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.

Healthcare Providers Service Organization
Risk Advisor for Pharmacists

Improving health literacy improves patient outcomes

On a busy Monday in a community pharmacy, you fill a new order for an anticoagulant medication and provide both the labeled bottle and patient education information. Three days later, you learn the patient is in the ED because he experienced active bleeding after taking three pills instead of one. His family wants to sue you for not giving him the right instructions and because the label was difficult to understand. You recall that after you gave the patient his instructions he shook his head “no” when 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, including tasks such as reading prescription bottles, and more than a third have only a basic or below basic level. That translates into millions of people in the U.S. who don’t understand the vital health information we give them. Research has also found that people with limited health literacy are more likely to misinterpret drug warning labels and 12 to 18 times more likely to not be able to identify their medications and tell one from the other.

Such lack of knowledge can be deadly. A 2011 report from the Agency for Healthcare Research and Quality 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 the courtroom.

To change this paradigm, pharmacists need to recognize the issue of health literacy and use tools such as “teach-back” and patient-friendly labeling and 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. Effective July 1, 2012, 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 pharmacists need to use to guide their practice.

Health literacy is also an integral part of the American Pharmacists Association (APhA). APhA encourages pharmacists to increase their awareness of health literacy because “it is the degree to which people can obtain, process, and understand basic health information and services they need to make appropriate health decisions.” In addition, APhA promotes patient education through pharmacists, and student pharmacists’, assessments of patients’ health literacy. Once the level of literacy is determined, pharmacists and student pharmacists imple-
The current healthcare environment is a place where pharmacists and other healthcare providers are held accountable for meeting their clients’ health literacy needs. Legislation, facility policies, professional associations’ statements, and standards of practice could be cited in litigation involving mis-haps related to a patient’s taking incorrect action—or failing to take action—because he or she didn’t understand provided information.

A “universal” resource
You can’t tell a patient’s health literacy by looking at him or her. However, in a busy pharmacy, there is little time to conduct a formal assessment. That’s why the North Carolina Program on Health Literacy (NCPHL) says that just as healthcare providers use universal precautions to prevent spread of disease for all patients, they should use health literacy universal precautions for all patients.

NCPHL 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.

Boosting understanding
Several simple strategies can help pharmacists address health literacy. For example, you might ask a patient how he or she prefers to receive information (by reading, hearing, or seeing). Avoid medical jargon, speak in simple terminology, and limit information to two or three key points that the patient needs to know. When you are finished giving instructions, instead of asking, “Do you have any questions?”, try “What questions do you have?” Remember to document the methods you used and the patient’s responses in the patient’s record.

If you can, work with patients to create a user-friendly list of medications that includes vital information such as how to take the pill (e.g., with water, with food) and why the pill was prescribed. One resource is APhA’s Personal Medication Record, which is available for download at www.pharmacist.com/MTM/PMR.

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, you can address health literacy and build a relationship with your patients that achieves the best possible outcomes and helps keep you out of the courtroom.

RESOURCES


Are you competent in cultural care?

A diverse group of people call the United States home, so wherever pharmacists practice—in the hospital, in a clinic, in a retail store, or elsewhere—they 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 that 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 cultural and language can affect someone’s beliefs about health, disease, and the behaviors that lead to both. For instance, some traditional remedies used by certain cultures result in harmful interactions with prescribed medications, and miscommunication because of cultural misunderstanding may lead to poor adherence to therapy.

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 and lead to a lawsuit. The Joint Commission (TJC) recognized 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 pharmacists 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 the Age Discrimination Act of 1975.

Pharmacist associations have also weighed in on cultural competence. APhA (American Pharmacists Association) “encourages pharmacists to continually strive to achieve and develop cultural awareness, sensitivity, and cultural competence. APhA shall facilitate access to resources that assist pharmacists and student pharmacists in achieving and maintaining cultural competence relevant to their practice.”

Integrating cultural competence into care
The best way to understand a patient’s cultural needs is to simply ask. One general question that might be helpful is, “We want to be sure we give every patient the best possible care. Are there any cultural, religious, or spiritual beliefs I should know about?” Below are a few examples of action steps you might want to consider.

• Assess the cultural composition of the population your retail pharmacy, clinic, or hospital serves, and then learn more about those cultures.
• Identify any cultural beliefs that may impede a patient’s response to treatment. For example, people of one culture may believe that injections are more “powerful” than tablets or capsules. Those of another culture may use medicinal herbs that interfere with the absorption of medications.
• Although it’s important to understand beliefs, do not assume that members of different cultures all think alike.
• Identify any special dietary needs. For example, a patient may fast on certain holidays, which may affect medication absorption, metabolism, or elimination.
• Provide education materials in the patient’s preferred language.
• Use professional interpreters—not the patient’s family or friends—as needed if you do not speak the patient’s language.
• Document communication strategies used and the patient’s responses in the medical record.
Professional guidelines and standards also support cultural competence. For instance, APhA supports “culturally sensitive outreach efforts to increase mutual understanding of the risks and other issues of using prescription medications without a prescription order or using unapproved products.” To accomplish that criterion, pharmacists need to be aware of cultural influences. Pharmacists have an ethical responsibility for cultural competence, too; the Code of Ethics for Pharmacists states that the pharmacist “respects personal and cultural differences among patients.”

Finally, organizations develop policies to guide staff so they can practice within legal and regulatory guidelines. It’s important to understand policies related to cultural competence. For example, the organization you work for probably has a policy of providing education in the patient’s preferred language. To not do so could place the patient in jeopardy because of misunderstanding.

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 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, 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://nccc.georgetown.edu/features/CCHPA.html. Be aware of your own possible biases about certain cultures.

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, many of which would also be beneficial for those working in nonhospital settings. 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 pharmacists and includes case studies.

Meeting cultural needs in practice

If you are in the hospital setting, the TJC Roadmap publication is a valuable resource for integrating culture into your practice. That includes assessment and strategies to meet patients’ cultural needs. Many of these can be adapted for the community setting.
As with any assessment, be sure to talk to your patients privately. Document results of your assessment of a patient’s culture in the medical record. Flag any key information to ensure other healthcare providers are aware of cultural needs.

Understand that 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


JAPhA NS46(5):561 September/October 2006. (Reviewed 2009.)


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

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

The 24-year-old decedent/plaintiff had previously suffered severe leg injury and surgery resulting in chronic pain, restless leg syndrome, and subsequent addiction to prescription medicine. He was receiving methadone for unremitting pain. His physician ordered ketamine tablets to be compounded and dispensed by the co-defendant pharmacy that employed the defendant pharmacist. (This is an “off-label” experimental form of ketamine, as only injectable ketamine is FDA approved)...

To read the full case with risk management recommendations, go to www.hpso.com/case-studies/casestudy-article/360.jsp.

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