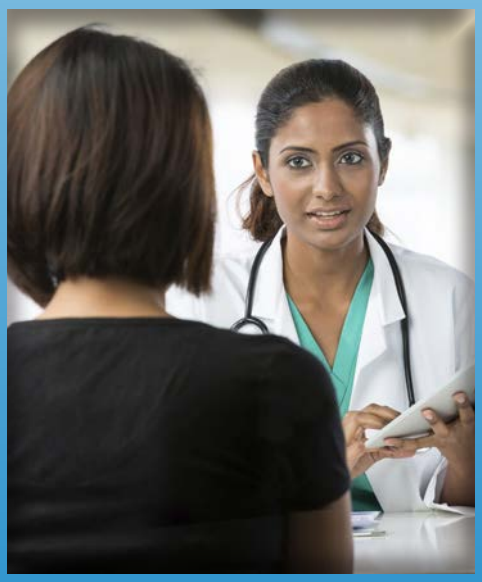
AHRQ Health Literacy Universal Precautions Toolkit



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Second Edition

AHRQ Health Literacy Universal Precautions Toolkit, Second Edition

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Prepared by:

Colorado Health Outcomes Program
University of Colorado Anschutz Medical Campus
Aurora, CO

Authors of the Second Edition:

Angela G. Brega, PhD[1,2]
Juliana Barnard, MA[3]
Natabhona M. Mabachi, PhD, MPH[4]
Barry D. Weiss, MD[5]
Darren A. DeWalt, MD, MPH[6]
Cindy Brach, MPP[7]
Maribel Cifuentes, RN[2]
Karen Albright, PhD[3]
David R. West, PhD[2,3]

Authors of the First Edition:

Darren A. DeWalt, MD, MPH[6]
Leigh F. Callahan, PhD[6]
Victoria H. Hawk, MPH, RD, CDE[6]
Kimberly A. Broucksou, MSW, MPA[6]
Ashley Hink, MPH[6]
Cindy Brach, MPP[7]
Rima Rudd, ScD[8]

Author Affiliations:

1 Colorado School of Public Health, University of Colorado Anschutz Medical Campus, Aurora, Colorado
2 Department of Family Medicine, University of Colorado Anschutz Medical Campus, Aurora, Colorado
3 Colorado Health Outcomes Program, University of Colorado Anschutz Medical Campus, Aurora, Colorado
4 American Academy of Family Physicians, Kansas City, Kansas
5 Department of Family and Community Medicine, University of Arizona, Tucson, Arizona
6 The Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, NC
7 Agency for Healthcare Research and Quality, Rockville, MD
8 Harvard School of Public Health, Harvard University, Cambridge, MA

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For convenience, we use the term "patient" throughout the toolkit, but recognize that health literacy improvement efforts often include caregivers, family members, and other consumers of health care.

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Introduction

To successfully manage their health, people must be able "to obtain, process, and understand basic health information and services needed to make appropriate health decisions."[1] Known as health literacy, this ability involves using reading, writing, verbal, and numerical skills in the context of health.[1] Being health literate, however, also depends on the complexity of the health information given to patients and the tasks they are asked to perform. A national survey showed that 88% of U.S. adults do not have the health literacy skills needed to manage all the demands of the current health care system and 36% have limited health literacy.[2]

Research shows that clinicians have trouble identifying patients with limited health literacy.[3-6] Although some groups have higher rates of health literacy limitations, such as some racial/ethnic minority and older populations, limited health literacy is seen in all sociodemographic groups.[2] Moreover, managing one's health can be more challenging in times of stress. When patients or caregivers are anxious or overwhelmed with too much information, their ability to absorb, recall, and use health information can decline,[7] compromising their ability to manage their health.

What Are Health Literacy Universal Precautions?

Because limited health literacy is common and is hard to recognize, experts recommend using health literacy universal precautions. Practices should assume that all patients and caregivers may have difficulty comprehending health information and should communicate in ways that anyone can understand. Health literacy universal precautions are aimed at—

- simplifying communication with and confirming comprehension for all patients, so that the risk of miscommunication is minimized[8]
- making the office environment and health care system easier to navigate
- supporting patients' efforts to improve their health

Everyone gains from health literacy universal precautions. Research shows that interventions designed for people with limited health literacy also benefit those with stronger health literacy skills.[9,10] Communicating clearly helps people feel more involved in their health care and increases the chances of following through on their treatment plans.[9] All patients appreciate receiving information that is clear and easy to act on.

Why a Health Literacy Universal Precautions Toolkit?

The purpose of this Toolkit is to provide evidence-based guidance to support primary care practices in addressing health literacy. The Toolkit can help practices reduce the complexity of health care, increase patient understanding of health information, and enhance support for patients of all literacy levels.

The Toolkit comprises 21 tools addressing 4 domains that are important for promoting health literacy in your practice:

1. Spoken Communication
2. Written Communication
3. Self-Management and Empowerment
4. Supportive Systems

The Toolkit appendix contains over 30 resources, such as sample forms, PowerPoint presentations, and worksheets that practices may use or revise to suit their needs. For a complete list of tools and appendices, go to the Table of Contents.

In addition, AHRQ has created a companion guide with concrete advice based on the implementation experiences of diverse primary care practices. At least one person—such as a practice facilitator, quality improvement specialist, or health literacy team leader—should read, "Implementing the AHRQ Health Literacy Universal Precautions Toolkit: Practical Ideas for Primary Care Practices" before you get started.

What is the Evidence for a Focus on Health Literacy?

Individuals with limited health literacy experience a variety of negative outcomes. They have more restricted knowledge of their health problems, make more errors taking medicine, use more inpatient and emergency department care, receive fewer preventive services, and have worse health status and higher health care costs.[11-14]

Fortunately, primary care practices can enhance outcomes for their patients by addressing health literacy in their office environments and clinical procedures. Addressing health literacy is associated with improved health outcomes.[15] Below are a few illustrative research studies showing how good health literacy practices can improve specific health behaviors and outcomes for patients.

- Colon Cancer Screening: This study shows how teaching clinicians to communicate more effectively can increase participation in colon cancer screening.[16]
- Depression Management: This study shows that, when low-literate patients with depression were referred to literacy programs, their symptoms significantly improved compared to control participants, who just received depression treatment.[17]
- Diabetes and Heart Failure Management: These studies show that, when patients receive self-management education using effective communication techniques, diabetes and heart failure control are improved.[9,18-20]

How Can Addressing Health Literacy Support Your Practice Goals?

Addressing health literacy in your practice can serve both your patients' needs and your practice's other goals. Many of the action steps recommended in this Toolkit are consistent with and may help qualify your practice for certification as a patient-centered medical home (PCMH). Linking the implementation of the health literacy tools to your practice's other quality improvement activities and/or PCMH-related efforts can help increase staff buy-in as well as the efficiency and "pay-off" of your work.

This link takes you to a Crosswalk that presents the linkages between the tools included in the Toolkit and the PCMH certification standards (as of 2014) of the following three major accrediting organizations:

- The National Committee for Quality Assurance (NCQA)
- The Joint Commission
- The Utilization Review Accreditation Committee (URAC)

The Crosswalk is provided as a resource to help primary care practices identify tools that are relevant to specific certification standards. Implementation of these tools may contribute to your efforts to attain PCMH certification. However, we cannot guarantee that implementation of a given tool will result in a practice successfully meeting a given certification standard. It is also important to note that accreditation standards are updated frequently. Check the most recent PCMH standards to ensure you have the latest guidelines.

Addressing health literacy is important to achieve patient safety goals. Both the AMA and The Joint Commission have provided guidance on improving health literacy to improve patient safety.[22,23]

Implementation of specific tools in this Toolkit also may support practices and clinicians in their efforts related to Maintenance of Certification and Meaningful Use. To make the most of their quality improvement work, we encourage practices to consider how their health literacy-related efforts can also address these other goals.

Who Should Use this Toolkit?

This Toolkit is designed to be used in any primary care setting, although some tools are applicable to other settings as well. The Toolkit can help practices with little or no experience addressing health literacy as well as those that are already engaged in health literacy-related quality improvement work. With an extensive set of tools to choose from, even practices with substantial health literacy experience can benefit from this Toolkit.

Can Your Practice Improve Its Health Literacy Environment?

Yes! This Toolkit has been tested in primary care practices and community clinics. Participating facilities showed that they could make changes to improve the way they communicate with and support their patients.

Just like these practices, your practice can benefit from this resource. The Toolkit can guide you in addressing health literacy limitations among your patients and help you to achieve your practice's other goals.

Getting Started

To get started, we recommend that you begin by implementing Tools 1 through 3. These Tools will help you establish the foundation you need to successfully implement health literacy-related quality improvement efforts in your practice.

- Tool 1: Form a Team provides guidance on developing a team to lead your health literacy efforts.
- Tool 2: Create a Health Literacy Improvement Plan will guide you in assessing your practice and identifying areas to target in your quality improvement efforts.
- Tool 3: Raise Awareness provides guidance on resources for educating your staff about health literacy.

For those practices that want to jump right in and try a tool, see the Quick Start Guide, a one-page guide that will help you get started.

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Quick Start Guide

1	**Watch a short video.** This 6-minute health literacy video was sponsored by the American College of Physicians Foundation and has some vivid examples of why addressing health literacy is so important.	
2	**Pick a tool and try it.** Link to one of these tools and review it. Pick a day and try it out on a few patients.	
	I want to be confident my patients are taking their medicines correctly.	Conduct Brown Bag Medicine Reviews
	I want to be confident that I am speaking clearly to my patients.	Communicate Clearly
	I want to be confident that my patients understand what they need to do regarding their health when they get home.	Use the Teach-Back Method
3	**Assess your results.** How did it go? Do you need to make some adjustments? Do you want to address another statement from the list above and try another tool? Or, you may want to be more systematic and implement "Tools to Start on the Path to Improvement," Tools 1, 2, and 3).	

Form a Team — Tool 1

Overview

Implementing and sustaining health literacy universal precautions in your practice requires strong, effective leadership. You will need a dedicated team to plan and implement health literacy-related changes in your practice. This team should be led by a practice employee who is vested with the authority to coordinate the team's efforts and implement practice changes. Because health literacy is important for patients' interactions with all members of the practice, the most effective teams include representatives of both the clinical and administrative staff. Patients and caregivers can add critical insight, as well.

Actions

Identify team members.

- **Choose an energized and empowered Team Leader**. The Team Leader must have both enthusiasm for health literacy-related quality improvement and the clout to spearhead practice change. If the Health Literacy Team Leader is not part of the practice's senior leadership, senior leadership must make it clear that the Team Leader has the authority to act.
- **Include one motivated and respected representative from each area of your practice**. In small practices, it often works best to include most or all of your clinical and administrative staff members. In large practices, it is important to include at least one representative from each area of your practice. Team members may include:
  - Physicians
  - Nurses
  - Medical assistants
  - Practice managers
  - Front office staff
  - Billing staff
- **Keep the size of your team manageable**. A team with more than 8 members can make it hard to get things done.
- **Incorporate patients and/or caregivers into the team**. Having a patient and/or caregiver on the team can be extremely eye opening. These team members can provide invaluable first-hand insight on what patients experience and how systems and communication can be improved. We encourage you to recruit a patient or caregiver for your team.
  - Ask staff to identify and suggest patients or caregivers who are typical of your patient population.
  - Include this member, as needed, on special projects (ad-hoc member).
  - Consider providing a meal or a small gift of appreciation for this member's participation.

TIP

If you've done quality improvement work before, build on former or existing teams to populate your Health Literacy Team.

Bring team members together.

- Have an initial meeting.
- Introduce health literacy by showing the American Medical Association's health literacy video (23 min) or the American College of Physician's health literacy video (6 minutes).
- See Tool 3: Raise Awareness for additional methods of educating your team (and staff) about health literacy.
- Introduce the Toolkit and its key components.
- Review the goals of implementing the Toolkit.
- Ask at least one or two team members to review the full Toolkit carefully to become familiar with its contents.

Have subsequent meetings and establish routine reporting.

- Schedule regular team meetings. Frequent meetings may be needed at the outset (e.g., monthly). Meetings can take place less frequently once your implementation activities are underway.
- Early on and throughout the process, it is important to clarify each team member's role and responsibilities.
- Use Tool 2: Create a Health Literacy Improvement Plan, to help you develop and implement your Health Literacy Improvement Plan.
- Report progress on a monthly basis to the practice's senior leadership to maintain accountability and team engagement.

Resources

The Institute for Healthcare Improvement provides valuable information about the quality improvement process, including guidance on Forming the Team.

The AHRQ Practice Facilitation Handbook provides guidance on Creating Quality Improvement Teams and QI Plans.

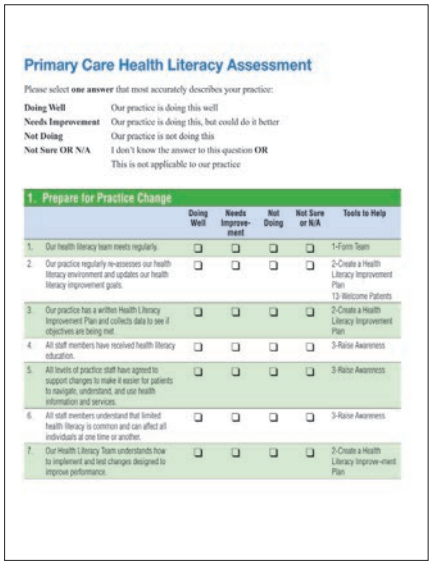
Create a Health Literacy Improvement Plan — Tool 2

Overview

Your Health Literacy Team will need to decide which health literacy-related improvements to work on first. The Primary Care Health Literacy Assessment will help you examine how your practice is performing in key areas that influence patient understanding, navigation, and self-management. After identifying aspects of your practice that are priorities for improvement, you can create a Health Literacy Improvement Plan to implement the tools that will help you improve.

Actions

Review the Primary Care Health Literacy Assessment in a Health Literacy Team meeting.



Primary Care Health Literacy Assessment

Please select **one answer** that most accurately describes your practice:

Doing Well	Our practice is doing this well
Needs Improvement	Our practice is doing this, but could do it better
Not Doing	Our practice is not doing this
Not Sure OR N/A	I don't know the answer to this question **OR** This is not applicable to our practice

1. Prepare for Practice Change

		Doing Well	Needs Improvement	Not Doing	Not Sure or N/A	Tools to Help
1.	Our health literacy team meets regularly.	❑	❑	❑	❑	1-Form Team
2.	Our practice regularly re-assesses our health literacy environment and updates our health literacy improvement goals.	❑	❑	❑	❑	2-Create a Health Literacy Improvement Plan 13-Welcome Patients
3.	Our practice has a written Health Literacy Improvement Plan and collects data to see if objectives are being met.	❑	❑	❑	❑	2-Create a Health Literacy Improvement Plan
4.	All staff members have received health literacy education.	❑	❑	❑	❑	3-Raise Awareness
5.	All levels of practice staff have agreed to support changes to make it easier for patients to navigate, understand, and use health information and services.	❑	❑	❑	❑	3-Raise Awareness
6.	All staff members understand that limited health literacy is common and can affect all individuals at one time or another.	❑	❑	❑	❑	3-Raise Awareness
7.	Our Health Literacy Team understands how to implement and test changes designed to improve performance.	❑	❑	❑	❑	2-Create a Health Literacy Improve-ment Plan

- **Collect assessment data.** Ask each member of the Health Literacy Team to complete the Primary Care Health Literacy Assessment. (It takes less than 30 minutes.) You can also broaden the exercise by asking everyone in your practice to complete the Assessment. For large numbers of respondents you may find it easier to use a template available from SurveyMonkey. Make sure everyone has the same understanding of each question. Note that a few questions will require staff to "walk through" the practice and see it from a patient's point of view.
- **Discuss responses.** Have team members bring their completed assessments to a team meeting. If using the SurveyMonkey® template, you can import results into a spreadsheet and tally them before the meeting.
- **Discuss opportunities for improvement.** You may want to begin by identifying questions commonly answered "Needs Improvement" or "Not Doing," or those for which there is wide variation in responses, as these may represent potential opportunities for improvement.

Practice Experiences

Many practices have found the health literacy assessment to be beneficial. Here are some typical comments:

- "The assessment increased our attention to areas not previously identified as concerns, like the signs in our practice. We just don't think of those things every day."
- "Before doing the assessment, we had an idea about what tool we wanted to try. But after discussing our assessment questions, we completely changed our selection."
- "We liked the assessment process, and when we looked at our answers, our priorities just lit up."

Develop a Health Literacy Improvement Plan.

- **Set your health literacy improvement goals.** The choice may be based on the results of your assessment, on specific aims your practice has, on practice improvement efforts already underway, or a desire for an "easy win" to jump-start this quality improvement process.
- **Use the Primary Care Health Literacy Assessment to identify the tools** that will best facilitate improvement in the areas of weakness you have identified. The Health Literacy Team should read your chosen tools carefully.
- **Decide how you will implement the tools you have chosen.** Check that the changes you plan to make can reasonably be expected to achieve your goals.
- **Develop a clear and written action plan** that will ensure the Health Literacy Team remains on the same page throughout implementation. Use the Plan-Do-Study-Act (PDSA) method to help you create your action plan. In this Toolkit's appendix is an explanation and directions for this type of change model along with a PDSA worksheet that can help you plan your changes.
- **Define who will be responsible** for implementing changes.
- **Set time-specific, achievable objectives**.
- **Establish measures** to assess whether your objectives are being met. Specify when and how you will collect data for these measures, remembering that you may want to collect information before and after you begin tool implementation. Note that each tool in this Toolkit provides suggestions for establishing these important measures.

Prepare for implementation.

- Before beginning your implementation efforts, educate your staff about health literacy and the changes you are planning. Use resources provided in Tool 3: Raise Awareness to provide staff with basic health literacy instruction.
- Present the results of the practice assessment and Health Literacy Improvement Plan to the entire practice. This is an opportunity to get additional input and buy-in from others in the practice and to provide initial education on health literacy.
- Building Health Literate Organizations: A Guidebook to Achieving Organizational Change can help you identify ways of engaging practice leadership and preparing your staff for organizational change.
- Work out the kinks on a small scale before implementing changes practice-wide. Using PDSA cycles can help you in this process.
- Have a plan for spreading successful changes throughout the practice. Improvements will not be adopted throughout your practice without a concerted effort to get everyone on board.

Sustain your efforts.

- Share the results of your progress assessments with practice staff to maintain awareness of health literacy-related issues and build continuing enthusiasm for your quality improvement efforts.
- Establish a routine schedule for updating practice leadership on activities and accomplishments.

Track Your Progress

After implementing one or more tools for 3-6 months, examine practice processes to see if they are now a regular part of care throughout the practice.

Use the Primary Care Health Literacy Assessment to re-assess your practice at regular intervals (e.g., twice a year). Doing so will help you confirm areas of improvement and identify new goals and objectives to update your Health Literacy Improvement Plan.

Raise Awareness Tool 3

Overview

Health literacy affects a patient's ability to access health care services, understand health-related information, and partner with clinicians in making health care decisions. Implementing health literacy universal precautions in your practice requires that all of your staff members—from front office staff to the medical director—know how health literacy affects your patients and consistently work to make health care clearer and easier.

Action

Educate all staff.

- **Show a video:** These videos include interviews in which patients talk candidly about their experience in the health care system and their understanding of health-related information.
  - American College of Physician's Health Literacy Video (6 minutes)
  - Health Literacy and Patient Safety: Help Patients Understand (23 minutes)
- **Conduct a presentation:** Health Literacy: Barriers and Strategies. This PowerPoint presentation includes 30 slides, with speaker's notes, that can be delivered in 30-45 minutes to a group or as a self-study program. Include time for group discussion.

Practice Experiences

"We had lunch to discuss health literacy and introduce this topic to the staff... I showed the 6-minute health literacy video, and as soon as it ended, I was amazed at the reaction. The staff started talking about similar experiences they have had with our patients… This video created such momentum. It was very easy to get the staff to work on these tools after watching it."

–Rural family practice

When planning your education session, allow time for group discussion.

Some ideas on how to lead the session include:

- Refer to the Questions for Discussion and Moderator's Guide, which can be used in conjunction with health literacy videos.
- Ask attendees to provide examples of health literacy barriers they have encountered in working with patients. Discussion of such experiences can both raise awareness and engage your staff.

- Play a plain language game (use a plain language thesaurus as reference). Ask teams of staff members to come up with plain language names and descriptions for common medical terms.
- Have staff and clinicians role play good and bad health literacy practices. See Tool 4: Communicate Clearly for tips on communicating effectively.
- Use other tools in this Toolkit, like Tool 5: Use the Teach-Back Method and Tool 11: Assess, Select, and Create Easy-to-Understand Materials, to show how you can apply health literacy best practices.
- Consider using the Health Literacy Brief Assessment Quiz to gauge the knowledge of your staff. Ask staff to complete the quiz before and after your staff training. Feel free to add items that capture the key points you plan to cover.

Pursue continuing education credits in health literacy.

- Health Literacy and Public Health from the New York/New Jersey Public Health Training Center has 2 modules, each 1-2 hours long.

- Two health literacy Maintenance of Certificate (MOC) modules (the Part 2--Knowledge Self-Assessment and Part 4-Performance Improvement Modules) are available through the American Board of Pediatrics. MOC credit for other primary care physicians is expected to be available in 2015. If your organization issues continuing education credit and you would like to offer these modules, write to: HealthLiteracy@ahrq.hhs.gov.

Maintain health literacy awareness.

- Make sure to have a plan for revisiting the topic of health literacy periodically and training new staff. If you have fellows or residents, be sure to emphasize during their training that they're learning communication skills that will be valuable regardless of their chosen specialty.
- Use existing opportunities (e.g., staff meetings, huddles, or "Lunch & Learns") to provide training.
- Follow up your initial training with sessions covering key recommendations for improving communication provided in other tools (e.g., Tool 4: Communicate Clearly; Tool 5: Use the Teach-Back Method).
- Consider sending out "Health Literacy Weekly Reminders" to staff and clinicians with communication tips and plain language reminders to maintain interest in health literacy.
- Post Ask Me 3 posters in the practice to encourage patients and staff to ask questions (see Tool 14: Encourage Questions). Post the Key Communications Strategies (Tool 4: Communicate Clearly) posters in the practice to help staff remember the key tips for communicating effectively with patients.
- Provide Everyday Words for Public Health Communication to staff and clinicians to help them avoid medical jargon when talking to patients.

Track Your Progress

- Document the proportion of staff completing health literacy training, on-site, off-site, and virtual.
- Calculate the percent of new hires and new residents that get health literacy training in their first month.
- Confirm that health literacy education is offered to staff on an ongoing basis, including regular updates as well as training for new employees and residents rotating into the practice.
- Compare Health Literacy Brief Assessment Quiz answers before and after staff training to assess understanding.

Communicate Clearly Tool 4

Overview

Using clear oral communication strategies can help your patients to better understand health information. Communicating clearly also helps patients to feel more involved in their health care and increases their likelihood of following through on their treatment plans.

Practice Experiences

Patients misunderstand health communications more often than clinicians might think. For example, one practice using Tool 4 shared a story of a clinician who told a patient that they could not use a local treatment to heal her wound. The patient thought she was going to have to travel to another city for care (instead of understanding that she could not use a topical treatment).

–Family practice facility

Actions

Use strategies for communicating clearly.

- **Greet patients warmly:** Receive everyone with a welcoming smile, and maintain a friendly attitude throughout the visit.
- **Make eye contact:** Make appropriate eye contact throughout the interaction. Refer to Tool 10: Consider Culture, Customs and Beliefs for further guidance on eye contact and culture.
- **Listen carefully:** Try not to interrupt patients when they are talking. Pay attention, and be responsive to the issues they raise and questions they ask.
- **Use plain, non-medical language:** Don't use medical words. Use common words that you would use to explain medical information to your friends or family, such as stomach or belly instead of abdomen.
- **Use the patient's words:** Take note of what words the patient uses to describe his or her illness and use them in your conversation.
- **Slow down:** Speak clearly and at a moderate pace.
- **Limit and repeat content:** Prioritize what needs to be discussed, and limit information to 3-5 key points and repeat them.
- **Be specific and concrete:** Don't use vague and subjective terms that can be interpreted in different ways.
- **Show graphics:** Draw pictures, use illustrations, or demonstrate with 3-D models. All pictures and models should be simple, designed to demonstrate only the important concepts, without detailed anatomy.

- **Demonstrate how it's done.** Whether doing exercises or taking medicine, a demonstration of how to do something may be clearer than a verbal explanation.
- **Invite patient participation:** Encourage patients to ask questions and be involved in the conversation during visits and to be proactive in their health care.
- **Encourage questions:** Refer to Tool 14: Encourage Questions for guidance on how to encourage your patients to ask questions.
- **Apply teach-back:** Confirm patients understand what they need to know and do by asking them to teach back important information, such as directions. Refer to Tool 5: Use the Teach-Back Method for more guidance on how to use the teach-back method.

Help staff remember these strategies.

- Review these strategies with staff during staff meetings, and hang the Key Communication Strategies poster in non-patient areas (e.g., kitchen or conference room) as a reminder.

Track Your Progress

Before implementing this Tool, ask all staff to complete the brief Communication Self-Assessment after a few patient encounters. Calculate the percentage of staff who completed the self-assessment. One month after beginning implementation, complete another round of self-assessments and look for changes.

Before and after Tool implementation, ask a respected individual to conduct observations of clinician/staff interactions with patients. Use the Communication Observation Form to assess communication quality. Provide feedback to staff. Repeat this process routinely. Calculate the percentage of staff who have been observed once, and the percentage who have been observed more than once.

Before implementing the tool, collect patient feedback using the Brief Patient Feedback Form or the more comprehensive Health Literacy Patient Survey in Tool 17: Get Patient Feedback. Administer the questions 2, 6, and 12 months later, to determine if there has been improvement.

Resources

Health Literacy and Patient Safety: Help Patients Understand, by the American Medical Association, offers suggestions for improving oral communication and alternatives to complex medical words (pages 29-34). Once you link to the Web site, look for the Manual for Clinicians. Access to the manual is free, once you have created an account.

Use the Teach-Back Method — Tool 5

Overview

Regardless of a patient's health literacy level, it is important that staff ensure that patients understand the information they have been given. The teach-back method is a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. It is a way to confirm that you have explained things in a manner your patients understand. The related show-me method allows staff to confirm that patients are able to follow specific instructions (e.g., how to use an inhaler).

- The teach-back and show-me methods are valuable tools for everyone to use with each patient. These methods can help you:
  - Improve patient understanding and adherence.
  - Decrease call backs and cancelled appointments.
  - Improve patient satisfaction and outcomes.

Fact

Studies have shown that 40-80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect.

Action

Learn the teach-back method.

- The Always Use Teach-Back! Toolkit describes principles of plain language, teach-back, coaching, and system changes necessary to promote consistent use of teach-back. Its 45-minute Interactive Teach-Back Learning Module includes key content and videos of clinicians using teach-back. The module can be used by clinicians, staff members, in a group setting, or as a self-directed tutorial.
- 5-Minute Teach-Back Video. This 5-minute video gives two examples for clinicians of how to use teach-back with medicine changes.
- Health Literacy and Patient Safety: Help Patients Understand is a 23-minute video from the American Medical Association that includes an example of a clinician using teach-back (see the last 5 minutes of the video).

Practice Experiences

"I decided to do teach-back on five patients. With one mother and her child, I concluded the visit by saying 'so tell me what you are going to do when you get home.'...She could not tell me what instructions I had just given her. I explained the instructions again and then she was able to teach them back to me… I had no idea she did not understand… I was so wrapped up in delivering the message that I did not realize it wasn't being received.

–Pediatric office

Try the teach-back method.

- **Keep in mind this is not a test of the patient's knowledge.** It is a test of how well you explained the concept.
- **Plan your approach.** Think about how you will ask your patients to teach back the information. For example:
  - "We covered a lot today and I want to make sure that I explained things clearly. So let's review what we discussed. Can you please describe the 3 things you agreed to do to help you control your diabetes?"
- **"Chunk and Check."** Don't wait until the end of the visit to initiate teach-back. Chunk out information into small segments and have your patient teach it back. Repeat several times during a visit.
- **Clarify and check again.** If teach-back uncovers a misunderstanding, explain things again using a different approach. Ask patients to teach-back again until they are able to correctly describe the information in their own words. If they parrot your words back to you, they may not have understood.
- **Start slowly and use consistently.** At first, you may want to try teach-back with the last patient of the day. Once you are comfortable with the technique, use teach-back with everyone, every time!
- **Practice.** It will take a little time, but once it is part of your routine, teach-back can be done without awkwardness and does not lengthen a visit.
- **Use the show-me method.** When prescribing new medicines or changing a dose, research shows that even when patients correctly say when and how much medicine they'll take, many will make mistakes when asked to demonstrate the dose. You could say, for example:
  - "I've noticed that many people have trouble remembering how to take their blood thinner. Can you show me how you are going to take it?"
- **Use handouts along with teach-back.** Write down key information to help patients remember instructions at home. Point out important information by reviewing written materials to reinforce your patients' understanding. You can allow patients to refer to handouts when using teach-back, but make sure they use their own words and are not reading the material back verbatim. Refer to Tool 12: Use Health Education Material Effectively for more information.

Promote the use of teach-back.

- **Train non-clinical staff.** Non-clinical staff members who interact with patients should also use teach-back. For example, staff making appointments may use it to ensure the patients understand what is required of them at the next visit such as arrival time, insurance documentation, bringing medicines, fasting, and details about referrals to other clinicians.
- **Share teach-back stories.** Ask one person at each staff meeting to share a teach-back "Aha!" moment. This serves as a reminder of the importance of using teach-back consistently.

Track Your Progress

The Conviction and Confidence Scale should be filled out before you start using teach-back and then 2, 6, and 12 months later to track your progress. Calculate the percentage of staff who have completed the scale at least twice in the past 12 months. The results can help you identify ways to build conviction and confidence in using teach-back.

The Teach-Back Observation Tool should be used by a designated observer as clinicians build their skills and confidence with teach-back. Use the findings to guide evaluation, coaching, additional learning, and establishment of consistent habits.

If you field questions from the Health Literacy Patient Survey, calculate what percentage of patients responded "Always" to question #12.

Follow Up With Patients Tool 6

Overview

Followup is the act of making contact with a patient or caregiver at a later, specified date to check on the patient's progress since his or her last appointment. Appropriate followup can help you to identify misunderstandings and answer questions, or make further assessments and adjust treatments. In addition, followup helps to promote a good working relationship between you and your patients.

Actions

Decide on the reasons for followup.

For example, you can follow up to:

- Monitor health
- Reinforce knowledge and action plans
- Confirm medicine regimens
- Schedule appointments
- Verify followthrough on referrals
- Share lab results

Ask patients to record information.

- An excellent way to monitor health is to have patients track key clinical values and share that information with you between visits.
- For routine monitoring (e.g., blood sugar, blood pressure, weight), patients can record their values. This can be done using simple forms. The Blood Sugar Log Sheet is an example of a monitoring instruction sheet for a patient with diabetes to monitor treatment goals and blood sugar levels.
- Instructions to patients should include directions to contact the practice when their clinical values are of concern (e.g., blood pressure above 140/90, weight gain of more than 2 to 3 pounds in a day for heart failure patients).
- Be sure to thank patients for recording this information, highlighting how helpful it is, and providing clinical feedback (e.g., "It looks like you are doing a good job of keeping your blood sugar under control.").

Identify who will follow up with patients.

Who follows up depends on the purpose of the communication:

- **Primary Care Clinician.** If the followup is complex or sensitive, the primary care clinician may need to follow up.

- **Nurse and Medical Assistant.** Nurses and medical assistants have the training and expertise to follow up with patients to review things like blood pressure and blood glucose values. Nurses can also discuss and encourage specific health behaviors, review medicine adherence, and clarify lab results sent through the mail.
- **Pharmacist.** A pharmacist, if you have one on site, is an ideal clinician to follow up with patients about their medicines.
- **Other office staff.** The front desk staff can follow up with patients to schedule appointments, confirm that patients have followed through with referrals, and provide patients with information about community resources.

Choose the ways your office will follow up.

- **Phone.** Talking on the phone allows patients to ask questions and staff to reiterate important points.
- Secure email. Secure email is part of many patient portals and can be an effective way to communicate with patients. Make sure your emails are easy to understand (e.g., do not use medical jargon), and be sure to tell patients when and how often you check email. Sensitive health and personal information should not be sent through unsecured email.
- **Texting.** For patients who use text messaging, this approach can be effective for sending patient reminders and answering quick questions. Be sure that patients are willing to be contacted in this manner, as they may be charged for receiving texts from your office.
- **Postal mail.** Postal mail can be used to share information, such as normal lab results and appointment reminders. This Lab Results Letter provides an example of an easy-to-read letter reporting test results.
- **Automated calling system.** These types of systems can be used for reminders and to collect information from patients (e.g., blood pressure). You can type "automated calling system" into an Internet search window to find businesses that offer these services.

Initiate and track followup.

- Work with your clinical colleagues to identify the types of patients who would benefit from followup (e.g., patients recently prescribed blood thinners).
- Identify the appropriate schedule for followup (e.g., after a dosage change).
- Establish systems for tracking followup through the electronic health record (EHR) or by using a computer-based calendar.
- Identify the staff members who will update these tracking systems.

Track Your Progress

Select the records of a sample of patients who should have received followup after a recent visit (e.g., patients with heart failure). Count the number of patients who received followup actions that were scheduled in your tracking system. Count the number of followup actions (e.g., phone calls, emails, letters, automated calls) that were performed within the desired time frame. Note what was achieved by the followup contacts: medicine changes, referrals made, clarification of medicine regimens.

Improve Telephone Access — Tool 7

Overview

Telephone contact plays an important role in health care. The efficiency of a telephone contact will shape a patient's impression of your practice. Making your telephone system patient-friendly is an important aspect of addressing health literacy, as some patients will hang up if the telephone system is confusing or it takes them too long to reach a person. Try evaluating your phone system and procedures to identify opportunities for improvement. Efficient and courteous call management may save your practice time and money and should benefit your patients as well.

Actions

Assess your telephone system.

- **Call your practice** as if you were a patient, both during and after business hours.
  - Did you get a busy signal? How long did you wait for staff to answer the phone?
  - How long did it take to reach the staff member or obtain the information you wanted?
  - If using an automated system, were the menus easy to understand? How many buttons did you need to press?
  - Were you put on hold? For how long? Were you transferred to more than 1 other person?
  - Were you instructed to call another number? Were you told to use the patient portal?
- **Use the Health Literacy Environment Activity Packet** to assess other aspects of your phone system.
- **Ask patients about the phone system.** What comments do they have?

Improve your telephone system.

- **Decide whether to implement an automated telephone system** if you don't already have one. Some practices find it more efficient to use an automated system. Patients are less likely to get a busy signal or be put on hold due to the streamlining of calls. However, some practices like to stick with the human touch. Some patients are intimidated by automated systems or like talking to a person instead of a machine.
- If you opt for an automated system:
  - Offer choices in the languages commonly spoken by your patients.
  - Always have an option to speak to a person.
  - Create a menu with no more than 5 choices, such as:
    - Option 1. Appointments.
    - Option 2. Medicine refills or referrals.
    - Option 3. Directions to the office.

    - Provide directions for different forms of transportation (e.g., driving, public transportation).
    - Reference familiar landmarks.
  - Option 4. Speak to someone directly.
  - Option 5. Repeat the menu.

Refer to the Sample Automated Telephone System Menu for a flow chart of this menu.

If you opt to have a person answer the phones, set policies for:

- How quickly phones should be answered (e.g., within 3 rings).
- Checking back with people placed on hold after a set period of time (e.g., after 1 minute).
- Transferring calls (e.g., avoid asking patients to dial another number), including plans for what to do if the other party doesn't pick up the call.
- Offering to take messages or transfer to voicemail.
- Have a schedule to ensure phones are covered throughout office hours. If your office closes for lunch, have a message on your machine with the hours you are closed.
- Create an after-hours message or have a phone service cover the phones during non-business hours. After-hours messages should include instructions to call 911 in case of an emergency and a phone number to reach the clinician providing coverage. Repeat the phone number slowly, so patients can write the number down.

Improve how well clinicians and staff communicate on the phone.

- Develop and use written scripts with responses to frequently asked questions to assure that clear, consistent answers are provided.
- Use Tool 4: Communicate Clearly to educate staff about approaches for communicating effectively with patients.
- Encourage staff to confirm patient comprehension by using the Teach-Back Method to ensure instructions given over the phone were understood. (See Tool 5: Use the Teach-Back Method.) In addition, staff members can address any confusion by asking "What questions do you have?" at the end of each call.
- Make use of telephone interpreter services for patients who need language assistance. (See Tool 9: Address Language Differences.)

Educate patients about the phone system.

- **Develop a brochure.** Create and distribute a brochure that explains when and how to contact the practice, both during and after office hours. See Tool 11: Assess, Select, and Create Easy-to-Understand Materials to help you design a practice brochure that will be easy to read and understand.
- **Talk with patients.** If a patient needs to contact the practice for something specific, for example to talk to a nurse, tell the patient exactly what he or she should do.

Track Your Progress

Periodically reassess your phone system. Do you see fewer problems over time?

On a routine basis, ask a sample of patients to provide input on the phone system. For example, during a specified week every quarter, have staff ask patients at the end of each call or at check-out if they have had problems with the phone system or have any suggested changes. They could ask, “Have you had any trouble reaching the office on the phone lately?” or “We have changed our phone system recently. Do you find it harder or easier to use than our old system?”

Conduct Brown Bag Medicine Reviews — Tool 8

Overview

The "Brown Bag Review" of medicines is a common practice that involves encouraging patients to bring all of their medicines and supplements to their visit and reviewing them. The goal is to determine what medicines patients are taking and how they are taking them. The process can identify medicine errors and misunderstandings that would otherwise be overlooked. Although many practices conduct medicine reconciliation using information in the medical record or as reported by the patient, a Brown Bag Medicine Review is more thorough.

Practice Experiences

"Out of 10-15 brown bag reviews, only 2 were accurate."

"On the day of the brown bag review, we had a patient experiencing unexplained symptoms. It wasn't until we looked at his medicine bottles that we realized he was taking a double dose of beta blocker. Had we not had the medicine bottles to identify the problem, we would have sent him to the hospital."

One family medicine practice chose to create reusable medicine bags with their name and logo on them and asked patients to bring in their medicines and vitamin supplements to each visit. The Health Literacy Team Leader noted "…I think it just makes the patients feel like we care about every aspect of their visit. Not just, you know, their diagnosis and getting them in and out, but …taking time with them."

Actions

Identify medicines patients should bring.

- All prescription medicines.
- All over-the-counter medicines.
- All vitamins, supplements, and herbal medicines.
- All topicals, liquids, injectibles, and inhalants, as well as pills.

Remind patients to bring medicines.

- Discuss medicine review during a visit and emphasize the potential benefits (e.g., possible reduction in number of medicines).
- Write a note on the appointment card.
- Mention it during the appointment reminder call.

- Hang posters in the exam room and waiting room.
- Provide a carrier, such as a bag with your practice's name and "Bring All Your Medicines" printed on it.

TIP

Every patient can benefit from a Brown Bag Medicine Review. Even patients for whom your clinicians have written no prescriptions could be taking medicines or supplements you need to know about.

Prepare for the review.

- A nurse or medical assistant can set out all the medicines at the beginning of a visit.
- The staff member should thank patients for bringing in their medicines.

Perform the review.

- Ask the patient to pick up each medicine bottle, and ask the patient:
  - What do you take this medicine for?
  - When do you take this medicine?
  - Can you show me how much you take each time?
- Throughout the process, use the word "medicine," rather than "medication." Medicine is a common word and is more likely to be understood by patients.

Clarify medicine instructions.

- When you find that patients are taking medicines incorrectly, try to find out why. Clarify what they should be doing. Use common, everyday words and provide precise instructions ("Take 1 pill in the morning and 1 pill at bedtime.") See Tool 4: Communicate Clearly for tips for communicating in a way that will be easy to understand. For easily understood instructions for taking pills, see Explicit and Standardized Prescription Medicine Instructions.
- Use the teach-back method to confirm patient understanding. See Tool 5: Use the Teach-Back Method for guidance.

TIP

Patients may have understood your instructions, but decided not to take their medicine as directed. Patients will tell you what they think you want to hear unless you signal that you won't lecture them if they tell you what they're really taking.

Document the review.

- Update the medicines in the patient's medical record.
- Document medicine inconsistencies and what the patient has been directed to take.
- Note in the record when medicine reviews are done.

Provide patients with updated medicine lists.

- Patients should leave the visit with an updated list that describes what medicines they should take and how.
- See Tool 16: Help Patients Remember How and When to Take Their Medicine for examples of easy-to-understand medicine lists and ways to help patients remember how to take their medicines correctly.

Track Your Progress

At checkout, ask patients if they brought in all their medicines for a Brown Bag Medicine Review. If they have, ask if the review was performed. Calculate the percentage of all patients who brought in their medicine over the past month and the percentage of those patients whose medicines were reviewed.

Monitor patient medical records on a routine schedule (e.g., monthly) to calculate the percentage of patients seen during that period who had a Brown Bag Medicine Review.

Have clinicians complete the Medicine Review Form for a sample of patients 2 months, 6 months, and 12 months after implementing this tool. Using data from the form, calculate the percentage of patients that brought all their medicines and the percentage of reviews that identified a problem. See if the numbers change over time.

If you field questions from the Health Literacy Patient Survey, calculate what percentage of patients responded "Yes" to question # 20, 21, and 22.

Resources

The American Medical Association (AMA) manual "Health Literacy and Patient Safety: Help Patients Understand" offers information on medicine reviews. Once you link to the Web site, look for the Manual for Clinicians. Access to the manual is free, once you have created an account.

The Brown Bag Tool Kit, from the Ohio Patient Safety Institute, contains information for practices related to planning a Brown Bag event with pharmacies.

Address Language Differences Tool 9

Overview

Patients who do not speak English very well, including those who speak American or other sign language, often do not get the health information they need. Addressing language and sensory differences is an important part of addressing health literacy and is required by law. Practices participating in Medicare or Medicaid can be legally required to provide language assistance for patients who do not speak or understand English well. Failing to use acceptable forms of language assistance can expose a practice to liability.

Actions

Assess language preferences and language assistance needs.

- Ask all new patients what language they prefer to speak and read, and if they would like an interpreter. Record patients' language assistance needs in the medical record.
- For patients who do not speak enough English to respond to questions about language preference, use "I Speak" cards to identify the language they speak.
- Match patients with qualified bilingual clinicians or staff members, or request an interpreter for patients who do not speak English very well or who appear to have difficulty understanding English.
- Display Interpreter Services Posters in your waiting and reception areas to make patients aware of the availability of free interpreter services.

Use acceptable language assistance services.

- Acceptable language assistance services include the following:
  - Bilingual clinicians or staff members whose proficiency has been confirmed can communicate directly with patients in their preferred language.
  - Staff who are trained as interpreters.
  - On-site trained medical interpreters.
  - Telephone or video medical interpreter services. Make sure you can access necessary equipment (e.g., dual handset phones) in all areas where patients interact with staff.
- All clinicians, staff, and interpreters should understand the importance of using plain language. See Tool 4: Communicate Clearly for guidance on communicating clearly.

Do NOT use unacceptable language assistance services.

- Individuals who are not trained to be an interpreter make more clinically significant mistakes. Unacceptable language assistance services include the following:
  - Clinicians or staff who are not trained and/or certified as medical interpreters.
  - The patient's family and friends. Using family or friends poses a problem with patient privacy. In addition, family or friends may provide you with their own views of what patients say or feel about their health problems. If a patient insists that a family member serve as interpreter, you should respect that request, but a qualified interpreter should also be present to assure that information is accurately relayed.
- Minor children should never be used as interpreters.

Plan for interpreter services in advance.

- Use data about patients' language preferences to determine how to best meet their language assistance needs (e.g., hiring bilingual staff, hiring professional interpreters, training staff as interpreters).
- For practices with small populations of non-English-speaking patients, consider scheduling appointments and having call-in hours on specific days or times when appropriate interpreter services are available (e.g., Spanish interpreters available Thursdays 1-5 p.m.).

Provide written materials in patients' preferred languages.

- Do not assume that non-English speakers, including speakers of American Sign Language, will understand notes or other materials written in English.
- Decide what to translate, such as signs, forms, and instructions.
- Obtain multilingual health education materials. See the List of Internet Resources at the end of this toolkit for links to easy-to-read materials in several languages.
- When you can't obtain materials in patients' preferred languages, enlist the help of interpreters trained in sight translation. Sight translation is reading a written document aloud in a different language from the one in which it is written.

Pursue sources of payment for language assistance services.

- Investigate whether insurers will pay for or have negotiated discounts with interpreters. Medicaid reimbursement is available in a number of States.
- Contact community organizations to see if they can provide volunteer trained medical interpreters.
- Develop contracts with language assistance services that can be shared among several practices.
- Consider sharing language services with local hospitals.
- Apply for grants to support interpreter services.

Track Your Progress

Within a month of beginning implementation, ask staff to record all of the language assistance needs they encountered during a specified week and how these needs were met. Collect these notes and discuss them at the next Health Literacy Team meeting. Explore new approaches to address any weaknesses and do another evaluation in 2, 6, and 12 months.

Routinely conduct a review of medical records of patients with recent visits to ensure that language assistance needs are being assessed and recorded. Check that qualified individuals are giving language assistance.

Compile a list of the most common languages spoken by your patients. Compare that list with the languages used in the written materials you distribute. Repeat after 2, 6, and 12 months to see whether more non-English materials are available.

Resources

The Guide to Providing Effective Communication and Language Assistance Services from the U.S. Department of Health and Human Services provides comprehensive guidance on addressing language assistance services in health care settings.

The Office Guide to Communicating with Limited English Proficient Patients is a booklet by the American Medical Association that offers practical advice for addressing communication barriers in health care settings.

Hablamos Juntos has a number of resources for language services, including a toolkit on improving the quality of health care translation.

LEP.gov provides federal guidance in providing language access.

The American Translators Association allows you to search for local translators (for written materials) and interpreters (for verbal communication).The Certification Commission for Healthcare Interpreters has a searchable registry of certified interpreters, as does the National Board of Certification for Medical Interpreters.

Sources of multilingual easy-to-read materials:

- MedlinePlus by the National Institutes of Health.
- Healthy Roads Media provides materials in handout form, audio, and video in several languages.
- Health Information Translations provides materials in 18 different languages, including American Sign Language video.

Consider Culture, Customs, and Beliefs — Tool 10

Overview

Religion, culture, beliefs, and ethnic customs can influence how patients understand health concepts, how they take care of their health, and how they make decisions related to their health. Without proper training, clinicians may deliver medical advice without understanding how health beliefs and cultural practices influence the way that advice is received. Asking about patients' religions, cultures, and ethnic customs can help clinicians engage patients so that, together, they can devise treatment plans that are consistent with the patients' values.

TIP

Here are some examples of how religion, culture, and ethnic customs can influence how your patients interact with you.

- **Health beliefs:** In some cultures, people believe that talking about a possible poor health outcome will cause that outcome to occur.
- **Health customs:** In some cultures, family members play a large role in health care decisionmaking.
- **Ethnic customs:** Differing roles of women and men in society may determine who makes decisions about accepting and following through with medical treatments.
- **Religious beliefs:** Religious faith and spiritual beliefs may affect health care-seeking behavior and people's willingness to accept specific treatments or behavior changes.
- **Dietary customs:** Disease-related dietary advice will be difficult to follow if it does not conform to the foods or cooking methods used by the patient.
- **Interpersonal customs:** Eye contact or physical touch will be expected in some cultures and inappropriate or offensive in others.

Learn from patients.

- **Respectfully ask patients** about their health beliefs and customs, and note their responses in their medical records. Address patients' cultural values specifically in the context of their health care. For example:
  - "Is there anything I should know about your culture, beliefs, or religious practices that would help me take better care of you?"

- "Do you have any dietary restrictions that we should consider as we develop a food plan to help you lose weight?"
- "Your condition is very serious. Some people like to know everything that is going on with their illness, whereas others may want to know what is most important but not necessarily all the details. How much do you want to know? Is there anyone else you would like me to talk to about your condition?"
- "What do you call your illness and what do you think caused it?"
- "Do any traditional healers advise you about your health?"

- **Avoid stereotyping** based on religious or cultural background. Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in his or her culture. Asking patients about their beliefs and way of life is the best way to be sure you know how their values may impact their care.

Learn from other sources.

- **High-quality online resources** provide education about cultural competence, both as a general topic and as related to specific groups.
  - **Courses**
    - "Think Cultural Health" offers several options for free continuing education credit.
  - **Videos**
    - American Association of Family Physicians Quality Care for Diverse Populations has seven 3- to 8-minute videos showing clinicians thoughtfully communicating with diverse populations.
  - **Web sites**
    - EthnoMed is a Web site containing information about cultural beliefs, medical issues, and other related issues pertinent to the health care of recent immigrants.
    - Culture Clues are one-page tip sheets that offer insight into the health care preferences and perceptions of patients from 10 different cultures and special needs groups (including the deaf and hard-of-hearing). The Web site also covers end-of-life issues.
    - The Culture, Language, and Health Literacy Web site provides an exhaustive list of resources regarding cultural competence issues for specific ethnicities, religions, and special populations.

- **Community organizations** such as religious institutions and cultural organizations can often provide information and support to help make your practice more "culture-friendly."
  - Invite a member of a relevant cultural group to attend a staff meeting and share observations about how cultural beliefs may impact health care.
  - Invite an expert to conduct an in-service training to educate staff about cultural competence.
- **Integrate cultural competence into orientation and other trainings.** Take advantage of opportunities to integrate cultural competence into all of your training activities.

- **Use interpreters as cultural brokers.** Interpreters can eliminate language barriers as well as help you and your patients avoid misunderstandings due to cultural differences. See Tool 9: Address Language Differences for more information about interpreters.

Help staff learn from each other.

To raise awareness about cultural competence among your staff, you could:

- Hire staff that reflects the demographics of your patient population. These staff members can help contribute to a comfortable environment for patients and can share insights with other staff regarding the customs of their religious or ethnic groups.
- Encourage staff to complete online cultural competence trainings and share what they learned with each other during a staff meeting.

Track Your Progress

Before implementing this Tool, count the number of staff members who have completed a cultural competence training session. Repeat after 2, 6, and 12 months.

On a regular basis, randomly select some medical records and see what percentage have notes on the patient's culture, customs, or health beliefs.

Assess, Select, and Create Easy-to-Understand Materials

Tool 11

Overview

Practices often ask patients to fill out forms or provide them with written materials to read. With 36% of the U.S. adult population having limited health literacy skills, it is likely that many of your patients don't understand all of the written materials they receive. Assessing, selecting, and creating easy-to-understand forms and educational materials can help you improve patient comprehension.

Action

Train a staff member to evaluate the quality of materials you give to patients.

- Have at least one person in your practice learn to assess the materials you distribute. Focus first on important and frequently used materials, such as your lab results letter, after-visit-summary, appointment reminder, or fact sheets about managing chronic conditions. Be sure to review materials developed by your practice as well as materials obtained from outside sources.

Assess whether patient materials are easy to read and understand.

- There are numerous methods for assessing patient materials. Some approaches focus on how readable materials are. Others examine a broad array of features that can make materials easy to understand. You should use both types of methods in assessing your materials.
- **Readability Formulas:**
  - Readability formulas focus on the length of the words and sentences in a document and provide an estimate of how difficult text is to read. Several Web sites are available for conducting readability assessments using commonly used formulas, including the Fry formula, SMOG, and Flesch Reading Ease. Search the Internet for "readability formulas" to find free online resources.
  - In most cases, these sites indicate the grade level at which a patient would have to read to understand the material. The average adult reads at the 8th or 9th grade level, and 20% read at the 5th grade level or below. Therefore, to ensure wide understanding, it is best for materials to be written at the 5th or 6th grade level.
- **Understandability Assessments:**

Several methods are available to examine features of patient materials, other than readability, that affect understanding (e.g., word choice, organization of information, formatting).

  - AHRQ's Patient Education Materials Assessment Tool (PEMAT) can help you assess written and audiovisual patient education materials. It provides separate measures of how easy materials are to understand and to act on.

- CDC's Clear Communication Index assesses the clarity and ease of use of written materials, particularly those with behavioral recommendations or those that communicate information about risk.
- The Suitability Assessment of Materials (SAM) assesses the suitability of health information materials, including how well materials stimulate learning and how culturally appropriate they are.

- **Ask patients to evaluate your forms and other written materials** that you hand out or are available on your patient portal. Include both materials that you developed and those you obtained from external sources. See Tool 17: Get Patient Feedback for suggestions.

- **Watch out for numbers. Ensure that your materials follow recommendations for improving communication of health-related numbers:**
  - Provide only the information patients must have to make informed decisions.
  - Provide patients with numbers, not just verbal descriptors (e.g., "low risk").
  - Use simple graphics to express numbers.
  - Provide absolute risk (e.g., a decrease from 4% to 2%) rather than relative risk (e.g. a reduction of 50%), especially when risk reductions are small.
  - Express risk/benefit in whole numbers, not fractions, decimals or percentages (e.g., "1 in 10,000" rather than ".01 %").
  - Provide both the positive and the negative (e.g., "5 in 100 people are expected to get the outcome, meaning that 95 out of 100 will not get the outcome").
  - Use consistent denominators to facilitate comparisons and prevent confusion (e.g., 1 in 1,000 versus 30 in 1,000).
  - Present risk in terms of a time span that is meaningful for patients, such as a 10-year period rather than lifetime.

Choose or make materials that are easy to understand.

- **Identify poor-quality materials.** Identify materials that performed poorly on your assessment. Working with your Health Literacy Team, consider whether these materials can be modified or whether they will need to be replaced.
- **Select better materials.** When you identify deficient materials that cannot be revised, search for new ones.
- **Consider alternatives to written materials.** As one-fifth of adults read below the 5th grade level, it is best not to rely too heavily on the written word. Audio and video resources as well as talking in plain language may be better for many patients. Videos are particularly useful for demonstrating self-care activities such as injecting insulin, using an inhaler, or exercising. Make sure that patients have the equipment, bandwidth, and know-how needed to view audiovisual materials before distributing them.

- **Use the Internet.** There are many free health educational resources available on the Web, such as the MedlinePlus "easy to read" collection, which contains interactive tutorials. Assess all new materials using the tools mentioned above. When directing patients to a Web site, be sure it has simple navigation and is easy to read and understand. See the Department of Health and Human Services' Health Literacy Online for guidance on easy-to-use Web sites.
- **Provide materials in languages your patients speak.** Making easy-to-understand materials available to your non-English speaking patients can be helpful. Keep in mind that some patients with limited English proficiency may also have limited literacy in their native language; make sure you consider alternatives to written materials. See Tool 9: Address Language Differences.
- **Create new materials to fill gaps, and revise homegrown materials that need improvement.** Sometimes you just can't find easy-to-understand instructions or information you want to share with your patients. Or you realize that the materials your office has created are not as easy to understand as you'd like.
  - **Use guides.** The Department of Health and Human Service's health literacy site has a number of guides to help you design or revise materials and Web sites so they are easy to understand. The Harvard School of Public Health also has a set of short Guidelines for Creating, Assessing, and Rewriting Materials.
  - **Streamline forms.** Make sure forms ask only for information that you absolutely have to have, and ask for it only once.
  - **Involve patients.** Invite patients to contribute to the development of new materials. They're the experts on what information is important to them and what makes sense.
  - **Consult on legal issues.** When using a form for a legally binding purpose, consult a lawyer for legal advice. Having patients sign something they don't understand isn't legally binding, however. So, be sure to advocate for plain language.
  - **Obtain approvals.** Some practices (e.g., those affiliated with large health systems) may need administrative approval to revise or replace written materials. Changes to materials accessed through the EHR or patient portal also may require administrative approval and technical support. Consult with your administration for guidance on how to obtain approval for revised materials and to garner their support for your efforts.

Track Your Progress

Every 4 months, tally the number of materials that have been assessed and the percentage of those that were rated poor that have replaced or revised. Are you making the progress you planned to make?

Before you start using Tool 11, tally the percentage of questions that were not answered on forms filled out by patients in a given week. In 2, 6, and 12 months, do it again and see if the percentage of unanswered questions has gone down.

If you field questions from the Health Literacy Patient Survey, calculate what percentage of patients responded "Always" to question #29.

If you use the Patient Portal Feedback Form, check whether patients answered "Yes" to question #8.

Resources

The following example patient forms are written with guidelines for clear communication in mind and were tested with patients with limited health literacy skills. Your practice can edit and use these forms to meet your specific needs.

- Adult Initial Health History Form
- Young Child Health History Form
- Adult Return Visit Update Form
- Consent to Treat Form
- Release of Medical Information
- Lab Results Letter
- Appointment Reminder

Use Health Education Material Effectively — Tool 12

Overview

Health materials are effective only when used as part of an overall patient education strategy. Simply handing patients a pamphlet or referring them to a Web site is not enough to promote understanding or behavior change.

Action

Don't assume that your patients read the materials you give them or direct them to.

- If the information is critical, make sure you or someone in your office reviews the information with your patient and/or the patient's caregiver.

When reviewing a handout:

- **Circle or highlight** the most important points as you talk about them.
- **Personalize** the material by adding the patient's name, medicines, and/or specific care instructions.
- **Use teach-back** to confirm understanding. See Tool 5: Use the Teach-Back Method.
- **Emphasize the importance** of the material by referring to it during followup phone calls, emails, and future office visits. You may need to give the material to the patient more than once.

Practice Experiences

An internal medicine practice developed and trained staff to review a one-page blood pressure educational tool with all patients with hypertension, chronic kidney disease, or diabetes. After using the tool for several weeks, the Health Literacy Team leader reported, "The staff seems to think it was pretty easy to use, easy to explain, and as far as I know, we've had a lot of patients say, 'Wow, thank you. I didn't even know what my BP should be or what a normal BP is.'"

Ensure patients know how to use audiovisual materials or access the Internet.

- If you give patients DVDs or refer them to Web sites, make sure that they have the appropriate video equipment, Internet access, and the know-how to view or access these materials. Like written materials, you can't assume that your patients will view audiovisual materials or visit Web sites you recommend. If the content is critical, be sure it gets communicated in person.
- Always have a conversation with patients after they view audiovisual materials. Decision aids and tutorials can save time but are a supplement to, not a substitute for, a discussion and checking understanding.

Train patients to use the patient portal and to be discerning consumers of Internet content.

- Even patients with excellent health literacy skills may have limited computer skills. To ensure that patients are able to access your patient portal, arrange training sessions to show patients how to get online and retrieve information from the portal. Use the Patient Portal Feedback Form to record how easy it is for patients to use your Patient Portal. See Tool 17: Get Patient Feedback for more information about using the form.
- If patients are surfing the Internet for medical information on their own, you may want to educate them on how to find accurate health information. You can refer them to this interactive tutorial from the National Library of Medicine.

Practice Experiences

In one family medicine practice, staff wore buttons saying "Ask Me About our Patient Portal." This strategy helped them meet Meaningful Use (MU) objectives that encourage patients to use their patient portal.

Obtain patient feedback on materials.

- When following up with patients (see Tool 6: Follow Up with Patients), ask whether they found the materials helpful. This can allow you to emphasize the importance of the materials, review any questions patients may have, and obtain input from the patient about the materials provided. See Tool 17: Get Patient Feedback for more information about obtaining patient input.

Manage educational materials.

- **Monitor and organize any materials you distribute regularly** to ensure you know the type and amount of materials you have, can easily locate them, and know when you need to update or re-stock them.
- **Update your list of easy-to-understand materials available through your EHR and patient portal.** What is available may change rapidly. See Tool 11: Assess, Select, and Create Easy-to-Understand Materials for information about assessing and selecting easy-to-understand materials. If materials are accessed via hyperlinks, check frequently to confirm that the hyperlinks still work.
- **Create an information order set.** Providing clinically relevant information using EHR technology is an objective of the Meaningful Use EHR incentive program, but it's not always easy to find the materials you want when needed. Have someone in your office assess electronically stored materials and identify the best ones, then create "information order sets" for commonly used materials. For example, you might create an order set of materials to give patients newly diagnosed with a chronic condition or who are starting a new treatment. Order sets can also be made available through the patient portal.
- **Ensure staff know** what educational materials are available, where they are located (both physically and in the EHR or patient portal), and how to use them effectively. Remind staff on a quarterly basis.

Track Your Progress

Record each time you've run out of materials and each time someone in the office can't find the materials they need. Every quarter, determine whether your system for managing your educational materials is performing better than in the prior quarter.

Periodically check in with staff and ask if they are using the materials and whether alternative materials are needed.

Have checkout staff look at materials that patients have been given. Record the percentage of materials that have been highlighted or personalized.

Some patient portals can report whether patients have viewed information provided through the portal. Find out what percentage of patients are using your portal and what components of the portal are being accessed.

If you field questions from the Health Literacy Patient Survey, calculate what percentage of patients responded "Always" to question #24.

If you use the Patient Portal Feedback Form, check whether patients answered "Yes" to question #7.

Welcome Patients Helpful Attitude, Signs and More Tool 13

Overview

Do your patients feel welcome when they enter your practice? Have you clearly identified how to get to common locations, like the restroom or the check-out desk? Do patients face a barrage of paperwork when they first come in?

Some patients may feel anxious or intimidated when navigating a practice. This may be more problematic for new patients and for those with limited health literacy. Creating a friendly and easy-to-navigate environment may help your patients feel welcome and relaxed.

Actions

Assess your practice.

- **Shadow patients or conduct a walk through.** Tool 17: Get Patient Feedback describes how to walk in the shoes of your patients to assess how welcoming your practice is.
- **Review signs throughout your practice.** Check with your clinic administrator to see if a review and approval process is required to change signs in your practice. Look at all the signs in your practice, and make sure they:
  - Are visible and easy to read.
  - Provide clear direction. Use signs to identify and direct patients to common locations, such as the practice entrance, the check-in and check-out areas, exam rooms, lab, and restrooms.
  - Are written in appropriate languages (i.e., written in the language(s) most commonly understood by your patients).
  - Use graphics when appropriate. For example, Hablamos Juntos ("We Speak Together") created graphic symbols for common medical services.
- Consider other approaches to help patients find their way, such as color-coded lines on the floors or walls.

Train staff.

- **First impressions count.** The first person a patient talks to should be helpful and cheerful. Use the guidance in this tool to train front desk staff on how to create a helpful and health literacy-friendly atmosphere for your patients.
- **Don't forget the back office.** Patients with billing questions often find it difficult to understand procedure codes and insurance practices. Teach your staff to provide easy-to-understand explanations of common billing and insurance concepts that avoid technical jargon.
- See Tool 3: Raise Awareness, Tool 4: Communicate Clearly, and Tool 7: Improve Telephone Access for additional guidance on training staff.

Offer everyone help with forms.

- You can't tell by looking which patients may need assistance, so offer all patients help with the forms that they are asked to fill out or sign.
- Offer help in a friendly, non-stigmatizing way. For example:
  - "I am going to give you these forms to complete. You can fill them out now or wait until you get to the room and the assistant will be happy to go over them with you."
  - "If anything on the form is not clear, let me know and I'll be happy to go over it with you."
  - "Thank you for filling out the form. Can we go over it to be sure we got everything? Some questions are not always clear and we want to be sure we have the correct information."
  - Make sure information collected from patients is shared with everyone who needs to know so the patient is not repeatedly asked for the same information.

Assess language preferences.

- Ask patients about their language preferences, and provide appropriate language assistance services. See Tool 9: Address Language Differences for further information.

Create a practice brochure.

- Use tips from Tool 11: Assess, Select and Create Easy-to-Understand Materials to develop an easy-to-understand brochure highlighting key elements of your practice, such as:
  - Contact information, including after-hours and emergency information.
  - Services provided.
  - Address and directions to your office.
  - What to bring to appointments.

Use the waiting room to display important information.

- Use the space in your waiting room to share important information, but don't overwhelm patients with too much material on walls or tables.
- Display posters to raise awareness about your practice's quality improvement work and to educate patients about important concepts, such as:
  - The importance of asking questions. (See the Ask Me 3 Poster.)
  - The importance of reviewing medicines regularly. (See the Medicine Review Poster in Tool 8: Conduct Brown Bag Medicine Reviews.)
  - The importance of remembering to take medicines correctly. (See the Help With Medicine Poster in Tool 16: Help Patients Remember How and When to Take Their Medicines.)
- Display photos of practice staff, including names, titles, and key responsibilities, to help patients better understand the roles different staff members play. Remember to use simple words (e.g., use "doctor" and "nurse" instead of "physician" and "RN").
- Use bulletin boards as focal points in your lobby to arouse patient interest, stimulate thought, and encourage action.

- Ensure that all materials displayed in your waiting room are:
  - Targeted at your audience: Your patient population.
  - Organized around a central theme: Contain no more than four points of interest.
  - Easy to understand and colorful.
  - Updated regularly: Assign staff to update content on a regular basis.
- **Provide easy-to-understand patient education materials.** Make sure written patient education materials in your waiting room are easy to read and understand (see Tool 11: Assess, Select, and Create Easy-to-Understand Materials). Rather than providing numerous pamphlets, select those materials that are most relevant to your patient population.
- **Use video and television programming.** If you have a television in your waiting room, use it to show easy-to-understand health-related information.

Track Your Progress

Conduct an initial assessment of your practice environment by asking a patient or staff member to walk through your practice and assess the points addressed in this Tool. After making changes and offering staff training, conduct additional walkthroughs and compare the results.

Ask patients if they were offered help with forms. Alternatively, have an observer in the reception area record the percentage of patients who were offered help with forms. Track the percentage over time.

If you field questions from the Health Literacy Patient Survey, calculate what percentage of patients responded “Always” to question #28.

Encourage Questions Tool 14

Overview

Patients are sometimes embarrassed to ask questions and, in some cultures, deference to authority stifles questions. Creating a shame-free environment that encourages patients to ask questions is an important way to engage patients as active partners in their health care and is crucial in promoting patient safety and good health outcomes. It also can increase patient satisfaction and reduce the number of callbacks after a patient leaves.

Practice Experiences

"We decided to implement the "Ask Me Three" program. As patients came in, I would give them a brochure and say, 'Every time you see your provider you should leave knowing the answers to these three questions.' I point to their brochure and hand them a pencil. When the nurse would take them back she would reinforce the pamphlet and encourage them to talk about their questions. When the patient was ready to check out, I would ask them, 'Did you get your questions answered today?' Most of the responses were positive, but the more amazing thing was that fewer patients were stopping to ask questions or calling back in after their visit."

–Community clinic

Actions

Invite questions.

- Encouraging patients to ask questions can be as simple as saying, "What questions do you have?" This specific wording creates the expectation that they should ask questions.
- Do not ask patients, "Do you have any questions?" because most patients will respond to this wording by saying "no," even if they do have questions.
- Ask patients what questions they have several times during an office visit.

Other ways to elicit questions.

- "We discussed a lot of information. What can we review again?"
- "[Diagnosis] may be new to you, and I expect that you have some questions. What would you like to know more about?"

Use body language to invite questions:

- **Sit, don't stand:** Sit at the same level as your patient.
- **Look and listen:** Look at patients when talking and listening, as opposed to looking at the chart or computer.

- **Show that you have the time:** Be conscious about presenting yourself as having time and wanting to listen to their questions. Try not to interrupt.

Help patients prioritize questions.

- If patients have a long list of questions, help them decide which ones are most important to address at this visit. Have them schedule another visit to address the rest of their questions.

Encourage all staff to make sure questions are asked and answered.

- **Check-in and rooming staff** can encourage patients to ask their clinicians any questions they have during the visit.
- **Check-out staff** can ask patients whether all of their questions were answered. Make sure you have a plan for how to respond if a patient says "no."

Remind patients to bring questions with them.

- **Appointment reminders** can suggest patients bring a written list of questions with them.
- **Check-out staff** can suggest patients write down questions that occur to them after they leave so they can ask them at the next visit.

Encourage patients to ask questions in other health settings.

- For example, when giving a patient a new prescription, you might say "Be sure to ask the pharmacist if you think of any additional questions about your medicine."

Track Your Progress

Over the course of a week, have check-out staff ask patients at the end of each visit, "Did you get a chance to ask all your questions today?" Record the number of patients who answered "yes" over time. Check before implementing this Tool and again after 2 months, 6 months, and 12 months.

Over the course of a week, record the percentage of patients who call the practice with questions within 48 hours after their office visit. Check before implementing this tool and again after 2 months, 6 months, and 12 months.

Before implementing this tool, collect patient feedback using the Brief Patient Feedback Form. Administer the questions 2, 6, and 12 months later to determine if there's been an improvement in response to the item on encouraging questions.

If you field questions from the Health Literacy Patient Survey, calculate what percentage of patients responded "Always" to questions #7 and #8.

Resources

Practices found the following programs useful, especially when used in conjunction with Tool 5: Use the Teach-Back Method.

- Ask Me 3: The National Patient Safety Foundation's program encourages patients to ask three specific questions (and you to answer those questions even if they don't ask) at every visit.
- Questions Are the Answer: This resource, created by AHRQ, encourages patients to get more involved in their health care. It contains videos, handouts, and an online question builder.

Make Action Plans Tool 15

Overview

An action plan, created together by the patient and clinician, outlines one or more easy steps a patient can take to attain a health goal such as losing weight or improving self-management of a chronic condition. This tool will guide clinicians through the process of creating and using action plans in collaboration with their patients.

TIPS

Use action plans to help patients:

- Implement dietary changes
- Stop smoking
- Increase physical activity
- Reduce stress
- Improve sleep habits
- Take medicines correctly

Actions

Watch an action plan video.

- This 6-minute American College of Physicians Foundation Video shows three examples of patients and clinicians creating action plans for management of diabetes.

Create action plans with patients.

- **Ask permission to talk about health behaviors.** For example,
  - "Would it be OK if we talked about improving your blood sugar level?
  - "Would it be OK to talk a bit about your weight?"
- **Determine motivation.** Does the patient express the motivation to change? If patients do not show interest in making changes (i.e., a score of 5 or less), explore what barriers might stand in their way and what they see as possible benefits of changing their lifestyle.
- Have patients choose the goals. In order for the plan to be successful, the goal must be important to the patient, and he or she must be motivated to change. Ask patients, "What matters to you?" Have a list of goals to give patients ideas on what they could work on and help them decide on changes they are motivated to make.

- **Help patients break down goals into manageable steps.** Have patients pick one specific step they are likely to do. Steps should be small and realistic to do over a short time (e.g., 1 week).
- **Fill out an action plan form.** Use a form to outline exactly what the patient will do. The simple Action Plan Form in the Appendix can be modified to fit your needs. This visually appealing Action Plan Form from the University of California at San Francisco Center for Excellence in Primary Care is available in English and Spanish.

MY ACTION PLAN

DATE: _____

I_____and _____
have agreed that to improve my health I will:

1. Choose ONE of the activities below:

____Work on something that's bothering me:
_____

____Stay more physically active!

____Take my medications.

____Improve my food choices.

____Reduce my stress.

____Cut down on smoking.

2. Choose your confidence level:
How sure are you that you can do the action plan? (if < 7, then change plan)

10 VERY SURE
7 SURE
5 SOMEWHAT SURE
0 NOT SURE AT ALL

3. Fill in the details of your activity:

What:_____
_____
How much:_____
When:_____
How often:_____
Where:_____
With whom:_____
Start Date:_____
Follow-Up Date:_____
Best Way to Follow-Up: _____

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- **Assess confidence.** Assess the patient's confidence by asking, "On a scale of 1 to 10, how sure are you that you can follow this action plan?" Research shows that a confidence level of 7 or above increases the likelihood that the patient will carry out the plan. If they are not, the clinician and patient should explore ways to revise the plan so the patient feels more confident.
- **Identify barriers.** Ask the patient "What might stop you from following this action plan?" Problem solve about how to overcome barriers.
- **Make a copy of the action plan.** Give a copy to the patient and place a copy in the patient's medical record. If your practice has an EHR, determine how to standardize documentation, since there may be more than one place to capture action planning.

- **Follow up after the visit.** Followup lets patients know that you are interested in helping them achieve behavior change. Ideally, set up a time to follow up a week or two after the patient's visit. See Tool 6: Follow Up with Patients for more guidance.
  - If the goal wasn't met, help patients develop a plan that can be achieved.
  - If the goal was achieved, celebration and praise are in order. Work with patients to plan the next step. Each small step gets patients closer to the ultimate goal of improving their health-related behaviors.
  - Update the medical record to reflect the current plan the patient is following.

Track Your Progress

Have clinicians record in the medical record whether an action plan was created. After 1 or 2 weeks, identify the percentage of patients for whom an action plan was created. You may be able to look at all patients if you have EHRs. Otherwise, choose a sample of 20 patients seen in the last week. Check again in 2 months, 6 months, and 12 months to see if there has been an increase in that percentage.

Look at the records of 20 patients with action plans. See how many have notes on whether initial steps have been completed, additional steps have been added, and goals have been achieved. Repeat in 2 months, 6 months, and 12 months to see if there has been an increase in the percentage of patients with updated action plans.

Resources

Find more details about how to conduct action planning during a primary care visit in the following document: "Brief Action Planning to Facilitate Behavior Change and Support Patient Self-Management."

TIPS

- It can be tempting to make suggestions, but action plans need to come from the patients. Try having a menu of options (e.g., lists of exercises, foods to cut down on) that can give patients ideas for specific steps they can take. Healthfinder.gov has lots of suggestions for making healthy changes.
- Ask patients when they want to start. Having a concrete date sets patients in motion.
- Ask patients whose help they can enlist in completing their action plan. Support at home is an important determinant of success.

Help Patients Remember How and When to Take Their Medicine — Tool 16

Overview

Research has shown that patients often have difficulty knowing how and when to take their medicines, especially if their regimes are complex. Patients with limited health literacy tend to have particular difficulty taking medicines accurately. Helping patients understand and remember what medicines they need and how to take them can reduce errors.

Actions

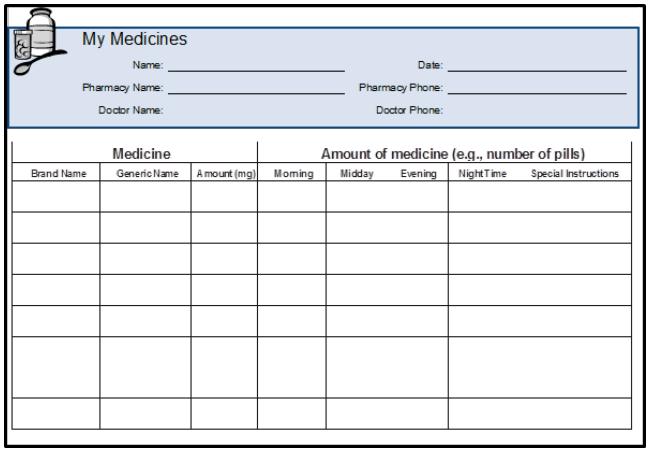
Ask patients how they remember to take their medicines.

You might say:

- "Everyone forgets to take their medicine from time to time. When was the last time you forgot to take any of your medicine?"
- "Do you have a way of remembering to take your medicines?

Provide patients with a list of medicines.

- You can edit the following documents to provide patients with simple documentation of what medicine to take and when to take it.
  - My Medicines Form
  - Medicine Reminder Form
- If you have an EHR, explore whether it can produce a medicine list that patients can easily understand.



My Medicines

Name: _____ Date: _____

Pharmacy Name: _____ Pharmacy Phone: _____

Doctor Name: Doctor Phone:

Medicine			Amount of medicine (e.g., number of pills)				
Brand Name	Generic Name	Amount (mg)	Morning	Midday	Evening	Night Time	Special Instructions

Anticipate and prevent errors.

- **Consider purchasing online reminder tools.** There are a number of commercially available tools that include features like:
  - Lists of patient medicines and simple explanations of what each medicine is for.
  - Audiovisual tutorials to help patients learn how to take their medicines.
  - Email or text messages to remind patients to take their medicines and to refill their prescriptions.
- **Always write prescriptions that include precise instructions for taking the medicine.** For example, instead of writing "twice daily" write, "Take 1 pill in the morning and 1 pill at bedtime." Use the evidence-based instructions for taking pills, which can be installed in your EHR for eprescribing. The instructions are also available in Chinese, Korean, Russian, Spanish, and Vietnamese. Include a plain language description of what the prescription is for (e.g., "for high blood pressure").
- **Warn patients about possible changes in the color, shape, and size of pills.** Make patients aware that color, shape, and size of pills may change when they refill prescriptions. Reassure them that, as long as the name of the medicine and the dose are the same as what they are used to taking, their medicine will work the same way and should be taken as originally directed.

Make it easy.

- **Provide pill boxes.** Teach patients and caregivers how to fill a pill box using their medicine list as a guide.
- **Enlist help from family members.** Family members can play an important role in reminding patients to take medicines and/or setting up and filling pill boxes.
- **Advertise ways you can help.** Tell patients that you can help them set up reminder strategies, such as pill boxes and medicine lists. Hang the Help with Medicine Poster in your exam room or waiting rooms.
- **Synchronize refills.** Whenever possible, set up refills for multiple medicines so they occur at the same time of the month.
- **Document reminder strategies.** Make sure patients' reminder strategies are documented in their medical record. If you have an EHR, coordinate across the practice so everyone documents reminder strategies in the same location, one that you can query.

Track Progress

Before starting and again 2 weeks after implementation, identify the percentage of patients who had a medicine reminder strategy documented in their medical record. Use your EHR or examine a sample of medical records for 20 patients who regularly take medicines and were seen in the last week. Check again in 2, 6, and 12 months to see how consistently your clinicians are helping patients set up and documenting medicine reminder systems.

If you field questions from the Health Literacy Patient Survey, calculate what percentage of patients responded "Always" to question #19.

Get Patient Feedback Tool 17

Overview

Frequently, practices are unaware of the level of difficulty patients encounter in reading or completing forms, understanding health information, and navigating the health care system. Patients are in the best position to judge if a medical office poses health literacy challenges. Getting patient feedback can highlight features of your practice that may cause difficulty for patients and help you identify areas for improvement.

Action

Choose from among the following ways to get patient feedback. Using multiple methods of gathering patient feedback will improve the caliber of the information you receive.

Shadow patients.

- Have a staff member shadow patients. A staff member (like a nurse, nurse educator, or physician's assistant) can accompany a patient during a visit, as a quiet observer. Shadowing can provide valuable insight into how a patient experiences your practice flow and communication. The PowerPoint presentation, Navigating the Health Care System, describes the kinds of information you can obtain by shadowing a patient.
- Decide how many patients you want to shadow and the timeframe within which you would like to complete the shadowing.
- Select patients to shadow who are representative of your practice in terms of age, gender, race/ethnicity/language, and health issues. A mix of new patients and patients who have been coming to your practice for years is ideal.
- Before their appointments, tell selected patients about your goal of improving patients' experiences in the practice and ask if an observer can accompany them during the visit. Be aware that not all patients will want to be observed.
- When shadowing patients:
  - Stay with them from the time they check in until they leave. Consider arranging to meet them outside your practice to see how easy it is to find your practice entrance and check-in desk.
  - At the end of the visit, ask the patient what went well and what was difficult about the visit.
  - Complete Communication Observation Forms (see Tool 4: Communicate Clearly) after each visit observed. This form focuses on the quality of communication between staff and the patient. Supplemental items can be added to address other target areas in which your practice is interested.

Conduct a walk through.

- Have a person unfamiliar with the practice walk through it with a staff member and give feedback on the signage and the physical environment.
  - Be sure that anyone who conducts a walk through will not observe any private or confidential interactions.
  - Consider recruiting a student from a local adult education program to conduct a walk through.
  - The Health Literacy Environment Activity Packet provides detailed guidance on the sorts of questions you can ask observers about their experience.

Observe patients using your patient portal.

- If you have a patient portal (i.e., personal health record), ask several patients if you may observe while they use the portal. Try to include patients who are not very experienced using computers.
- After you let them explore the portal, ask them to complete a specific task (e.g., find information on a particular topic, look up their recent lab results, request a prescription refill) and ask them to describe what they are doing. Observing how patients use the portal will help you know where changes in appearance, wording, organization, or navigation of the portal may be needed.
- The Patient Portal Feedback Form contains a list of questions you can ask to gather feedback from a patient about his or her experience using the portal.

Ask patients for feedback on forms or other materials.

- While a patient or family caregiver waits for a visit, or at the end of a visit, ask him or her for feedback on how understandable your written materials are. Remember to evaluate materials you did not develop as well as materials you created.
- See Tool 11: Assess, Select, and Create Easy-to-Understand Materials for more information on selecting and developing materials that will be easy for patients to read and understand and Tool 9: Address Language Differences for information about materials in multiple languages.

TIPS: Getting feedback on materials

You can ask patients questions, such as:

- "Are any parts clear and easy to understand?" "Which?"
- "What did you find confusing?"
- "Which parts or words are hard to understand?"
- "Is there anything offensive?"
- "What is helpful and what isn't?" "How?"
- Does it suggest that you take any action?" "Is it clear what to do?"

You can also get patient feedback using other methods, such as asking them to "think aloud" while reading or watching the material. For additional guidance, see:

- Can They Understand? Testing Patient Education Materials With Intended Readers.
- Part 6: Feedback Sessions of the Toolkit for Making Written Material Clear and Effective.

Have a suggestion box.

- Let patients and caregivers know you want to hear from them about any difficulties they have understanding information they have been given or getting the help they need. Use this poster to encourage patients to suggest ways your practice can improve communication.

Survey your patients.

- You can gain valuable insight from patients by conducting a survey. There are five main decisions to make when surveying patients.
- **Choose a survey tool.** There are a number of surveys you can choose. For example:
  - The Brief Patient Feedback Form from Tool 4: Communicate Clearly captures patient feedback on patient-provider communication. The form can be easily modified to include questions that address other areas of particular interest to your practice. The surveys described below provide a variety of questions that you may want to include.
  - The Health Literacy Patient Survey assesses a patient's experience communicating with staff, the quality of written materials, and referrals to community resources.
  - The CAHPS® Item Set for Addressing Health Literacy has questions on the quality of written and verbal communication with patients. It was designed to be used with the CAHPS Clinician & Group Survey. About the CAHPS Item Set for Addressing Health Literacy gives you an overview of the questions and how to use the survey results for quality improvement.

- **Choose a patient population to survey.** How you choose the patients to survey can impact the feedback you receive.
  - You can use a convenience sample of patients (e.g., all of the patients who came in this week). Be aware that a convenience sample won't be perfectly representative of your entire patient population. For example, a sample of patients who visited the office during a given week will include a higher proportion of patients who have frequent office visits (e.g., those with chronic conditions).
  - You can use a random sample of patients (e.g., choose every third person on your patient roster). A random sample of patients is generally better because it is representative of your patient population. To measure improvement over time, however, you have to limit the sample to patients who have had interactions with the practice since changes were made.
- **Choose how many patients to survey.** There is no set number of completed surveys that will automatically provide you with a reliable source of information. Generally, though, obtaining 50 completed surveys will give you a good idea of how your practice is doing. The larger the number of patients who respond to your survey, however, the more confident you can be in your results.
- **Choose how to administer the survey.**
  - Administering surveys by having someone ask the questions on the phone or in person may make participating easier for patients with limited literacy skills. Because patients may be concerned about providing negative feedback to staff they know, try to identify a volunteer from outside the practice who can collect survey data.
  - A Web-based or tablet-based version of your survey can help you collect and analyze survey data, and may provide audio options to address literacy barriers. Use Web search terms like "electronic survey tools" to find available options.
  - Use a cover letter to introduce and explain the purpose of the survey to your patients.
  - If you are surveying patients coming in for an office visit, we recommend that check-in staff ask each patient if he or she would be interested in providing your practice with feedback to improve care. Make it clear that it's their choice, and their care won't change if they say no. If they say yes, ask patients to complete the survey at the end of their visit, before they leave.
  - Regardless of how you collect data, patients are likely to be more honest if they know that their responses will be kept confidential. Devise a system for ensuring that patient's individual responses are not linked to them in an identifiable way and only aggregate results are shared with their clinicians and other staff. Let patients know that their responses will remain private.
- **Choose how to analyze survey results.**
  - There are vendors who can help with the collection and analysis of CAHPS data. Hiring a Survey Vendor provides information on locating a vendor.
  - Staff can create a spreadsheet and enter survey responses into it. Then, you can total the number of low and high ratings to help you understand your survey findings.

Act on your results.

- **Bring aggregated results back to the Health Literacy Team** when you have finished obtaining patient feedback.
  - Be sure that the data do not identify specific patients and their responses.
  - Identify areas for improvement.
  - Use Tool 2: Create a Health Literacy Improvement Plan to identify tools that can address targeted areas for improvement. Plan, implement, and test changes to see if they addressed the concerns identified.
- **Collect patient feedback as a routine part of your quality improvement activities.** Obtaining patient feedback is not a one-time activity. It should be done on a routine basis. Consider obtaining feedback from a sample of patients every quarter.

Track Your Progress

The Health Literacy Team should examine efforts to obtain patient feedback. Ask yourselves:

- Have you carried out plans to obtain patient feedback? For example, were you able to shadow the number of patients you wanted to, and did you complete the process in your allotted time?
- Have you used multiple methods to obtain patient feedback?
- Have you obtained feedback from a sample of patients who are of varying ages, racial/ethnic/language groups, health conditions, and both genders?
- Have you identified improvement goals based on feedback?
- Have you implemented improvement plans?
- Have you obtained additional patient feedback to assess whether you have achieved your improvement goals and identified new improvement areas?

Link Patients to Non-Medical Support Tool 18

Overview

Limited health literacy affects not only patients' health care but also other aspects of their lives. Linking patients with available community resources, such as assistance with transportation, food, employment, budgeting, and housing, helps patients attend to and maintain their health. Supporting patients in this way involves developing knowledge of the resources available in the community, directing patients to relevant resources, and following up to ensure that the connections were actually made. Attending to patients' non-medical needs, critical for patients to achieve optimal health, is time well spent.

Actions

Assess each patient's needs and support system.

- **Ask patients** about things that may affect their ability to manage their health.
  - You could ask a general question:
    - "Is there anything in your daily life that makes it hard to take care of your health?"
    - "What matters to you?"
  - Or, you could ask questions addressing specific needs:
    - "Healthy foods can be hard to find and expensive. Do you have any trouble getting healthy foods?"
    - "Was it easy to get here today?"
- Ask about and involve the patient's current support systems, such as family, friends, and social workers.
  - Find out and record what role each member of the support system plays in the patient's care.
- **Listen to what patients tell you** about the challenges in their lives.
- **Note patients' non-medical challenges** in their medical records.

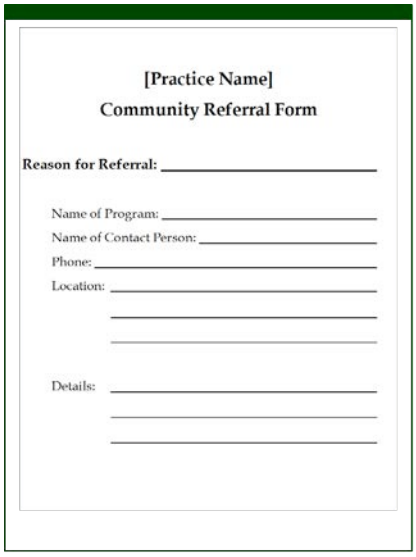
Identify your community resources.

- 2-1-1– Information & Referral Search: In many parts of the country, the United Way and AIRS (Alliance of Information and Referral Systems) can provide you with a phone number to call for information about the social services in your area. You can press 2-1-1 on your phone or access this resource on the Internet.
  - The following AHRQ Toolkit describes a process for establishing linkages with community partners: Linking Primary Care Patients to Local Resources for Better Management of Obesity.
  - The Chamber of Commerce in your area can provide a list of community services.
  - Ask specific agencies to send pamphlets or to give a presentation at your practice. This provides staff with an opportunity to meet a contact person as well as learn more about the agency's services and the referral process.

- **Create a system for organizing resources.** Have one person take responsibility for organizing and updating resources, and helping patients get connected.
- **Keep resources up to date.** Ask patients to let you know if they cannot reach a community resource. Establish a schedule for verifying whether resource information is still accurate.

Connect patients with resources.

- **Use a Community Referral Form** to provide patients with essential information about recommended services.
- **Follow up.** Find out if the referral was completed by contacting the patient or the service provider. (See Tool 6: Follow Up with Patients.)
- **Certify a Notary Public**. Select one person in the practice to become a Notary Public. This can help expedite completion of certain forms and eliminate an additional step for patients. The following link provides access to a Notary Public training course.
- See Tool 21: Make Referrals Easy for information on supporting and following up on referrals.



[Practice Name]
Community Referral Form

Reason for Referral: _____

Name of Program: _____
Name of Contact Person: _____
Phone: _____
Location: _____
_____
_____

Details: _____
_____
_____

Track Your Progress

Test whether your resource list is up to date. Call four randomly chosen service providers and verify their information.

Conduct a spot check of your medical records. Choose 10 medical records at random to see if they record information about patients' non-medical challenges and support systems. Repeat again in 2, 6, and 12 months to see if the medical records are more complete.

Track how many referrals are made in a month and then again 2, 6, and 12 months after implementation. To track referrals, develop regular reports of referrals made from your medical record system. Alternately, collect completed Community Referral Forms to track when staff make community referrals.

Make note of five referrals you have made. Check the patients' charts 1 month later to see if the outcome of the referral is documented.

If you field questions from the Health Literacy Patient Survey, calculate what percentage of patients responded "Yes" to question #32

Resources

Addressing Patients' Social Needs: An Emerging Business Case for Provider Investment summarizes the evidence regarding the value of addressing patient's non-medical needs.

Direct Patients to Medicine Resources — Tool 19

Overview

Medicine is an important component of many patients' treatment regimens. Unfortunately, some patients may try to save money by going without their medicines or reducing the amount they take. Helping patients to access low-cost medicines can support them in taking their prescriptions as directed.

Actions

Assess patients' ability to pay for their medicines.

- **Ask patients directly** about difficulty they may be having getting their medicines. For example,
  - "It's sometimes hard to afford all the things we need. Have you gone without medicine or not taken your full dose because of cost?"
- **Let patients know you can help.** Emphasize how important it is for them to take their medicines. Ask them to let you know if they have problems paying for medicines **before** they run out.

FACT

- Almost one-quarter of patients with chronic conditions report they underuse medicines because of costs.
- One in seven Americans under age 65 reported not filling a prescription in the previous year because they couldn't afford the medicine

Review patients' insurance coverage.

- Everyone is now required to have health insurance. If patients are uninsured, help them access your State's Marketplace, where they can apply for insurance (including Medicaid and subsidized insurance). Personal help, in the form of "navigators," is available from most Marketplaces.
- For Medicare patients, make sure they have Part D. Patients can get help enrolling in Part D from the State Health Insurance Assistance Program (SHIP).
- When referring patients to navigators or the SHIP, follow up to make sure they have been able to connect. (See Tool 6: Follow Up with Patients.)
- Explore insurer's mail order options as a way to save money.

Resources

To find your Marketplace Web site, which will have information about local navigator programs, go to https://localhelp.healthcare.gov/.

To locate a nearby SHIP provider, go to http://www.medicare.gov/contacts/organization-search-criteria.aspx, choose SHIP and your State from the drop down menus. Call your State SHIP program to find out about local SHIP providers.

Connect patients with medicine assistance programs.

- Below are assistance programs that connect patients with low-cost medicines. Separate applications will be required for each medicine needed. Be prepared to provide patients with assistance in navigating the sites and completing applications.
  - NeedyMeds provides patient assistance programs, drug discount cards, and a list of disease-based assistance programs. Help with paperwork to apply for assistance is available in some areas.
  - Partnership for Prescription Assistance offers a single point of access to more than 475 public and private programs, including nearly 200 offered by pharmaceutical companies.
  - RXAssist offers a comprehensive database of patient-assistance programs, as well as practical tools, news, and articles so that health care professionals and patients can find the information they need.
  - RXOutreach is a non-profit, mail order pharmacy that offers prescription medicines to people who are uninsured or have limited prescription drug coverage.
- Select Care Benefits Network is a patient advocate agency working with low-income patients to help them obtain their medicines from pharmaceutical companies. This organization may help patients fill out applications, but there may be a charge for services.
- **Local programs:** State Pharmaceutical Assistance Programs exist in some States, and there may be some local agencies that will give financial assistance for medicines.

Track Your Progress

Track over time how many patients need assistance paying for their medicines, and note the services the practice provided.

Ask each patient seen during 1 week if they went without medicine or did not take their full dose because of trouble paying for it in the last month. Repeat after 2, 6, and 12 months. Note whether there has been a change in the percentage of patients who report having gone without medicine or having taken less than they should because of cost.

Choose a sample of patients whom you've referred to insurance or medicine assistance programs. Follow up after 1 month to see how many have obtained insurance or other help paying for medicine.

If you field questions from the Health Literacy Patient Survey, calculate what percentage of patients responded "Yes" to questions #30 and #31.

Connect Patients with Literacy and Math Resources

Tool 20

Overview

Research has shown that clinicians have trouble identifying patients with limited health literacy skills.[1,2] Patients are unlikely to mention limitations in their literacy or math skills, unless you initiate a conversation about the issue. For these patients, referral to an adult learning center for literacy and math skill enhancement can be a life-changing event.

Practice Experiance

"I was surprised that patients were overwhelmingly receptive to questions like: 'Are you interested in improving your reading skills?' Our eyes were really opened up by the literacy resources in our community and how easy it is to talk to people about them."

–Rural family medicine practice

Action

Address literacy and math skills.

- Ask patients directly about their literacy skills. Using the DIRECT tool,[3] developed by the American Medical Association, can make discussing reading difficulties with patients feel less awkward.

DIRECT— Asking Patients About Literacy Skills

D – Ask about **difficulty reading**: "Have you ever had a problem with reading?"

I – Ask if the patient has an **interest in improving**: "Would you be interested in a program to help you improve your reading?"

R – Have **referral information** for adults and family literacy programs ready to give to those identified with reading difficulty.

E – Ask **everyone** about their literacy skills. Let patients know it is your policy to ask everyone.

C – Emphasize that low literacy is a **common problem** and they are not alone: "Half of Americans have some difficulty reading."

T – **Take down barriers** to joining literacy classes (e.g., help with the initial phone call, have informational sessions at the clinic, make followup contact with patients to see if they were able to find the right class)

- **Ask patients if they have trouble understanding and using numbers**, such as interpreting their blood pressure values or knowing how much medicine to take. Be ready to refer patients to local adult education classes to support everyday math skills.
- **Train staff** to become comfortable using the DIRECT tool and talking about math skills. Plan a staff training about literacy and math that includes role playing such conversations.

Connect patients to literacy and math resources.

- **Identify community resources.**
  - America's Literacy Directory is a site that identifies local resources to provide help with reading, math, GED, and English for speakers of other languages.
  - Contact resources in your community to verify their services and how to make referrals.
  - Regularly update resource information.
  - Obtain or create an easy-to-read handout, such as this Community Referral Form, with information about joining a literacy or math program. Ensure the instructions are easy to understand (e.g., use plain language, provide directions).
- **Offer help with the referral.** Ask staff to help the patient by making the initial phone call. Tool 21: Make Referrals Easy provides further advice on how to offer patients help with referrals.
- **Document the referral**. Identify a way of documenting referrals to literacy and math programs in your medical records, and train staff to document referrals consistently.

Track Your Progress

Test whether your community resource list is up to date. Call four service providers, and verify their contact information.

Track how many referrals are made in a month and then again 2, 6, and 12 months after implementing this tool. If you have an EHR, you can generate a tracking report from the system. Otherwise, collect copies of the Community Referral Forms to track referrals.

Note five literacy or math referrals you made. Check the medical record after 1 month to see if the outcome of the referral is documented.

References

1. Bass PF, 3rd, Wilson JF, Griffith CH, Barnett DR. Residents' ability to identify patients with poor literacy skills. Acad Med. Oct 2002;77(10):1039-1041
2. Dickens C, Lambert BL, Cromwell T, Piano MR. Nurse overestimation of patients' health literacy. J Health Commun. 2013;18 Suppl 1:62-69.
3 American Medical Association. "Health literacy and patient safety: Help patients understand. Reducing the risk by designing a safer, shame-free health care environment." 2007

Make Referrals Easy — Tool 21

Overview

Primary care practices refer patients to specialists, ancillary health care clinicians, labs and screening facilities, and elsewhere. Making the referral process easy for patients increases the chances that they will follow through, and that both you and the referral destination get all the information you need.

Actions

Refer patients to clinicians who coordinate care with you.

- Identifying, developing, and maintaining relationships with clinicians to whom you refer patients can make the referral process run smoothly.
- **Try to establish formal referral agreements** with key specialist groups and other clinicians.
- Don't continue to refer patients to clinicians who do not send information back to you, don't provide timely appointments for your patients, or otherwise fail to coordinate care.

Referral Agreements

Referral agreements spell out mutual expectations and responsibilities, such as:

- Which patients are appropriate to refer
- What information is needed before and after a referral
- Roles for both parties after the referral
- Setting aside appointments for urgent care

Don't rely on patients to relay information.

- **Share important information directly with the other office**, such as the reason for the referral, pertinent medical history, and test results.
- **Explore making electronic referrals.** Check whether your EHR has the capability to make referrals directly to other clinicians. If not, self-standing referral management systems are commercially available for purchase.
- Provide a detailed referral to the other clinician that contains all the information needed. The Improving Chronic Illness Site has a guide on Reducing Care Fragmentation, which includes a checklist of information to provide to specialists for each referral.
- **Get information sent directly back to you.** Make sure you get a full report back before your patient's next visit.

Consider language barriers.

- When making referrals for patients with limited English proficiency, **identify clinicians who are language concordant or have interpreter services**. See Tool 9: Address Language Differences for more information on language assistance.
- **Include information on your patient's language assistance needs** when making the referral.

Make sure the patient understands the reason for the referral.

- **Explain why** the patient needs to be seen by someone else, and what might happen if he or she is not seen.
- In the case of tests, **explain how you and the patient will use the information** to diagnose, manage, or decide on treatments for health conditions.
- In the case of screenings, **give a clear explanation of the risks and benefits.** Ultimately, it's up to the patient as to whether or not to undergo any particular test or screening.
- **Use the teach-back method** (see Tool 5: Use the Teach-Back Method) to confirm patient understanding.
- **Ask about and address any concerns or fears**.

Offer help with the referral.

- Ask patients if they would like your office to make the initial phone call.
- If staff members are making appointments for patients, make sure they first find out when the patients are available.
- Ask patients about transportation and other barriers to their completing the referral. Discuss how they could overcome these barriers. Use Tool 18: Link Patients to Non-medical Support to refer them to other services that could support their completion of the referral.

Provide clear instructions.

- For some referrals, patients will need to prepare in advance (e.g., fast, discontinue a medicine). Provide easy-to-understand instructions verbally and in writing.
- Explain the referral process fully (e.g., how you and the other clinician will exchange information, when the patient should return to your office).
- Give clear oral and written directions to get to the referral location.
- Use the teach-back method (see Tool 5) to confirm patient understanding.

Follow up on referrals.

- Confirm and document that the patient successfully completed the referral.
- Obtain information on the result of the referral and document in the medical record.
- Make sure the patient receives the results of any tests or screenings, even normal results.
- Provide patients positive feedback for completing referrals. Let patients see how you use the information obtained from tests or specialist visits.

- If the patient has not completed the referral, reinforce that you feel the patient could benefit, and review barriers.
- Determine whether the patient needs additional referrals.
- Get feedback from patients on the quality of the care provided. Stop making referrals to places that consistently receive negative reports.

Track Your Progress

Select a sample of referrals made during a week. Examine the referral records to calculate the percentage of referrals that included all relevant information. One month later, calculate the percentage of patients whose referral results are in their medical records.

Select a sample of patients who were sent for lab tests during a week. One month later, calculate the percentage of patients who have completed the test and the percentage who have been notified of the test results.

One month after implementing this Tool, ask a sample of patients who have not completed referrals why they did not follow through. Develop and implement an improvement plan to address the reasons they give. Repeat in 2, 6, and 12 months.

Resources

Care Coordination: Relationships and Agreements describes a package of changes, activities, and resources for primary care practices seeking to improve coordination.

Improving Your Office Testing Process: A Toolkit for Rapid-Cycle Patient Safety and Quality Improvement contains tools for referring to patients and following up on tests.

Appendix Items

Many of the appendix items are available as Word documents on the AHRQ Web site.

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Primary Care Health Literacy Assessment*

Please select **one answer** that most accurately describes your practice:

Doing Well	Our practice is doing this well
Needs Improvement	Our practice is doing this, but could do it better
Not Doing	Our practice is not doing this
Not Sure OR N/A	I don't know the answer to this question **OR** This is not applicable to our practice

1. Prepare for Practice Change

		Doing Well	Needs Improve-ment	Not Doing	Not Sure or N/A	Tools to Help
1.	Our health literacy team meets regularly.	❑	❑	❑	❑	1-Form Team
2.	Our practice regularly re-assesses our health literacy environment and updates our health literacy improvement goals.	❑	❑	❑	❑	2-Create a Health Literacy Improvement Plan 13-Welcome Patients
3.	Our practice has a written Health Literacy Improvement Plan and collects data to see if objectives are being met.	❑	❑	❑	❑	2-Create a Health Literacy Improvement Plan
4.	All staff members have received health literacy education.	❑	❑	❑	❑	3-Raise Awareness
5.	All levels of practice staff have agreed to support changes to make it easier for patients to navigate, understand, and use health information and services.	❑	❑	❑	❑	3-Raise Awareness
6.	All staff members understand that limited health literacy is common and can affect all individuals at one time or another.	❑	❑	❑	❑	3-Raise Awareness
7.	Our Health Literacy Team understands how to implement and test changes designed to improve performance.	❑	❑	❑	❑	2-Create a Health Literacy Improvement Plan

*Electronic version available from Survey Monkey®

2. Improve Spoken Communication

		Doing Well	Needs Improve-ment	Not Doing	Not Sure or N/A	Tools to Help
8.	All staff members speak clearly (e.g., use plain, everyday words and speak at a moderate pace).	❑	❑	❑	❑	4-Commun. Clearly
9.	All staff members listen carefully to patients without interrupting.	❑	❑	❑	❑	4-Commun. Clearly
10.	All staff members limit themselves to 3-5 key points and repeat those points for reinforcement.	❑	❑	❑	❑	4-Commun. Clearly
11.	All staff members use audio/video materials and/or visual aids to promote better understanding (e.g., food models for portion sizes, models of body parts, instructional health videos).	❑	❑	❑	❑	4-Commun. Clearly 12-Use Health Ed. Material Effectively
12.	Our practice ensures patients have the equipment and know-how to use recommended audio-visual materials and Internet resources.	❑	❑	❑	❑	12-Use Health Ed. Material Effectively
13.	All clinicians talk with patients about any educational materials they receive during the visit and emphasize the important information.	❑	❑	❑	❑	12-Use Health Ed. Material Effectively
14.	All staff members ask patients to state key points in their own words (i.e., use the teach-back method) to assess patients' understanding of information.	❑	❑	❑	❑	5-Teach-Back Method
15.	Clinicians routinely review with patients all the medicines they take, including over-the-counter medicines and supplements, and ask patients to demonstrate how to take them.	❑	❑	❑	❑	5-Teach-Back Method 8-Brown Bag Review

2. Improve Spoken Communication Continued

		Doing Well	Needs Improve-ment	Not Doing	Not Sure or N/A	Tools to Help
16.	Our practice routinely provides patients with updated medicine lists that describe in easy-to-understand language what medicines the patient is to take and how to take them.	❑	❑	❑	❑	8-Brown Bag Review
17.	Our practice trains patients to use our patient portal.	❑	❑	❑	❑	12-Use Health Ed. Material Effectively
18.	Staff members contact patients between office visits to ensure understanding or to follow up on plans made during the visit.	❑	❑	❑	❑	6-Follow up
19.	Staff members assess patients' language preferences and record them in the medical record.	❑	❑	❑	❑	9-Language Differences 13-Welcome Patients
20.	Our practice always uses appropriate language services (e.g., trained medical interpreters, trained bilingual clinicians, materials in other languages) with patients who do not speak English very well.	❑	❑	❑	❑	9-Language Differences
21.	When staff members give directions for finding the office, they refer to familiar landmarks and public transportation routes as needed.	❑	❑	❑	❑	7-Telephone
22.	If there is an automated phone system, one option is to speak with a person.	❑	❑	❑	❑	7-Telephone
23.	Our practice is able to respond to phone calls in the main languages spoken by our patients.	❑	❑	❑	❑	7-Telephone
24.	Staff members offer everyone help (e.g., filling out forms, using patient portal) regardless of appearance.	❑	❑	❑	❑	12-Use Health Ed. Material Effectively 13-Welcome Patients

3. Improve Written Communication

		Doing Well	Needs Improve-ment	Not Doing	Not Sure or N/A	Tools to Help
25.	At least one staff member knows how to assess, prepare, and simplify written materials so they are easier to read.	❑	❑	❑	❑	11-Assess, Select, and Create Easy-to-Understand Materials
26.	Our practice gets patient feedback on written materials.	❑	❑	❑	❑	11-Assess, Select, and Create Easy-to-Understand Materials I 17-Patient Feedback
27.	Our practice assesses whether written materials are easy to understand.	❑	❑	❑	❑	11-Assess, Select, and Create Easy-to-Understand Materials
28.	Our practice's patient education materials are concise, use plain language, and are organized and formatted to make them easy to read and understand.	❑	❑	❑	❑	11-Assess, Select, and Create Easy-to-Understand Materials
29.	If appropriate, our written materials are available in languages other than English.	❑	❑	❑	❑	9-Language Differences
30.	Our practice's forms are easy to understand and fill out, and collect only necessary information.	❑	❑	❑	❑	11-Assess, Select, and Create Easy-to-Understand Materials
31.	Lab and test results letters are concise, use plain language, and are organized and formatted to make them easy to read and understand (e.g., avoid the use of "positive" or "negative" results).	❑	❑	❑	❑	11-Assess, Select, and Create Easy-to-Understand Materials
32.	The name of the practice is clearly displayed on the outside of the building, and signs are posted throughout the office to direct patients to appropriate locations (e.g., practice entrance, restrooms, check-in, check-out, lab, etc.).	❑	❑	❑	❑	13-Welcome Patients
33.	The walls and bulletin boards are not covered with too many printed notices. It is easy for anyone to pick out the important information.	❑	❑	❑	❑	13-Welcome Patients
34.	Office signs use large, clearly visible lettering and plain, everyday words such as "Walk In" and "Health Center" rather than formal words such as "Ambulatory Care" or "Primary Care Practice."	❑	❑	❑	❑	13-Welcome Patients
35.	Office signs are written in English and in the primary languages of the populations being served (e.g., if most of the patients speak English or Spanish, signs are written in English and Spanish).	❑	❑	❑	❑	13-Welcome Patients

4. Improve Self-Management and Empowerment

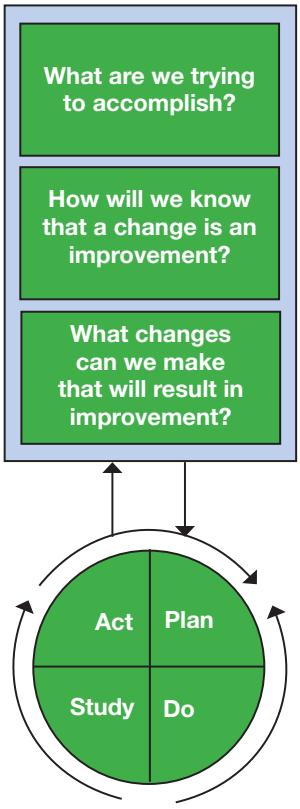
		Doing Well	Needs Improve-ment	Not Doing	Not Sure or N/A	Tools to Help
36.	Our practice creates an environment that encourages our patients to ask questions (e.g., asking "What questions do you have?" instead of "Do you have any questions?") and get involved with their care.	❑	❑	❑	❑	13-Welcome Patients 14-Enc. Questions 15-Make Action Plans
37.	Clinicians help patients choose health improvement goals and develop action plans to take manageable steps toward goals.	❑	❑	❑	❑	15-Make Action Plans
38.	Clinicians consider their patients' religion, culture, and ethnic customs when devising treatment options.	❑	❑	❑	❑	10-Consider Culture
39. .	Our practice follows up with patients to determine if their action plan goals have been met	❑	❑	❑	❑	6-Follow up 15-Make Action Plans
40.	Clinicians write precise instructions for taking medicine that are easy to understand (e.g., "take 1 pill in the morning and 1 pill at bedtime" instead of "take twice daily").	❑	❑	❑	❑	16-Help Patients with Medicine
41.	Staff members discuss different methods for remembering to take medicines correctly and offer patients assistance setting up a system (e.g., pill box, medicine chart).	❑	❑	❑	❑	16-Help Patients with Medicine
42.	Our practice requests feedback from patients.	❑	❑	❑	❑	11-Assess, Select, and Create Easy-to-Understand Materials 17-Patient Feedback

5. Improve Supportive Systems

		Doing Well	Needs Improve-ment	Not Doing	Not Sure or N/A	Tools to Help
43.	Staff members assess patients' ability to pay for medicines.	❑	❑	❑	❑	19-Medicine Resources
44.	Staff members connect patients with medicine assistance programs, including helping them fill out applications as needed.	❑	❑	❑	❑	19-Medicine Resources
45.	Staff members assess patients' non-medical barriers and take initiative to address them and provide appropriate referrals or extra support as needed.	❑	❑	❑	❑	18-Non-Medical Support
46.	Staff members ask patients if they have trouble reading or understanding and using numbers.	❑	❑	❑	❑	20-Literacy and Math Resources
47.	Our practice maintains an up-to-date list of community resources and refers patients as needed.	❑	❑	❑	❑	18-Non-Medical Support 20-Literacy and Math Resources
48.	Staff members help patients access adult literacy and math programs.	❑	❑	❑	❑	20-Literacy and Math Resources
49.	Our practice shares important referral information (e.g., reason for referral, pertinent medical history, test results) directly with other health care clinicians.	❑	❑	❑	❑	21-Referrals
50.	Staff members offer patients help with referrals, such as making an appointment.	❑	❑	❑	❑	18-Non-Medical Support 20-Literacy and Math Resources 21-Referrals
51.	Staff members confirm patient follow through after a referral is made.	❑	❑	❑	❑	6-Follow up 18-Non-Medical Support 20-Literacy and Math Resources 21-Referrals

Plan-Do-Study-Act (PDSA) Directions and Examples

The Plan-Do-Study-Act (PDSA) method is a way to test a change that is implemented. Going through the prescribed four steps guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again. Most of us go through some or all of these steps when we implement change in our lives, and we don't even think about it. Having them written down often helps people focus and learn more.



For more information on the PDSA, go to the IHI (Institute for Healthcare Improvement) Web site.

Keep the following in mind when using the PDSA cycles to implement the health literacy tools:

- **Single Step** - Each PDSA often contains only a segment or single step of the entire tool implementation.
- **Short Duration** - Each PDSA cycle should be as brief as possible for you to gain knowledge that it is working or not (some can be as short as 1 hour).
- **Small Sample Size** - A PDSA will likely involve only a portion of the practice (maybe 1 or 2 doctors). Once that feedback is obtained and the process refined, the implementation can be broadened to include the whole practice.

Filling out the worksheet

Tool: Fill in the tool name you are implementing.

Step: Fill in the smaller step within that tool you are trying to implement.

Cycle: Fill in the cycle number of this PDSA. As you work though a strategy for implementation, you will often go back and adjust something and want to test whether the change you made is better or not. Each time you make an adjustment and test it again, you will do another cycle.

PLAN

I plan to: Here you will write a concise statement of what you plan to do in this testing. This will be much more focused and smaller than the implementation of the tool. It will be a small portion of the implementation of the tool.

I hope this produces: Here you can put a measurement or an outcome that you hope to achieve. You may have quantitative data like a certain number of doctors performed teach-back, or qualitative data such as nurses noticed less congestion in the lobby.

Steps to execute: Here is where you will write the steps that you are going to take in this cycle. You will want to include the following:

- The population you are working with – are you going to study the doctors' behavior or the patients' or the nurses'?
- The time limit that you are going to do this study – remember, it does not have to be long, just long enough to get your results. And, you may set a time limit of 1 week but find out after 4 hours that it doesn't work. You can terminate the cycle at that point because you got your results.

DO

After you have your plan, you will execute it or set it in motion. During this implementation, you will be keen to watch what happens once you do this.

What did you observe? Here you will write down observations you have during your implementation. This may include how the patients react, how the doctors react, how the nurses react, how it fit in with your system or flow of the patient visit. You will ask, "Did everything go as planned?" "Did I have to modify the plan?"

STUDY

After implementation you will study the results.

What did you learn? Did you meet your measurement goal? Here you will record how well it worked, if you meet your goal.

ACT

What did you conclude from this cycle? Here you will write what you came away with for this implementation, whether it worked or not. And if it did not work, what you can do differently in your next cycle to address that. If it did work, are you ready to spread it across your entire practice?

Examples

Below are 2 examples of how to fill out the PDSA worksheet for 2 different tools, Tool 17: Get Patient Feedback and Tool 5: Use the Teach-Back Method. Each contain 3 PDSA cycles. Each one has short cycles and works through a different option on how to disseminate the survey to patient (Tool 17: Patient Feedback) and how to introduce teach-back and have clinicians try it. (Tool 5: Use the Teach-Back Method).

PDSA (plan-do-study-act) worksheet

TOOL: Patient Feedback **STEP:** Dissemination of surveys **CYCLE:** 1st Try

PLAN

I plan to: test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: at least 25 completed surveys per week during this campaign.

Steps to execute:

1. We will display the surveys at the checkout desk.
2. The checkout attendant will encourage the patient to fill out a survey and put it in the box next to the surveys.
3. We will try this for 1 week.

DO

What did you observe?

- We noticed that patients often had other things to attend to at this time, like making an appointment or paying for services and did not feel they could take on another task at this time.
- The checkout area can get busy and backed up at times.
- The checkout attendant often remembered to ask the patient if they would like to fill out a survey.

STUDY

What did you learn? Did you meet your measurement goal?

We only had 8 surveys returned at the end of the week. This process did not work well.

ACT

What did you conclude from this cycle?

Patients did not want to stay to fill out the survey once their visit was over. We need to give patients a way to fill out the survey when they have time.

We will encourage them to fill it out when they get home and offer a stamped envelope to mail the survey back to us.

PDSA (plan-do-study-act) worksheet

TOOL: Patient Feedback **STEP:** Dissemination of surveys **CYCLE:** 2nd Try

PLAN

I plan to: test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: at least 25 completed surveys per week during this campaign.

Steps to execute:

1. We will display the surveys at the checkout desk.
2. The checkout attendant will encourage the patient to take a survey and an envelope. They will be asked to fill the survey out at home and mail it back to us.
3. We will try this for 2 weeks.

DO

What did you observe?

- The checkout attendant successfully worked the request of the survey into the checkout procedure.
- We noticed that the patient had other papers to manage at this time as well.
- Per checkout attendant only about 30% actually took a survey and envelope.

STUDY

What did you learn? Did you meet your measurement goal?

We only had 3 surveys returned at the end of 2 weeks. This process did not work well.

ACT

What did you conclude from this cycle?

Some patients did not want to be bothered at this point in the visit; they were more interested in getting checked out and on their way.

Once the patient steps out of the building, they will likely not remember to do the survey.

We need to approach them at a different point in their visit when they are still with us – maybe at a point where they are waiting for the doctor and have nothing to do.

PDSA (plan-do-study-act) worksheet

TOOL: Patient Feedback **STEP:** Dissemination of surveys **CYCLE:** 3rd Try

PLAN

I plan to: test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: at least 25 completed surveys per week during this campaign.

Steps to execute:

1. We will leave the surveys in the exam room next to a survey box with pens/pencils.
2. We will ask the nurse to point the surveys out/hand them out after vitals and suggest that while they are waiting they could fill out our survey and put it in box.
3. We will see after 1 week how many surveys we collected.

DO

What did you observe?

- Upon self report, most nurses reported they were good with pointing out or handing the patient the survey.
- Some patients may need help reading survey, but nurses are too busy to help.
- On a few occasions, the doctor came in while patient filling out survey so survey was not complete.

STUDY

What did you learn? Did you meet your measurement goal?

We had 24 surveys in the boxes at the end of 1 week. This process worked better.

ACT

What did you conclude from this cycle?

Approaching patients while they are still in the clinic was more successful.

Most patients had time while waiting for the doctor to fill out the survey.

We need to figure out how to help people who may need help reading the survey.

PDSA (plan-do-study-act) worksheet

TOOL: Teach-back **STEP:** MDs initially performing Teach-back **CYCLE:** 1st Try

PLAN

I plan to: ask the physicians in Wednesday PM to perform teach-back with the last person they see that day.

I hope this produces: physicians performing teach-back and that they find that it was useful, did not take that much more time, and they will continue the practice.

Steps to execute:

1. We will ask the 5 physicians who hold clinic on Wednesday PM to perform teach-back with their last patient of the day.
2. We will show these physicians the teach-back video.
3. After their last patient checks out, we will ask the physicians if they felt
   a. it was useful?
   b. it was time consuming?
   c. they will do it again?

DO

What did you observe?

All physicians found the teach-back video informative and seemed eager to try this new tool.

STUDY

What did you learn? Did you meet your measurement goal?

4 out of 5 physicians performed teach-back on at least one patient in the afternoon. The 1 physician who did not indicated she did not quite know how to integrate it into her visit.

ACT

What did you conclude from this cycle?

4 out of 5 felt comfortable with it and said they would continue using it.

For the 1 who was not sure how to integrate it, we will look for other teach-back resources to help address this.

Ready to introduce to entire clinical staff.

PDSA (plan-do-study-act) worksheet

TOOL: Teach-back **STEP:** MDs continuing to perform Teach-back **CYCLE:** modified 2nd try

PLAN

I plan to: see if the physicians in Wednesday PM clinic are still performing teach-back by asking them after their last patient leaves. (3 weeks have gone by since initial introduction.)

I hope this produces: confirmation that each of the physicians will have performed teach-back on at least 3 of their afternoon patients.

Steps to execute:

1. We will approach the 5 physicians on Wednesday PM after their last patient leaves and ask them to count the number of patients they performed teach-back on this afternoon.
2. We will ask the physicians if they still feel
   a. it was useful?
   b. it was time consuming?
   c. they will do it again?

DO

What did you observe?

Some physicians could not find appropriate situations for teach-back.

All still felt it was a worthy tool during their patient visits but feel they need to remember it and practice it more.

STUDY

What did you learn? Did you meet your measurement goal?

3 out of 5 physicians said they did perform teach-back on 3 of their patients.

1 performed it in one instance.

1 did not perform it at all (same one as before).

ACT

What did you conclude from this cycle?

Teach-back is being used, maybe not as readily as I had anticipated.

Maybe the goals of '3 out of 6 patient encounters should contain teach-back' is unrealistic. We may put a sign in the clinic rooms, in view of the physicians, to remind them about teach-back.

Will measure again in 6 months.

PDSA (plan-do-study-act) worksheet

TOOL: Teach-back **STEP:** MDs continuing performing Teach-back **CYCLE:** 3rd Try

PLAN

I plan to: see if the signs put up in the exam rooms help physicians remember to do teach-back and increased its utilization.

I hope this produces: physicians will perform teach-back 3 out of 6 times.

Steps to execute:

1. We will put signs reading "Teach it Back" taped on the exam room desk/work area to remind physicians to use the technique.
2. We will ask physicians if they notice the signs and if they reminded them to perform teach-back.
3. We will see if Wednesday PM clinic had increased use of teach-back.

DO

What did you observe?

Nurses felt the sign will get in the way.

STUDY

What did you learn? Did you meet your measurement goal?

4 out of 5 physicians did teach-back on 3 patients Wednesday afternoon. 1 did it on 1 patient.

4 out of 5 said they did see the sign and that it was a reminder to do teach-back.

ACT

What did you conclude from this cycle?

That a reminder is needed (especially initially) to help physicians use this tool in their visit.

No further intervention needed at this point.

Health Literacy: Hidden Barriers and Practical Strategies

The PowerPoint presentation, including speaker's notes, is available online at:

http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/tool3a/index.html

Health Literacy Video Questions for Discussion

1. Now that you realize "you can't tell someone's health literacy status just by looking," what are some things that you have noticed that would suggest your patients may have a difficult time understanding?

2. Consider the patients featured in this video. What surprised you about their attitudes, concerns, or questions?

3. What have you learned that you will use to improve your communication with patients?

4. What is the most important thing that your practice needs to change to promote better communication?

5. What ideas do you have for changes that would improve your patients' understanding?

Health Literacy Video Moderator's Guide

What should your practice do to improve your patients' understanding of health-related information and self-care instructions? This guide is for the moderator of the discussion following the presentation of the health literacy video.

Discussion Guidance

To promote a productive discussion, please review the following information with the participants before you begin. Stress that there is work to do to move forward with implementing health literacy universal precautions in your practice and ideas and support from **all staff** is essential.

Remind participants that:

- Everyone is encouraged to speak.
- No one or two individuals should dominate the discussion.
- All ideas will be considered.
- Participants should listen to each other.

Other suggestions for the moderator:

- Identify one person to take notes.
- Review each question.
- Summarize key ideas.
- Identify the next steps for your practice.
- Allow at least 30 minutes for discussion.

Health Literacy Brief Assessment Quiz

We would like to get a sense of the knowledge and understanding you have about health literacy. Please complete this brief quiz that assesses some key facts about health literacy.

1. Limited health literacy is associated with:
   - ❑ A. Higher mortality rates
   - ❑ B. Lower levels of health knowledge
   - ❑ C. Greater use of inpatient and emergency department care
   - ❑ D. Poor medicine adherence
   - ❑ E. B and D
   - ❑ F. All of the above

2. You can tell how health literate a person is by knowing what grade he or she completed in school.
   - ❑ A. True
   - ❑ B. False

3. Which of the following skills are considered to be components of health literacy?
   - ❑ A. Ability to understand and use numbers
   - ❑ B. Reading skills
   - ❑ C. Speaking skills
   - ❑ D. Ability to understand what is said
   - ❑ E. Writing skills
   - ❑ F. All the above

4. Being anxious affects a person's ability to absorb, recall, and use health information effectively.
   - ❑ A. True
   - ❑ B. False

5. What is the average reading level of U.S. adults?
   - ❑ A. 4th-5th grade
   - ❑ B. 6th-7th grade
   - ❑ C. 8th-9th grade
   - ❑ D. 10th-11th grade
   - ❑ E. 12th grade

6. What is the grade level at which health-related information (like a diabetes brochure) is typically written?
   - ❑ A. 4th-5th grade
   - ❑ B. 6th-7th grade
   - ❑ C. 8th-9th grade
   - ❑ D. 10th grade or higher
   - ❑ E. 11th grade or higher
   - ❑ F. 12th grade or higher
   - ❑ G. college level

7. What is the best reading level for written materials used with patients?
   - ❑ A. 3rd-4th grade
   - ❑ B. 5th-6th grade
   - ❑ C. 7th-8th grade
   - ❑ D. 9th-10th grade
   - ❑ E. 11th-12th grade

8. To use good health literacy practices, staff and clinicians should use which of the following words/phrases when talking to or writing instructions for a patient or family member?

Circle the word/phase in either Option 1 or 2 in each row			
	Option 1	**OR**	**Option 2**
a.	Bad	OR	Adverse
b.	Hypertension	OR	High Blood Pressure
c.	Blood Glucose	OR	Blood Sugar
d.	You have the flu.	OR	Your flu test was positive.
e.	The cardiologist is Dr. Brown.	OR	The heart doctor is Dr. Brown.
f.	Your appointment is at 11:00 AM. Check in 20 minutes early.	OR	Arrive at 10:40 AM to check in.

9. It is a good health literacy practice to assume that each patient you communicate with has limited health literacy.

❑ A. True

❑ B. False

10. What strategies could all of us adopt to minimize barriers and misunderstanding for patients?

_____

_____

_____

_____

Health Literacy Brief Assessment Quiz

Answer Key

Question Number and Answers

1. F
2. B
3. F
4. A
5. C
6. D
7. B
8. a. Option 1 – Bad

   b. Option 2 – High Blood Pressure

   c. Option 2 – Blood Sugar

   d. Option 1 – You have the flu.

   e. Option 2 – The heart doctor is Dr. Brown.

   f. Option 2 – Arrive at 10:40 AM to check in.
9. A
10. Open-ended answer

Key Communication Strategies

- Warm Greeting
- Eye Contact
- Listen
- Use Plain, Non-medical Language
- Slow Down
- Limit Content
- Show How It's Done
- Use Teach-Back
- Repeat Key Points
- Use Graphics
- Invite Patient Participation
- Encourage Questions

Communication Self-Assessment

Directions: After a patient encounter, rate your level of agreement to the statements in the table. Your self-assessment is subjective, but it allows you to examine your oral communication with patients honestly. After completing the assessment, think about how you could improve.

	Disagree	Neutral	Agree
I greeted the patient with a kind, welcoming attitude.			
I maintained appropriate eye contact while speaking with the patient.			
I listened without interrupting			
I encouraged the patient to voice his or her concerns throughout the visit.			
I spoke clearly and at a moderate pace.			
I used non-medical language.			
I limited the discussion to fewer than 5 key points or topics.			
I gave specific, concrete explanations and instructions.			
I repeated key points.			
I used graphics such as a picture, diagram, or model to help explain something to my patient (if applicable).			
I asked the patient what questions he or she had.			
I checked that the patient understood the information I gave him or her.			

What areas can you improve on? What strategies can you use to improve them?

Communication Observation Form

Please observe the interaction between a patient and a specific clinician or staff member. Answer the following questions either yes or no to provide feedback about the quality of the communication you observe. Feel free to write notes that can help the clinician or staff member to improve his or her communication in the future.

1. Did this clinician or staff member explain things in a way that was easy to understand?	Yes	No
2. Did this clinician or staff member use medical jargon?	Yes	No
3. Was this clinician or staff member warm and friendly?	Yes	No
4. Did this clinician or staff member interrupt when the patient was talking?	Yes	No
5. Did this clinician or staff member encourage the patient to ask questions?	Yes	No
6. Did this clinician or staff member answer all the patient's questions?	Yes	No
7. Did this clinician or staff member see the patient for a specific illness or for any health condition?	Yes	No
If No, Form Is Complete		
7a. Did this clinician or staff members give the patient instructions about what to do to take care of this illness or health condition?	Yes	No
If No, Form Is Complete		
7b. Were these instructions easy to understand?	Yes	No
7c. Did this clinician or staff member ask the patient to describe how they were going to follow these instructions?	Yes	No

Please note any other comments about the encounter below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Brief Patient Feedback Form

We would like your honest feedback. Please answer these questions either yes or no about the visit you had today. Think about a specific provider or staff member – for example, your doctor, nurse, medical assistant – when answering.

1. Did this provider or staff member explain things in a way that was easy to understand?	Yes	No
2. Did this provider or staff member use medical words you did not understand?	Yes	No
3. Was this provider or staff member warm and friendly?	Yes	No
4. Did this provider or staff member listen carefully to you?	Yes	No
5. Did this provider or staff member encourage you to ask questions?	Yes	No
6. Did this provider or staff member answer all your questions to your satisfaction?	Yes	No
7. Did you see this provider or staff member for a specific illness or for any health condition?	Yes	No
If No, Form Is Complete		
7a. Did this provider or staff member give you instructions about what to do to take care of this illness or health condition?	Yes	No
If No, Form Is Complete		
7b. Were these instructions easy to understand?	Yes	No
7c. Did this provider or staff member ask you to describe how you were going to follow these instructions?	Yes	No

Blood Sugar Log Sheet

Patient Name: _____ Patient Phone Number (_____) _____

Deliver this Fax to: _____ at Fax Number (_____) _____

Week of:

_____/_____/_____

Blood Sugar Readings and Goals

Day/ Date	Breakfast		Lunch		Dinner		Bedtime	Other	Minutes of Exercise	Comments
	Blood Sugar Before	Blood Sugar 2 Hours After	Blood Sugar Before	Blood Sugar 2 Hours After	Blood Sugar Before	Blood Sugar 2 Hours After	Blood Sugar	Blood Sugar		
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										

GOALS:

Blood sugar before meals _____

Blood sugar 2 hours after meals _____

Check blood sugar at _____

*Note: Write down if you are sick, have a large meal, feel stressed, a low sugar, or other things that can change your blood sugar.

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Registro de azúcar en la sangre

Nombre de paciente: _____ Número de teléfono: (_____) _____

Entregue esta fax a: _____ Número de fax (_____)

_____

Semana de:

_____/_____/_____

Medidas y metas del azúcar en la sangre

Feche/ Día	Desayuno		Almuerzo		Cena		Hora de acostarse	Otro	Minutos de ejercicio	Commen-tarios Suger-encias
	Azúcar en la sangre antes	Azúcar en la sangre 2 horas después	Azúcar en la sangre antes	Azúcar en la sangre 2 horas después	Azúcar en la sangre antes	Azúcar en la sangre 2 horas después	Azúcar en la sangre	Azúcar en la sangre		
Domingo										
Lunes										
Martes										
Miércoles										
Jueves										
Viernes										
Sábado										

METAS:

Azúcar en la sangre antes de las comidas _____

Azúcar en la sangre 2 horas después _____

Chequear el azúcar en la sangre a las _____

*Nota: Anote si usted se siente enfermo, come una comida grande, se siente estrasado, tiene un nivel bajo de azúcar en la sangre, u otras cosas que pueden cambiar el azúcar en su sangre

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Lab Results Letter

Dear Ms. Sally Doe,

You had a blood test to measure your cholesterol levels on June 25, 2015.

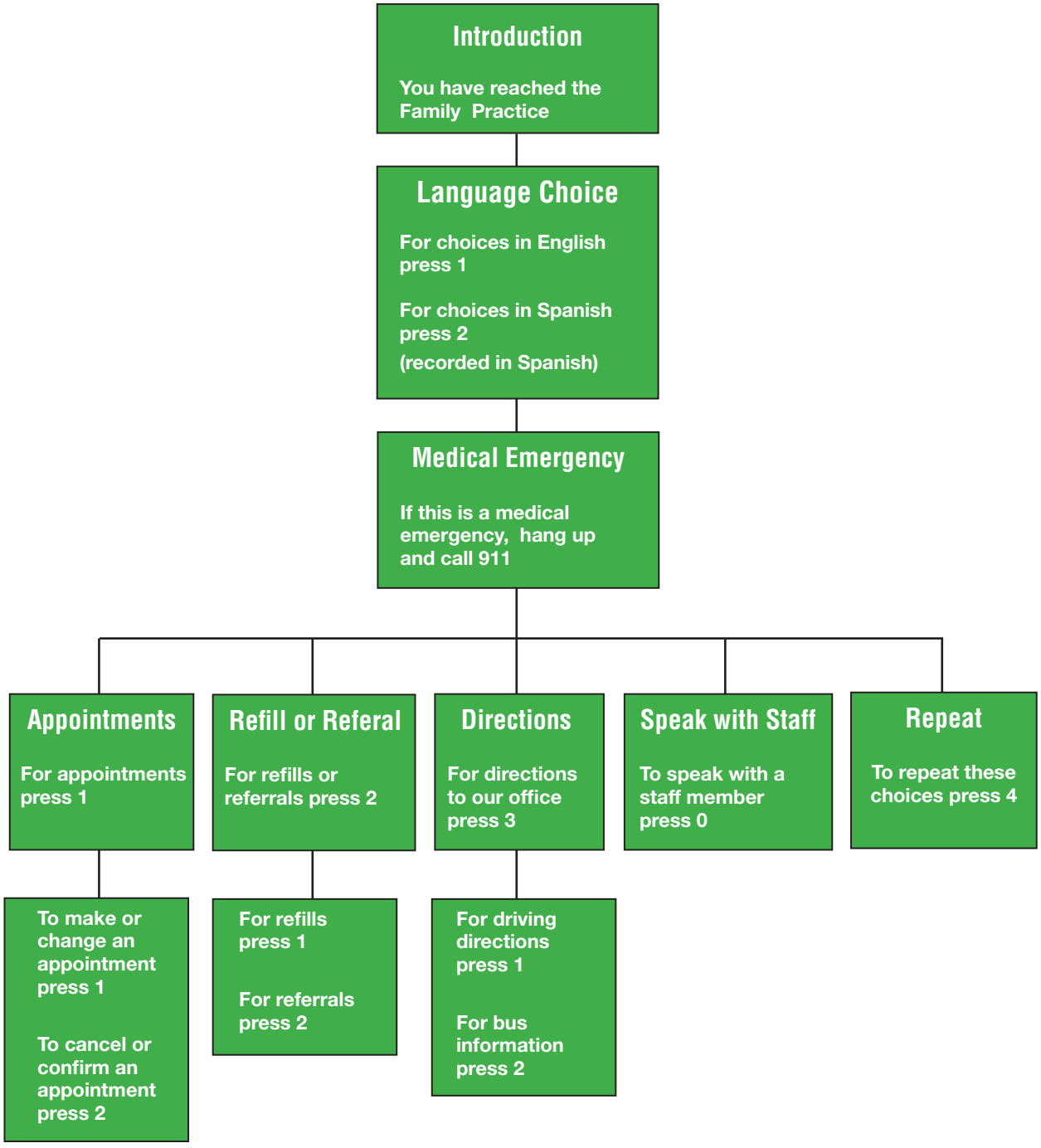
The **test results show that your cholesterol is high** and that we need to work together to lower it.

My office will call you to make an appointment so we can address this. If you have questions before your appointment, please call my nurse, Stephanie, at 555-555-8726.

Thank you and talk to you soon,

Dr. James Morris

Sample Automated Telephone System Menu



Bring ALL Your Medicines to EVERY Appointment!

This includes:

- Prescription medicines.
- Over-the-counter medicines.
- Herbal medicines.
- Vitamins and supplements.

Your doctor will go over them with you to:

- Review what you are taking.
- Make sure you are taking them correctly.
- See if you can take fewer medicines.

Medicine Review Form

Patient Name/Patient Number: _____

Date:_____

Person Completing Review: _____

1. How many prescription medicine containers did the patient bring in?

   _____

2. Did the patient say he/she brought in **all** of his/her prescription medicine containers?
   - ❑ Yes, patient said he/she brought in **all** of his/her prescription medicine containers
   - ❑ No, patient said he/she brought in **some** of his/her prescription medicine containers, but not all of them
   - ❑ No, patient did not bring in any of his/her prescription medicines and supplements
   - ❑ I did not check whether the patient brought in all prescription medicine containers

3. How many prescription medicines did you review with the patient?

   _____

4. Did the patient say he/she brought in **all** of his/her over-the-counter medicines and supplements?
   - ❑ Yes, patient said he/she brought in **all** of his/her over-the-counter medicines and supplements
   - ❑ No, patient said he/she brought in **some** of his/her over-the-counter medicines and supplements, but not all of them
   - ❑ No, patient did not bring in any of his/her over-the-counter medicines and supplements
   - ❑ The patient does not have any over-the-counter medicines or supplements
   - ❑ I did not check whether the patient brought all over-the-counter medicines and supplements

5. Did you ask the patient what each medicine you reviewed was for (i.e., why he/she should take it)?
   - ❑ Yes
   - ❑ No (Skip to question 7)

6. Was the patient able to tell you the correct reason for taking each medicine?
   - ❑ Yes
   - ❑ No

Medicine Review Form *(continued)*

7. Did you ask the patient how and when he/she should take each of the medicines you reviewed?
   - ❑ Yes
   - ❑ No (Skip to question 9)

8. Was the patient able to tell you correctly how and when each medicine should be taken?
   - ❑ Yes
   - ❑ No

9. Were problems found with the patient's medicine regimen?
   - ❑ Yes
   - ❑ No (skip to question 13)

10. What problems were found with the medicine regimen? Please mark all that apply.
    - ❑ Duplicate medicines
    - ❑ Expired medicines
    - ❑ Patient had contraindications for one or more medicines
    - ❑ Drug-drug interactions could be possible
    - ❑ Medicine was correct, but dose was incorrect
    - ❑ Patient stopped taking a prescription medicine without telling you or any other clinician in this practice
    - ❑ Patient stopped taking an over-the-counter medicine or supplement without telling you or any other clinician in this practice
    - ❑ Patient started taking a new prescription medicine (i.e., prescribed by another doctor, prescription samples) without telling you or any other clinician in this practice
    - ❑ Patient started taking a new over-the-counter medicine or supplement without telling you or another clinician in this practice
    - ❑ Containers brought in by patient did not match the medicine list in the patient's record
    - ❑ Patient not taking medicine as prescribed
    - ❑ Patient failed to get medicine refilled
    - ❑ Patient changed to cheaper medicine
    - ❑ Other – Please specify:

Medicine Review Form *(continued)*

11. Did any of these problems represent a possible risk to patient safety?
    - ❑ Yes
    - ❑ Possibly
    - ❑ No

12. Would any of these problems explain negative symptoms the patient has been experiencing?
    - ❑ Yes
    - ❑ Possibly
    - ❑ No
    - ❑ Not applicable (patient not experiencing negative symptoms)

13. Were changes made to the medicine regimen because of the review?
    - ❑ Yes
    - ❑ No. Thank you for completing this form. You are now done.

14. Did the total number of prescription medicines change as a result of the review?
    - ❑ Yes, the number of medicines was **reduced**
    - ❑ Yes, the number of medicines was **increased**
    - ❑ No, the number of medicines remained the same

15. What other changes were made to the medicine regimen? Please mark all that apply.
    - ❑ Expired medicines were discontinued (thrown away)
    - ❑ Updated prescriptions were written for expired medicines
    - ❑ Alternate medicines were prescribed to replace existing medicines
    - ❑ New medicines were prescribed
    - ❑ Medicine regimen was simplified (e.g., fewer doses per day)
    - ❑ Other – Please specify:

Adult Initial Health History Form

Name _____

First Middle Last

Today's Date_____Date of Birth _____

Address_____

Telephone Number (home) (_____)_____

(cell) (_____)_____

(work) (_____)_____

Filling out this form

- Answering these questions will help your doctor understand your health and how best to treat you.
- If you need help filling out this form:
  - Bring this form with you to your appointment and a nurse will help you.

    OR
  - Call the clinic at [555-1212 ext. 123] before your appointment and someone can help you over the phone.

Bring to your appointment:

1. This **Initial Health History Form** and any other important **medical records**

2. Your **insurance information**

3. All your **medicines** (prescription, herbal, over-the-counter pills, liquids, and creams)

We look forward to working with you!

GENERAL HEALTH

1. **Why did you make this appointment?** (Check all that apply.)

❑ Regular checkup

❑ First appointment to start care with a new doctor

❑ Switching doctors (from whom: _____)

❑ Have a specific health problem (if so, explain _____)

2. In general, what do you consider to be your **main health problem(s)**? (Check all that apply.)

❑ Heart problems

❑ Stomach problems

❑ Ear, nose, or throat problems

❑ High blood pressure

❑ Diabetes

❑ Depression/emotional problems

❑ Joint problems

❑ Other(s) – please explain_____

_____

3. How would you **describe your health?**

❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor

4. Are you taking any **prescription medicines?**

❑ No, I do not take any prescription medicines. (If no, go to question #5.)

❑ Yes. Please list your medicines below OR ❑ I brought my pill bottles or a list.

Name of medicine	Amount /size of pill	How many pills or doses do you take at			
Example: Furosemide	20 mg	2 morning	2 noon	dinner	bed
		morning	noon	dinner	bed
		morning	noon	dinner	bed
		morning	noon	dinner	bed
		morning	noon	dinner	bed
		morning	noon	dinner	bed
		morning	noon	dinner	bed

(Please use the back of this form if you have more prescription medicines.)

5. What **over-the-counter medicines**, do you take regularly?

❑ Pain reliever (for example: Tylenol, Advil, Motrin, Aleve, aspirin)

❑ Vitamins

❑ Antacid (for example: Tums, Prilosec)

❑ Herbal medicine (please list) _____

❑ Other (please list) _____

❑ None - I do not take any over-the-counter medicines regularly.

6. Have you ever had any **allergic reaction (bad effects) to a medicine** or a shot?

❑ No, I am not allergic to any medicines.

❑ Yes. (Please write the name of the medicine and the effect you had.)

Medicine I am allergic to	What happens when I take that medicine
Example: Atenolol	I get a rash

7. Do you get an **allergic reaction (bad effect)** from any of the following? (Check all that apply)

❑ Latex (rubber gloves)

❑ Grass or pollen

❑ Eggs

❑ Shellfish

❑ Other (please describe)_____

❑ No - I have no allergies that I know of.

8. Have you ever been a **patient in a hospital** overnight?

❑ No, I have never been a patient in a hospital. (If no, go to question #9.)

❑ Yes. (If yes, explain EACH reason and when.)

I was in the hospital because:	When
Example: Heart Attack	6 years ago

9. Have you ever had a **colonoscopy** (a test to look at your insides by sending a camera through your bottom)? ❑ Yes ❑ No

When_____

10. Have you ever received a **blood transfusion** (when you are given extra blood)? ❑ Yes ❑ No

When_____

FOR WOMEN ONLY

11. Have you ever been **pregnant**? ❑ Yes ❑ No

How many times?_____

How many children have you given birth to?_____

12. Have you had a **PAP smear**? ❑ Yes ❑ No

Date of last one_____

13. Have you ever had a **PAP smear that was not normal**? ❑ Yes ❑ No

14. Have you had a **mammogram** (breast x-ray)? ❑ Yes ❑ No

Date of last one _____

SHOTS

15. When was your last **Tetanus shot?** Year_____ ❑ never ❑ don't know

16. When was your last **Pneumonia shot**? Year_____ ❑ never ❑ don't know

17. When was your last **Flu shot**? Year_____ ❑ never ❑ don't know

SOCIAL HISTORY

18. Circle the **highest grade** you finished in school?

1 2 3 4 5 6 7 8	9 10 11 12	GED	1 2 3	1 2 3 4+
Grade School	High School		Vocational School	College

19. What **language** do you prefer to speak? ❑ English ❑ Spanish ❑ Other:_____

20. How well can you read?

❑ Very well ❑ Well ❑ Not well ❑ I can not read

21. **What do you do during the day**?

❑ Work full-time

❑ Work part-time

❑ Attend school

❑ Take care of children at home

❑ Go out most days (shop, visit, appointments)

❑ Stay home most days

❑ Other

22. Have you **ever smoked cigarettes, cigars, used snuff, or chewed tobacco**?

❑ No (If no, go to question #23.)
❑ Yes

a. When did you start?_____
b. How much per week? _____
c. Have you quit? ❑ No ❑ Yes, when:_____
d. Do you want to quit? ❑ No ❑ Yes ❑ Already Quit

23. Do you drink **alcohol**?

❑ No (if no, go to question #24.)
❑ Yes

a. Have you ever felt you ought to cut down on your drinking? ❑ Yes ❑ No
b. Have people ever annoyed you by criticizing your drinking? ❑ Yes ❑ No
c. Have you ever felt bad or guilty about your drinking? ❑ Yes ❑ No
d. Have you ever had a drink first thing in the morning? ❑ Yes ❑ No

24. Are you ❑ Single ❑ Married ❑ Partnered ❑ Divorced or Separated ❑ Widowed?

25. Who lives in your house?_____

_____

26. Do you have **sex** with ❑ men ❑ women ❑ both ❑ neither

27. Do you have any **beliefs or practices from your religion, culture, or otherwise** that your doctor should know? For example:

❑ I do not accept blood/blood products because of personal or religious beliefs.

❑ I **do not use birth control** because of personal or religious beliefs.

❑ I **fast** (go without food) for periods of time for personal or religious reasons.

❑ I do not eat meat.

❑ I do not eat anything that comes from an animal.

❑ Other special diets or eating habits. (Please describe.)_____

❑ I use traditional medicines or treatments, such as acupuncture or herbs.

❑ Other beliefs_____

❑ **N**o, I have no specific beliefs or practices that change the course of my health care.

28. Check any of the following things you use to **help you walk**.

❑ Cane ❑ Walker ❑ Wheelchair

❑ Other_____

❑ I do not need any help walking

29. Check any of the following types of **help at home** you receive (paid help or family and friends).

- ❑ Help with cleaning/laundry
- ❑ Help with shopping
- ❑ Help with personal care (bathing, dressing)
- ❑ Help with taking my medicines
- ❑ Do not use any help at home

30. In the past year, have you been **emotionally or physically abused** by your partner or someone important to you? ❑ Yes ❑ No

31. In the past year have you been **hit, pushed, shoved, kicked or threatened** by a partner or someone important to you? ❑ Yes ❑ No

32. EXERCISE

Describe what kind of exercise you do. (Check all that apply.)	How many times per week do you exercise?	For how long do you exercise each day?
❑ walking	❑ once per week	❑ less than 15 minutes
❑ biking	❑ twice per week	❑ 15-30 minutes
❑ swimming	❑ 3 times a week	❑ 30 – 45 minutes
❑ weight training	❑ 4 times a week	❑ 45 minutes – 1 hour
❑ yoga	❑ 5 times a week	❑ over 1 hour
❑ other	❑ 6 times a week	
❑ I do not exercise	❑ 7 times a week or more	
Comments:		

FAMILY HISTORY

What medical problems do people in your family have?

Family Member	Medical Problems
Mother:	❑ Diabetes (sugar) ❑ High blood pressure ❑ Heart problems ❑ Cancer ❑ Other: _____
Father:	❑ Diabetes (sugar) ❑ High blood pressure ❑ Heart problems ❑ Cancer ❑ Other: _____
Sisters:	❑ Diabetes (sugar) ❑ High blood pressure ❑ Heart problems ❑ Cancer ❑ Other: _____
Brothers:	❑ Diabetes (sugar) ❑ High blood pressure ❑ Heart problems ❑ Cancer ❑ Other: _____

HISTORY OF MEDICAL CONDITIONS

Have you ever had any of the following conditions? (Check all that apply)

- ❑ Anemia (low iron blood)
- ❑ Heart Trouble
- ❑ Hepatitis (yellow jaundice)
- ❑ Pneumonia
- ❑ Stroke
- ❑ Skin problems
- ❑ Epilepsy (fits, seizures)
- ❑ VD, STD (syphilis, gonorrhea, chlamydia, HIV)
- ❑ Asthma (wheezing)
- ❑ Hemorrhoids (piles)
- ❑ Tuberculosis (TB)
- ❑ Rheumatic Fever
- ❑ High Blood Pressure
- ❑ Depression (feeling down or blue)
- ❑ Anxiety (nerves, panic attacks)
- ❑ Diabetes (sugar)
- ❑ Cancer
- ❑ Liver Trouble
- ❑ Ulcers
- ❑ Other_____

REVIEW OF SYMPTOMS

Sleeping	Do you **feel tired** a lot?	❑ Yes	❑ No
	Do you have **trouble falling or staying asleep**?	❑ Yes	❑ No
	Do you have **other problems with sleep**?	❑ Yes	❑ No
Eating	Have you **lost your appetite** recently?	❑ Yes	❑ No
	Have you **lost weight** in the last year without trying?	❑ Yes	❑ No
	Do you **eat too much** or **have you gained weight** recently?	❑ Yes	❑ No
	Do you have **other problems with eating**?	❑ Yes	❑ No
Throat	Do you have **sore throats** a lot?	❑ Yes	❑ No
	Do you have **other problems with your throat**?	❑ Yes	❑ No
Ears	Do you have **trouble hearing**?	❑ Yes	❑ No
	Do you wear a **hearing aid**?	❑ Yes	❑ No
	Do you have constant **ringing or noises** in your ears?	❑ Yes	❑ No
	Do you have **other problems with your ears**?	❑ Yes	❑ No
Back	Do you have **back pain**?		
	Do you have any **other problems with your back**?	❑ Yes	❑ No
Eyes	Do you have **trouble with your vision or seeing**?	❑ Yes	❑ No
	Do you **wear glasses or contacts**?	❑ Yes	❑ No
	Do you have **other problems with your eyes**?	❑ Yes	❑ No
Nose and Sinuses	Do you have a **runny or stopped up nose** a lot?	❑ Yes	❑ No
	Do you have **other problems with your nose or sinuses**?	❑ Yes	❑ No
Teeth and Mouth	Do you have **sore or bleeding gums**?	❑ Yes	❑ No
	Do you wear **plates or false teeth**?	❑ Yes	❑ No
	Do you have **other problems with your teeth and mouth**?	❑ Yes	❑ No
Heart or Breathing	Do you ever have **pain/tightness in your chest** when working or exercising?	❑ Yes	❑ No
	Do you **wake up at night with trouble breathing**?	❑ Yes	❑ No
	Do you have **a racing or skipping heartbeat** at times?	❑ Yes	❑ No
	Do you have **other heart or breathing problems**?	❑ Yes	❑ No
Bowel movements	Do you have **bowel movements (poop) that are black, like tar, or bloody**?	❑ Yes	❑ No
	Do you have any **other problems with your bowel movements (poop)**?	❑ Yes	❑ No

Peeing and Kidney Stones	Do you have **trouble passing your urine (peeing)**?	❑ Yes	❑ No
	Does it **burn when you pass urine (pee)**?	❑ Yes	❑ No
	Do you have to **pee more than 2 times a night**?	❑ Yes	❑ No
	Do you **leak urine (pee)**?	❑ Yes	❑ No
	Have you ever passed **kidney stones**?	❑ Yes	❑ No
	Do you have any **other problems with your peeing**?	❑ Yes	❑ No
Joints	Do you have **swollen or painful joints**?	❑ Yes	❑ No
	Do you have any **other problems with your joints**?	❑ Yes	❑ No
Head, Balance, Fever and Weakness	Do you have **frequent or severe headaches**?	❑ Yes	❑ No
	Have you ever **fainted (passed out)**?	❑ Yes	❑ No
	Have you **lost your balance and fallen** recently?	❑ Yes	❑ No
	Do you have **weakness** in any part of your body?	❑ Yes	❑ No
	Have you had a **fever** within the past month?	❑ Yes	❑ No
	Do you have any **other problems with your head or balance**?	❑ Yes	❑ No
Emotional Health	Do you get **upset easily**?	❑ Yes	❑ No
	Do **frightening thoughts** keep coming into your mind?	❑ Yes	❑ No
	Have you ever been **hospitalized for nerves, thoughts or moods**?	❑ Yes	❑ No
	During the past 2 weeks, have you often been bothered by having **little interest or pleasure in doing things**?	❑ Yes	❑ No
	During the past 2 weeks, have you often been bothered by feeling **down, depressed, or hopeless**?		
	Do you have any **other problems with your emotional health**?	❑ Yes	❑ No
Men Only	Have you ever had **prostate trouble**?	❑ Yes	❑ No
	Do you have any **other male problems**?		❑ No
Women Only	Do you have **pain or lumps in your breast**?	❑ Yes	❑ No
	Do you have unusual **vaginal discharge or itching**?	❑ Yes	❑ No
	Do you or have you taken **hormones (such as birth control pills)**?	❑ Yes	❑ No
	Do you have any **other female problems**?	❑ Yes	❑ No

Young Child Health History Form

Child's Name:_____

First Middle Last

Child's Address_____

Today's Date_____

Filling out this form

- Answering these questions will help your doctor understand your child's health and how best to treat your child.
- If you need help filing out this form:
  - Bring this form with you to your appointment and a nurse will help you.

    OR
  - Call the clinic at [555-555-1212 ext. 123] before your appointment and someone can help you over the phone.

Bring to your appointment:

1. This **Child Health History Form** and a**ny other im**portant medical records.
2. A complete copy of the child's **Immunization (shot) records**.
3. The child's **insurance information**.
4. Any **medicines the child takes** (prescription, herbal, over-the-counter pills, liquids, and creams).

We look forward to working with you!

GENERAL INFORMATION

What is the child's sex? ❑ Female ❑ Male

Child's Date of Birth_____ current age _____

Is your child **adopted**? ❑ No ❑ Yes If yes, at what age? _____

Who is filling out this form?

❑ Mother

❑ Father

❑ Other guardian (please explain relationship to child) _____

❑ Other (please explain)_____

The child's parents are:

❑ Single ❑ Married ❑ Divorced ❑ Separated but not divorced

❑ Widowed ❑ Living together but not married ❑ Unknown

Main adult contact for child	Other adult contact for child
Name:	Name:
Relation to child: ❑ Mother ❑ Father ❑ Other: _____	Relation to child: ❑ Mother ❑ Father ❑ Other: _____
Address: ❑ Same as child's Street address: _____ City: _____ State: _____ Zip: _____	Address: ❑ Same as child's Street address: _____ City: _____ State: _____ Zip: _____
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

TODAY'S HEALTH PROBLEMS

1. List your child's **main health problems** (or reasons for visiting the clinic).

❑ Routine checkup

❑ Immunizations (shots)

❑ A health problem (please specify)_____

❑ Switching doctors (last doctor_____)

2. How well do you feel your child **acts or behaves**?

❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor

MEDICAL HISTORY

3. Has your child ever been a **patient in a hospital** (other than a few days after birth)?

❑ No (If no, go to question #9.)

❑ Yes (If yes, explain why and when below.)

My child was in the hospital because:	When
Example: Bike accident	5 years old

4. Is your child taking any **prescription medicines**?

❑ No. My child does not take any prescription medicines. (If no, go to question #5.)

❑ Yes - Please list the child's medicines below or ❑ I brought my child's medicines.

Name of medicine	Amount / size of pill	How many pills or doses does your child take at			
Example: Dexadrine	10 mg	1 morning	noon	evening	1 bedtime
		morning	noon	evening	bedtime
		morning	noon	evening	bedtime
		morning	noon	evening	bedtime

(Please use the back of this form if you have more prescription medicine.)

5. What **over-the-counter medicines**, does your child take regularly?

❑ Vitamins

❑ Herbal medicine (please list) _____

❑ Other (please list) _____

❑ None, my child does not take any over-the-counter medicines regularly.

6. Does your child have any **allergic reaction (bad effect)** from any of the following? (Check all that apply.)

❑ Outside or Indoor allergies (for example: grass, pollen, cats …)

❑ Food Allergies (for example: peanuts, milk, wheat …)

❑ Medicine or shots (immunization). (Please list below.)

❑ No, my child has no allergies that I know of.

Medicine child is allergic to:	What happens when the child takes that medicine
Example: Amoxicillin	Diarrhea (runny poop)

7. Has your child had any of the following **diseases**?

Measles	❑ Yes	❑ No	❑ Don't Know
Mumps	❑ Yes	❑ No	❑ Don't Know
Chicken Pox	❑ Yes	❑ No	❑ Don't Know
Whooping Cough	❑ Yes	❑ No	❑ Don't Know
Rubella	❑ Yes	❑ No	❑ Don't Know
Rheumatic Fever	❑ Yes	❑ No	❑ Don't Know
Scarlet Fever	❑ Yes	❑ No	❑ Don't Know

8. Please check any of the following **medical problems** that your child has **ever** had.

Has your child ever had:	
Ear infections	❑ Yes ❑ No
Nose problems (sinus infections, nose bleeds)	❑ Yes ❑ No
Eye problems (blurry vision, need to wear glasses)	❑ Yes ❑ No
Hearing problems	❑ Yes ❑ No
Mouth or throat problems (Strep throat, swallowing problems)	❑ Yes ❑ No
Diarrhea (having frequent and runny bowel movements/poop)	❑ Yes ❑ No
Constipation (problems having a bowel movement /poop)	❑ Yes ❑ No
Throwing up (vomiting)	❑ Yes ❑ No
Problems **peeing** (bed wetting, pain when peeing)	❑ Yes ❑ No
Back problems (crooked back, back pain)	❑ Yes ❑ No
Growing pains (bone or body pains due to growing)	❑ Yes ❑ No
Muscle and bone problems (weak muscles, pain in joints)	❑ Yes ❑ No
Skin problems (acne, flaking skin, rashes, hives)	❑ Yes ❑ No
Seizures (shaking fits)	❑ Yes ❑ No
ADD/ADHD (problems paying attention, sitting still)	❑ Yes ❑ No
Sleeping problems (falling or staying asleep)	❑ Yes ❑ No
Breathing problems (cough, asthma)	❑ Yes ❑ No
Warts	❑ Yes ❑ No
Jaundice (yellow skin)	❑ Yes ❑ No

SHOTS

9. Has your child received **immunizations (shots)** in the past?

❑ No (If no, go to question #10.)

❑ Yes

If yes, have you given this office a copy of the immunization (shots) records?

❑ Yes (If yes, go to question #10.)

❑ No

If not, **please give us the name of the doctors' offices or clinics** where your child has received these shots so we can get the records.

Doctor's office/clinic name: _____

Doctor's office/clinic phone number:_____

ABOUT MOM WHEN PREGNANT

The following questions are about the mother of the child during pregnancy and birth.

If you do not know about the pregnancy of the mother, check here ❑ and go to question #17.

10. What was the general **health of the mother** during pregnancy?

❑ Excellent ❑ Good ❑ Fair ❑ Poor ❑ Unknown

11. Were any of the following used **during pregnancy**?

❑ Cigarettes

❑ Alcohol

❑ Illegal drugs (which ones? _____)

❑ Prescription drugs (which ones? _____)

❑ None of the above

12. Did the mother have any of the following **conditions or problems during pregnancy**?

❑ Preeclampsia (high blood pressure)

❑ Emotional stress

❑ Unexpected bleeding or spotting

❑ Diabetes (sugar)

❑ Injury or serious illness

❑ Other _____

13. **Was the birth:**

❑ On the due date

❑ Before the due date (by how much_____)

❑ After the due date (by how much_____)

14. **Was the birth:** ❑ Vaginal? ❑ C-Section (surgical cut in the tummy)?

15. **Were any of the following used?**

❑ Pain medicine during birth (epidural)

❑ Tool to help pull baby out (forceps or vacuum)

❑ None

16. Were there any **problems during the birth**? ❑ Yes ❑ No

If yes, please explain:_____

ABOUT THE CHILD AS A BABY

17. Was/is the child **breastfed**? ❑ Yes ❑ No If yes, how long_____

18. In the first **2 months after birth**, did the child have:

❑ Jaundice (yellow skin)

❑ Colic (upset stomach, crying)

❑ Breathing problems

❑ Other_____

❑ None of the above

19. At what age did the child begin to **crawl**?_____

20. At what age did the child begin to **sit up**? _____

21. At what age did the child begin to **walk**? _____

22. At what age did the child get his/her **first tooth**? _____

23. At what age did the child began to **say words** (mama, dada)? _____

24. How would you rate your **child's health in his or her first year of life**?

❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor ❑ Unknown

IN SCHOOL AND AT HOME

25. Does the child go to **school or daycare**? ❑ Yes ❑ No If yes, what is its name?

_____

26. If your child goes to school or daycare, describe **how your child acts** in school or daycare.

Check all that apply.

❑ Nervous, worried

❑ Hyper, restless, can't sit still

❑ Pushy, bullies others

❑ Relaxed, calm

❑ Social, friendly

❑ Shy, withdrawn, keeps to self

❑ Gets angry easily

❑ Scared, fearful

❑ Moody

❑ Happy

27. How are your child's **grades** in school?

❑ Excellent ❑ OK ❑ Poor ❑ Does not go to school

28. About how much **exercise** does your child get every day?

❑ Less than 30 minutes ❑ 30 minutes to 1 hour ❑ Over 1 hour

29. About how many hours of **TV** does your child watch every day?

❑ Less than1 hour ❑ 1-3 hours ❑ More than 3 hours

30. About how many hours is your child on a **computer** every day?

❑ Less than 1 hour ❑ 1-3 hours ❑ More than 3 hours

❑ Does not have a computer

31. About how many hours does your child **spend outside** every day?

❑ Less than1 hour ❑ 1-3 hours ❑ More than 3 hours

32. About how many hours are **spent reading** with your child every day?

❑ Less than 15 minutes ❑ 15-30 minutes ❑ 30 minutes to1 hour ❑ More than 1 hour

33. Does your child **wear a helmet** when riding a bike, roller blading, skate boarding, etc.?

❑ Yes ❑ No ❑ Does not do activities like that

34. Does your child get **buckled in a car seat** or **wear a seat belt** when riding in a car?

❑ Yes ❑ No

35. Do you have **guns** in the home? ❑ Yes ❑ No

If yes, are they **locked up**? ❑ Yes ❑ No

36. What **activities** is your child involved in:

❑ Riding bike ❑ T-ball/baseball ❑ Dance/movement ❑ Skate boarding

❑ Karate ❑ Video games ❑ Girl Scouts/Boy Scouts

❑ Soccer ❑ Playing a musical instrument

❑ Reading ❑ Playing with friends

Other team sports _____

❑ Other activity(s) _____

❑ Too young to be involved in activities

37. Please list what your child typically **eats and drinks in a day** for:

Breakfast_____

Lunch_____

Dinner_____

Snacks_____

FAMILY

38. Check all the people that the **child lives with**:

❑ Mother

❑ Father

❑ Brothers (how many?_____)

❑ Sisters (how many?_____)

❑ Other family members (list _____)

❑ Friends or other people (list_____)

❑ Animals ❑ Dogs (how many?_____) ❑ Cats (how many?_____)

❑ Other animals _____

39. What medical problems do people in the child's family have?

Family Member	Medical Problems
Mother:	❑ Depression ❑ Anxiety (Nerve) Problems ❑ Learning Disability ❑ Overweight ❑ High Blood Pressure ❑ Diabetes (Sugar) ❑ Cancer ❑ Heart Problems Other: _____
Father:	❑ Depression ❑ Anxiety (Nerve) Problems ❑ Learning Disability ❑ Overweight ❑ High Blood Pressure ❑ Diabetes (Sugar) ❑ Cancer ❑ Heart Problems Other: _____
Sisters:	❑ Depression ❑ Anxiety (Nerve) Problems ❑ Learning Disability ❑ Overweight ❑ High Blood Pressure ❑ Diabetes (Sugar) ❑ Cancer ❑ Heart Problems Other: _____
Brothers:	❑ Depression ❑ Anxiety (Nerve) Problems ❑ Learning Disability ❑ Overweight ❑ High Blood Pressure ❑ Diabetes (Sugar) ❑ Cancer ❑ Heart Problems Other: _____

Adult Return Visit Update Form

Patient Name_____Date_____

1. **What would you like to talk to the doctor about today?**

   1. _____

   2. _____

   3. _____

2. How would you **describe your health** since your last visit?

❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor

3. Have you been **in the hospital or been to the Emergency Room** since your last visit? ❑ Yes ❑ No.

4. Have you seen any **other doctors** since your last visit? ❑ Yes ❑ No.

5. Have your **medicines** changed since your last visit? ❑ Yes ❑ No.

6. Have you been **exercising**? ❑ Yes ❑ No.

7. Have you been **hit, pushed, shoved, kicked, or threatened** by someone important to you? ❑ Yes ❑ No.

8. During the past 2 weeks, have you often been bothered by having **little interest or pleasure in doing things**? ❑ Yes ❑ No.

9. During the past 2 weeks, have you often been bothered by feeling **down, depressed, or hopeless**? ❑ Yes ❑ No.

Consent to Treat Form

1. I _____ (patient name) give permission for **[practice name]** to give me medical treatment.

2. I allow [practice name] to file for insurance benefits to pay for the care I receive.

I understand that:

- **[practice name]** will have to send my medical record information to my insurance company.
- I must pay my share of the costs.
- I must pay for the cost of these services if my insurance does not pay or I do not have insurance.

3. I understand:

- I have the right to refuse any procedure or treatment.
- I have the right to discuss all medical treatments with my provider.

Patient's Signature_____ Date_____

Parent or Guardian Signature _____ Date_____

(for children under 18)

_____ _____

Print name

Release of Medical Information

Permission to get records

I, _____, with a date of birth,_____, give my permission
(patient name) (patient's DOB)

for _____ to give my medical records (as described on p. 2) to
(doctor's or hospital name who has records)

_____so that he/she can better understand my condition and
(my doctor's name)

help me.

Permission to get sensitive information

By putting my initials by each item below, I understand that I allow records to be sent that may have information about:

_____ my mental health,

_____ a disease I may have that others could get from me, like HIV/AIDS,

_____ genetic records, and/or

_____ drug and alcohol records.

I understand that:

- I do not have to share these records.
- If I want to take away the permission for my doctor to get these records, I need to talk to my doctor or a staff person and sign a paper.
- This form is only good for 3 months from the date I sign it.

Patient's Signature_____ Date _____

Authorized Representative's Signature_____ Date _____

Relationship of Authorized Representative_____

Consent for release of medical records_____
(patient name)

Date: _____

Requesting records from:

Name of Practice:_____

Name of Physician:_____

Fax number:_____

Address:_____

Types of records we are requesting

- ❑ Any and all types of records you have for this patient
- ❑ Doctor visit notes
- ❑ Emergency room notes
- ❑ Urgent care notes
- ❑ History and physical
- ❑ Hospital progress notes
- ❑ Operation or procedure notes
- ❑ Clinic notes
- ❑ Pathology reports
- ❑ Doctors orders
- ❑ Nurses notes
- ❑ Discharge summary
- ❑ Lab reports
- ❑ Radiology reports
- ❑ Consultations
- ❑ Other _____

Records within the following dates:

- ❑ All records for this patient
- ❑ Records dated between _____and _____

Please send records to:

Attention:_____

At fax number:_____

Or mail to:_____

For any questions please call (phone number):_____

and ask for:_____

Appointment Reminder

This is a reminder that:

[Patient name] has an appointment

For: A diabetes followup visit

With: Dr. James Morris

Date: Wednesday, July 29, 2015

Time: 10:00 AM

Where: At the UNC General Internal Medicine Clinic located on the third floor of the UNC Ambulatory Care Center

Address: UNC Ambulatory Care Center
101 Mason Farm Road
Chapel Hill, NC 27599

If you can not come to this appointment:

Call 555-555-1212.

When you hear the menu options,

press "0" to talk to someone who will help you reschedule the appointment.

What to bring:

- Bring all your medicines (pills, creams, liquids), including prescription and over-the-counter medicines that you are taking.
- Bring your insurance information.

Special Instructions:

- Do not eat for 12 hours before your visit.

Action Plan Form

My visit with _____
Date _____

Things we talked about/Things I need to do:

Action Plan

One goal I want to achieve that will improve my health:

One specific step I can take to achieve this goal:

What:

How Much:

When:

How Often:

How sure am I that I can do this?

1	2	3	4	5	6	7	8	9	10
Not sure									Very sure

Sample Action Plan Form

My visit with: *Dr. Thomas*
Date: *June 15, 2009*

Things we talked about / Things I need to do:

Increase evening insulin dose from 20 to 25 units.

Make an appointment with the eye doctor. Call Main Street Ophthalmology at 555-9837.

Action Plan

One goal I want to achieve that will improve my health:
Lose 10 pounds with exercise and diet changes

One specific step I can take to achieve this goal:
Increase my exercise with regular walking.

What: *Walking*

How Much: *30 to 40 minutes*

When: *During my weekday lunch breaks; Sunday or Saturday morning in the neighborhood with my wife.*

How Often: *Four times a week*

How sure am I that I can do this?

1 2 3 4 5 6 7 [8] 9 10
Not sure Very sure

My Medicines Form

Name _____ Date_____

Pharmacy Name_____Pharmacy Phone_____

Doctor Name _____Doctor Phone_____

Medicine			Amount of medicine (e.g. number of pills)				
Brand Name	Generic Name	Amount(mg)	Morning	Noon	Evening	Bed Time	Special Instructions

Medicine Reminder Form

What medicines do I need to take?
Each day, follow this schedule:

MORNING MEDICINES			
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?

Medicine Reminder Form

What medicines do I need to take?
Each day, follow this schedule:

NOON MEDICINES			
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?

Medicine Reminder Form

What medicines do I need to take?
Each day, follow this schedule:

EVENING MEDICINES			
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?

Medicine Reminder Form

What medicines do I need to take?
Each day, follow this schedule:

BEDTIME MEDICINES			
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?

Medicine Reminder Form

What other medicines can I take?

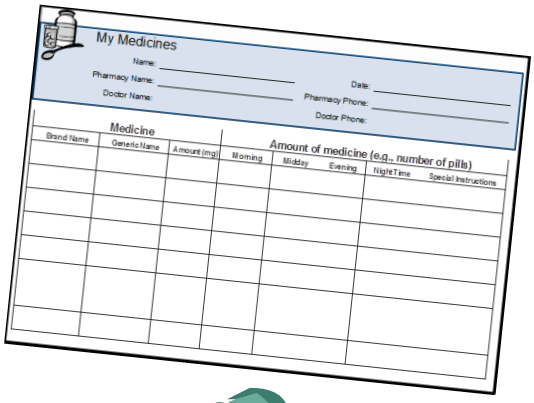
	Medicine name and amount	How much do I take?	How do I take this medicine?
If I need medicine for a headache			
If I need medicine to stop smoking			
If I need medicine for _____			
If I need medicine for _____			
If I need medicine for _____			
If I need medicine for _____			
If I need medicine for _____			

Do you have trouble remembering to take your medicines?

Ask us for help in setting up a system
We can provide:

1. Medicine Chart—

A list of your medicines, when to take them, and why you take them.


My Medicines

Name:
Pharmacy Name:
Doctor Name:
Date:
Pharmacy Phone:
Doctor Phone:

Medicine			Amount of medicine (e.g., number of pills)				
Brand Name	Generic Name	Amount (mg)	Morning	Midday	Evening	Night Time	Special Instructions

2 .Medicine Card—

A picture of your medicines and when to take them

3. Pill Box—

A plastic box with sections to hold the pills you take in the morning,noon, evening, and bedtime.

Navigating the Health Care System

The PowerPoint presentation is available online at:

http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/tool17/index.html

TO STAFF: These questions can be used as a guide to collect feedback as you observe a patient using your portal. Allow the patient to navigate the site. Ask if he or she could show you how to do something the patient is likely to want to do while on the practice portal (for instance, try to request a prescription refill or make an appointment). Once this is done, ask the following questions and use this form to record responses.

Patient Portal Feedback Form

1. Is this the first time you have visited our patient portal? ❑ Yes ❑ No

If Yes: Why haven't you used the patient portal before? _____

_____

2. How often do you use the Internet?

❑ Every day

❑ A few times per week

❑ About once per week

❑ Less than once per week

❑ Never or hardly ever

3. Is it clear how to sign in to the patient portal?

❑ Yes

❑ No. If No, what can we do to make it clearer? _____

_____

_____

4. Does the menu of items on the home page give you the options you need?

❑ Yes

❑ No. If No, what do you need to do and cannot find on the home page?

_____

_____

5. Do you like how the site looks?

- ❑ Yes
- ❑ No. If no, how could we improve its appearance? _____

_____

_____

6. Is the information you want on the site?

- ❑ Yes
- ❑ No. If no, what information would you like to have on the site? _____

_____

7. Is it easy to find the information you want?

- ❑ Yes
- ❑ No. If no, what was hard to find and why? _____

_____

_____

8. Is the information on the site easy to understand?

- ❑ Yes
- ❑ No. If no, what was hard to understand and why? _____

_____

_____

9. Is the information on the site clearly displayed (i.e., easy to see and read)?

- ❑ Yes
- ❑ No. If no, what was unclear and why? _____

_____

_____

10. Now that we have gone through the patient portal, would you use it again?

❑ Yes

❑ No. If no, why not? _____

_____

_____

Use this space to note how easy it was for the patient to perform a task you ask him or her to do (e.g., find information on a particular topic, look up recent lab results, request a prescription refill).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Suggestion Box:

Let us know how we're doing!

Patients and family members, please give us feedback.

- Have staff members been welcoming?
- Are patient forms and instructions confusing?
- Do staff members talk in a way that is easy to understand?
- Are you getting the help you need?
- How can we do better?

All comments are appreciated.

Health Literacy Patient Survey

This survey was constructed to test the AHRQ Health Literacy Universal Precautions Toolkit, 2nd edition. Some questions are taken or adapted from CAHPS® surveys, a set of validated surveys of patients' experience of care. Other questions were developed specifically to measure implementation of tools in the Toolkit. Questions from this survey may be useful in conducting small tests of change as part of quality improvement activities.

Insert Practice Name

Date:_____

Instructions:

Please answer the questions below about the care provided by this practice. Your answers will help us learn how well people in your provider's practice explain things to you and make it easy for you to take care of your health.

First, we would like to know how well the providers and other staff in this practice explain things to you and how well they listen to you.

1. In the last 6 months, how often did people in this practice explain things in a way that was easy to understand?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

2. In the last 6 months, how often did people in this practice use medical words that you did not understand?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

3. In the last 6 months, how often did people in this practice talk too fast when talking with you?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

4. In the last 6 months, how often did anyone in this practice use pictures, drawings, models, or videos to explain things to you?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

5. In the last 6 months, how often did people in this practice listen carefully to you?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

6. In the last 6 months, how often did people in this practice interrupt you when you were talking?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

7. In the last 6 months, how often did people in this practice show interest in your questions and concerns?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

8. In the last 6 months, how often did people in this practice encourage you to ask questions?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

9. In the last 6 months, did you see anyone in this practice for a specific illness or for any health condition?

- ❑ Yes
- ❑ No—go to question 13

10. In the last 6 months, did anyone in this practice give you spoken instructions about what to do to take care of this illness or health condition?

- ❑ Yes
- ❑ No —go to question 13

11. In the last 6 months, how often were these verbal instructions easy to understand?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

12 . In the last 6 months, how often did anyone in this practice ask you to describe how you were going to follow these instructions?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

13. In the last 6 months, how often did people in this practice spend enough time with you?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

Now we would like to know how well providers and other staff in this practice have done in talking with you about any medicines that you take.

14. In the last 6 months, did you take any medicines that were recommended by someone in this practice?

- ❑ Yes
- ❑ No —go to question 23

15. In the last 6 months, did anyone in this practice explain the purpose for taking each medicine?

- ❑ Yes
- ❑ No—go to question 17

16. How often was the explanation easy to understand?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

17. In the last 6 months, did anyone in this practice explain how much to take of each medicine and when to take it?

- ❑ Yes
- ❑ No—go to question 19

18. How often was the explanation easy to understand?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

19. In the last 6 months, how often did anyone in this practice suggest ways to help you remember to take your medicines?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

20. In the last 6 months, did anyone from this practice ask you to bring in all the prescription and over-the-counter medicines you were taking?

- ❑ Yes
- ❑ No

21. In the last 6 months, did you bring to this practice all the prescription and over-the-counter medicines you were taking?

- ❑ Yes, I brought all of them
- ❑ No, I brought only some of them
- ❑ No, I didn't bring any —go to question 23

22. In the last 6 months, did anyone in this practice look at your medicine bottles and talk with you about each medicine?

- ❑ Yes
- ❑ No

Now, we would like to know whether your provider or other staff in this practice has given you written information about your health.

23. In the last 6 months, did anyone in this practice give you written information about how to take care of your health?

- ❑ Yes
- ❑ No —go to question 25

24. In the last 6 months, how often did anyone in this practice explain or walk you through the written information that you were given?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

25. In the last 6 months, did you have to sign any forms at this practice?

- ❑ Yes
- ❑ No—go to question 27

26. In the last 6 months, how often did someone explain the purpose of a form before you signed it?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

27. In the last 6 months, did you fill out any forms at this practice?

- ❑ Yes
- ❑ No—go to question 30

28. In the last 6 months, how often were you offered help in filling out a form at this practice?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

29. In the last 6 months, how often were the forms that you got at this practice easy to fill out?

- ❑ Never
- ❑ Sometimes
- ❑ Usually
- ❑ Always

Now, we want to know whether your provider and other staff in this practice have talked with you about classes or other services in the community that might be helpful for you.

30. In the last 6 months, did anyone in this practice ask if you ever have trouble paying for your medicines?

- ❑ Yes
- ❑ No —go to question 32

31. In the last 6 months, did anyone in this practice assist you to get help for paying for your medicines?

- ❑ Yes
- ❑ No

32. In the last 6 months, did anyone in this practice talk to you about what was available in your community to help you with things like food, jobs, or housing?

- ❑ Yes
- ❑ No

33. In the last 6 months, did anyone in this practice ask if you want to improve your reading, writing, or math skills?

- ❑ Yes
- ❑ No

34. In the last 6 months, did anyone in this practice help you get services to improve your reading, writing, or math skills?

- ❑ Yes
- ❑ No

35. In the last 6 months, were you referred to another doctor, lab, or other facility?

- ❑ Yes
- ❑ No—go to question 37

36. In the last 6 months, were you asked if you would like help making an appointment with another provider, lab, or other facility?

- ❑ Yes
- ❑ No

Now, we have some questions about you.

37. What is your age?

- ❑ 18 to 24
- ❑ 25 to 34
- ❑ 35 to 44
- ❑ 45 to 54
- ❑ 55 to 64
- ❑ 65 to 74
- ❑ 75 or older

38. Are you male or female?

- ❑ Male
- ❑ Female

39. What is the highest grade or level of school that you have completed?

- ❑ 8th grade or less
- ❑ Some high school, but did not graduate
- ❑ High school graduate or GED
- ❑ Some college or 2-year degree
- ❑ 4-year college graduate
- ❑ More than 4-year college degree

40. Are you of Hispanic or Latino origin or descent?

- ❑ Yes, Hispanic or Latino
- ❑ No, not Hispanic or Latino

41. What is your race? Please mark one or more.

- ❑ White
- ❑ Black or African American
- ❑ Asian
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ American Indian or Alaskan Native
- ❑ Other

42. How well do you speak English?

- ❑ Very well
- ❑ Well
- ❑ Not well
- ❑ Not at all

Thank you for taking the time to complete this survey!

Sample Cover Letter

FIRST AND LAST NAME

LINE ONE OF ADDRESS

LINE TWO OF ADDRESS (IF ANY)

CITY, STATE ZIP

Dear {Mr./Ms.} [LAST NAME]

We at [NAME OF CLINICIAN ORGANIZATION] need your help. We want to improve the care we give you and other patients. We would like you to tell us about your experiences with the care you receive from [PROVIDER'S NAME] and our office.

The information that you give us will stay private. Your answers will never be seen by your provider or anyone else involved with your care. Your provider will not even know you helped us by answering these questions. You do not have to answer the questions. Your medical care will not change in any way if you say no.

If you are willing to help us, please answer these questions about the care you have received from [PROVIDER'S NAME] and our office in the last 12 months. This questionnaire should take about [TIME] minutes or less of your time.

Please return the completed survey in the enclosed postage-paid envelope by [MONTH/DAY/YEAR].

If you have any questions about this survey, please call [CONTACT NAME] at (XXX) [XXX-XXXX]. All calls to this number are free. Thank you for helping to make health care at [NAME OF CLINICIAN GROUP] better for everyone!

Sincerely,

[NAME OF PERSON REPRESENTING CLINICIAN ORGANIZATION]

Nota: Si quiere una encuesta en español, por favor llame al (XXX) [XXX-XXXX].

Example Community Referral Form

City Cardiology Practice Community Referral Form

Reason for Referral:	Improve your reading skills
Name of Program:	Adult Reading Program
Name of Contact Person:	Melanie Baker
Phone:	(555) 555-5555
Location:	Spencer Adult Learning Center 560 Blake Lane Fauxcity, FS 55555
Details:	Free reading classes Call Melanie or stop by to sign up

List of Internet Resources

Many of the resources identified in this toolkit are available on the Internet. This list contains the Web site addresses (URLs) for the Internet resources cited in each section or tool.

Section or Tool	Resource Name and Internet URL (universal resource locator)
Introduction	**Colon Cancer Screening** http://www.jco.ascopubs.org/content/23/7/1548.abstract **Depression Management** Literacy Education as Treatment for Depression in Patients with Limited Literacy and Depression: A Randomized Controlled Trial http://www.ncbi.nlm.nih.gov/pubmed/16881941 **Diabetes and Heart Failure Management** Influence of Patient Literacy on Effectiveness of a Primary Care-Based Diabetes Management Program http://jama.jamanetwork.com/article.aspx?articleid=199582 **Using Health Literacy Tools to Meet PCMH Standards** https://pcmh.ahrq.gov/page/patient-centered-care#h=crosswalk **Maintenance of Certification** https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/downloads/2014_mocp_incentivemadesimple_final11-15-2013.pdf **Meaningful Use** http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html
Tool 1: Form a Team	**Health Literacy Video (23 minutes)** American Medical Association https://www.youtube.com/watch?v=cGtTZ_vxjyA **Health Literacy Video (6 minutes)** American College of Physicians https://www.youtube.com/watch?v=lmnlptxIMXs **Forming the Team** http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx **Creating Quality Improvement Teams and QI Plans** Agency for Healthcare Research and Quality http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod14.html

Section or Tool	Resource Name and Internet URL (universal resource locator)
Tool 2: Create a Health Literacy Improvement Plan	**Building Health Literate Organizations: A Guidebook to Achieving Organizational Change** https://www.unitypoint.org/health-literacy-guidebook.aspx
Tool 3: Raise Awareness	**Health Literacy Video (6 minutes)** American College of Physicians https://www.youtube.com/watch?v=ImnlptxIMXs **Health Literacy Video (23 minutes)** American Medical Association https://www.youtube.com/watch?v=cGtTZ_vxjyA **Health Literacy: Barriers and Strategies (PowerPoint)** http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/tool3a/index.html **Everyday Words for Public Health Communication** http://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html **Health Literacy and Public Health: Introduction** http://www.phtc-online.org/learning/pages/catalog/phlit01/ **National Patient Safety Foundation** Ask Me 3 http://www.npsf.org/?page=askme3
Tool 4: Communicate Clearly	**Health Literacy and Patient Safety: Help Patients Understand (manual)** American Medical Association https://download.ama-assn.org/resources/doc/ama-foundation/x-pub/healthlitclinicians.pdf Once you link to the Website, look for the Manual for Clinicians. Access to the manual is free, once you have created an account.

Section or Tool	Resource Name and Internet URL (universal resource locator)
Tool 5: Use the Teach-Back Method	**Always Use Teach-Back Toolkit** http://www.teachbacktraining.org/ **5-minute Teach-Back Video** http://nchealthliteracy.org/teachingaids.html **Health Literacy and Patient Safety: Help Patients Understand (video)** American Medical Association Foundation https://www.youtube.com/watch?v=cGtTZ_vxjyA **The Teach-Back Conviction and Confidence Scale** http://www.teachbacktraining.org/assets/files/PDFS/Teach%20Back%20-%20Conviction%20and%20Confidence%20Scale.pdf **The Teach-Back Observation Tool** http://www.teachbacktraining.org/assets/files/PDFS/Teach%20Back%20-%20Observation%20Tool.pdf
Tool 7: Improve Telephone Access	**Health Literacy Environment Activity Packet** http://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/activitypacket.pdf
Tool 8: Conduct Brown Bag Medicine Reviews	**Explicit and Standardized Prescription Medicine Instructions** http://www.ahrq.gov/professionals/quality-patient-safety/pharmhealthlit/prescriptionmed-instr.html **Health Literacy and Patient Safety: Help Patients Understand (manual)** American Medical Association https://download.ama-assn.org/resources/doc/ama-foundation/x-pub/healthlitclinicians.pdf Once you link to the Website, look for the Manual for Clinicians. Access to the manual is free, once you have created an account. **Brown Bag Tool Kit** Ohio Patient Safety Institute http://www.ohiopatientsafety.org/Patient-Safety-Quality/Ohio-Patient-Safety-Institute-(OPSI)/Professional-Resources/Medication-Safety.aspx

Section or Tool	Resource Name and Internet URL (universal resource locator)
Tool 9: Address Language Differences	**"I Speak" Cards** U.S. Department of Commerce – Language Identification Flashcard http://www.lep.gov/ISpeakCards2004.pdf **Interpreter Services Posters** http://floridajobs.org/pdg/postersforemployers/is poster 11x17.pdf **American Translators Association** https://www.atanet.org/onlinedirectories/individuals_tabs.php **The Guide to Providing Effective Communication and Language Assistance Services** U.S. Department of Health and Human Services https://hclsig.thinkculturalhealth.hhs.gov/ **Office Guide to Communicating with Limited English Proficient Patients** American Medical Association http://www.nyhq.org/doc/Page.asp?PageID=DOC000306 **More Than Words Toolkit** Hablamos Juntos http://www.hablamosjuntos.org/mtw/default.toolkit.asp **Certification Commission for Healthcare Interpreter** http://www.cchicertification.org **National Board of Certification for Medical Interpreter** http://www.certifiedmedicalinterpreters.org **MedlinePlus** (health information in multiple languages) National Library of Medicine http://www.nlm.nih.gov/medlineplus/languages/languages.html **Multi-lingual Educational Material** Healthy Roads Media http://www.healthyroadsmedia.org/ **Quality Translations in Multiple Languages** Health Information Translations http://www.healthinfotranslations.org/

Section or Tool	Resource Name and Internet URL (universal resource locator)
Tool 10: Consider Culture, Customs, and Beliefs	**Think Cultural Health** U.S. Department of Health and Human Services https://www.thinkculturalhealth.hhs.gov/index.asp **American Association of Family Physicians Quality Care for Diverse Populations** http://www.aafp.org/patient-care/public-health/cultural-proficiency.html **EthnoMed (multi-cultural information)** Integrating Cultural Information into Clinical Practice http://ethnomed.org/ **Culture Clues (tip sheets)** University of Washington Medical Center http://depts.washington.edu/pfes/CultureClues.htm **Culture, Language and Health Literacy** http://www.hrsa.gov/culturalcompetence/index.html
Tool 11: Assess, Select, and Create Easy-to-Understand Materials	**AHRQ's Patient Education Materials Assessment Tool (PEMAT)** http://www.ahrq.gov/professionals/prevention-chronic-care/improve/self-mgmt/pemat/index.html **Clear Communication Index** http://www.cdc.gov/ccindex/index.html **The Suitability Assessment of Materials (SAM)** http://www.aspiruslibrary.org/literacy/SAM.pdf **MedlinePlus Easy-to-Read Collection** http://www.nlm.nih.gov/medlineplus/all_easytoread.html **Department of Health and Human Services' Health Literacy Online** http://www.health.gov/healthliteracyonline/ **Guidelines for Creating, Assessing and Rewriting Materials** http://www.hsph.harvard.edu/healthliteracy/practice/innovative-actions/

Section or Tool	Resource Name and Internet URL (universal resource locator)
Tool 12: Use Health Education Material Effectively	**Evaluating Internet Health Information (Interactive Tutorial)** http://www.nlm.nih.gov/medlineplus/webeval/webeval_start.html
Tool 13: Welcome Patients: Helpful Attitudes, Signs and More	**Hablamos Juntos (graphic symbols)** http://www.hablamosjuntos.org/signage/symbols/default.using_symbols.asp
Tool 14: Encourage Questions	**Ask Me 3** National Patient Safety Foundation http://www.npsf.org/?page=askme3 **Questions Are the Answer** Agency for Healthcare Research and Quality http://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/index.html **Questions Are the Answer – Videos** http://www.ahrq.gov/questionsaretheanswer/level2col_1.asp?nav=2colNav00&content=09_0_videos **Questions Are the Answer – handouts** http://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/tips-and-tools/index.html **Questions Are the Answer – online question builder** http://www.ahrq.gov/questionsaretheanswer/questionBuilder.aspx
Tool 15: Make Action Plans	**American College of Physicians Foundation Video** https://www.youtube.com/watch?v=r8-O0Q6hkiw **Action Plan Project** University of California at San Francisco School of Medicine http://cepc.ucsf.edu/action-plans-video http://cepc.ucsf.edu/health-coaching **Brief Action Planning to Facilitate Behavior Change and Support Patient Management** http://www.jcomjournal.com/brief-action-planning-to-facilitate-behavior-change-and-support-patient-self-management-2/
Tool 16: Help Patients Remember How and When to Take Their Medicines	**Explicit and Standardized Prescription Medicine Instructions** Agency for Healthcare Research and Quality http://www.ahrq.gov/professionals/quality-patient-safety/pharmhealthlit/presciptionmed-instr.html

Section or Tool	Resource Name and Internet URL (universal resource locator)
Tool 17: Get Patient Feedback	**Navigating the Health Care System (PowerPoint)** http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/tool17/index.html **Health Literacy Environment Activity Packet** http://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/activitypacket.pdf **Can They Understand? Testing Patient Education Materials With Intended Readers** http://www.healthliteracy.org/article.asp?PageID=3811 **Part 6: Feedback Sessions of the Toolkit for Making Written Material Clear and Effective.** https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/Toolkit-Part-6-Feedback-Sessions.html **CAHPS® Item Set to Address Health Literacy (in the CAHPS® Clinician and Group Survey)** Agency for Healthcare Research and Quality https://www.cahps.ahrq.gov/surveys-guidance/item-sets/literacy/index.html **About the CAHPS® Item Set for Addressing Health Literacy** Agency for Healthcare Research and Quality https://cahps.ahrq.gov/surveys-guidance/item-sets/literacy/2311_About_Health.pdf **Hiring a Survey Vendor** https://cahps.ahrq.gov/surveys-guidance/helpful-resources/hiring/index.html
Tool 18: Link Patients to Non-Medical Support	**2-1-1-Information & Referral Search** The United Way and Alliance for Information Referral Systems http://www.211.org/ **United Way FAQ** http://www.unitedway.org/pages/contact-us/ **AIRS (Alliance of Information and Referral Systems)** http://www.airs.org/i4a/pages/index.cfm?pageID=1 **Linking Primary Care Patients to Local Resources for Better Management of Obesity** http://www.ahrq.gov/professionals/prevention-chronic-care/improve/community/obesity-toolkit/index.html **Notary Public Training Course Locator** http://www.nationalnotary.org/ **Addressing Patients' Social Needs: An Emerging Business Case for Provider Investment** http://www.statecoverage.org/files/Manatt_Addressing_Patients_Social_Needs.pdf

Section or Tool	Resource Name and Internet URL (universal resource locator)
Tool 19: Direct Patients to Medicine Resources	**SHIP providers** http://www.medicare.gov/contacts/organization-search-criteria.aspx **Marketplace Website** https://localhelp.healthcare.gov/ **NeedyMeds** http://www.needymeds.org/index.htm **Partnership for Prescription Assistance** https://www.pparx.org/ **RX Assist** http://www.rxassist.org/ **RXOutreach** http://rxoutreach.org/ **Select Care Benefits Network (discount medicines)** https://www.scbn.org/ **State Pharmacy Assistance Programs** http://www.medicare.gov/(X(1)S(y1dsj0q5rj0vyy55vkfcq155))/pharmaceutical-assistance-program/state-programs.aspx?AspxAutoDetectCookieSupport=1
Tool 20: Connect Patients with Literacy and Math Resources	**America's Literacy Directory** National Institute of Literacy http://literacydirectory.org/
Tool 21: Make Referrals Easy	**Reducing Care Fragmentation: A Toolkit for Coordinating Care** Improving Chronic Illness Care http://www.improvingchroniccare.org/index.php?p=Care_Coordination&s=326 **Care Coordination: Relationships and Agreements** http://www.improvingchroniccare.org/index.php?p=Change_Package&s=354 **Improving Your Office Testing Process: A Toolkit for Rapid-Cycle Patient Safety and Quality Improvement** http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/office-testing-toolkit/

Section or Tool	Resource Name and Internet URL (universal resource locator)
Appendix: PDSA Directions and Examples	**Plan-Do-Study-Act Worksheet** Institute for Healthcare Improvement http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/Tools/Plan-Do-Study-Act%20(PDSA)%20Worksheet

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