Editor’s Note
To continue providing safe, effective patient care, the healthcare industry is constantly transforming. It’s up to healthcare professionals to stay current on frequently evolving elements such as your facility’s policies and procedures, and services to new patient populations. The articles included in this issue outline topics related to potential healthcare changes and how to best handle the new situations you’ll likely encounter.

NSO Risk Advisor
Nurses Service Organization
Risk Advisor for Nurses
Advanced Practice Nurses

Improving health literacy improves patient outcomes

Imagine you’re an advanced practice nurse (APN) in a family practice clinic. One morning you see a new patient, whom you diagnose with hypertension. You provide education, including how to take his antihypertensive medications, and send him on his way. Late the next day you get a call that your patient ended up in the Emergency Department (ED) because he overdosed on his medication, taking six pills instead of two. His family wants to sue you for not giving him the right instructions. You recall that talking with the patient, he shook his head “no” when you asked, “Do you have any questions?” What happened in this situation?

The answer is that like many healthcare providers, you probably overestimated the patient’s health literacy. According to a 2003 report from the Department of Health and Human Services (the most recent available data), only 12 percent of U.S. adults have “proficient” health literacy, meaning they can understand and use health information effectively, and more than a third have a basic or below basic level. That translates into millions of people in the United States who don’t understand the vital health information we give them. Such lack of knowledge can be deadly. A 2011 report from the Agency for Healthcare Research and Quality (AHRQ) found that low health literacy is linked to poorer health status and a higher risk of death. It can also result in communication failures that lead to adverse events and potentially, the courtroom.

To change this paradigm, APNs need to recognize the issue of health literacy and use tools such as “teach-back” and patient-friendly education materials to help ensure comprehension.

The value of health literacy
Patients have to understand instructions so they can manage their own care and improve outcomes. February’s Health Affairs cites studies of strategies that improve patient adherence. For instance, medication counseling using a plain language, pictogram-based intervention resulted in fewer dosage errors and greater adherence, compared to standard care, which consisted of routine counseling about the medication.

Three 2010 initiatives recognize the vital role of health literacy—the Affordable Care Act, the National Action Plan to Improve Health Literacy from the Department of Health and Human Services, and the Plain Writing Act. The Joint Commission’s new standards on patient-centered communication also include guidelines on health literacy.

These initiatives have prompted facilities to develop policies related to health literacy, which nurses need to use to guide their practice. In addition, health literacy is part of a competency for Standard 1 (Assessment) from the American Nurses Association: “Identifies barriers (e.g., psychosocial, literacy, financial, cultural) to effective communication and makes appropriate adaptations.” An additional competency for APNs is “Assesses the effect of interactions among individuals, family, community, and social systems on health and illness,” which required competency in health literacy.

The current healthcare environment is a place
where APNs will be held accountable for meeting their patients’ health literacy needs. Legislation, facility policies, and professional standards of practice could be cited in litigation involving mishaps related to a patient’s taking incorrect action because he or she didn’t understand the provided information.

A “universal” resource
You can’t tell a patient’s health literacy by looking at him or her. However, in this busy world of healthcare, there is little time to conduct a formal assessment. That’s why the North Carolina Program on Health Literacy says that just as we use universal precautions to prevent spread of bloodborne disease for all patients, we need to use health literacy universal precautions for all patients. The North Carolina program developed the Health Literacy Universal Precautions Toolkit, available as a free download at www.nchealthliteracy.org/toolkit. The toolkit, commissioned by the Agency for Healthcare Research and Quality, includes steps that healthcare providers can easily implement in their practice such as selecting provided tools, applying them, and assessing how effective they were in the interaction with the patient. Tools include how to use teach-back (see The power of teach-back), a reminder of key communication strategies, and a handout of systems patients can use to keep track of their medications.

Boosting understanding
You can use several simple strategies to address health literacy when working with patients. For example:

• Ask a patient how he or she prefers to receive information (by reading, hearing, or seeing).
• Avoid medical jargon and speak in simple, easy-to-understand terminology.
• Speak slowly, so patients can more easily absorb the information.
• Encourage patients to participate as you teach. For example, you might have the patient hold the syringe as you are talking about it.
• Repeat key points.

The power of teach-back
If asked, “Do you understand?” after receiving health information, most patients will say yes rather than admit their lack of knowledge. “Teach-back” is a powerful method that ensures a patient truly comprehends what you have said. In this method, ask him or her to “teach” you the information. For example, you might say to patient starting on a statin medication, “I want to be sure that I explained your medication correctly. Can you tell me how you are going to take this medicine?”

Teach-back can help you ensure that the patient understands the information you provided so he or she is more likely to adhere to instructions, thus reducing the likelihood of complications and a possible lawsuit.


• Use pictures, if possible, to help explain concepts.
• Don’t try to cover too much in one session.
• Document the communication methods used in the patient’s medical record.

The website for the North Carolina Program on Health Literacy also contains links to evidence-based self-management programs on diabetes and heart failure.

A team approach
Any method you use, from speaking slowly to encouraging questions, will help patients be more informed. More informed patients are less likely to sue because they are able to follow instructions and give themselves the best opportunity for successful self-management. By developing trust and promoting open communication, nurses can address health literacy and build a relationship with their patients that achieves the best possible outcomes.

RESOURCES
A diverse group of people call the United States home, so advanced practice nurses (APNs) routinely encounter patients of different cultures in their practice. But how confident are you in your ability to meet varied cultural needs? Your competency is key, not just to achieve excellent patient outcomes, but also to protect yourself from possible litigation.

What is cultural competence?
According to the U.S. Office of Minority Health (OMH), culture refers to patterns of behavior of racial, ethnic, religious, or social groups. Cultural competence is the ability to meet the needs of diverse patient populations so delivered healthcare is safe and equitable. The National Quality Forum (NQF) says culturally competent care tries to eliminate misunderstandings and improve patient adherence with treatments.

OMH notes that cultural competence is essential for closing the disparities gaps in healthcare because culture and language can affect someone’s beliefs about health, disease, and the behaviors that lead to both.

Obligations for cultural competence
Being respectful of—and responsive to—individuals’ cultural needs ensures more effective communication, improving outcomes and reducing the risk of errors that could turn into adverse events. The Joint Commission (TJC) recognizes the importance of patient-centered communication with its new standards, effective July 1, 2012, which address cultural competency. (For more information about the standards, read Appendix C in Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals, available online at www.jointcommission.org/Advancing_Effective_Communication.) Several other documents and practices support the need for APNs to be culturally competent. Almost all hospitals and most healthcare providers are subject to federal civil rights laws such as Title VI of the Civil Rights Act of 1964 and Age Discrimination Act of 1975. These two acts were created to prevent federally funded organizations from discriminating
against staff or patients based on their skin color, race, ethnicity, or age. Cultural competence requires you to not only be aware of these types of discrimination, but to avoid it yourself and report it if you see or hear it happening.

Many APN standards specifically address cultural competence. For instance, the National Organization of Nurse Practitioner Faculties competencies for independent practice includes: “Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.”

Another source of standards are those from the American Nurses Association. One of the competencies for Standard 3 (Outcomes Identification) states: “Defines expected outcomes in terms of the healthcare consumer, healthcare consumer culture, values, and ethical considerations,” and a competency for Standard 4 (Planning) requires nurses to consider culture when developing an individualized care plan. For example, patients need to be asked on admission about their preferred language for discussing healthcare issues so education information in the plan is provided in the preferred language. To not do so could place the patient in jeopardy because of misunderstanding.

An additional competency specific for APNs listed for Standard 1 (Assessment) states: “Assesses the effect of interactions among individuals, family, community, and social systems on health and illness.” Cultural competence is essential to fulfill this standard.

Organizations develop policies to guide staff so they can practice within legal and regulatory guidelines. You need to know—and follow—those policies. Failure to meet regulatory and legal guidelines and to follow policies and standards could result in a lawsuit if a patient’s cultural needs aren’t met and an injury occurs. Fulfilling your obligations also will help an attorney better defend you if a court case occurs.

Developing cultural competence

There is one important caveat to remember when building cultural competence—don’t stereotype. Culture is just one factor that shapes us; others include environment, socioeconomic status, genetics, and psychological factors. All these factors shape different people in different ways.

The first place to start is to assess your own competence. One useful online resource is the Cultural Competence Health Practitioner Assessment, which you can access on the National Center for Cultural Competence website at http://nccce.georgetown.edu/features/CCHPA.html. Be aware of your own possible biases. In cases of legal action, attorneys will examine whether you followed these standards.
The next step is to educate yourself. Appendix E in TJC’s *Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals* contains a comprehensive list of resources for cultural competency training. Another resource is A Physician’s Practical Guide to Culturally Competent Care, a free, self-directed education program (registration required) from the OMH that is also useful for APNs and includes case studies.

Lack of knowledge is no excuse in a court case. Take the example of a female patient of a culture that requires a woman to be cared for by someone of the same sex. The female patient who is examined by a male APN who does not discuss the situation with the woman beforehand may view the action as an offensive contact, or more commonly known as legal battery. The APN’s lack of understanding would not negate the perception.

**Meeting patients’ cultural needs in practice**

The TJC *Roadmap* publication is also a valuable resource for integrating culture into your clinical practice. It contains a checklist of how to improve effective communication (including cultural competence) across the care continuum, including admission, assessment, treatment, end-of-life care, discharge, and transfer. These tools can help you be sensitive to patients’ cultural needs.

Be sure to document your actions and results of your assessment of a patient’s culture in the medical record. Flag any key information through use of stickers or other techniques to ensure other health-care providers are aware of the patient’s cultural needs.

At times, it may be challenging to meet a patient’s cultural needs. Remember to keep an open mind so you can negotiate a mutually agreed upon solution.

**Ongoing learning**

One of the NQF’s guiding principles of cultural competency is that it should be an ongoing process. It’s important to update your cultural competence skills in the same way you update your clinical skills. Doing so will help ensure your patients receive the care they need and help you avoid a day in court.

**RESOURCES**


**LEARN a resource for cultural competence**

The following mnemonic can help you remember important guidelines for working with people of different cultures.

L = Listen with sympathy and understanding to the patient’s perception of the problem.
E = Explain your perceptions of the problem.
A = Acknowledge and discuss the differences and similarities.
R = Recommend treatment.
N = Negotiate treatment.

APNs and medical malpractice: A case study with risk management strategies

Medical malpractice claims can be asserted against any healthcare provider, including APNs. Although there may be a perception that physicians are held responsible for the majority of lawsuits, the reality is that APNs are more frequently finding themselves defending the care they provide.

In this case, the decedent/plaintiff was a 76-year-old female admitted to the hospital for congestive heart failure. She was placed on a respirator and sedated. ICU staff obtained telephone consent from the plaintiff’s daughter for placement of a peripherally inserted central catheter (PICC). The defendant APN was a PICC specialist employed by an agency that contracted with the hospital for placement of PICC lines for its inpatients...

To read the full case with risk management recommendations, go to www.nso.com/case-studies/casestudy-article/302.jsp.

Are you consulting, teaching, or training?

Your professional liability insurance policy provides coverage for medical incidents that result in injury or damage. But, losses that arise from consulting, teaching, or training activities, or through expert testimony, would not typically be covered by your professional liability insurance policy. For only $25, the Consulting Services Liability Endorsement can be added to your professional liability insurance policy. Go to www.nso.com/services to download a request form. Or, look for the offer in your renewal notice.
Aesthetic procedures coverage for self-employed practitioners

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