

### Introduction

Health literacy has always been an essential component of successful transitions of care, particularly at the point of discharge to the community. Limited health literacy is associated with a greater number of hospitalizations, more frequent emergency room visits, and an increase in adverse health behaviors.

Source: [http://www.providermagazine.com/archives/2017\\_Archives/Pages/0817/Cultivating-Health-Literacy-to-Improve-Outcomes.aspx](http://www.providermagazine.com/archives/2017_Archives/Pages/0817/Cultivating-Health-Literacy-to-Improve-Outcomes.aspx)

### The Knowledge Gap

Health literacy is defined as the level at which one is able to gather, process, and comprehend basic medical information that is necessary for making appropriate choices about one's health and treatment throughout life, according to the U.S. Department of Health and Human Services. Frequently, however, the health care professional providing discharge information to a resident or resident's family member does not understand how best to communicate to that person, leaving him or her with a knowledge gap.. This gap can lead residents to poor outcomes, which often include hospital and emergency room visits within the 30-day window of discharge from a SNF.

### The Role of the Nursing Staff

Especially given the new quality measures, nurse leaders need to support staff in asserting their role of helping residents to understand their discharge orders and to plan appropriately to comply with them. Staff should be trained to recognize and minimize some of the challenges to health literacy that residents face.

Below are nine things that nursing staff should do:

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1. Be attuned to cultural differences. It is not uncommon for residents with certain cultural barriers to respond yes without understanding, out of respect for the nurse. This is also true of residents who speak English as a second language.
2. Avoid elevated medical terminology when possible. Instead, staff should describe treatments and conditions to residents in a way that they will understand, for example, by saying sugar level instead of blood glucose, or high blood sugar instead of hypoglycemia.
3. Explain the impact of risky behavior on health status. For example, if explaining salt restrictions to a resident with high blood pressure, staff should describe types of high-sodium foods (such as individual frozen meals or canned foods) that the resident might be inclined to purchase but should avoid.

### Nine things that nursing staff should do: (cont)

4. Ask how the resident plans to get prescriptions or travel to follow-up appointments once discharged. Asking directly forces the resident to start planning. A resident may not have a close support person, and even if there is such a person, the resident may mention not wanting to be a burden. The answer can be very telling, indicating a possible need for additional support.
5. Explain what each medication does, especially for chronic conditions. Residents may be less inclined to take a medicine consistently if they don't understand how taking it—or not taking it—impacts their well-being.
6. Offer help in completing complex medical forms. If residents need to fill out complex forms to go see a specialist, gain access to medical transportation, or get discounted medication, they may give up and not do it.
7. Stress the importance of preventive care. Often, older adults don't think they need to be seen for preventive care, instead waiting until there is a problem. Nursing staff should give residents the best phone number for the appropriate person at the facility and encourage them to call with questions.
8. Use teach-back methods. Residents should demonstrate that they have learned the information taught to them, for example, by demonstrating proper use of an inhaler or repeating medication instructions back.
9. Consider resident home situations, even when it's difficult. It's surprisingly easy to turn a blind eye to challenging home situations. Honing residents' health literacy skills helps them identify personal challenges that may impede their completion of physician orders.