myrvik, Brousseau, Hoffman, & Stanley, 2013) and to make medication errors (Bailey et al., 2009; Yin et al., 2014).

Because of the link between health literacy skills and patient outcomes, the need to improve health literacy has become a national focus (U.S. Department of Health and Human Services [HHS], 2010). To improve health literacy, health care organizations must communicate with patients orally and in written materials in a way that they can understand (Sheridan et al., 2013). To accomplish this, The Joint Commission (2007) recommended that organizations make effective communication

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a priority, address communication needs of patients, and put initiatives in place to improve health care provider-patient communications.

Background

Early definitions of *health literacy* centered on health education with standards for each school grade level (Ratzan, 2001). More recent definitions include the participant's ability to "obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Selden, Zorn, Ratzan, & Parker, 2000, p. vi). This definition was accepted by Healthy People 2010 (HHS, 2000) and the Institute of Medicine (IOM; 2004). The American Medical Association (AMA; 2004) further defined *health literacy* as a collection of skills that include basic reading and the ability to compute basic numerical functions that lead to the ability to function in the health care setting. The World Health Organization (WHO; 1998) defined *health literacy* as a representation of social as well as cognitive skills that promote the motivation and ability of the participant to access, understand, and utilize information to maintain and promote good health. All recent definitions speak to a person's ability to perceive health information and apply the information to sufficiently manage her or his own health (Speros, 2005).

Low health literacy may be noted across diverse groups. However, members of non-White minority populations, elderly, and those with lower socioeconomic status, low education, and disabilities have a greater prevalence of inadequate health literacy (Mancuso, 2009; Ratzan & Parker, 2006; Speros, 2005). Almost one half of the citizens in the United States have trouble reading and performing simple math (Speros, 2005). The most vulnerable groups with the greatest need for health care often have the least ability to read, understand, and function within the health care arena (Somers & Mahadevan, 2010).

Improving health literacy is crucial in the arena of maternal-child health because the health literacy of the parent(s) affects child health outcomes. In multiple studies that included diverse populations, investigators found relationships between health literacy and child health outcomes. For example, parents with greater health literacy had healthier children and were more likely to breastfeed (Kaufman, Skipper, Small, Terry, & McGrew, 2001), less likely to use emergency department services to manage their children's health (Morrison et al., 2013), and more likely to follow recommended childhood immunization schedules (Abuya, Onsomu, Kimani, & Moore, 2010). Parents with limited literacy skills were more likely to make medication dosing errors (Bailey et al., 2009). Leyva, Sharif, and Ozuah (2005) found that greater health literacy skills in Latina women resulted in improved medication administration to their children. Incorporating advanced counseling strategies using nationally accepted health literacy techniques (e.g., Teach Back, return demonstration, and standardized teaching sheets) also reduced medication errors in children (Yin et al., 2014). Researchers found that oral health literacy, though not associated with dental neglect, had a positive correlation with oral health status (Lee, Divaris, Baker, Rozier, & Vann, 2012).

Due to the current awareness of the role of health literacy on health outcomes, several notable associations have developed toolkits and other resources designed to guide improvement. The *National Action Plan to Improve Health Literacy* (HHS, 2010) contains seven main goals recommended as an approach to improve the overall health literacy of our society: (a) dissemination of information that is accurate and accessible, (b) a focus on changes that improve health communication and access to care, (c) incorporation of developmentally appropriate health information into childhood education, (d) support of community-based adult education, (e) development of partnerships, (f) an increase research on health literacy interventions, and (g) improvement of dissemination of health literacy research (HHS, 2010).

The Health Literacy Universal Precautions Toolkit from the Agency for Healthcare Research and Quality (Brega et al., 2015) is a user-friendly toolkit that provides organizations and providers with step-by-step recommendations for assessing, implementing, and evaluating health literacy interventions suitable for patients with varying literacy skills. Topics include team development, methods for assessment, verbal and written patient communication strategies, how to address organizational culture, and methods for evaluation of interventions (Brega et al., 2015). Similar to the use of universal precautions to reduce infection risk to all patients, the use of health literacy interventions

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