Health Literacy Universal Precautions Toolkit

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Health Literacy Universal Precautions Toolkit

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About this Toolkit

The Agency for Healthcare Research and Quality (AHRQ) commissioned The University of North Carolina at Chapel Hill to develop and test this Health Literacy Universal Precautions Toolkit. It provides step-by-step guidance and tools for assessing your practice and making changes so you connect with patients of all literacy levels.

Toolkit Key

Throughout the toolkit we have used a number of icons and symbols to help you quickly identify different forms of tools and documents.

- Tools for practice change
- Video
- Document in the appendix
- Resources on the Internet
- Testimonials from a practice
- Tips or key points

All blue underlined words are links to other toolkit documents or Internet resources (e.g. Web sites, videos, publications, articles.) Click on the words to connect to the link. We also have a list of Internet resources along with their URLs.

Toolkit Design

This toolkit is designed to be used by all levels of staff in a practice providing primary care for adults and/or pediatric patients. (Please note that references to patients also includes caregivers and parents.) This toolkit is divided into manageable chunks so that its implementation can fit into the busy day of a practice. It contains:

- Quick Start Guide If you want to jump right in and try something, this is a one page guide that will get you started.
- Overview This section provides some important background about health literacy universal precautions and how this toolkit is designed to address them (9 pages).
- Path to Improvement This two-page document outlines the six steps to take to fully implement this toolkit into your practice.
- Tools The toolkit contains 20 tools (2-5 pages long) to help you identify and address areas that need improvement. These tools often reference resources on the Internet as well as appendix items.
- Appendix The appendix contains over 25 resources such as forms, PowerPoint presentations, worksheets, and posters that support the implementation of the tools. It also contains a list of Internet-based resources that are referenced throughout the toolkit.

Quick Start Guide

1 Watch a short video.

This 6-minute health literacy video is sponsored by the American College of Physicians (ACP) 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 medications correctly.** — **Brown Bag Medication Review**
- **I want to be confident that I am speaking clearly to my patients.** — **Tips for Communicating Clearly**
- **I want to be confident that my patients understand what they need to do regarding their health when they get home.** — **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 take this to the next step by going to the Overview and learning about health literacy universal precautions and this toolkit.

Overview of Health Literacy Universal Precautions

Medical care is complicated, and many people struggle with understanding medications, self care, instructions, and followup plans. The way we organize our practice and communicate with patients can help to minimize confusion and lead to better health outcomes. This toolkit is designed to help practices take a systematic approach to reducing the complexity of medical care and ensure that patients can succeed in the health care environment.

Testimonials

"Before reviewing this toolkit, we had never heard the term health literacy. As we assessed our practice and reviewed the tools, we realized that the concerns addressed in this toolkit are things we see and struggle with every day. This toolkit made us more aware of the challenges that our patients face and guided us to make meaningful changes throughout our practice."

-office manager, rural family practice clinic

"When we introduced this toolkit to our staff, they thought 'oh great, more responsibilities for us to cram in to our busy day.' But what we quickly realized is that it is not adding more, it is about learning how to do things differently. After implementing some of these tools, we really felt like we were more able to connect with our parents about the health of their child. "

-MD, urban pediatric practice

What is health literacy?

Seeking medical care, taking medications correctly, and following prescribed treatments requires that people understand how to access and apply health information. Health literacy is the ability to obtain, process, and understand health information to make informed decisions about health care. It involves using literacy as well as other skills (e.g., listening) to perform health-related tasks. According to a national survey, over one-third of the adult population has limited health literacy, meaning that they have basic or below basic health literacy levels.[1] Limited health literacy is associated with medication errors, increased health care costs, and inadequate knowledge and care for chronic health conditions.[2,3,4]

What are universal precautions?

Universal precautions refers to taking specific actions that minimize risk for everyone when it is unclear which patients may be affected. For example, health care staff take universal precautions when they minimize the risk of spreading bloodborne disease by using gloves and proper disposal techniques. This toolkit offers practices a means to structure their services and their patient interactions to minimize the risk that any one of their patients will not understand the health information they are given, thus allowing patients to make informed decisions about their health care.

Why take universal precautions when it comes to health literacy?

Providers don't always know which patients have limited health literacy. Some patients with limited health literacy:

- Have completed high school or college.
- Are well spoken.
- Look over written materials and say they understand.
- Hold white collar or health care jobs.
- Function well when not under stress.

Experts recommend assuming that everyone may have difficulty understanding and creating an environment where patients of all literacy levels can thrive. In the case of health literacy universal precautions, primary care practices should ensure that systems are in place to promote better understanding for all patients, not just those you think need extra assistance. Improving patient understanding is beneficial for the patient and health care provider. Research suggests that clear communication practices and removing literacy-related barriers will improve care for all patients regardless of their level of health literacy.

If you are wondering how many of your patients may have limited health literacy, you can use the prevalence calculator to produce an estimate.

What are the tasks a patient needs to accomplish in a health care visit?

When we consider the tasks that a patient has to perform for a routine visit, we start to see how complex it is and understand the many points where things can go wrong. Let's consider a couple different types of visits. (See Figure 1.)

Figure 1. Patient Tasks for Diabetes and Asthma Followup Visit

	Diabetes patient	Parent of child with asthma
Pre-Visit	• Schedule an appointment. • Organize and bring blood glucose values and medications requested by the clinician. • Get transportation to the medical office.	• Schedule an appointment. • Organize and bring the asthma symptom and medication record. • Make arrangement to get child and parent transportation to appointment (possibly pull out of school).
Visit	• Check in and fill out paperwork. • Update medical history and answer clinician's questions. • Report blood glucose values. • Review treatment plan and listen to education about diet and exercise. • Receive prescription and referral to an eye doctor. • Check out, pay bill and make followup appointment.	• Check in and fill out paperwork. • Update medical history and answer clinician's questions. • Report asthma symptoms and medication taken. • Review treatment action plan and learn about how to use medication. • Learn about precipitants and how to avoid them. • Receive prescription. • Check out, pay bill, and make followup appointment.
Post-Visit	• Go to the pharmacy and have prescription filled. • Make an appointment with the ophthalmologist. • Get transportation to and find ophthalmologist's office. • Adhere to medication regimen. • Check and record daily blood glucose values. • Make diet and exercise changes.	• Go to the pharmacy and have prescription filled. • Educate school teachers and others about treatment plan. • Adhere to medication regimen. • Check and record symptoms and adjust medicines. • Know when to contact the doctor.

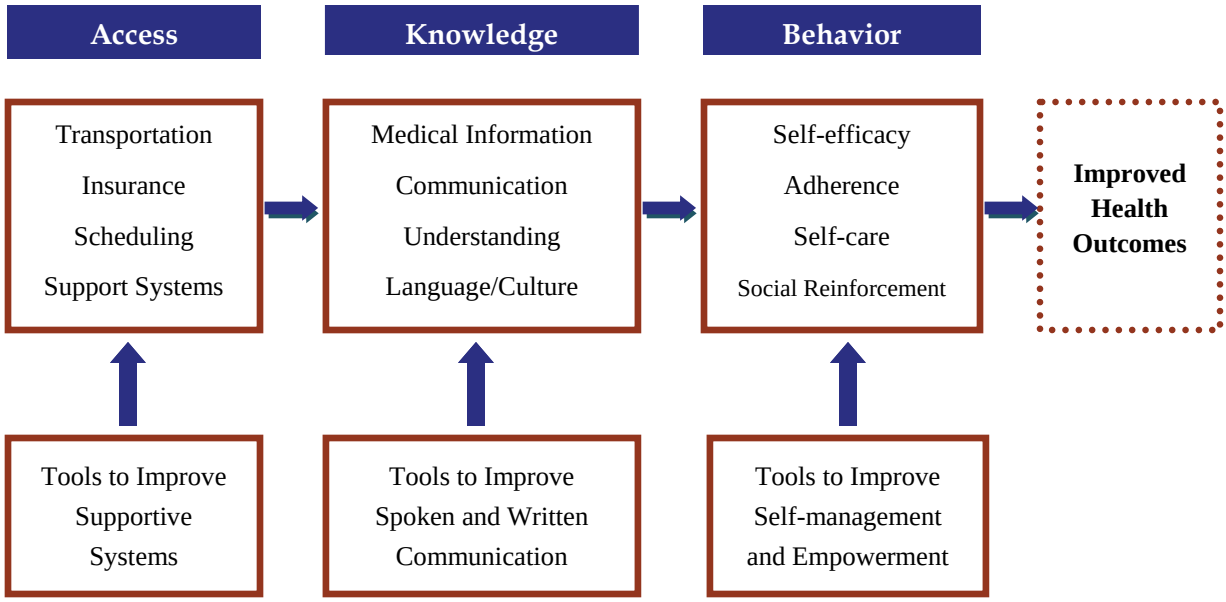
How will promoting health literacy improve health outcomes?

To obtain optimal health outcomes, people need health care access, health knowledge, and behavior change. (See Figure 2.) To help patients and their care givers accomplish these goals, the practice needs a structured approach. We have identified four change areas that are important for promoting health literacy in your practice:

1. Improve spoken communication.
2. Improve written communication.
3. Improve self-management and empowerment.
4. Improve supportive systems.

We include tools to address topics in each area. All areas are important and should be addressed over time as you make changes in your practice.

Figure 2. Factors Necessary to Improve Health Outcomes and Tools to Help



Key Change 1: Improve Spoken Communication

Studies indicate that patients have difficulty understanding health information that is communicated orally during the patient-clinician interaction. Patients understand and retain about 50 percent of the information discussed by their physicians.[5, 6] This can have an enormous impact on patient safety and adherence.

Studies show that those with limited literacy are less likely to:

- Ask questions during the medical encounter. [7]
- Seek health information from print resources. [8]
- Understand medical terminology and jargon. [6]

In addition, increased pressures on primary care physicians limit the time they are able to spend with patients, causing many to move rapidly through multiple points during the encounter. These factors lend to the problem of misunderstanding and poor retention of information. Studies show that patients often leave visits with a very different understanding of what they are supposed to do than their clinicians.[9]

There are multiple places in the patient care process where oral exchanges occur, from scheduling medical visits to communicating health information and treatment options. Each point where verbal communication occurs is an opportunity to improve the clarity and quality of the exchanges between practice staff and patients of all literacy levels and languages.

Tools to Improve Spoken Communication

Tool 4: Tips for Communicating Clearly
Tool 5: The Teach-Back Method
Tool 6: Followup with Patients
Tool 7: Telephone Considerations
Tool 8: Brown Bag Medication Review
Tool 9: How to Address Language Differences
Tool 10: Culture and Other Considerations

Key Change 2: Improve Written Communication

Health care providers rely heavily on print materials to communicate with patients. Many health-related documents are written at a college level and contain a large amount of text in small print and complex terminology. What are the implications of this for the majority of Americans, who read at the 8th grade level or below? A number of studies have shown that those with limited literacy skills have difficulty understanding written information, including medication dosage instructions and warning labels;[10,11] discharge instructions;[12] consent forms for treatment and participation in research studies;[13] and basic health information about diseases, nutrition, prevention, and health services.[14] The inability to read and comprehend such things can prevent clinicians from obtaining an accurate medical history. It can also impact your patients' ability to understand medical advice, take medication correctly and safely, engage in self-care behaviors, and make informed decisions about their health care. These things contribute to patient outcomes and practice liability.

Tools to Improve Written Communication

Tool 11: Design Easy-to-Read Material
Tool 12: Use Health Education Material Effectively
Tool 13: Welcome Patients: Helpful Attitudes, Signs, and More

Key Change 3: Improve Self-Management and Empowerment

An important part of patient-centered medical care is enabling patients to share responsibility for their health and health care. Ultimately, it is the patients who have to adopt a healthy lifestyle and manage their chronic condition.

Limited literacy has been associated with poor adherence, self-care behaviors, and understanding of health information. It is therefore not surprising that some studies show that patients with limited literacy skills have poorer control of chronic conditions such as diabetes, HIV, and asthma compared to those with adequate or above average literacy.[2] Studies also show that children of caregivers with low literacy have poorer control of their asthma and diabetes compared to children of caregivers with adequate or above average literacy.[14,15] In addition, patients with limited literacy are less likely to ask questions or participate in the medical decisionmaking process than those with adequate or above average literacy.[7]

Fortunately, there are several health literacy tools that primary care practices can use to help patients manage their chronic conditions and otherwise empower patients to take care of themselves and their families.

Tools to Improve Self-Management and Empowerment

Tool 14: Encourage Questions
Tool 15: Make Action Plans
Tool 16: Improve Medication Adherence and Accuracy
Tool 17: Get Patient Feedback

Key Change 4: Improve Supportive Systems

All patients need support outside the primary care setting to make healthy choices and adhere to treatment plans. Literacy can affect many aspects of patients' lives, and those with limited literacy are more likely to have additional risk factors for poor health and social and economic well-being. Adults over age 65, some minority groups, low-income individuals, and those with lower educational attainment are more likely to have limited health literacy than others.[1] These individuals may face a host of barriers to achieving optimal health outcomes, many of which cannot be overcome within the walls of a primary care office.

However, primary care practitioners and staff can link patients to community organizations and government agencies. These organizations can assist patients with issues like obtaining insurance coverage, medication assistance, case management, mental health services, basic adult education, and support services for specific health needs (e.g., diabetes education, HIV/AIDS support groups, family planning services). Some patients, especially those with limited literacy, are not going to achieve their health goals unless you go the extra mile to help them access and obtain such services.

Tools to Improve Supportive Systems

Tool 18: Link Patients to Non-Medical Support
Tool 19: Medication Resources
Tool 20: Use Health and Literacy Resources in the Community

Does paying attention to health literacy work?

A number of studies have shown that health literacy practices improve health outcomes.[16] Below are a few research studies as well as case studies from practices that have used this toolkit, showing how health literacy practices can identify potentially dangerous situations and improve specific health behaviors and outcomes.

Research Studies

- **Colon Cancer Screening:** This study shows how easy-to-read brochures can increase participation in colon cancer screening.[17]
- **Depression Management:** This study shows that when patients who were low literate and depressed were referred to literacy programs, their depression symptoms significantly improved compared to the control group.[18]
- **Diabetes and Heart Failure Management:** These studies show that when provided self-management education with good health literacy practices, patients can successfully control their diabetes and heart failure.[19,20,21]
- **Automated Telephone Self-Management Support System:** This study showed that with good self-management education and the use of automated telephone calls, patient were able to achieve better diabetes-related care, better communication with their provider, and greater functional status.[22]

Case Studies

- **Medication Review:** Several practices implemented Tool 8: Brown Bag Medication Review in their practice. They found medication errors in 80 percent of 15 reviews conducted, such as:
  - ◊ Patients that had stopped taking medication without provider knowledge.
  - ◊ Patients taking discontinued medications.
  - ◊ Patients having two prescriptions for the same medication and taking both.
  - ◊ Patients taking medications or supplements without the doctor's knowledge.
- **Action Plans:** When one practice implemented Tool 15: Make Action Plans clinicians found that it was easy to do, focused the discussion, and most of all was very well received by the patients. The patients felt they had a prescription to address their problems and they felt empowered and energized.

Path to Improvement

Ready to get started! By following these 6 steps and working through the tools, you should be on your way to implementing health literacy universal precautions in your practice.

1 Watch a Health Literacy Video.

This 6 minute health literacy video from the ACP Foundation lets you hear from real patients and medical staff.

2 Form Your Team.

Establishing a team of people committed to health literacy universal precautions is an essential step in the process. Getting support and buy-in from all levels of practice staff will be necessary for successfully making changes. The team should include at least one staff member from each area of your practice. Detailed guidance on creating your health literacy team is outlined in Tool 1: Form a Team.

3 Assess Your Practice.

How do you know where to get started making changes in your practice? In order to identify areas of your practice that are in need of improvement, your health literacy team should conduct a health literacy assessment of your practice.[23] Tool 2: Assess your Practice will guide your team through this process.

4 Choose Tools.

After completing the assessment and discussing the results, you will be able to identify strengths, barriers, and opportunities for improvement. Tool 2: Assess your Practice offers guidance in choosing tools to implement. For a complete list of tools click on Tools.

5 Raise Staff Awareness About Health Literacy.

Generating awareness of the issue is necessary any time you want to promote change. If the clinicians and staff in your practice are not aware of how health literacy issues affect your patients, they will not be as receptive to implementing new ideas. Tool 3: Raise Awareness includes guidance and links to several resources that can be used to inform your practice staff about health literacy.

6 Plan Your Changes.

Once your health literacy team has assessed your practice, identified priority areas for improvement, and provided health literacy awareness training, your team will lead the practice in implementing health literacy tools. It is important to have a practice improvement strategy to test changes and assess whether they are achieving desired goals. The Model for Improvement [24] is a commonly used method to guide health care organizations and practices on making changes. It outlines four steps to work through before making widespread changes.

1. Set Aims.

What are you trying to accomplish?

Your health literacy team should define what you want to achieve by implementing health literacy changes in your practice. The aims should be time-specific, realistic, and measureable. For example, an aim to promote medication adherence may be: "Over the next 6 months, the practice will put systems in place to remind all patients to bring medicines to every visit."

2. Establish Measures.

How will you know that a change is an improvement?

Your team will select specific measures that will be used to assess whether or not your aims are being achieved. These can be measures of reach, process, or outcomes. What percentage of patients brought their medications to their visit? What percentage of visits included a teach-back? What percentage of patients with diabetes have their glucose levels at their goal? Measures can also be qualitative, such as an assessment of whether the practice flow was interrupted by a change.

3. Select Changes.

What changes can you make that will result in improvement?

This toolkit contains numerous potential changes to help your practice. Start with the Tools that are most closely associated with your aim.

4. Test Changes.

How can you test your selected changes and implementation strategy?

Once you have selected a tool, you need a plan for implementing it into your practice. One suggested way for making changes in your practice is by doing small PDSA (plan-do-study-act) cycles for each change you wish to make. We have an explanation and directions for this type of change model along with a PDSA worksheet that you can use to help you in this process. For more information on using the Model for Improvement, see the Institute for Healthcare Improvement Web site.

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List of Tools

Tool Number and Name
Tools to Start on the Path to Improvement
Tool 1: Form a Team
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Form a Team

Overview

Initiating and sustaining health literacy universal precautions in a practice requires strong, effective leadership and a clear strategy. The most effective teams include at least three categories of members: senior leadership, clinical leaders, and day-to-day leaders. If any layer of the team is not committed to this effort, you won't get the results you want. The health literacy team can increase awareness and provide education about health literacy. More importantly, they will lead changes in the practice to address the needs of patients at all literacy levels. Commitment by all three levels of staff is important to successfully implement health literacy universal precautions.

Purpose

To help your practice assemble a health literacy team and identify a leader who will champion health literacy universal precautions.

Tip

Goals for Your Team

- Raise awareness about health literacy.
- Conduct a practice assessment.
- Identify health literacy priorities.
- Establish aims and goals.

Action

- **Identify members.**
  Thoughtful selection of the health literacy team will help to bring lasting change. The members should reflect major roles in your practice.
  - ◊ **Chair or Champion:** This person will possess the passion to see success in the team and the ability to help facilitate and oversee changes that are needed.

- ◊ **Employees from each department:** Representatives from each department can offer assistance on how to assimilate changes into that department as well as take the changes back to their department. These will include the following:
  - ♦ **Clinicians**
  - ♦ **Nurses**
  - ♦ **Practice manager**
  - ♦ **Front desk/receptionist**
- ◊ **Senior leadership:** Top management can help make decisions with the ability to direct and provide resources as needed. They can also help the team break down barriers to making improvements.
- ◊ **Patient and/or caregiver of a patient:** Having a patient and/or caregiver of a pediatric patient on the team can be extremely eye-opening and provide an invaluable perspective on your practice. Although this is often overlooked, we strongly encourage you to think about recruiting someone for your team, either as a full-fledged or an ad hoc member. They provide clinicians and staff with first-hand insight on what patients experience and how systems and communication can be improved.

Tip ★

Patient and/or Caregiver Representative

- Ask staff to identify and suggest patients or care-givers who are typical of your patient population.
- Include this member as needed on special projects.
- Consider providing this member a meal or a small gift of appreciation for their participation.

- **Establish team.**
  - ◊ **Size of team:** The number of people on the health literacy team will vary based on the number of clinicians and staff employed by your practice, but keep it manageable. A team with more than 8 members can make it hard to get things done.
  - ◊ **Meetings:** The team should meet regularly to manage the process of implementing tools, evaluating the results, and ensuring transformation of the practice. Many of these tools have short implementation cycles, and more frequent meetings (bi-monthly) may be beneficial at first. Less frequent meetings may be adequate as more changes are in place.

- ◊ **Ad hoc members:** Members such as senior leadership or patients can be added as ad hoc members and called to work on special projects. For example, you may involve a patient or caregiver to review the written materials used with patients.
- ◊ **Quality improvement team:** If your practice has a quality improvement team established, rather than forming a separate health literacy team, you may want to incorporate health literacy into this team's activities.

- **Train members.**
  Members of the team will need to learn about health literacy before initiating any changes. Once the team is educated and motivated to make changes, then they can work through this toolkit. The following is a list of training aids to help with team education, and for more in-depth explanation look at Tool 3: Raise Awareness ,which discusses education of the whole practice.
  - ◊ The Health Literacy Video (6 minutes) from The American College of Physicians Foundation.
  - ◊ Health Literacy and Patient Safety: Help Patients Understand (23 minutes) a video from the American Medical Association
  - ◊ Health Literacy: Barriers and Strategies PowerPoint presentation.
  - ◊ Prevalence Calculator estimates the percentage of patients in your practice who may have particular difficulty understanding medical information.

Track Your Progress

- ◊ Is your team meeting on a regular basis?
- ◊ Are meetings productive with clear plans for action?
- ◊ Are members of your team coming to meetings prepared to discuss progress made since the last meeting?

Resources

- The Institute for Healthcare Improvement Web site outlines how to create a health improvement team and practice improvement methods.

Assess Your Practice

Overview

Effectively serving your patients involves considering health literacy in all areas of your practice. Patients of all literacy levels must interact with schedulers, nurses, and doctors, as well as understand how to manage their health. We have developed the Health Literacy Assessment Questions to help you assess how your practice is performing in several key areas that affect patient understanding and satisfaction. Completing this assessment process may help to identify opportunities to improve the experience and outcomes of your patients.

For each assessment question, we have assigned a level of importance based on the perceived benefit to improve patient understanding. The assigned levels are as follows:

* Beneficial
** More Beneficial
*** Most Beneficia1

Purpose

To provide your practice with a method of assessing how you are meeting the needs of your patients. This tool may help you to identify strengths, barriers, and opportunities for improvement.

Testimonials

All of the practices that tested the toolkit found the health literacy assessment beneficial. Here are some 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."

Action

1. **Answer the Health Literacy Assessment Questions.**
   The assessment has 49 questions and can be completed in less than 30 minutes. We suggest you have several people complete the assessment questions on their own, and then come together for a group discussion to review the results.
   - **Identify several people to complete the assessment questions.** Choose clinical and administration staff members. Aim to include at least one person from each area of your practice.
   - **Print a copy of the Health Literacy Assessment Questions for each person**.
   - **Have each person answer the Health Literacy Assessment Questions** for your practice. One or more people may consider doing a "practice walk-through" when a practice member acts like a patient and experiences the practice from the patient's perspective while answering the questions.

2. **Discuss the assessment questions and choose a tool.**
   After everyone has completed the assessment questions, use the results to set your aims and choose tools to implement.
   - **Review and discuss the assessment results.**
     Organize a meeting with those staff who completed the assessment questions, as well as the members of your health literacy team. You may consider focusing on the areas that you notice questions answered "Needs Improvement" or "Not Doing," as these represent potential opportunities for improvement.
   - **Set one or more aims.**
     Now that you have an idea what areas you want to improve, it is helpful to set one or more aims for your practice. An aim is a specific statement summarizing what your organization hopes to achieve. Your aim should be specific and time measurable. An aim is important to help everyone in the practice understand the goal and to facilitate communication about the ideas for change. For example:
     - ◊ "The practice will improve telephone communication with patients over the next quarter."
     - ◊ "Over the next 6 months, the practice will put systems in place to promote patient medication adherence."

- **Choose a tool.**
  Review your assessment questions in the area addressed by your aim. If you see several areas that are important to you, consider starting with questions rated *** or ** in the importance level. These practice areas are most important for improving patient outcomes, but you may choose to modify the level of importance based on the workings of your practice. For each question selected, review the items in the Tools to Help column to identify the specific tools to use. We suggest that you focus your efforts by implementing one, or possibly two, tools at a time. Refer to Tools for a comprehensive list of tools.
- **Plan and start your implementation.**
  Read the tool and develop a plan for making changes. First, test some small changes. Try something with one clinician and/or a few patients to see how the new ideas change the flow in the practice. Remember that even the best laid plans may not lead to the results you want. Work out the kinks on a small scale before spreading it to the rest of the practice. For more information about the improvement strategies go to the Overview section.
- **Establish Health Literacy Universal Precautions in your practice.**
  Health Literacy Universal Precautions require that your practice have systems in place to address each of the four key change areas. Stay focused on your aims, but continue to add new aims and implement tools until your practice has addressed all four of the key change areas:
    1. Improve Spoken Communication.
    2. Improve Written Communication.
    3. Improve Self-Management and Empowerment.
    4. Improve Supportive Systems.

Track Your Progress

After implementing one or more tools, you should consider the following:

- Confirm that any tools implemented are now a regular part of care throughout the practice.
- Verify that all four key change areas have been addressed in your practice.
- Develop a plan to re-assess your practice at regular intervals.
- Continue to monitor progress and update your health literacy priorities as needed.

Resources

Sources for developing this assessment tool include:

- Rudd RE, Anderson JE. *The Health Literacy Environment of Hospitals and Health Centers. Partners for Action: Making Your Healthcare Facility Literacy-Friendly*. Cambridge MA: National Center for the Study of Adult Learning and Literacy. 2007.

- Jacobsen KL, Gazmararian JA, Kripalani S, McMorris KJ, Blake SC, Brach C. Is Our Pharmacy Meeting Patients' Needs? *A Pharmacy Health Literacy Assessment Tool User's Guide*. *2007*. (Prepared under contract No. 290-00-0011T07.) AHRQ Pub No. 07-0051. Rockville, MD: Agency for Healthcare Research and Quality. October 2007.

Raise Awareness

Overview

Health literacy affects a patient's ability to access health care services, understand health-related information, and follow health care instructions. Therefore, limited health literacy should be an issue of concern for all clinical and administrative staff in your practice. Implementing health literacy universal precautions in your practice requires that all of your staff are aware of the problem, know how it affects your patients and consistently work to improve communication.

This tool provides you with several options for educating your staff including:

- Short sessions during a staff meeting.
- Lunch and learn sessions.
- Self-study for continuing education credit.

When planning for your education session, it is important to include time for group discussion so that practice staff can reflect on how health literacy issues impact patients.

Purpose

To provide options and consideration for raising your staff's awareness about health literacy.

Testimonial

"We had a lunch meeting to discuss health literacy and introduce this topic to the staff, most of whom had never heard the term before. I gave no formal introduction but rather told them we were going to watch a short video. 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.

- "I knew that 'Sally' did not understand the changes that Dr. Dean made to her medicines; when she left the practice, she looked so bewildered."
- "I once had a man get very angry and storm out of the office after I gave him our health history form. I later learned that he could not read."

This video created such momentum. It was very easy to get the staff to work on these tools after watching it."

-office manager, rural family practice

Action

- **Education Options.**
  - **Video:** These videos include candid patient interviews about their experience and understanding of health-related information.
    - Health Literacy Video (6 minutes)
    - Help Patients Understand (23 minutes)
  - **PowerPoint presentation:** Health Literacy: Barriers and Strategies This presentation includes 26 slides with speaker's notes that can be delivered in 30-40 minutes to a group or as a self-study program.
  - **Group discussion.**
    - When planning your group education session, allow a few minutes at the end for group discussion on the topic. Refer to attached Questions for Discussion and Moderator's Guide.
  - **Self-study for continuing education credit.**
    - Unified Health Communication 101—Addressing Health Literacy, Cultural Competency, and Limited English Proficiency is a 5-hour online learning course by the Department of Health and Human Services.
    - Health Literacy and Public Health: Communicate to Make a Difference Series from the New York/New Jersey Public Health Training Center has 2 modules, each 1-2 hours long.

Tips

Suggestions for Education

- Schedule sessions at times that are convenient to most staff.
- Group sessions may create enthusiasm and motivate your staff better than individual self-study programs.
- Develop a plan for ongoing health literacy education that includes updates from your staff and health literacy team.

  - **Continue education.**
    - Make sure to have a plan for revisiting the topic periodically and training new staff.
  - **Other tools for raising awareness.**
    - Share results from the Prevalence Calculator, which

estimates the percentage of patients in your practice who may have difficulty understanding medical information.

Track Your Progress

- **Assess your education plans.**
  - ◊ Document the number of staff completing the health literacy training.
  - ◊ Confirm that health literacy education is offered to staff on an ongoing basis.

Resources

- **Manual**: Health Literacy and Patient Safety: Help Patients Understand is a manual for clinicians from the American Medical Association.

Tips for Communicating Clearly

Overview

Patients often need to remember several things when they leave a primary care practice. Communicating effectively with patients is important to ensure:

- Patient safety.
- Patient self-management.
- Efficient use of time.

All levels of communication are important, whether it be for diagnostic purposes, taking medication correctly, preparing for lab work, home care, followup, or scheduling appointments. Clear oral communication strategies help patients feel more involved in their health care and increase their likelihood of accepting recommendations.

Purpose

To introduce effective oral communication strategies and offer suggestions on how to increase staff awareness as they interact with patients. This tool is for the entire health care team.

Testimonial

"Our practice implemented this tool by giving the Communication Self Assessment worksheet to 11 physicians and asking them to complete it and rate their communication skills. It was interesting to note that 80 percent recorded that they had good communication skills with their patients, yet over one-third of them reported that they did not verify that patients understood the directions before leaving the office (e.g., teach-back). We then asked them to fill out the assessment after each of the next few patient visits. The results improved, but what was even more important was that several commented that they liked the tool because it reminded them about skills to use for good communication and consequently they were more aware of them when they went in to see their next patient."

-MD, family practice teaching facility

Action

- **Key communication strategies.**
  - ◊ **Warm greeting:** Greet patients with a smile and a welcoming attitude.
  - ◊ **Eye contact:** Make appropriate eye contact throughout the interaction.
  - ◊ **Plain, non-medical language:** Use common words when speaking to patients. Take note of what words they use to describe their illness and use them in your conversation.
  - ◊ **Slow down:** Speak clearly and at a moderate pace.
  - ◊ **Limit content:** Prioritize what needs to be discussed and limit information to 3-5 key points.
  - ◊ **Repeat key points:** Be specific and concrete in your conversation and repeat key points.
  - ◊ **Graphics:** Draw pictures, use illustrations, or demonstrate with 3-D models.
  - ◊ **Patient participation:** Encourage patients to ask questions and be involved in the conversation during visits and to be proactive in their health care.
    - ♦ Refer to Tool 14: Encourage Questions for guidance on how to encourage your patients to ask questions.
  - ◊ **Teach-back:** Confirm patients understand what they need to know and do by asking them to teach back directions.
    - ♦ Refer to Tool 5: The Teach-Back Method for more guidance on how to use the teach-back method.

Tips

Strategies to Remind Staff About Communication Skills

- **Key communication strategies poster.**
  - ◊ Hang poster in various locations.
- **Staff bulletin board messages.**
  - ◊ Include key points and update regularly.

- **Clear communication strategies in practice.**
  - ◊ **Assessments**
    - ♦ **Staff self-assessment:** Have all staff complete the brief Communication Self-Assessment after one patient encounter a day during the week and reflect on their interaction. This will help them see if they are using the strategies and where they might need to improve.
    - ♦ **Patient assessment:** Devise a short patient survey using some suggestions from Tool 17: Get Patient Feedback or from the communication self-assessment form to ask patients how staff are communicating.

Track Your Progress

- **Assess personal improvement.**
  - ◊ Examine your staff's completed Communication Self-Assessment sheets after a week. After a few weeks have passed, complete another round of self-assessments and look for changes. If your staff are actively adopting these strategies, you should see improvements.
- **Obtain patient feedback.**
  - ◊ Collect patient feedback before implementing the tool. Then administer the questions again 2 or 3 months later to assess for improvement.

Resources

- Manual: "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 31-34).

- "Plain Language Thesaurus for Health Communications" by the Centers for Disease Control and Prevention can give you tips on avoiding medical jargon when you communicate with patients.

The Teach-Back Method

Overview

Studies have shown that 40-80 percent of the medical information patients receive is forgotten immediately[1] and nearly half of the information retained is incorrect.[2] One of the easiest ways to close the gap of communication between clinician and patient is to employ the "teach-back" method, also known as the "show-me" method or "closing the loop."[3] **Teach-back is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands.** Patient understanding is confirmed when they explain it back to you. It can also help the clinic staff members identify explanations and communication strategies that are most commonly understood by patients.

Purpose

To provide your practice with examples and helpful advice on performing the teach-back method.

Action

1. **Learn the teach-back method.**
   - **Teach-Back Video**: View a 5-minute video that gives two examples of using teach-back with medication changes.

Testimonial

"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.' The mother just looked at me without a reply. 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. The most amazing thing about this "ah ha" moment was that I had no idea she did not understand until I asked her to teach it back to me. I was so wrapped up in delivering the message that I did not realize that it wasn't being received."

-resident physician, pediatric office

- **Teach-Back: A Health Literacy Tool to Ensure Patient Understanding:** This PowerPoint presentation can be used in a group setting or as a stand-alone self-study. It contains 20 slides developed by clinicians at the Iowa Health System.
- **AMA video:** View a video entitled "Health Literacy and Patient Safety: Help Patients Understand." The last 5 minutes of the 23-minute video includes an example of a clinician using teach-back.
- **Keep in mind:**
  - ◊ **This is not a test of the patient's knowledge:** This is a test of how well you explained the concept.
  - ◊ **Use with everyone:** Use teach-back when you think the person understands and when you think someone is struggling with your directions.
  - ◊ **Teach to all staff:** All members of the practice staff can use it to make sure their communication is clear.

Tips

Suggested Approaches When Using Teach-back.

- "I want to be sure that I explained your medication correctly. Can you tell me how you are going to take this medicine?"
- "We covered a lot today about your diabetes, and I want to make sure that I explained things clearly. So let's review what we discussed. What are three strategies that will help you control your diabetes?"
- "What are you going to do when you get home?"

2. **Try the teach-back method.**
   - **Start Slowly.** Initially, you may want to try it with the last patient of the day.
   - **Plan your approach.** Think about how you will ask your patient to teach-back information based on the topic you are reviewing. Keep in mind that some situations will not be appropriate for using the teach-back method.
   - **Use handouts.** Reviewing written materials to reinforce the teaching points can be very helpful for patient understanding. Refer to Tool 12: Use Health Education Materials Effectively.

- **Clarify.** If patients cannot remember or accurately repeat what you asked them, clarify your information or directions and allow them to teach it back again. Do this until the patient is able to correctly describe **in their own words** what they are going to do, without parroting back what you said.
- **Practice.** It may take some getting used to, but studies show that once established as part of a routine, it does not take longer to perform.

Track Your Progress

- **Assess results of the teach-back method with staff and patients.**
  - ◊ The Teach-Back Self-Evaluation and Tracking Log provides a method for staff to document their experience using the teach-back method. Encourage staff to use the logs, and hold a discussion about their experience. This will allow people to share teach-back strategies that worked best. In addition, it is helpful to ask patients if they find the teach-back interaction positive and helpful during the patient encounter.
- **Assess how often the teach-back is used.**
  - ◊ A few weeks after first trying the teach-back, track how many clinicians or staff members are using it. Have each individual keep a log of when and how it was used over the course of a few days.

References

1. Kessels RP. Patients' memory for medical information. *J R Soc Med.* May 2003;96(5):219-22.
2. Anderson JL, Dodman S, Kopelman M, Fleming A. Patient information recall in a rheumatology clinic. *Rheumatology.* 1979;18(1):18-22.
3. Schillinger D, Piette J, Grumbach K, et al. Closing the loop: physician communication with diabetic patients who have low health literacy. *Arch Intern Med.* 2003;163(1):83-90.

Followup with Patients

Overview

Followup, in terms of a primary care setting, is the act of making contact with a patient or caregiver of a patient at a later, specified date to check on their progress regarding a change or action that took place at their last appointment or contact. You can use followup for:

- Monitoring health such as checking blood pressure values.
- Reinforcing knowledge and action plans.
- Confirming medication adherence.
- Scheduling appointments.
- Verifying follow-through on referrals.
- Reporting lab results.

Contact with patients between office visits can enhance patients' sense of being cared for by your practice. Studies show that patients appreciate and respond well to followup contact. Establishing a system to followup with patients is also beneficial for the clinic staff. The additional contact with patients can give staff reassurance that the patients understand what they need to know and do.

Purpose

To outline different followup options and how to use them.

Action

1. **Identify ways to initiate and track followup.**
    - Your record-keeping system will largely determine how followup contacts are initiated. Electronic systems often have built-in mechanisms to signal such actions. Many registries can alert the staff that a planned followup is needed. If you do not have an electronic system, think of the other ways you systematically do things, like order blood tests or record immunization reminders. You may be able to use a similar system to keep track of who needs a followup and when.

2. **Determine methods to provide followup.**
   - The method by which you followup with a patient depends on what you need to followup on and your practice's capacity.
     - **Visit:** If a physician needs to physically examine the patient, a visit is the only means to do this.
     - **Phone call:** A phone call can save both the physician and the patient time. A phone call conversation can also be used to reinforce information provided to patients at their visits. Some insurance companies (and some patients) will pay directly for care provided over the phone.
     - **Automated call system:** Some practices may benefit from an automated system that enables patients to call in or receive calls to report health-related information (e.g., blood pressure, blood glucose), and get laboratory results.
       - These automated systems are often costly to implement, but large practices or practice networks may have the resources to purchase them.
       - For more information, refer to Automated Telephone Reminders: A Tool to Help Refill Medicines On Time.
     - **Followup forms:** Patients can be taught to record information at home and bring that record in at their next appointment. This is an example of a Followup instruction sheet for a diabetes patient. It is given to patients after a visit, and asks them to record blood glucose and call/fax/e-mail in their values by a specified date. This can be done for many different conditions.
     - **E-mail:** This can be a very efficient means of communicating to patients because it does not require that the patient and clinician are available at the same time. It is important to keep the following things in mind when using e-mail with patients:
       - Make sure patients know when or how often you return your e-mail, and stress that any life-threatening emergencies are not appropriate for e-mail.
       - E-mail communication may not be appropriate for relaying sensitive health and personal information. It may not be the most confidential means of communication.

- For more information on using e-mail see Enhancing Doctor-Patient Communication Using E-mail: A Pilot Study.

◊ **Mail:** Mailing normal lab results and reminders can be efficient for the office staff, and patients may appreciate knowing that their lab results were within normal limits.

- Use everyday language in written communications. Refer to Lab results letter.

3. **Identify who will do the followup.**
   - **Clinician:** If the followup is complex or sensitive, the clinician may prefer to provide followup over the phone. Consider a system for someone else on the staff to coordinate and perform the followup based on the needs determined by the patient or physician.
   - **Nurse:** Oftentimes nurses are in excellent positions to followup with patients. They have the training and expertise to review things like blood pressure and blood glucose values with patients, discuss and encourage specific health behaviors, and review medication adherence.
   - **Other office staff:** There may be opportunities for front desk staff or volunteers to contact patients for followup. Such followup could include scheduling appointments, confirming that patients followed through with referrals, and providing patients with information on community resources.

Track Your Progress

- **Assess need for followup.**
  - ◊ Have clinicians track how many patients would benefit from a followup contact and for what reason within a given week. This may help to identify demand for a followup system and what type of system is needed to address your needs.
- **Track the use of followup and its outcomes after a system is implemented.**
  - ◊ Assess the number of followup actions (phone calls, e-mails, letters, automated calls, etc.) performed by your practice within a week.
  - ◊ Note what is achieved by the followup contacts: medication changes, referrals made, clarification of medication regimens.

Telephone Considerations

Overview

Telephone contact plays an important role in health care, and the efficiency of a telephone contact will shape a patient's impression of your practice. If you have not evaluated your phone system and procedures recently, it may be time to assess how your practice is managing incoming and outgoing calls. Efficient and courteous call management may save your practice time and money and should benefit your patients as well. It is important to consider health literacy when assessing your telephone communications.

Purpose

To help practices manage their telephone system and develop staff procedures for telephone contact.

Testimonial

"When our practice staff tried to answer all phone calls, many patients complained about getting a busy signal. Therefore, we installed an automated system with menu options for the most common requests. As a result of the menu options, our staff is able to answer more calls. In addition, we observed our rate of rescheduled appointments increased, which decreased our no show rate. We felt this was all a result of a more efficient phone system."

- *internal medicine practice*

Action

One way to assess your current telephone system is to call and evaluate it yourself, remembering to call during and after business hours. In addition, you should ask your patients and staff what they like and do not like about your system. Keep the following points in mind when assessing and improving your system.

Automated system for incoming calls.

- **Create messages for your automated system.**
  - ◊ Use a voice that sounds friendly.
  - ◊ Use a conversational tone of voice.
  - ◊ Speak clearly, using everyday words.
  - ◊ If you provide a phone number, repeat it.
- **Create the menu for your automated system.**
  - ◊ Consider the following sequence of choices on the main menu:
    - ♦ Provide a choice of language (if applicable).
    - ♦ Provide instructions for medical emergencies.
  - ◊ Do not have more than 5 choices within a menu option.
  - ◊ **Possible menu options:**
    - ♦ **Option 1:** Appointments: schedule, reschedule, confirm or cancel.
    - ♦ **Option 2:** Prescription refills or to request a referral.
    - ♦ **Option 3:** Directions to your office.
      - Offer options for different forms of transportation, including public transportation.
      - Reference familiar landmarks.
    - ♦ **Option 4:** Speak to a staff person and/or leave a message for clinical staff.
    - ♦ **Option 5:** Repeat menu.
    - ♦ Further options include:
      - Nurse advice line.
      - Billing or insurance questions.
    - ♦ For an example of possible menu options refer to the Sample Automated Telephone System Menu.
- **Record after hours message.**
  - ◊ Assess the automated message and menu options used when the practice is closed.
- **Educate your patients** about using the phone system.
  - ◊ Talk with them at check-in or during their visit.
  - ◊ Put up posters in the waiting area.
  - ◊ Review the phone number to call when the practice is closed (after hours).

Telephone etiquette.

- Clinicians and staff members should keep the following things in mind when speaking with patients:

- ◊ Use a friendly, conversational tone of voice.
- ◊ Speak clearly, at a comfortable pace.
- ◊ Refer to the caller by name when possible.
- ◊ Give callers your undivided attention, and try to avoid interruptions during the call.
- ◊ Use teach-back when appropriate, see Tool 5: The Teach Back Method.
- ◊ Encourage questions.
- ◊ Use everyday words, and avoid medical jargon.
- ◊ Use scripts when applicable for clear answers to common questions, such as directions to your practice or preparation instructions.
- ◊ Provide guidance to staff for answering questions when a script is not provided.

Toll-free phone number.

- Consider adding a toll-free number for your office to encourage patients to call with questions.

Track Your Progress

- Count the number of complaints about accessing your practice by phone and wait time while on hold. Compare complaints before and after changes to your system.

Resources

- For additional information refer to "How Does Your Practice Sound on the Phone?".

Brown Bag Medication Review

Overview

The "Brown Bag Review" of medications is a common practice that encourages patients to bring all of their medications and supplements to medical appointments. This provides clinical staff with an opportunity to review and discuss the medications that the patient is taking. Reviewing medications with your patient may help you to:

- Answer the patient's questions.
- Verify what the patient is taking.
- Identify and/or avoid medication errors and drug interactions.
- Assist the patient to take medications correctly.

Purpose

To help practices develop a process to improve communication about medications between patients and clinical staff.

Testimonials

We tested the tools in this toolkit with 9 different practices. Practices that tested this tool were shocked at what they found.

- "On the day we did 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. This explained his symptoms perfectly. Had we not had the medicine bottles to identify the problem, we would have sent him to the hospital."
- "Out of 10-15 brown bag reviews, only 2 were accurate."
- "Out of five brown bag reviews, we found three that had duplicate medicine bottles resulting in double dosing and one discontinued medicine that was still being taken."
- "We found errors in every review, including one where a patient stopped his medicine on his own, another where a patient was taking a supplement the provider did not know about, and others where the medicines did not match what was in the chart."

Action

1. **Get patients to bring in their medicines.** Conducting brown bag reviews has been VERY eye-opening for many practices, and most feel it is a worthwhile thing to do. The challenge is getting the patient to bring in their medications. It helps to have a full-scale campaign whereby everyone in the practice is stressing its importance and many different tactics are employed. Here are a few suggestions:
   - **What to bring:** Review with patients what to bring.
     - ◊ All prescription medicines (including pills and creams).
     - ◊ All over-the-counter medicine they take regularly.
     - ◊ All vitamins and supplements.
     - ◊ All herbal medicines.
   - **Ways to remind:**
     - ◊ **On the appointment card.**
     - ◊ **During the appointment reminder call.**
     - ◊ **During the visit:** discuss as a part of their visit.
     - ◊ **Hang posters** in the exam rooms and the waiting room.
     - ◊ **Bulletin board:** Display a bulletin board with anonymous case studies and persuasive reasons for bringing in their medicines.
     - ◊ **Emphasize medication reduction:** A brown bag review may result in the physician stopping some medications, which is often appealing to patients.
     - ◊ **Provide a carrier:** Consider providing your patients with a small sack (canvas, paper, or plastic) to carry their medications. The sack may have a printed reminder on one side and your practice name on the other.

2. **Set out the medications.**
   - The nurse should place all of the patient's medications on the counter in the exam room to remind the clinician to perform a medication review.

3. **Offer praise to the patient for bringing medications.**
   - Thank the patient for bringing his or her medications and stress the importance of bringing them to every visit.

4. **Review the medications.**
   - **Introduce the review process:** Ask the patient if they have any questions about their medications, and acknowledge the purpose of reviewing medications.
   - **Some helpful questions to ask:**
     - ◊ "Are you taking any new medications since your last visit?"
     - ◊ "Have you stopped taking any medications since your last visit?"
     - ◊ "Please show me what you take for your <disease name> ?"
     - ◊ "How many of these pills do you take each day?"
     - ◊ "When do you take this pill?"
     - ◊ "What do you take this medication for?"

5. **Clarify medication instructions.**
   - Clearly review with the patient what medications they should be taking and how to take them. Refer to Tool 5: The Teach-Back Method to confirm understanding.

6. **Update the medications in the patient's chart.**
   - Clearly document medication inconsistencies and what the patient is directed to take.
   - Note in the chart when full medication reviews are done and when partial or updated ones are done to help track the process for the practice.

7. **Provide patient with updated list of medications.**
   - Refer to Tool 16: Improve Medication Adherence and Accuracy for ways to document medications for patients and assist them with remembering and correctly taking them.

8. **Bill for medication review.**
   - Select the ICD-9 V58.69 to bill the patient's insurance for the review.

Track Your Progress

- Document in the patient medical record whether or not a medication review occurred at the visit. At the end of a day or week, identify the percentage of patients who had a medication review completed.
- During a week, count the number of medication reviews that identified a problem.

- Strive to have 90 percent of patients with a review in the past 12 months.

Resources

- The American Medical Association manual "Health Literacy and Patient Safety: Help Patients Understand" offers information on medication reviews.

- Brown Bag Toolkit is a toolkit from the Ohio Patient Safety Institute that contains information for practices with pharmacies to plan a brown bag event.

How to Address Language Differences

Overview

Delivering good health care and changing health behaviors is hard enough without the added complication of language differences between a patient and health care provider. Speakers of languages other than English often do not get the health information they need.

Addressing language differences is an important part of addressing health literacy universal precautions and is also a requirement by law. As part of the Civil Rights Act of 1964 and subsequent Federal and State laws and policies, a practice participating in Medicare or Medicaid is legally required to provide equal access to services for patients who do not speak or understand English well.

Purpose

To help practices consider multi-language issues and offer suggestions on how to address them. This tool includes a list of resources that practices can access to assist in developing their plan to address language barriers.

Action

- **Assess and document language preferences and language assistance needed.**
  - **"I Speak" cards:** These are cards that read "Mark this box if you read or speak [a specific language]" and are written in that particular language. Copies of these cards can be displayed or readily accessible at the reception desk or welcome area to help patients identify which language they speak.
  - **Determine patient's language assistance needs.** Ask all new patients (especially if someone else is making the appointment for them):
    - "What language do you feel most comfortable speaking with your doctor or nurse?" If they answer American Sign Language, ask whether they have TDD capabilities (**T**elecommunication **D**evices for the **D**eaf).
    - "Would you like an interpreter?"

- "In which language would you feel most comfortable reading medical or health care instructions?"

◊ **Record patients' language assistance needs.** Once assessed, preferred language and language assistance needs should be noted in the chart. If electronic charts are used, this information can easily be tracked over time to help practices appropriately plan language services.

◊ **Display patients' rights.** At the receptionist desk or welcoming area, display a sign explaining patients' right to language services and how to access those services at your practice.

- **Acceptable language assistance services.**
  - ◊ **On-site trained interpreters:** Often times an interpreter is well educated and uses medical terms. Training should include attention to plain language and other health literacy issues. To find a local interpreter you can go to:
    - American Translators Association
    - Pro Z
  - ◊ **Telephone medical interpreter services:** This will require special equipment such as dual handset or speaker phones in examining rooms.
  - ◊ **Bilingual clinicians and staff trained as interpreters.**
  - ◊ **Other emerging technologies to look for (but not yet tested):**
    - Video conferencing (especially for American Sign Language).
    - Voice activated software that recognizes and translates phrases from one language to another, also known as a "phraselator."

Tips

Planning for Interpretation Services

◊ Tell patients that interpreters will be provided for free. If patients say they will bring their own interpreters, tell them untrained interpreters often make mistakes, and in particular children should not be asked to interpret.

◊ Consider training your staff on how to work with interpreters.

◊ If many of your patients speak a particular language, consider hiring bilingual staff.

- **Unacceptable interpreter services.**
  - ◊ **Untrained staff:** Using untrained staff to interpret has been shown to lead to clinically significant medical errors.
  - ◊ **Family and friends:** Practices must keep in mind that family or friends are considered untrained interpreters. Using family or friends poses a problem with patient privacy. In addition, family may impose their view of the patient and their health. Patients may insist that staff communicate with bilingual family or friends and that request should be respected, but a trained interpreter should be in the room to assure that the information is accurately relayed.
  - ◊ **Minor children of patient:** Minor children should never be used as interpreters. Using minor children to interpret puts the child in a very vulnerable position and puts the practice at risk for liability if something were to go wrong. Patients may be less likely to discuss more personal health topics when using children as interpreters.

- **Translated written material.**
  - ◊ **What will need translating?**
    - ♦ Forms, signs, posters, pamphlets, etc.
    - ♦ **Health education material:** The following Web sites have a large selection of easy-to-read health education material in several languages.
      - **MedlinePlus** by the National Institutes of Health.
      - **Healthy Roads Media** provides materials in handout form, audio, Web video, and mobile video for a variety of different opportunities for practitioners to get them to patients.
      - **Health Information Translations** provides materials in 18 different languages, including American Sign Language video for patients that are deaf.
  - ◊ **Things to keep in mind about translating words into another language.**
    - ♦ Direct, word-for-word translations do not always work because nuances of culture are thereby ignored.
    - ♦ Translators must apply plain language guidelines. Dense materials in English are often difficult to understand. The same material in another language will also be difficult to understand.

- **Organizing languages services.**
  - ◊ **Office visits:** For small populations of diverse patients, consider scheduling appointments at times when appropriate interpretation services are available.
  - ◊ **Phone calls:** Plan designated times that patients can call when interpreters are available.
  - ◊ **Unscheduled communications:** Have a plan for when a patient who you did not know needed language assistance comes in or calls (e.g., contract with medical telephone interpreters).
- **How to pay for language assistance services.**
  Paying for these services is by far the most challenging part, especially if there are no trained bilingual staff at the practice. Although these services are mandated for most practices, funding them may take some creative thinking.
  - ◊ Investigate whether Medicaid and other insurance plans will pay for interpreters or have negotiated discounts. (Medicaid reimbursement is available in 13 States.)
  - ◊ Coordinate with other practices to develop contracts with language assistance vendors.
  - ◊ Contact community organizations for possible volunteer trained interpreters.
  - ◊ Consider separate flexible funding sources such as grants or fundraisers to help subsidize these services.

Track Your Progress

- After implementation, take 1 week and ask staff to make note of all the language assistance needs that they encountered and how they were dealt with. Collect the comments, and discuss them at the next Health Literacy Team meeting. Explore new approaches to address the weaknesses, and do another evaluation in another 2 months.
- Compile a list of the most common languages spoken by your patients. Compare that list with the languages used for the written materials you distribute. Repeat after 2 months to see whether more non-English materials are available.

Resources

- **"Addressing Language and Culture"** is a booklet by The California Academy of Family Physicians Foundation that helps practices gauge how

well they are doing at providing services sensitive to language and culture.

- **The Health Care Language Services Implementation Guide** is a Web site sponsored by the Department of Health and Human Services' Office of Minority Health that provides a comprehensive guide to addressing language access services in health care settings. It offers case study audios that skillfully illustrate the issues around the need for language access services. It also provides a comprehensive list of resources such as laws and regulations, telephone translation services, testing and training for interpreters, funding options, etc.
- **"Office Guide to Communicating with Limited English Proficient Patients"** is a booklet by the American Medical Association that offers practical advice.
- **Hablamos Juntos** has a number of resources for language services, one being a toolkit on improving the quality of health care translations.
- **"Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency"** is a free online learning course broken down into five, 1-hour modules and offering continuing education credits.

References

1. Flores,G. Language barriers to health care in the United States. *New Engl Med*, 2006;355 (3):229-31.

Culture and Other Considerations

Overview

The fact that patients are complex and dynamic is not a new notion to any clinician. Such things as religion, culture, and employment can play a part in their health and be an important component in understanding why they make certain choices. But in the hustle and bustle of the day, a clinician can sometimes deliver medical advice without fully understanding how health beliefs and cultural practices may influence how that advice is received. Learning about patients' ethnic backgrounds, cultures, and religions should not lead to stereotyping or assumptions, but should help clinicians deliver good patient-centered care.

Purpose

To outline a perspective and offer resources to help clinicians avoid miscommunication in cross-cultural situations and foster more patient-centered relationships.

Action

- **Learn about your patients' health beliefs and cultural practices.**
  - The best way to learn about patients' health beliefs is to ask them.

Tips ★

How to Ask Your Patients About Their Health Beliefs and Customs

- "I am not familiar with your cultures and beliefs. Can you teach me what I might need to know so I can better treat you?"
- "What do you call your illness? What do you think caused your illness? How do you think it should be treated?"
- "Do any traditional healers advise you about your health?"

- **Improve cross–cultural communication skills.**
  Continuing education courses can be helpful.
  - "Think Cultural Health: Bridging the Health Care Gap through Cultural Competency" has several options and is sponsored by Department of Health and Human Services.

- "Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency" is a free on-line learning course broken down into five, 1-hour modules and offering continuing education credits.

- **Considerations.**
  If your practice includes a concentration of patients from a particular cultural background, it can be helpful to learn about their customs and beliefs.
  - **Health beliefs and customs:** Some patients have different beliefs about the causes of and treatment of specific diseases. For instance, in the Hispanic culture, some believe the cure for empacho (indigestion) is massage of the abdomen or pinching the skin until it pops.
  - **Ethnic customs:** Customs like fasting at particular times or the treatment of women by men are things that clinicians need to be aware of.
  - **Religious beliefs:** Practices based on religious beliefs, such as refusing contraception or blood transfusions, can be very important in treatment decisions.
  - **Dietary customs:** Food and diet are very important in helping people maintain a healthy lifestyle, and having knowledge of typical diets helps practitioners advise patients.
  - **Interpersonal customs:** Having knowledge of interpersonal customs can help develop a trusting and working relationship with patients. For instance, in some cultures it is impolite to make eye contact or touch a person casually during conversation.
  - **Expectations:** People develop expectations (high or low) based on experiences. For instance, imagine treating a middle-aged man whose parents did not live past age 50, or a woman who knows she carries the genes for breast cancer.
  - **Web sites:** The following Web sites have specific information about different cultures and beliefs.
    - EthnoMed is a Web site containing information about cultural beliefs, medical issues, and other related issues pertinent to the health care of recent immigrants, many of whom are refugees fleeing war-torn parts of the world.
    - 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). It also covers end-of-life issues.

- The "Cultural Competence Resources for Health Care Providers" Web site provides an exhaustive list of resources regarding cultural competence issues for specific ethnicities, religions, and special populations.

- **Avoid stereotyping.**
  Understand that each person is an individual and may or may not take on certain cultural beliefs or practices. For example, it would be inappropriate to assume that just because a person exhibits one cultural characteristic, like wearing a piece of religious jewelry or clothing, that they also adhere to the dietary customs of that religion. Yet, ignorance of that potential connection between such practices can lead to ineffective medical care.

Track Your Progress

- Count how many employees have completed a cultural competency training session.
- Add a page to patients' charts to note health beliefs and customs, then randomly select some charts and see what percentage have notes on the patient's health beliefs and customs.
- Conduct patient surveys and ask how often the doctor showed respect for what the patient had to say. See if responses vary by race or ethnicity, and whether they change over time. Refer to Tool 17: Get Patient Feedback for more information.

Design Easy-to-Read Material

Overview

A patient is often asked to read something in their doctor's office. They may be asked to fill out a form or may be given written material on how to manage their disease. A patient's reading abilities are often below the readability of this material. In addition, patients who are ill can sometimes find it hard to answer complex questions accurately. Practices that are conscientious about developing and using written materials that are easier to read may increase the chance that patients will use it correctly, thereby saving staff time and improving patient outcomes.

Purpose

To provide strategies for developing well-written patient material, including forms and education materials.

Action

- **Train one person on how to evaluate and create written material.** Have one person take responsibility for learning how to design simple, easy-to-read written materials for your practice that will be appropriate for everyone, including people who have limited health literacy.

- **Tools that will help:** The following Internet sites are useful resources for anyone wanting to evaluate or create well-written material.
    - **Formatting:** The following sites offer good advice on formatting.
        - Clear Doc Index by the Literacy partners of Manitoba.
        - Clear and to the Point: Guidelines for Using Plain Language at NIH from the Harvard School of Public Health.
    - **Assessing reading level:** Readability formulas assess text for complexity, grade level, and multi-syllable words. You can assess any text by cutting and pasting it into these programs. These formulas can be helpful but should not be your only evaluation tool because reading level is only one aspect of readability, and readability formulas are not always accurate with forms that have short sentences or phrases. Readability Formulas.com has three different readability calculators.

- ◊ **Common Words.**
  - ♦ **Listen:** To get a common word explanation of something, try explaining it verbally to a lower literate patient and having them explain it back, taking note of what words were used.
  - ♦ **Reference list**: The Plain Language Thesaurus for Health Communications is available from the Centers for Disease Control and Prevention.

Tips

Words Patients May Not Understand

- hypertension
- benign
- oral
- enlarge
- lateral
- referral
- terminal
- monitor

- When explaining things like test results, be cautious about using words such as "negative" and "positive." These words have general connotations that are sometimes different than the medical jargon. For example, a negative test result is often good for the patient but may be perceived as a bad outcome.

- ◊ **Patient feedback.**
  Ask a variety of patients to evaluate your forms or other written materials (also evaluate material that you did not develop). Consider asking the following questions:
  - ♦ Is the information clear and easy to understand?
  - ♦ Is it confusing in any way?
  - ♦ Are any parts/words hard to read or understand?
  - ♦ Is there anything offensive?
  - ♦ What is helpful and what isn't?
  - ♦ In Other Words…Can They Understand? Testing Patient Education Materials With Intended Readers has some great tips on using patients to test material.

- **Health education material.**
  - ◊ **Content:** Clearly state how to prevent or manage disease **without a lot of extra information.** This element seems to be the most challenging, as most material is written by educators who feel

compelled to explain more than the patient needs to know to manage their disease. When evaluating material ask "Is this information something the patient *needs* to know or do to stay healthy?"

- ◊ **Chunk the information.** Include clearly defined headings and divisions between sections of information allowing for a lot of white space on the page.
- ◊ **Sentence structure.**
  - ♦ Use short, simple sentences.
  - ♦ Write at a reading level of 6th grade or below.
- ◊ **Word choice.**
  - ♦ Limit the use of medical jargon, and define any terms you use.
  - ♦ Limit the use of multi-syllable words.
- ◊ **Graphics.** Visuals and graphics can help relay a message and enhance the understanding of your message.

- **Patient forms.**
  - ◊ **Format considerations.**
    - ♦ **Check boxes:** Low literate patients often avoid writing answers because of poor spelling, so offering check boxes of common answers is helpful.
    - ♦ **"Don't know" options:** Give patients the option of checking a "don't know" box so they don't feel compelled to check inaccurate information.
    - ♦ **Bold key words:** This helps draw attention to the main point of the questions.
    - ♦ **Use common medical words** such as "mammogram" and "allergic reaction" first in the questions with a common word definition in parentheses after it (see example forms).
  - ◊ **Example Forms:** The example forms listed below are written with the above guidelines in mind and were tested using cognitive interviews with patients with low literacy skills. There are a wide range of questions from asking about a person's reading skills to asking about cultural beliefs. The longest form does not take more then 30 minutes for a lower literate patient to fill out. They are constructed in Microsoft ® Word format to allow practices to edit and use the parts they feel would be useful to their own specific needs. *NOTE: Any practice that chooses to use a form for any legally binding purpose should confer with their attorney for legal advice.*

- Adult Initial Health History Form
- Young Child Health History Form
- Adult Return Visit Update Form (1 page)
- Consent to Treat Form
- Release of Medical Information
- Lab Results Letter
- Appointment Reminder

- **Help patients fill out forms.**
  Keep in mind that some patients will need help reading, understanding, and completing the material they are given. A practice needs to have a system in place to offer ALL patients help with forms. Here are some friendly, non-stigmatizing ways to let patients know that help is available.
  - "I am going to give these forms to you right now. You can choose to fill them out now or you can wait until you get to the room and the nurse will be happy to go over them with you."
  - "Sometimes items in these forms are not clear. We are happy to go over them with you, or you can fill them out on your own."
  - "Thank you for filling out the form. Can we go over it to make sure we got everything? Some items are not always clear, and we want to make sure we have all the information correct."

Track Your Progress

- Every 4 months do a tally of what written material has been reviewed and revised using the plain language guidelines. See if the percentage goes up over time.
- Every 4 months tally how many forms or other material have been reviewed by a patient or patients for readability.
- Are forms more complete when they reach the chart? Before implementation take one week and tally the percentage of questions that were not answered on forms that were filled out by patients. In 2 months, do it again and see if the percentage of unanswered questions has gone down.

Use Health Education Material Effectively

Overview

Health materials are effective only when used as a part of an overall patient education strategy. Simply handing your patient a pamphlet is not enough to promote understanding or behavior change. Patients have various levels of literacy and speak different languages. Your selection of well-designed educational materials and how you use them when educating your patients will determine how effective you are at helping them manage their health care.

Purpose

To offer strategies on how to use educational materials effectively to promote better patient understanding.

Action

- **Use educational materials.**
  - ◊ **Use in conjunction with spoken instruction.**
    Educational material should be used to facilitate discussion, not replace it. Do not assume that patients read the materials you give them. Just handing a pamphlet to a patient has been shown ineffective at changing behavior. Educational material should be used when a clinician is focusing on a specific point of care that needs further reinforcement.

  - ◊ **Review the material with the patient.**
    Make note of important information by circling or highlighting it in the material, and discuss how it relates to the patient's care. Consider personalizing the materials by adding the patient's name, medications, or specific care instructions. Make sure the patient understands the written material and verbal instruction by asking them to restate the main points.
    - ♦ Refer to Tool 5: The Teach-Back Method.

- ◊ **Repeat and followup.**
  Reinforcing information is essential for a patient to learn skills and change behavior. Providing followup phone contact and referring to the educational material again in future visits can improve understanding and adherence. You may need to give the material to the patient more than once, and you may focus on different topics at subsequent visits.
  - ♦ Refer to Tool 6: Followup with Patients.

- ◊ **Use video.**
  Incorporating a video presentation into patient education can be effective if the practice identifies good videos and has the capacity to show them to patients. Videos that review the causes and treatment of a specific disease can be especially helpful for patients who are newly diagnosed with an illness. Videos should follow similar principles to good educational materials, including use of simple graphics and plain language. They should review material at a moderate pace and with clear pronunciation. Remember that video presentations are not a substitute for reviewing and discussing the information with the patient, but they can be helpful to introduce and/or reinforce the topics discussed.

- **Manage educational materials.**
  Effectively using educational materials in your practice requires that you have a supply that is easy to find and available when needed. Consider identifying a staff person to monitor and manage your educational materials. Some things to consider include:
  - ◊ **Location:** Identify a storage location that is accessible to staff.
  - ◊ **Organization:** Keep materials arranged so you can easily find what you need.
  - ◊ **Supply:** Monitor inventory regularly and re-order before you run out.
  - ◊ **Keep materials updated:** Review and identify new materials as needed.
  - ◊ **Training:** Confirm that at least one member of your staff knows how to develop and evaluate educational materials.
    - ♦ Refer to Tool 11: Design Easy-to-Read Material for more information on material design and review.
  - ◊ **Education:** Teach your staff how to use any new materials developed or obtained for patient use.

- **Print materials from the Internet.**
  When printing material from Web sites, look for a portable document format (PDF) version rather than printing the Web page. A PDF file will allow the document to print in a format that incorporates layout, font, and pictures.

- **Different types of health education material.**
  - ◊ **Brief materials:** These are shorter in length and can be useful for basic education during patient visits. We have listed a few examples of short, easy-to-read health education materials below:

    - Dusty the Asthma Goldfish and His Asthma Triggers Fun Book Environmental Protection Agency (English & Spanish).
    - Attention Deficit/Hyperactivity Disorder (ADHD) The National Institute of Mental Health.
    - Managing Chemotherapy Side Effects National Cancer Institute.
    - Using the Chemotherapy Side Effects Fact Sheets National Cancer Institute.
    - Diabetes: Know the Signs Learning about Diabetes (English & Spanish).
    - Prevent and Control High Blood Pressure: Mission Possible The National High Blood Pressure Education Program (English).
    - Take Steps—Prevent High Blood Pressure The National Institutes of Health (English & Spanish).
    - Your Guide to Preventing and Treating Blood Clots Agency for Healthcare Research and Quality (AHRQ).
    - Help for Smokers and Other Tobacco Users AHRQ (English and Spanish).

  - ◊ **Comprehensive disease management materials:** Some health education materials are comprehensive in content and are designed to be used during patient encounters addressing more detailed disease management topics. Often these materials can be customized for patients' specific needs or interests. Clinicians that use the comprehensive materials should be familiar with their layout and how to review them with patients. They are longer than the brief materials listed above and can be printed on-site or ordered from the Web sites.

- Help Your Child Gain Control Over Asthma Environmental Protection Agency (English).
- Caring for Your Heart: Living Well with Heart Failure North Carolina Program on Health Literacy (English & Spanish).
- Diabetes Literacy and Numeracy Education Toolkit Vanderbilt University. Note: *Register on the Web site to obtain free copies.*

Track Your Progress

- **Assess your review of materials and their organization.**
  - Are you running out of materials? Are you able to find the materials you need? Every quarter, assess your system for managing your educational materials.
- **Assess staff awareness and use of materials.**
  - Do your clinicians know what materials are available and how to use them? After identifying and organizing your materials, have the materials reviewer discuss them during a staff meeting. Review what materials are available, where they are, and how to use any comprehensive materials.
  - Periodically check in with clinicians, and ask them if they are using the materials and if additional materials are needed.

Welcome Patients: Helpful Attitude, Signs, and More

Overview

Do your patients feel welcome when they enter your practice? Have you clearly identified where to go for assistance?

While some patients may feel anxious or intimidated when locating and entering a health care practice, this may be more problematic for patients that are new to your practice and for those with limited literacy. Creating a friendly environment that is easy to navigate may help your patients feel a sense of welcome and encourage their participation in the health care experience.

Purpose

To offer suggestions for creating a welcoming atmosphere by addressing your front desk, waiting room, and signs.

Action

- **Evaluation.**
  - ◊ **Patient walkthrough:** Have a person who is unfamiliar with your practice walk through it and give you feedback on the feel and navigation. For more information see pages 99-115 of The Health Literacy Environment of Hospitals and Health Care Centers.
  - ◊ **Staff walkthrough:** Have one or two staff members do a walkthrough of your practice and assess the front desk area, waiting room, and signs.
- **Front Desk.**
  - ◊ **Helpful atmosphere:** First impressions count. The first person a patient meets in your practice is very important at setting the tone. This person should be helpful and cheerful.
  - ◊ **Help with forms:** If a patient is handed a form, offer them assistance filling out that form. (For more information see Tool 11: Design Easy-to-Read Material.)

- ◊ **Collect only essential information:** Don't ask questions that will be asked again later in the visit.
- ◊ **Assess language preferences:** Have "I Speak" cards at the front desk so staff can identify language preferences from the beginning of the visit and can obtain the appropriate language services.
- ◊ **Practice brochure:** Develop an easy-to-read brochure using tips from Tool 11: Design Easy-to-Read Material that highlight the elements of your practice. Include the following:
  - Contact Information, including after-hours and emergency.
  - Services provided.
  - Address and directions to your office.
  - What to bring to appointments.

- **Waiting Room.**
  - ◊ **Bulletin boards:** These can be focal points of your lobby that arouse interest, stimulate thought, and encourage action.
    - **Target audience:** Your patient population.
    - **Central theme:** Have no more than four points of interest.
    - **Easy-to-read and colorful.**
    - **Update regularly:** Assign different staff to maintain and update content on a regular basis.
  - ◊ **Television:** Many services are available to provide health information via a closed circuit television in your waiting room. When evaluating them, take note of any complicated medical terms or language that may be difficult to understand.
    - AHRQ Questions Are the Answer: a video that encourages patients to ask questions and become more involved in their health care.
- **Signs.** Making signs easy to read and clearly visible will help to avoid confusion and reduce the amount of time staff spend directing patients from place to place.
  - ◊ **Identify locations.** Your practice should have signs to identify or direct patients to each of the following areas:
    - From the front of the building to your practice entrance.
    - Waiting room/Checkin/out.
    - Billing department.
    - Laboratory.
    - Nursing area or station.
    - Exam rooms.
    - Restrooms.

- ◊ **Identify process or procedure.** Your practice should have a limited number of signs that give basic instructions such as "Please sign in" or "If you have been waiting more than 20 minutes, please tell the front desk staff."
- ◊ **Use simple, universal words.** Make sure signs are in the languages of your patient population.
- ◊ **Use graphics when appropriate.** Hablamos Juntos ("We speak Together") is an initiative that has created graphic symbols for common medical services, some which may be applicable in the practice setting.
- ◊ **Use color coding, lines, or symbols.** These may be another way for you to guide patients through your practice.
- ◊ **Make signs clear and visible.** The signs should be easily visible by patients.

Track Your Progress

- Employ the patient walkthrough technique by having someone initially evaluate your practice on many of these points. After making the changes and offering employee education, conduct another patient walkthrough and compare the results.
- Over the course of a week, count how many times staff have reviewed the patient information brochure with new patients.

Resources

- The American Medical Association manual "Health Literacy and Patient Safety: Help Patients Understand" provides guidance on using health literacy best practices for patient checkin and registration.

Encourage Questions

Overview

An essential part of achieving good health outcomes is helping patients to understand that their role in their health care is important. But patients can sometimes be ashamed to ask questions, fearing that they will seem foolish. In some cultures, deference to authority figures stifles questions. Creating a shame-free environment that encourages patients to ask questions and gives them the confidence to take ownership of their health is crucial in this effort.

There are several strategies designed to change the dynamic of the patient/ clinician interaction. These approaches, when used over time, are aimed at teaching patients to become more involved, but they will also help a practice to:

- Decrease the number of call backs or questions after a patient leaves.
- Increase patient satisfaction.
- Increase patient safety.

Purpose

To give strategies for eliciting questions from patients.

Testimonial

"We decided to implement the 'Ask Me 3' program for 2 weeks for some of the afternoon patients in clinic A. As part of the responsibilities of the front desk those 2 weeks, I made copies of the brochures. As one of these 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. What questions do you have for your doctor today? You can write them here…' I point to their brochure and hand them a pencil. I then flagged the chart with a green sticky note, and when the nurse would take them back she would reinforce the pamphlet and encourage them to talk about their questions. When that 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 from this clinic were stopping to ask questions or calling back in after their visit compared to clinic B."

-community medical clinic

Action

The following programs encourage questions. They contain brochures, posters, and videos along with directions on how to implement them in a practice. Although true patient activation takes much work to achieve, many practices found these programs easy to implement and very helpful in focusing the conversation, especially when used with Tool 5: The Teach-Back Method.

- Ask Me 3: This program, designed by the National Patient Safety Foundation, encourages patients to know three things before leaving the encounter:
    1. What is my main problem?
    2. What do I need to do?
    3. Why is it important for me to do this?
- Questions Are the Answer This campaign, created by AHRQ, encourages patients to get more involved in their health care. It contains videos, handouts, and an online question builder.

> **Tip**
>
> Clinicians can use the questions and strategies in these programs to help structure patient visits.

- **Other considerations.**
    - **Invite questions using body language.**
        - **Sitting:** Sit at the same level as your patient.
        - **Look and listen:** Look at patients when talking and listening, as opposed to the chart or computer.
        - **I have the time:** Be conscious about presenting yourself as having time and wanting to listen to their questions. Try not to interrupt.
    - **Solicit questions.**
        - "What questions do you still have?"
        - "That was a lot of information. What do I need to go over again?"
        - Avoid asking, "Do you have any questions?" This often leads to a quick "no," even if they do have questions.

- ◊ **Involve the entire staff in soliciting questions.**
  - ♦ **Checkin:** Have the clinical staff talk to patients while taking vitals or checking them in about questions they want to ask the doctor.
  - ♦ **Ancillary staff:** Use nurses, health educators, and other staff to encourage questions.
  - ♦ **Checkout:** Ask each patient on their way out whether their questions were answered.
- ◊ **Expand the scope.**
  - ♦ **Other health settings:** Encourage patients to ask questions of other physicians, pharmacists, etc.
  - ♦ **Family and friends**: Encourage patients to bring a relative or friend to the next visit to help them remember information, and include these people in the conversation.
  - ♦ **Managing questions**: If patients have many questions, prioritize them with your patient and defer some to a future visit.

Track Your Progress

- Count the number of questions from patients before and after implementation. This will provide good measurement for how well the strategies are implemented.

- Measure whether patients know the answers to the three questions as they exit. For example, ask one patient a day at checkout if they know their main problem, what they need to do, and why. See whether the responses change over the course of 2 weeks. Check again after 2 months

- Have all members of your team measure the number of patients that brought or asked questions. Include questions asked by family or friends accompanying the patient. Measure for 2 days before making changes, 2 days after a month, and 2 days after 6 months.

- Ask as patients exit, “Did you get a chance to ask all your questions?” If patients answer no, ask whether the doctor/nurse said they would address some questions later. Record the number of patients who answered “no” to both questions over time.

Make Action Plans

Overview

Many patients have trouble taking the actions they need to maintain their health and manage their health conditions. An action plan, created by the patient and clinician, outlines a step the patient can take to attain a larger health goal such as quitting smoking or losing weight. Action plans help patients integrate these steps or health behavior changes into their daily lives to achieve the goal, and they allow for patients to be actively involved in their own care. Research has shown that such plans are instrumental in bringing about behavior changes in patients. In a recent study of more than 200 patients, 5 percent reported a behavior change in a followup phone call 3 weeks after their visit with a physician when an action plan was made.[1]

Purpose

To guide clinicians through the process of creating and using action plans in their practice.

Tips ★

Opportunities to Use Action Plans

- Making diet changes.
- Smoking cessation.
- Increasing physical activity.
- Reducing stress.
- Improving sleep habits.

Action

- **Action plan video.**
  - ◊ Watch this 6-minute American College of Physicians Foundation Video to see three examples of patients and providers creating an action plan. (Scroll to the bottom of the Web page, and click on the blue box "Ready, Set, Action Plans.")

- **Action plan forms.**
  - Below are two options for action plan forms:
    - Action Plan Project by the University of California at San Francisco Department of Family and Community Medicine has action plans in English, Spanish, and Chinese.
    - The Action Plan Form in this toolkit can be modified to fit your needs.

- **Create action plans with patients.**
  - **Motivation:** If a patient does not express the motivation to change, then the patient is not ready for an action plan. The goal must be important to the patient for the plan to be successful.
  - **Created by the patient:** The patient must determine the goal with the provider's guidance.
  - **Small and realistic:** Brainstorm small, specific, and realistic steps the patient can take to achieve the goal that can be re-revaluated over a short time period, like a week.
  - **One step at a time:** Have the patient pick one specific step that he or she is likely to implement.
  - **Fill out the form:** Outline what, how much, when, and how often they will do the step.
  - **Assess confidence:** Assess the patient's confidence by asking, "How confident are you that you can follow this action plan?" A patient should feel confident, stating a 7 or higher on a scale of 0-10 on confidence. If they are not, revise the goal so the patient feels confident they can achieve it.
    - 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 chart.

- **Followup.**
  - **Followup is very important;** it lets the patient know that you are interested in helping them achieve behavior changes. Options for followup include a phone call or meeting during an office visit.
  - **If the goal was not achieved,** the followup can help to redefine a goal that can be achieved and result in recognized progress for the patient.

- ◊ **If goals were achieved,** celebration and praise are in order! Work with the patient to make the next goal. Each small step gets the patient closer to the ultimate goal of eating healthier, quitting smoking, losing weight, etc.
- ◊ **Track progress.** Action plans can help clinicians track patients' progress over time and improve the likelihood that health goals will be discussed in followup visits.
- ◊ Refer to Tool 6: Followup with Patients for more information on followup.

- **Help providers to remember to use an action plan.**
  - ◊ **Accessible:** Copy the form and determine how it will be accessible to physicians when they are seeing patients:
    - ♦ Place them in an accessible folder or drawer in the exam rooms.
    - ♦ Make it available in the electronic medical record.
    - ♦ Have the physicians carry their own supply.
    - ♦ Put them in patients' charts.
    - ♦ Copy the action plans on colored paper so they stand out.

Track Your Progress

- **Assess frequency of use.**
  - ◊ Have clinicians record in the chart whether an action plan was created or reviewed. At the end of the first week, identify the percent of patients who had an action plan created with their clinician. Check again in 2 months, 6 months, and 12 months to see how many action plans are created or reviewed. Aim to create action plans for 90 percent of patients that have chronic health problems or with specific unhealthy behaviors within 12 months.

Resources

- "Helping Patients Adopt Healthier Behaviors" is a four-page journal article about actions plans that gives example dialogue on how to use them.
- "What are Action Plans?" is a two-page document on action plans from the University of California at San Francisco School of Medicine.

References

[1]Handley M, MacGregor K, Schillinger D, et al. Using action plans to help primary care patients adopt healthy behaviors: a descriptive study. *J Am Board Fam Med.* 2006;19(3):224-31.

Improve Medication Adherence and Accuracy

Overview

Medication errors resulting in death have risen from 1,040 in 1983 to 8,634 in 2004.[1] Medication errors such as taking the wrong dose or at the wrong time of day are extremely common. Research has shown that patients with limited health literacy are less likely to know how to take their medicine (e.g., how to use an inhaler) and have more difficulty following complex medication regimens.[2] Helping patients understand medications and how to take them can reduce the number of medication errors. That knowledge can also help patients increase their ability to care for their illnesses, especially chronic illnesses.

Purpose

To outline some approaches practices can use to help patients manage their medication and improve medication adherence.

Action

Helping patients organize their medications provides an excellent opportunity to educate them on the medications and their purpose.

- **Ask patients how they remember to take their medicines.**
  - ◊ "Do you have a way to remember to take your medicines?"
  - ◊ "Everyone forgets to take their medicine from time to time. When was the last time you forgot to take any of your medicine?"

Tips ★

- When you prescribe medicine, write precise instructions for taking the medicine. For example, write, "Take 1 pill in the morning and 1 pill at bedtime."
- When a patient switches from a brand name to a generic medicine, tell them that the color, shape, and size of the pill may change. If you are using visuals, make sure you show the correct pill.

- **Different methods of managing medications.**
  The following methods of medication organization and management offer very different approaches. After talking with your patient, you can determine which level of assistance would be most beneficial.
  - ◊ **MedCard**
    - ♦ Iowa Health Collaborative developed a "Know it, Show it, Tell it" program for medications. The Web site provides a printable two-sided form for listing medications and other health information that can be folded and carried in a wallet (also in Spanish). The site also has a poster for promoting it and specific instructions.
  - ◊ **Pill Chart**
    - ♦ This pill chart is simple and easy to read, breaking the patient medicines down into only what they need to know like "Brand Name," "Generic Name," size (mg), and then the number of pills of each medicine they take at what times.
  - ◊ **Pill Cards**
    - ♦ A pill card uses pictures and simple phrases to show each medicine, its purpose, how much to take, and when to take it. Patients or family members can also use the template to make their own pill cards.
  - ◊ **Pill Boxes**
    - ♦ **Obtaining pill boxes:** Pill boxes are easily accessible on the Internet, fairly inexpensive, and can be customized with a sticker with your practice's logo and phone number.
    - ♦ **Filling pill boxes:** Introducing patients to pill boxes and teaching them how to fill their own boxes can be invaluable for some patients and a strategy they use for many years. Show patients, and then use Tool 5: The Teach-Back Method to assure they understand. Encourage patients to bring their pill boxes as well as their pill bottles, and refresh the teaching when new medications are added.
    - ♦ **Family members:** Sometimes family members are capable of filling and monitoring the pill boxes. Encourage your patients to bring family members to appointments.
    - ♦ **Home health agencies:** Ask local home health agencies what services they may have for filling pill boxes on a regular basis.

Testimonial

"I was really drawn to the MedCard in Tool 16 and implemented this in the clinic on a small scale. Although I quickly realized that it took the staff a lot of time to fill out the information, I was struck by how much the patients appreciated it when we handed it to them. What I realized is that our Electronic Medical Record could be set up to supply the same information in a fairly efficient way, so I set forth to make a few changes so we could offer this information to our patients and easily keep our records and theirs updated."

-family medicine practice

- **Find time to help patients manage their medicines.** Some of these options take a lot of time for the staff to do. Here are some suggestions to help with that.
  - **Volunteer:** Have a volunteer fill out MedCards, pill charts, or pill cards prior to or after the visit, and mail them to the patient.
  - **Electronic medical record:** Look at your current electronic medical record system and see if it can be adapted to create a medicine list that would be easily read and understood by patients.
  - **Family member or case manager:** Pass the task on to a family member or case manager and verify its accuracy when they bring it to their next appointment.
- **Advertise the service.** Display this Medication Aid Poster that outlines the different options to help introduce patients to the service.
- **Record in chart.** Note in patients' charts what method they use to remember how to take their medicine.

Track Your Progress

- At the end of the first week, identify the percentage of patients who take medicine that had a reminder strategy noted in their chart. Check again in 2, 6, and 12 months. Aim to have notes on reminder strategies for 90 percent of patients within 12 months.

Reference

1. Phillips,DP. A steep increase in domestic fatal medication errors with use of alcohol and/or street drugs. Arch Intern Med 2008;168(14):1561-6.
2. Berkman ND, DeWalt DA, Pignone MP, et al. Literacy and Health Outcomes. Evidence Report/ Technology Assessment No. 87 (Prepared by RTI International-University of North Carolina Evidenced-based Practice Center under Contract No. 290-02-0016). AHRQ Publication No. 04-E007-2. Rockville, MD: Agency of Healthcare Research and Quality. January 2004.

Get Patient Feedback

Overview

Patients are in the best position to judge if a medical office poses health literacy challenges. Patients interact with a variety of office staff and clinicians while they:

- Fill out forms.
- Discuss health concerns with clinicians.
- Undergo diagnostic tests and treatment procedures.
- Receive medication and self-care instructions.

Each step presents a risk for misunderstanding and confusion. Frequently, practices are unaware of the level of difficulty patients encounter in completing routine forms and navigating the health care system. Obtaining patient feedback allows patients to play an active role in identifying areas of improvement for health literacy.

Purpose

To provide guidance to practices on how to obtain and use patient feedback regarding health literacy issues. This tool acquaints practices with the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician & Group Survey—Item Set for Addressing Health Literacy. This tool also introduces other means of obtaining feedback, such as shadowing patients, patient walkthroughs, and getting patient feedback on written material.

Action

- **Select patients to provide feedback.**
  - ◊ When identifying patients to provide feedback, be sure to select a group of patients that are representative of your practice in terms of age, gender, race/ethnicity, and health issues.

- **Survey: CAHPS® Clinician & Group Survey—Item Set for Addressing Health Literacy.**
  - ◊ **Background:** The CAHPS® Item Set for Addressing Health Literacy consists of 29 items that aim to assesses the performance of practices

regarding health literacy issues. These items are a supplement to the CAHPS® Clinician & Group Survey (24 items). It is available in both English and Spanish. If you already have a patient survey, you may add CAHPS® items to your existing survey.

- ◊ **CAHPS® health literacy survey items:** are on pages 8-14 of the survey; the core set of questions is on pages 1-5. These items ask patients to choose 1 of 4 responses to questions; Always, Usually, Sometimes, Never. You can also go to CAHPS® Survey and Reporting Kits for a version of items that includes 6 possible responses.
- ◊ **Using the survey:** Fielding the CAHPS® Clinician & Group Survey provides guidance on using the CAHPS®. It provides instructions on:
  - Constructing the sampling frame.
  - Choosing the sample.
  - Maintaining confidentiality.
  - Collecting data.
  - Methods of data collection (i.e., mail only, telephone only, or mixed mode: mail and telephone).
  - Tracking returned questionnaires.
- ◊ **Methods of administration**: Because patients with limited literacy are unlikely to respond to a mail survey, we suggest that you administer the survey by phone or have a phone followup to a mail survey. We have also included a Sample Cover Letter that can be mailed to patients with the survey.
- ◊ **Analyze the results.** After collecting the completed questionnaires, have a member of your health literacy team examine the results and identify which items received the lowest scores.
- ◊ **Identify improvement strategies.** Have the health literacy team prioritize which health literacy practice weaknesses to address first. Identify and implement health literacy tools that can address these areas. For more information see the About the CAHPS® Item Set for Addressing Health Literacy.

- **Patient shadowing.**
  - ◊ **Process of shadowing**: Shadow several patients over the course of a week. When a patient makes an appointment, ask if you can accompany them during the visit and do the following:
    - Stay with the patient from the moment they check in, while

they are filling out forms, being taken to the exam room, etc.
    - At the end of the visit, discuss what went well and what was difficult about the visit. Also ask them about their communication with the office before the visit.
    - Note what health literacy practices were used (e.g., confirming understanding through teach-back, avoiding medical jargon, encouraging questions).
    - Navigating the Health Care System: A Health Literacy Perspective Through the Eyes of Patients is a PowerPoint presentation on a shadowing and walkthrough experience.
  - **Review feedback.** Bring the feedback to the Health Literacy Team and identify improvement strategies.
- **Patient walkthrough.**
  - One way to evaluate your practice is to have a person that is unfamiliar with it walk through it and give you feedback on the feel and navigation.
  - For more information, see pages 99-115 of The Health Literacy Environment of Hospitals and Health Care Centers.
- **Patient feedback of written material.**
  - Ask a variety of patients at the end of their visit or while they are waiting to evaluate one or two of your forms or other written material (also evaluate material that you did not develop). Think about asking them the following questions:
    - Is the information clear and easy to understand?
    - Is it confusing in any way?
    - Are any parts/words hard to read or understand?
    - Is there anything offensive?
    - What is helpful and what isn't?
    - In Other Words…Can They Understand? Testing Patient Education Materials With Intended Readers has some great tips on using patients to test material.

Track Your Progress

- **Assess for improvement.**
  - Administer the CAHPS® Clinician & Group Survey—Item Set for Addressing Health Literacy once a year. Compare results to determine changes.

- ◊ Shadow several patients before and 6 months after initiating quality improvement strategies based on your initial patient shadowing efforts. Assess whether the same issues surface.
- ◊ Three months after obtaining patient review of written materials, go over the list of materials that were identified as needing revision or replacement. Check whether these materials have been revised or replaced or whether they are still being distributed.

Link Patients to Non-Medical Support

Overview

It is important to realize that limited literacy not only affects the patient's health care but all aspects of their life. Primary care practices think they don't have time to provide patients with extra support to help with things like understanding health benefits, obtaining medication, housing, or transportation issues. They may feel that they are wasting their time on petty issues. This assistance, however, is critical to achieving optimal health.

It is not a matter of merely having a list of support services and making referrals. Often we make a referral, but a breakdown occurs and the connection is not made. Practices need to anticipate such breakdowns and build into their system of care a commitment to make sure patients connect with needed services in a timely manner. Making sure this happens involves assigning responsibility for support activities, allocating staff time, and tracking outcomes.

Purpose

To suggest:

- Approaches to assess patients' needs for additional services.
- Ideas for developing a list of community services.
- Ways to create a system for helping patients with non-medical needs.

Action

- **Assess the problem.**
  Take time to listen to patients about the other things that may inadvertently be affecting their health and take some ownership at trying to help them overcome these challenges. Keep track of these issues in the chart.

- **Involve current support systems.**
  - ◊ Most patients will have a support system in place, either formal or informal. Asking patients how they get certain needs met may reveal that they have a case manger or local social service agency that helps them. They may mention a friend or family member that provides support.

- This support system may be very helpful at assisting the patient with achieving medical goals, but you may also want to make a direct connection. Ask the patient if you can invite them to clinic appointments, e-mail them, or call them.

- **Develop a community resources list.**
  - **Information and Referral (I &R):** There are various ways to identify and obtain contact information for agencies and non-profits in your community.
    - In many parts of the country The United Way and AIRS (Alliance of Information and Referral Systems) 2-1-1– Information & Referral Search can provide you with a phone number to call for information about the social services in your area, or simply dial 2-1-1 on your phone.
    - Many States have centers for non-profits that list various non-profit agencies by county and service area.
    - Contact your local Chamber of Commerce, or city or county government agencies for a list of services and programs in the area.
    - Ask these agencies to send pamphlets or to give a presentation to your practice so you understand their services, referral process, and know a contact person.

Tips

Common Community Resources Patients May Need

- Food pantries and goodwill locations
- Transportation services
- Domestic violence shelters
- Youth mentoring programs
- Budget management programs
- Teen pregnancy programs
- Support groups
- Services for the hearing or visually impaired
- Aging and caregiver services
- Employment assistance program

- ◊ **Organize resources.** Have one person in your practice gather information and document the referral process. Make sure it is updated regularly. Train everyone on how to use the resource guide, or centralize the process and have one person do the referrals.
- ◊ **Internal referral form:** Have a standard, simple Community Referral Form that is used to give patients referral information with agency name, phone number, and contact person if available. Understand that some may not call when simply given a phone number of an agency. Some patients may need the practice to be more proactive and actually make the connection and appointment for them.
- ◊ **Personal contacts:** Develop relationships with frequently used social service agencies, case management agencies, and local social workers; include them in care plans and when working with their clients.
- ◊ **Followup:** Find out if the referral was completed. Followup with the patient and the service provider. Document the results in the patient's chart.
    - ♦ Refer to Tool 6: Followup with Patients.

- **Create an environment for supporting patients.**
    - ◊ **Create a supportive atmosphere.** The first step is greeting patients with a smile. Make it an obvious priority to support patients in all kinds of ways so they can achieve the best possible health. Understand that it can sometimes be the patient that interferes with success. But clearly presenting to the patients and the staff that the practice is willing to support them in a variety of ways may create an atmosphere where patients start to trust in at least one system—the practice.
    - ◊ **Adjust office responsibilities.** Consider rearranging responsibilities within the practice so a staff person can take on the role of helping patients with various non-health related problems.
    - ◊ **Locate a social worker or community psychiatrist.** Some assistance provided by these individuals may be reimbursable through some insurance plans, while others may work on a sliding scale. Meeting with these individuals and getting to know them and their services can be invaluable.
    - ◊ **Think creatively and resourcefully.**
        - ♦ **Networking:** Cultivate community networks by joining such organizations as the Chamber of Commerce. For non-profit organizations, recruiting influential board members like local

hospital executives can help to open doors for beneficial relationships.

- **Collaboration:** Think about collaborating with other area practices to contract with an area professional for assistance with more challenging patients.
- **Local resources:** Think about services that other entities might offer like a local hospital or university.
- **Other services you can offer:** Certify one person in the practice as a Notary Public**.** This can help expedite certain forms and eliminate an additional step for patients. Locate a Notary Public training course in your area.

Track Your Progress

- Test whether your resource book is up to date. Call four randomly chosen service providers, and verify their information.
- Conduct a spot check of your charts. Choose 10 charts at random, and see if they record patients' non-medical challenges, the patient's support systems, and how the practice interfaces with them. Repeat again in 3 months, and see if charts are more complete.
- Track how many referrals are made in a month and then again after a few months of implementation.
- 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.

Medication Resources

Overview

Medicine is often a vital ingredient to maintain health. Unfortunately, some patients may try to save money by going without their medicines or reducing the amount they take. Some larger pharmacies have recently helped the low-income consumer by offering many generic medicines at a lower price. But these programs do not always cover every medicine, and sometimes generic prescriptions are not appropriate for the situation.

Purpose

To give practices some resources for helping patients with their medicine costs.

Action

- **Ask patients directly if they are having trouble getting their medicines.**
  - ◊ "In these times, it is sometimes hard to afford all the things we need. Are you having any trouble paying for your medicines?"
  - ◊ "Medicines can be expensive. Have you ever had any trouble paying for your medicines?"
- **Inform patients that you can help.**
  - ◊ Talk with patients about how important it is to take their medicines. Let them know you want to help and have options for obtaining medicines.
    - ♦ "Taking your medicines is important. If you ever have problems affording your pills, please let me know BEFORE you run out, and we can try to help you get them."
- **Discuss medication assistance.**
  - ◊ **Insurance coverage:** Find out if your patients know whether they have prescription medication coverage under their health insurance plan. If they do, make sure they understand they don't have to pay the full price for their medicines and that they should bring their insurance card to the pharmacy. If your patient is uninsured, make a referral to an agency that can help them apply for Medicaid or other subsidized insurance. Likewise, if your patient is covered by Medicare but not by Part D, make a referral to an agency that can counsel your patient about the plan options.

- ◊ **Patient Assistance Programs.**
  - Select Care Benefits Network is a patient advocate agency working with low income patients to help them receive their medications from pharmaceutical companies. This is not a free service. It does charge a monthly fee, but they will let the patient know over the phone if they qualify to receive the medications from the pharmaceutical company prior to any financial commitment.
  - 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.
- ◊ **Local funds.** There may be some local agencies that would give financial assistance for medications. Refer to Tool 18: Link Patients to Non-Medical Support for more guidance on identifying local medication assistance agencies.
- ◊ **Mail order.** Some insurance plans offer patients the option of receiving prescription medications by mail. Using this service may save money and make it easier for your patient to get their medications. Patients should contact their insurance plan for more information.

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 6 months. Note whether there has been a decrease.

Use Health and Literacy Resources in the Community

Overview

Your patients' health outcomes may be improved through their participation in a variety of health and literacy programs. Since it is unlikely that your practice is able to offer all of the resources and services that your patients need, your ability to help them connect to the appropriate organizations in your community is an important part of your practice. Therefore, your practice staff should be prepared and willing to do the following:

- **Identify resources** available in your community.
- **Contact resources** to discuss available programs and services.
- **Approach patients** about the services available.
- **Assist patients** in linking with these services and resources.

Purpose

To offer a method of identifying available health and literacy resources in your community. In addition, it suggests ways to approach your patients and help them connect with these resources.

Testimonial

"Through this toolkit our eyes were really opened up by the literacy resources in our community and how easy it is to talk to people about them. We looked at Tool 20 and decided to contact the Literacy Directory for a local resource that would provide help for reading, math, GED, and English as a second language (ESL). We were surprised at how quickly we were connected to a resource. We then called that program, which is run out of the local community college, and they sent a representative over to the clinic within an hour with brochures about the program. That all took no more than 5 minutes of our time! The next step was to actually talk to patients in the visit about these local services. I was very surprised that patients were overwhelmingly receptive to questions like: "Are you interested in improving your reading skills?" Many were very interested in more information about local programs, so I gave them a brochure, making sure to review it with them and circling the number they are to call."

-rural community health center

Action

1. **Identify health and literacy resources.**
   - **MedlinePlus Go Local** is a Web site that will enable you to search and identify local health resources for specific areas of interest such as diabetes management, weight loss, or smoking cessation. (*Note: If no results are visible on screen, scroll down.*)
   - **The Literacy Directory** is a site that identifies local resources to provide help with reading, math, GED, and English for speakers of other languages (ESOL).

2. **Contact the resource.**
   - **Call them to discuss the following:**
     - ◊ Information about their program(s) or service(s).
     - ◊ How to make referrals.
     - ◊ How to contact them and where they are located.
     - ◊ Contact person's name.
     - ◊ How to know if your patient enrolls or gets a service.

Tip

Examples of Community Health Resources and Programs

- Diabetes Education
- Smoking Cessation Programs
- Support Groups
- Weight Management Programs
- Exercise/Fitness Programs
- Stress Management Programs

3. **Assist patients.**
   - **Be prepared to connect your patient** with the appropriate health-or literacy-related service.
     - ◊ **Obtain or develop an easy-to-read handout** such as this Community Referral Form, for health, literacy or other referrals information you give your patients. Include the following information:
       - ♦ Name of the program.
       - ♦ Phone number.
       - ♦ Location and directions to get there.
       - ♦ Information to help the patient know what to expect from each service.

- ◊ **Make it routine.** During visits, think about community resources that the patient may benefit from.
- ◊ **Review the handout,** including the name of the person to contact.
- ◊ **Help with the referral.** Ask staff to help the patient by making the initial phone call.

4. **Followup.**
   - By following up with a patient regarding a referral, a practice can:
     - ◊ **Confirm** that the patient actually successfully connected with the resource.
     - ◊ **Check the quality** of the resource as a helpful service.
     - ◊ **Reaffirm** that you feel the patient could benefit from the resource and that you care enough about the patient to see it through.

Tip ★

Patients may be more likely to connect with a community resource or service if they have a recommendation from their clinician.

5. **Approach patients about literacy issues.**
   - Because talking to patients about literacy issues may feel awkward, the **DIRECT tool**[1] offers suggestions about how to go about it.

     D—Ask about **difficulty reading.**

     "Have you ever had a problem with reading?"

     I—Ask if they have an **interest in improving.**

     "Would you be interested in a program to help you improve your reading?"

     R—Have **referral information** for ready for patients.

     E—Ask **everyone** about their literacy skills.

     C—Emphasize that low literacy is a **common problem.**

     "Half of Americans have some difficulty with reading."

     T—Take down barriers to joining literacy classes:

     - ♦ Help with 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.

Track Your Progress

- Test whether your resource book is updated. Call four service providers and verify their contact information.
- Track how many referrals are made in a month and then again after a few months of implementation.
- Note five literacy referrals you made and check the chart after 1 month to see if the outcome is documented.

References

1. American Medical Association. "Health literacy and patient safety: Help patients understand. Reducing the risk by designing a safer, shame-free health care environment." 2007

Appendix Items

Tool Name and Appendix Items
Overview • Plan-Do-Study-Act (PDSA) Directions and Examples • Plan-Do-Study-Act (PDSA) Worksheet **Tool 1: Form a Team** • PowerPoint Presentation—Health Literacy, Barriers, and Strategies **Tool 2: Assess Your Practice** • Health Literacy Assessment Questions **Tool 3: Raise Awareness** • PowerPoint Presentation—Health Literacy, Barriers, and Strategies • Questions for Discussion • Moderator's Guide **Tool 4: Tips for Communicating Clearly** • Communication Self-Assessment • Key Communications Strategies Poster **Tool 5: The Teach-Back Method** • PowerPoint Presentation- Teach-Back: A Health Literacy Tool to Ensure Patients Understand • Teach-Back Self-Evaluation and Tracking Log **Tool 6: Followup with Patients** • Followup Instruction Form **Tool 7: Telephone Considerations** • Sample Automated Telephone System Menu **Tool 8: Brown Bag Medication Review** • Brown Bag Medication Review Poster **Tool 11: Design Easy-to-Read Material** • 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 **Tool 15: Make Action Plans** • The Action Plan Form and Example **Tool 16: Improve Medication Adherence and Accuracy** • Medication Aid Poster **Tool 17: Get Patient Feedback** • Sample Cover Letter **Tool 18: Link Patients to Non-Medical Support** • Community Referral Form and Example **Tool 20: Use Health and Literacy Resources in the Community** • Community Referral Form and Example Additional Items • List of Internet Resources

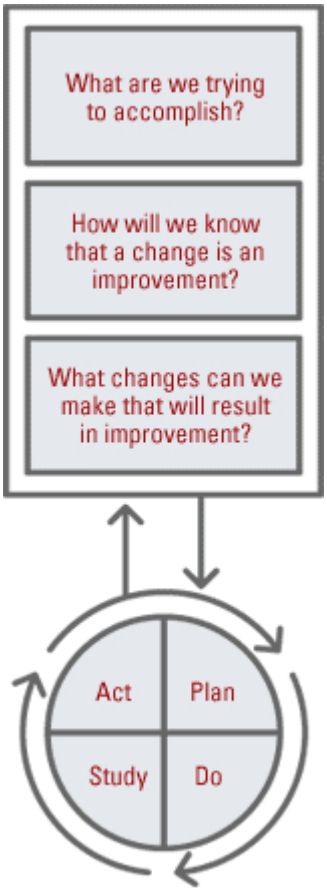
PDSA Directions and Examples

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/introB.doc

To view in pdf, scroll to next page.

PDSA Directions and Examples



The Plan-Do-Study-Act method is a way to test a change that is implemented. By going through the prescribed four steps, it 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 Plan-Do-Study-Act, go to the IHI (Institute for Healthcare Improvement) Web site or this PowerPoint presentation on Model for Improvement.

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 if 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, if it worked or not. And if it did not work, what can you 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: 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 providers try it. (Tool 5: The Teach-Back Method).

PDSA (plan-do-study-act) worksheet

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

PLAN

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

I hope this produces: We hope to get 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: We are going to test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: We hope to get 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: We are going to test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: We hope to get 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 then 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: We will ask the physicians in Wednesday PM to perform teach-back with the last person they see that day.

I hope this produces: We hope that all the physicians will perform teach-back and 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: We will 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: We hope 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: We want 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: We hope that all the 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.

PDSA Worksheet

MS Word version available on the Internet at

http://www.nchealthliteracy.org/toolkit/introA.doc

To view in pdf, scroll to next page.

PDSA (plan-do-study-act) worksheet

TOOL: **STEP:** **CYCLE:**

PLAN

I plan to:

I hope this produces:

Steps to execute:

DO

What did you observe?:

STUDY

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

ACT

What did you conclude from this cycle?

Health Literacy, Barriers and Strategies

The PowerPoint presentation is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool1A.ppt

To view slides in pdf, scroll to next page.

Health Literacy:

Hidden Barriers
and
Practical Strategies

Hidden Barriers to Communicating with Patients

Clients/Patients:

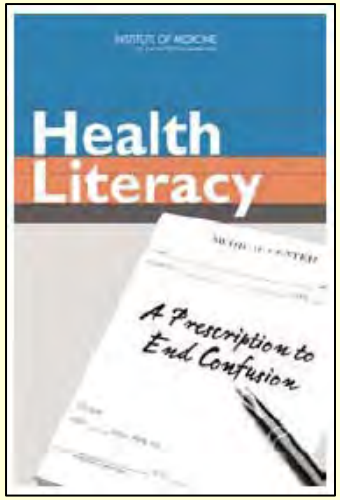
✓ Education/ Literacy/ Language

Health Literacy:

Capacity to

- Obtain, process, understand basic health information and services
- Make appropriate healthcare decisions (act on information)
- Access/ navigate healthcare system

IOM Report on Health Literacy



- **90 million** adults have trouble understanding and acting on health information
- Health information is unnecessarily complex
- Providers need health literacy training

Healthy People 2010

- Improve health communication/health literacy

Joint Commission (1993)

- Patients must be given information they understand

"As a former nurse, trauma surgeon, and public health director [I realized] there was a wall between us and the people we were trying to serve.

Health care professionals do not recognize that patients do not understand the health information we are trying to communicate.

We must close the gap between what health care professionals know and what the rest of America understands."

Dr. Richard Carmona,

Former U.S. Surgeon General

mentioned health literacy in 200 of last 260 speeches

U.S. high school dropout rate is 30%

Health Literacy Universal Precautions Toolkit
AHRQ Pub. No. 10-0046-EF

EPE Research Center (2008). "Cities in Crisis"

Red Flags for Low Literacy

- ✓ Frequently missed appointments
- ✓ Incomplete registration forms
- ✓ Non-compliance with medication
- ✓ Unable to name medications, explain purpose or dosing
- ✓ Identifies pills by looking at them, not reading label
- ✓ Unable to give coherent, sequential history
- ✓ Ask fewer questions
- ✓ Lack of follow-through on tests or referrals

Mismatched Communication

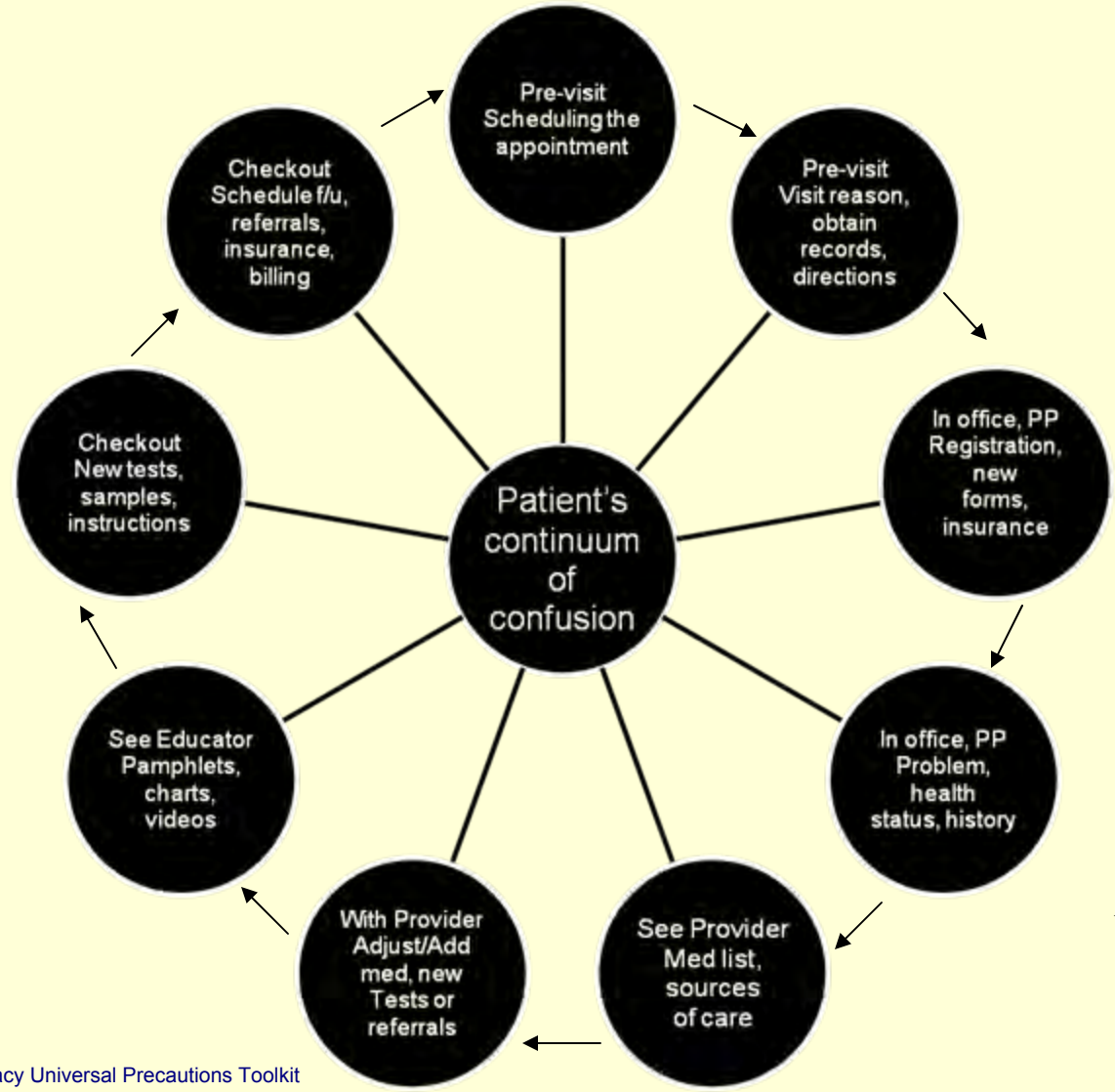
Provider Process: Giving information

***Patient Process*:** Understanding, remembering, and acting on information

Our Expectations of Patients are Increasing...

- ✓ Prevention (eating, exercise, sunscreen, dental)
- ✓ Immunization
- ✓ Self Assessment of Health Status
  - Peak flow meter
  - Glucose testing
- ✓ Self-treatment
  - Insulin adjustments
- ✓ Health Care Use
  - When to go to clinic/ ER
  - Referrals and follow-up
  - Insurance/ Medicare

And the Process is Becoming More Complex



PP – Prior to seeing physician
ED – Emergency Department
F/U – Follow up
HCP – Health care professional

Health Literacy and Patient Safety: AMA Foundation, 2007

Patient Safety: Medication Errors

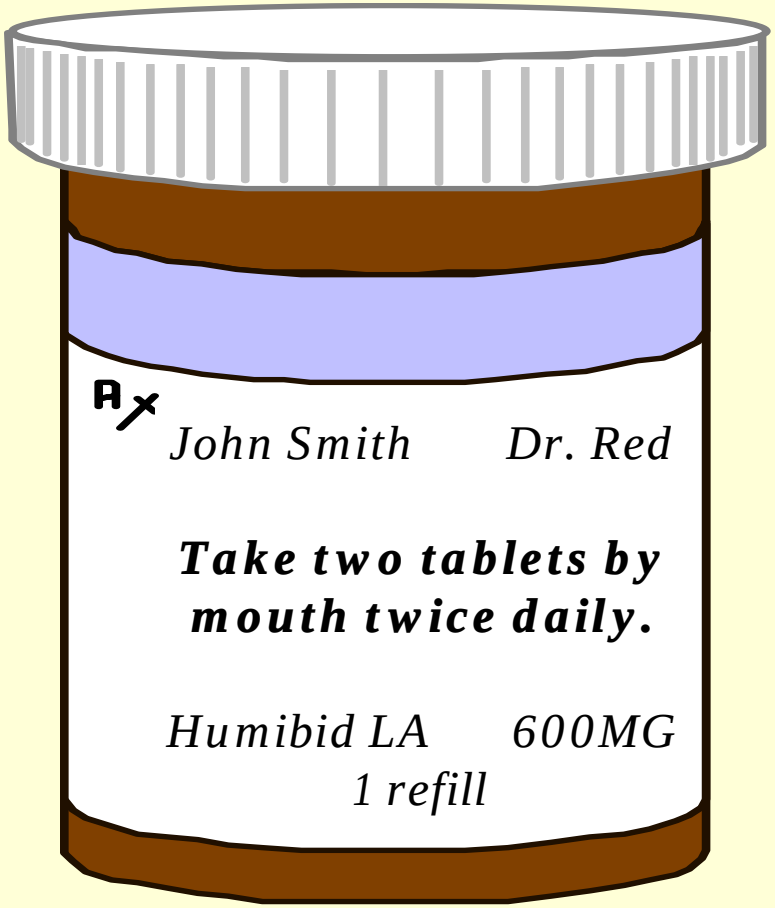
"How would you take this medicine?"

395 primary care patients in 3 states

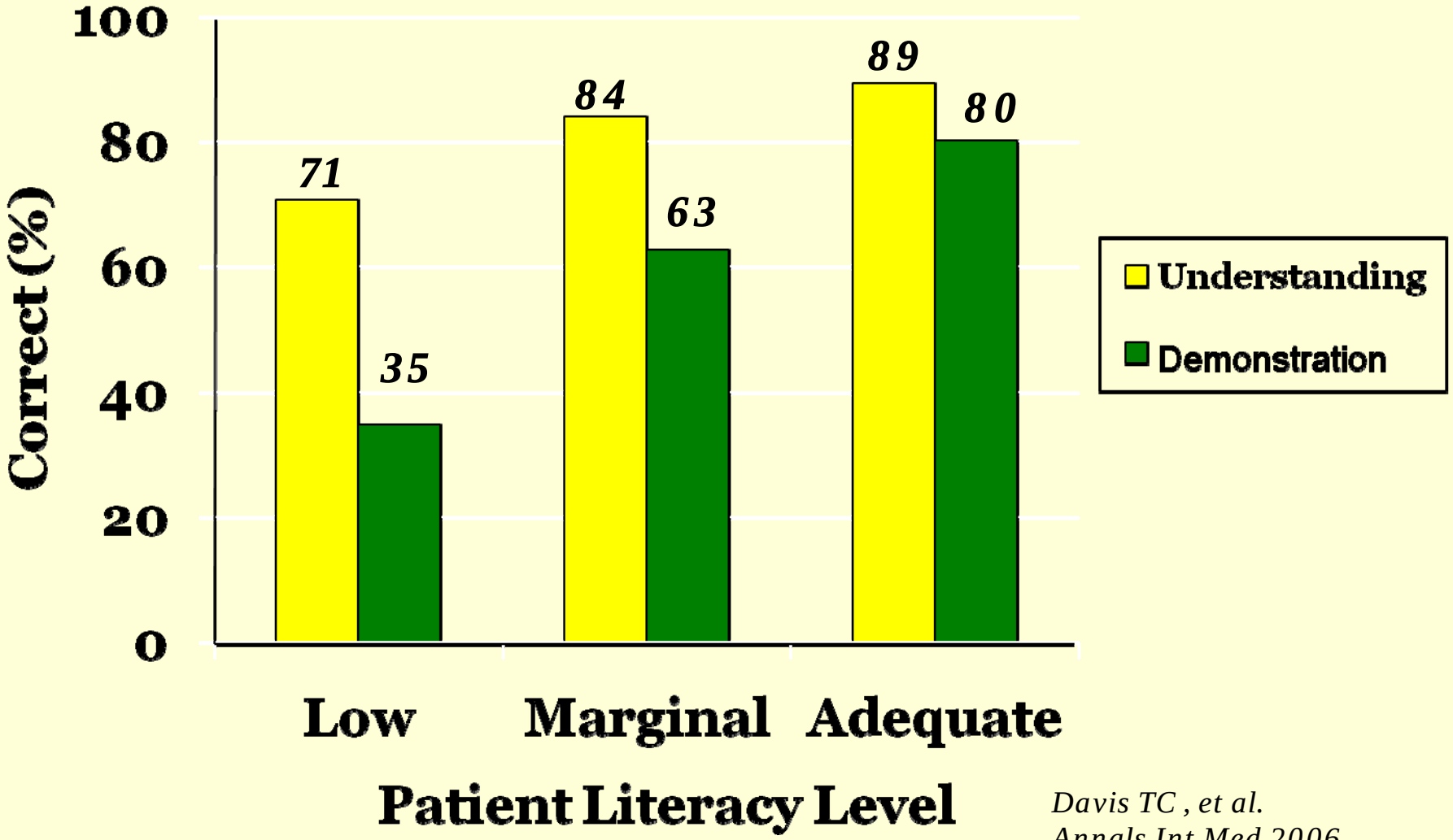
- ***46%*** *did not understand instructions ≥ 1 labels*
- ***38%*** *with adequate literacy missed at least 1 label*

Davis TC , et al. Annals Int Med 2006

“Show Me How Many Pills You Would Take in 1 Day”



Rates of Correct Understanding vs. Demonstration "Take Two Tablets by Mouth Twice Daily"



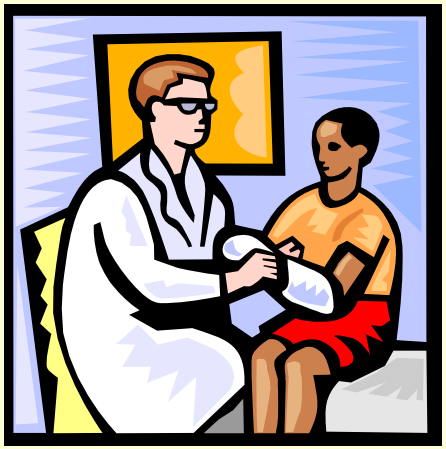
Davis TC , et al.
Annals Int Med 2006

Lessons Learned From Patients

- Tell me what's wrong (briefly)
- What do I need to **DO** & why
- Emphasize **benefits** (for me)

If meds, ***break it down for me***:

1. What it is for
2. How to take (concretely)
3. Why (benefit)
4. What to expect



Remember: what's clear to you is clear to you!

Strategies to Improve Patient Understanding

- ✓ Focus on ‘need-to-know’ & ‘need-to-do’
- ✓ *Use “Teach Back”*
- ✓ Demonstrate/ draw pictures
- ✓ Use clearly written education materials

Focus on "Need-to-know" & "Need-to-do"

What do patients need to know/do...?

- When they leave the exam room
- When they check out
- What do they need to know about?
  - Taking medicines
  - Self-care
  - Referrals and follow-ups
  - Filling out forms

"Teach-back"

- ✓ Ensuring agreement and understanding about the care plan is essential to achieving adherence
- ✓ "I want to make sure I explained it correctly. Can you tell me in your words how you understand the plan?"
- ✓ Some evidence that use of "teach-back" is associated with better diabetes control

Schillinger, D. Archives of Internal Med, 2003

‘Teach-back’ Improves Outcomes Diabetic Patients with Low Literacy

Audio taped visits – 74 patients, 38 physicians

- ✓ Patients recalled < 50% of new concepts
- ✓ Physicians assessed recall 13% of time
- ✓ When physicians used “teach back” the patient was more likely to have HbA1c levels below the mean
- ✓ Visits that assessed recall were not longer

Schillinger, D. Archives of Internal Med, 2003

Teach-back

Explain

Assess

Clarify

Understanding

Confirm patient understanding

"Tell me what you've understood"

"I want to make sure I explained your medicine clearly. Can you tell me how you will take your medicine?"

Patient Education: What We Know

- Written materials, when used alone, will not adequately inform
- Patients prefer receiving **key messages from their clinician with accompanying pamphlets**
- Focus needs to be “need-to-know” & “need-to do”
- Patients with low literacy tend to ask fewer questions
- Bring a family member and medication to appointment

IOM: Report on Health Literacy 2004 *Berkman et al. AHRQ Report 2004*

Visuals Improve Understanding/ Recall

- ✓ Pictures/demonstrations most helpful to patient with low literacy & visual learners
- ✓ Most health drawings too complicated
- ✓ Physician drawings often very good (not too complex)
- ✓ Patients say “show me” & “I can do it”

7 Tips for Clinicians

- ✓ Use plain language
- ✓ Limit information (3-5 key points)
- ✓ Be specific and concrete, not general
- ✓ Demonstrate, draw pictures, use models
- ✓ Repeat/Summarize
- ✓ Teach-Back (Confirm Understanding)
- ✓ Be positive, hopeful, empowering

Use Plain Language

20 complicated and commonly used words

- Screening
- Dermatologist
- Immunization
- Contraception
- Hypertension
- Oral
- Diabetes
- Diet
- Hygiene
- Prevention
- Mental Health
- Annually
- Depression
- Respiratory problems
- Community Resources
- Monitor
- Cardiovascular
- Referral
- Eligible
- Arthritis

Examples of Plain Language

	Plain Language
Annually	*Yearly or every year*
Arthritis	*Pain in joints*
Cardiovascular →	*Having to do with the heart*
Dermatologist	*Skin doctor*
Diabetes	*Elevated sugar in the blood*
Hypertension	*High blood pressure*

The Plain Language Thesaurus for Health Communications

http://depts.washington.edu/respcare/public/info/Plain_Language_Thesaurus_for_Health_Communications.pdf

Is your Clinic/ Site Patient-centered?

What is the 'tone,' 1st impression?

- ✓ A welcoming, calm environment
- ✓ An attitude of helpfulness by **all** staff
- ✓ Patients treated as if your family
- ✓ Patient-centered check-in & scheduling
- ✓ Easy to follow instructions/ directions
- ✓ Patient-centered handouts
- ✓ Brief telephone followup
- ✓ Case management

Discussion Questions

- ✓ Looking back, have there been instances when you suspected, or now suspect, that a patient might have low literacy? What were the signs?
- ✓ Do we do things in our practice that make it easier for patients with low literacy to understand services and information?
  - Consider the entire process of patient visits, from scheduling an appointment to check-out
- ✓ What strategies could all of us adopt to minimize barriers and misunderstanding for low literacy patients?

Acknowledgements

Most slides and material were created by

- Terry Davis, PhD

With additions by

- Darren DeWalt, MD, MPH
- Ashley Hink, MPH
- Victoria Hawk, RD, MPH

Health Literacy Assessment Questions

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool2A.doc

To view in pdf, scroll to next page.

Health Literacy Assessment Questions

Have several staff members complete the questions on their own, and then come together for a group discussion to review the results. Please refer to Tool 2: Assess Your Practice for more information.

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	I don't know the answer to this question
N/A	This is not applicable to our practice

Importance: * Beneficial ** More Beneficial *** Most Beneficial

1. Improve Spoken Communication

	Doing Well	Needs Improvement	Not Doing	Not Sure or N/A	Importance	Tools to Help
1. Staff members have received awareness and sensitivity training about health literacy issues.	☐	☐	☐	☐	***	1-Form Team 3-Raise Awareness
2. All levels of practice staff have agreed to support changes to improve patient understanding.	☐	☐	☐	☐	***	1-Form Team 3-Raise Awareness
3. Staff offers everyone help regardless of appearance (e.g., filling out forms, giving directions).	☐	☐	☐	☐	***	3-Raise Awareness 11-Design Material
4. Staff members who have patient contact can identify behaviors that may indicate literacy problems.	☐	☐	☐	☐	*	3-Raise Awareness
5. Staff uses clear oral communication techniques (e.g., uses plain, everyday words, limit to 3-5 main points, and information is specific and concrete).	☐	☐	☐	☐	***	3-Raise Awareness 4-Commun. Clearly
6. Staff does not use medical jargon when communicating with patients (e.g., not using words like anticoagulant, hypertension, NPO).	☐	☐	☐	☐	***	3-Raise Awareness 4-Commun. Clearly

1. Improve Spoken Communication

	Doing Well	Needs Improvement	Not Doing	Not Sure or N/A	Importance	Tools to Help
7. Staff does not talk too fast when communicating with patients.	☐	☐	☐	☐	**	4-Commun. Clearly
8. Staff uses audio/video materials and/or visual aids to promote better understanding and enhance communication with patients (e.g., food models for portion sizes, model of body part, and instructional health videos).	☐	☐	☐	☐	**	4-Commun. Clearly 12-Use Health Ed. Material
9. Clinical staff talks with patients about any education materials they receive during the visit and emphasizes the important information.	☐	☐	☐	☐	***	12-Use Health Ed. Material
10. Staff asks patients to state key points in their own words (i.e., teach-back method) to assess understanding of care instructions.	☐	☐	☐	☐	***	5-Teach Back Method
11. Staff encourages patients to ask questions by using these words: "What questions do you have?" *instead of* "Do you have any questions?"	☐	☐	☐	☐	**	5-Teach Back Method 14-Enc. Questions
12. Staff uses trained interpreters or language services with patients who do not speak English well.	☐	☐	☐	☐	***	9-Language Differences
13. When staff gives directions for finding the office, they refer to familiar landmarks and public transportation routes as needed.	☐	☐	☐	☐	*	7-Telephone
14. If there is an automated phone system, one option is to speak with a person.	☐	☐	☐	☐	**	7-Telephone
15. If there is an automated phone system, one option is to repeat menu items.	☐	☐	☐	☐	*	7-Telephone
16. When a phone call is answered (either by person or an automated phone system), there is an option to hear information in a language other than English (if appropriate to the needs of your community).	☐	☐	☐	☐	**	7-Telephone

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	I don't 'know the answer to this question
N/A	This is not applicable to our practice

Importance: * Beneficial ** More Beneficial *** Most Beneficial

2. Improve Written Communication

	Doing Well	Needs Improvement	Not Doing	Not Sure or N/A	Importance	Tools to Help
17. A sign identifies the location where patients checkin.	☐	☐	☐	☐	**	13-Welcome Patients
18. At least 1 staff member knows how to identify, prepare and simplify written materials so they are easier to read.	☐	☐	☐	☐	***	11-Design Material 12-Use Health Ed. Material
19. Staff pilot test new written materials for appeal and comprehension with a few patients.	☐	☐	☐	☐	***	11-Design Material 12-Use Health Ed. Material
20. Staff have reviewed all of our written materials to check how easy they are to read using a readability formula.	☐	☐	☐	☐	**	11-Design Material 12-Use Health Ed. Material
21. Patient education materials are concise, limit jargon, and are designed using standard techniques to make them easy to read.	☐	☐	☐	☐	***	12-Use Health Ed. Material
22. If appropriate, our written materials are available in languages other than English.	☐	☐	☐	☐	**	12-Use Health Ed. Material 9-Language Differences
23. All clinic forms intended for patient use/data collection are concise, limit jargon, and are designed using standard techniques to make them easy to read.	☐	☐	☐	☐	***	11-Design Material
24. Lab and test results letters are concise, limit jargon, and are designed using standard techniques to make them easy to read (e.g., avoid the use of "positive" or "negative" results).	☐	☐	☐	☐	***	11-Design Material

2. Improve Written Communication

	Doing Well	Needs Improvement	Not Doing	Not Sure or N/A	Importance	Tools to Help
25. Appointment slips are clear and concise. They provide contact information for patients with questions and, when needed, include preparation instructions that are easy to understand.	☐	☐	☐	☐	***	11-Design Material
26. The name of the practice is clearly displayed on the outside of the building and front door.	☐	☐	☐	☐	*	13-Welcome Patients
27. Office signs use large, clearly visible lettering.	☐	☐	☐	☐	*	13-Welcome Patients
28. Signs are posted throughout the office to direct patients to find appropriate locations (e.g., restrooms, checkout, lab work, etc.).	☐	☐	☐	☐	*	13-Welcome Patients
29. The walls and bulletin boards are not covered with many printed notices. It is easy for anyone to pick out the important information.	☐	☐	☐	☐	*	13-Welcome Patients
30. Office signs use 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
31. Consistent symbols/graphics are used on signs throughout the facility.	☐	☐	☐	☐	*	13-Welcome Patients
32. 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 and Spanish, signs are written in English and Spanish).	☐	☐	☐	☐	*	13-Welcome Patients 9-Language Differences

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	I don't know the answer to this question
N/A	This is not applicable to our practice

Importance: * Beneficial ** More Beneficial *** Most Beneficial

3. Improve Self-Management and Empowerment

	Doing Well	Needs Improvement	Not Doing	Not Sure or N/A	Importance	Tools to Help
33. Staff creates an environment that encourages our patients to ask questions and get involved with their care.	☐	☐	☐	☐	***	14 – Enc. Questions
34. Staff encourages patients to write down questions while waiting for their appointment.	☐	☐	☐	☐	*	14– Enc. Questions
35. Clinicians work with patients to discuss health care priorities and develop action plans to promote behavior change.	☐	☐	☐	☐	***	15-Make Action Plans
36. Clinicians and staff have clear roles and responsibilities about teaching patients self-management skills (e.g., dietary advice, using a glucometer or inhaler).	☐	☐	☐	☐	***	12-Use Health Ed. Material
37. Our staff reviews medications with patients at least annually, and after any significant medical event to ensure concordance between patient and clinical recommendations.	☐	☐	☐	☐	***	8-Brown Bag Review
38. Our staff discusses different methods for taking medications correctly and offers patients assistance setting up a system (e.g., pill box, pill chart).	☐	☐	☐	☐	***	16-Medication Adherence
39. Our staff contacts our patients between office visits to ensure understanding or to follow up on plans made during the visit.	☐	☐	☐	☐	***	6-Followup
40. Our practice requests feedback from patients.	☐	☐	☐	☐	***	1-FormTeam 17-Patient Feedback

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 This is not applicable to our practice

Importance: * Beneficial ** More Beneficial *** Most Beneficial

4. Improve Supportive Systems

	Doing Well	Needs Improvement	Not Doing	Not Sure or N/A	Importance	Tools to Help
41. Staff assesses patient's language preference.	☐	☐	☐	☐	***	13-Welcome Patients 9-Language Differences
42. Staff assists patients to find affordable medications and fill out applications as needed.	☐	☐	☐	☐	***	20-Health & Literacy Resources
43. Staff asks patients if they would like help understanding their medical bills or insurance forms.	☐	☐	☐	☐	**	18-Non-Medical Support
44. Staff asks patients if they need extra support and offers to work together with them.	☐	☐	☐	☐	**	18-Non-Medical Support
45. Staff assesses patient's non-medical barriers and takes initiative to address them and provide appropriate referrals or extra support as needed.	☐	☐	☐	☐	**	18-Non-Medical Support
46. Staff confirms (by mail or phone) patient followthrough after a referral is made.	☐	☐	☐	☐	**	6-Followup
47. Staff maintains an updated list of community resources and refers patients as needed.	☐	☐	☐	☐	**	20-Health & Literacy Resources 18-Non-Medical Support
48. Staff helps patients to access community-based programs (e.g., adult literacy, English for speakers of other languages, stop smoking, weight loss).	☐	☐	☐	☐	**	20-Health & Literacy Resources
49. Staff demonstrates knowledge and sensitivity to patients' cultural beliefs and customs.	☐	☐	☐	☐	**	10-Culture & Other Consider.

Questions for Discussion

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool3B.doc

To view in pdf, scroll to next page.

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?

Moderator's Guide

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool3C.doc

To view in pdf, scroll to next page.

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 facilitator:

- 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.

Communication Self-Assessment

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool4A.doc

To view in pdf, scroll to next page.

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 may enhance areas in need of improvement.

	Disagree	Neutral	Agree
I greeted the patient with a kind, welcoming attitude.			
I maintained appropriate eye contact while speaking with the patient.			
I encouraged the patient to voice his or her concerns throughout the visit.			
I explained things using non-medical language.			
I limited the discussion to fewer than 5 major points or topics.			
I repeated key points.			
I used a visual aid such as a picture, diagram, or model to help explain something to my patient (if applicable).			
I verified that the patient understood the instructions I gave him or her.			

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

Key Communication Strategies Poster

MS Word version available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool4B.doc

To view in pdf, scroll to next page.

Key Communication Strategies

- Warm Greeting
- Eye Contact
- Slow Down
- Limit Content
- Teach-Back
- Repeat Key Points
- Patient Participation
- Plain, Non-medical Language
- Use Graphics When Explaining

Teach-Back: A Health Literacy Tool to Ensure Patient Understanding

The PowerPoint presentation is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool5A.ppt

To view slides in pdf, scroll to next page.

Teach-back:
A Health Literacy Tool to Ensure Patient Understanding

Presentation created by The Iowa Health System Health Literacy Collaborative

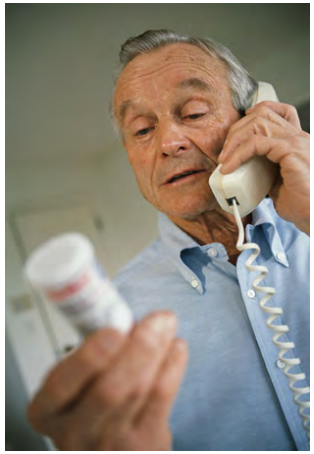
Objectives - After completing this module, you will be able to:

- Define teach-back and its purpose
- Describe the key elements for using teach-back correctly
- Use teach-back in the clinical setting

Health Literacy

- ...the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Ratzan & Parker, 2000



- …the ability to read, understand, and use health information to make appropriate healthcare decisions and follow instructions for treatment.

AMA & AMA Foundation, 2003

How Patients Feel

- Patients may have negative feelings and emotions related to their limited reading ability or limited understanding.

  Institute of Medicine, 2004

- The health care environment can make it hard for patients to tell us they don't read well or do not understand.

- They hide this with a variety of coping techniques.

  Parikh N Pt Educ and Counseling 1996

The Right to Understand

- Patients have the right to understand healthcare information that is necessary for them to safely care for themselves, and to choose among available alternatives.

- Healthcare providers have a duty to provide information in simple, clear, and plain language and to check that patients have understood the information before ending the conversation.

The 2005 White House Conference on Aging;
Mini-Conference on Health Literacy and Health Disparities.

The Challenge

- Research shows that patients remember and understand less than half of what clinicians explain to them.

Ley, Communicating with patients: improving communication satisfaction, and compliance 1988

Rost, Predictors of recall of medication regimens and recommendations for lifestyle change in elderly patients 1987.

Universal Communication Principles

- **Everyone** benefits from clear information.
- Many patients are at risk of misunderstanding, but it is hard to identify them.
- Testing general reading levels does not ensure patient understanding in the clinical setting.

Adapted from: *Reducing the Risk by Designing a Safer, Shame-Free Health Care Environment*. AMA, 2007

Talking with Patients & Families

Always:

- Use Plain Language.
- Slow down.
- Break it down into short statements.
- Focus on the 2 or 3 most important concepts.
- Check for understanding using **teach-back**.

Teach-back

- Why do I use it?
- What is it?
- How do I use it?
- When do I use it?

Teach-back is…

- Asking patients to repeat **in their own words** what they need to know or do, in a non-shaming way.
- **NOT** a test of the patient, but of how well ***you*** explained a concept.
- A chance to check for understanding and, if necessary, re-teach the information.

Teach-back is Supported by Research

- "Asking that patients recall and restate what they have been told" is one of 11 top patient safety practices based on the strength of scientific evidence."

  AHRQ, 2001 Report, *Making Health Care Safer*

- "Physicians' application of interactive communication to assess recall or comprehension was associated with better glycemic control for diabetic patients."

  Schillinger, Arch Intern Med/Vol 163, Jan 13, 2003, "Closing the Loop"

Asking for a Teach-back - Examples

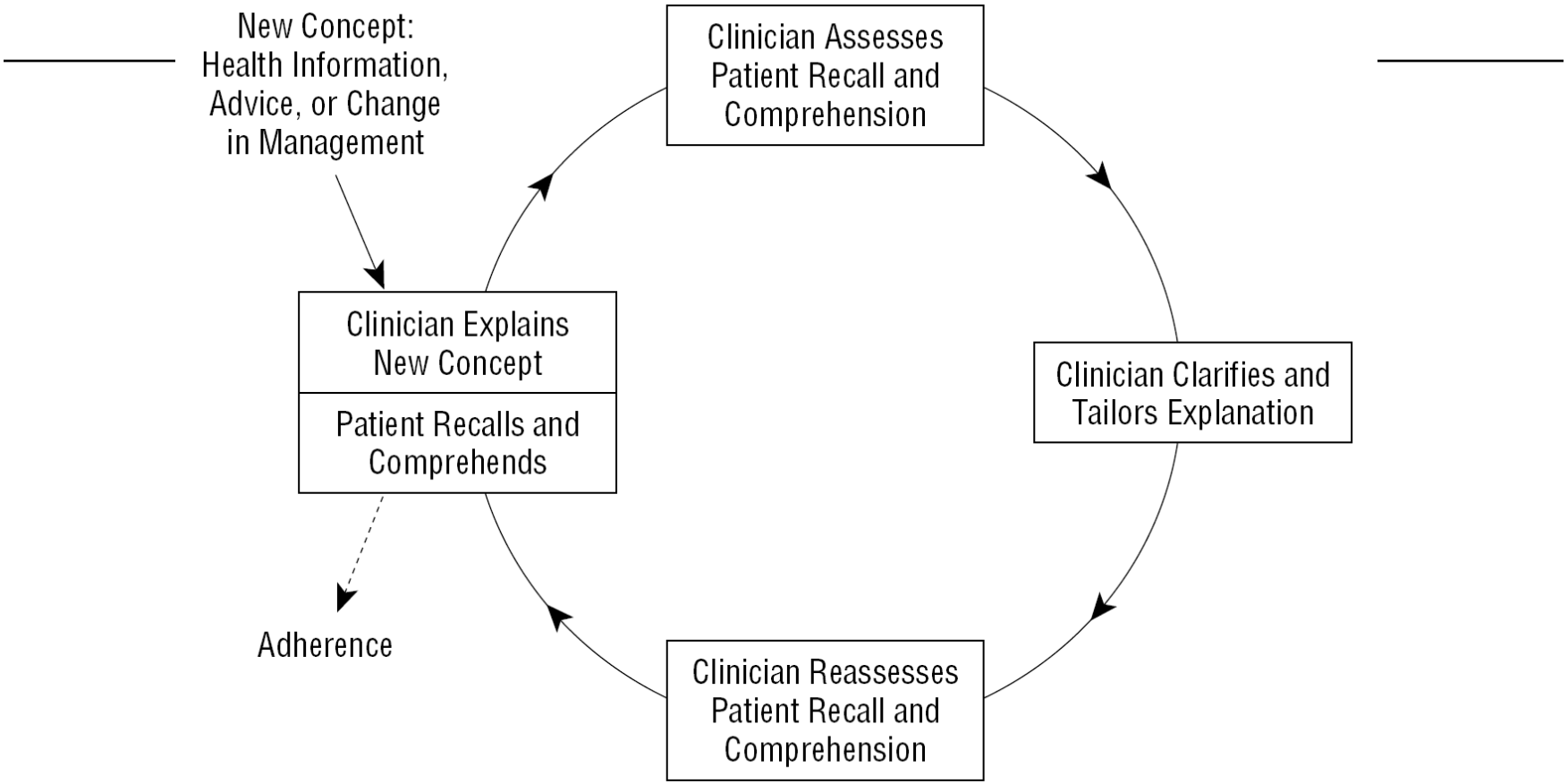
Ask patients to demonstrate understanding, *using their own words*:

- "I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?"
- "What will you tell your husband about the changes we made to your blood pressure medicines today?"
- "We've gone over a lot of information, a lot of things you can do to get more exercise in your day. In your own words, please review what we talked about. How will you make it work at home?"

Teach-back…

- Creates an opportunity for dialogue in which the provider gives information, then asks the patient to respond and confirm understanding *before* adding any new information.
  - Re-phrase if a patient is not able to repeat the information accurately.
  - Ask the patient to teach back the information again, *using their own words*, until you are comfortable they really understand it.
  - If they still do not understand, consider other strategies.

Teach-Back: Closing the Loop



Schillinger D, Piette J, Grumbach K, Wang F, Wilson C, Daher C, Leong-Grotz K, Castro C, Bindman A. Closing the Loop Physician Communication With Diabetic Patients Who Have Low Health Literacy. Arch Intern Med/Vol 163, Jan 13, 2003

Teach-back – Additional Points

- Do not ask yes/no questions like:
  - "Do you understand?"
  - "Do you have any questions?"
- For more than one concept:
  - "Chunk and Check"
    - Teach the 2-3 main points for the first concept & check for understanding using teach-back…
    - Then go to the next concept

Teach-back – Using it Well: Elements of Competence

- Responsibility is on the provider.
- Use a caring tone of voice & attitude.
- Use Plain Language.
- Ask patient to explain using their own words (***not*** yes/no).
- Use for all important patient education, specific to the condition.
- Document use of & response to teach-back.

Patient Rights

It is neither just, nor fair, to expect a patient to make appropriate health decisions and safely manage his/her care without first understanding the information needed to do so.

Reducing the Risk by Designing a Safer, Shame-Free Health Care Environment. AMA, 2007

IHS Ankeny Clinic Physician Experience

- "In the absence of teach-back, the only indicator of misunderstanding may be a medication mistake or patient error, which could be harmful."
- There were "surprising misconceptions of patients' understanding of instructions. Nonverbal cues do not seem reliable."

Dr. Fred Marsh, 2004

Questions to Consider

- What are specific topics or directions you commonly discuss with your patients that you can use the teach-back method with?
  - Ideas: Insulin injections, inhalers, medication changes, chronic disease self-care, colonoscopy prep
- How can you phrase your teach-back questions? Brainstorm and discuss how you can ask questions for the scenarios above.

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- Ashley Hink, MPH

Teach-Back Self-Evaluation and Tracking Log

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool5B.doc

To view in pdf, scroll to next page.

Teach-Back Self-Evaluation and Tracking Log

Name: _____ Start/end date:_____/_____

Patient ID	# Items to do or remember	Teach back used?		Results – Clarification needed? Patient perceptions? Your assessment?	What to do differently next time
		Yes	No		
	1. Increase evening insulin dose to 26 units. 2. Start Enalapril 5 mg, take 1 pill every morning.	*X*		*I asked the patient to tell me his medication changes. He understood the addition of Enalapril and the dose, but he forgot how much I asked him to increase his insulin dose by. I clarified, and he actually expressed his appreciation for my confirmation.*	*If I find that many patients can't recall their medication changes, I may use a form to write them down for all patients.*

Followup Instruction Form

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool6A.doc

To view in pdf, scroll to next page.

Followup Instruction Form
For a Diabetes Patient

Patient Name:_____**Date:** _____

Provider:_____ **Educator:**_____

Goals:

1. _____
_____
2. _____
_____

Medicine Changes:
1. _____
2. _____
3. _____
4. _____
5. _____

Blood Sugar Testing:

Date	Before Breakfast	After Breakfast	Before Lunch	After Lunch	Before Dinner	After Dinner	Bedtime	2 to 3 AM

Call (clinic phone number) or fax (clinic fax number) your blood sugars on (date)

When you fax or phone in blood sugars, please give us a phone number we can call you at.
Phone number_____

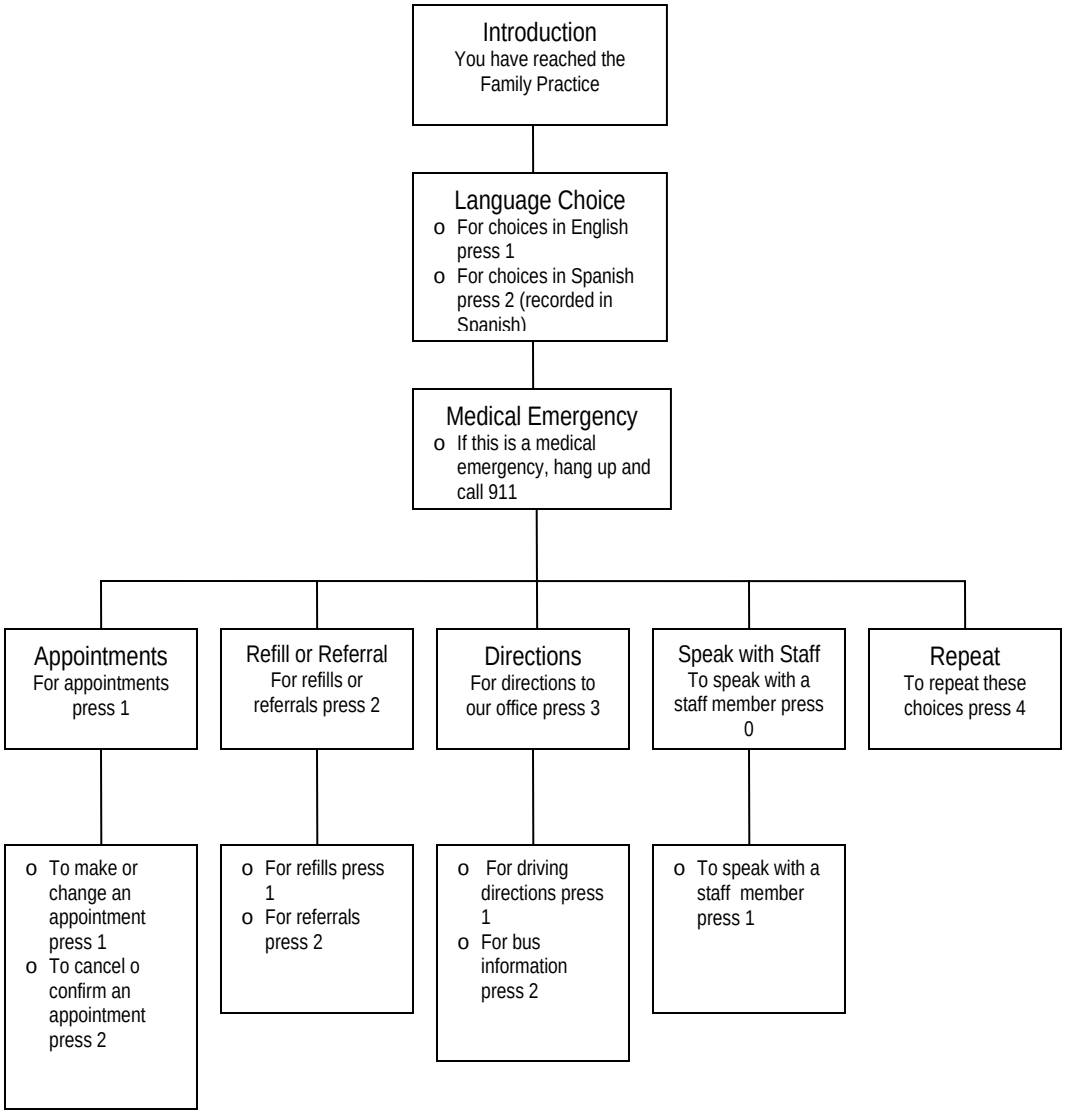
Sample Automated Telephone System Menu

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool7A.doc

To view in pdf, scroll to next page.

Sample Automated Telephone System Menu



Brown Bag Medication Review Poster

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool8A.doc

To view in pdf, scroll to next page.

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 right.
- See if you can take fewer medicines.

Adult Initial Health History Form

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool11A.doc

To view in pdf, scroll to next page.

Adult Initial Health History

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 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**?
☐ Yes. Please list your medicines below OR ☐ I brought my pill bottles or a list.
☐ No, I do not take any prescription medicines. (If no, go to question #5.)

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?
☐ Yes. (Please write the name of the medicine and the effect you had.)
☐ No, I am not allergic to any medicines.

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?
☐ Yes. (If yes, explain EACH reason and when.)
☐ No, I have never been a patient in a hospital. (If no, go to question #9)

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 am a **Jehovah's Witness** and do not accept blood/blood products.

☐ 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 am a **vegetarian** (do not eat meat.)

☐ I am a **vegan** (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_____

☐ **No**, I have no beliefs or practices that need to be included in my 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 medications.
☐ I 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 days per week do you exercise?**	**For how long do you exercise each day?**
☐ walking ☐ biking ☐ swimming ☐ weight training ☐ yoga ☐ other ☐ I do not exercise	☐ once per week ☐ twice per week ☐ 3 times a week ☐ 4 times a week ☐ 5 times a week ☐ 6 times a week ☐ 7 times a week or more	☐ less than 15 minutes ☐ 15-30 minutes ☐ 30 – 45 minutes ☐ 45 minutes – 1 hour ☐ over 1 hour
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)
- ☐ Asthma (wheezing)
- ☐ Diabetes (sugar)
- ☐ Heart Trouble
- ☐ Hemorrhoids (piles)
- ☐ Cancer
- ☐ Hepatitis (yellow jaundice)
- ☐ Tuberculosis (TB)
- ☐ Liver Trouble
- ☐ Pneumonia
- ☐ Rheumatic fever
- ☐ Ulcers
- ☐ Stroke
- ☐ High Blood Pressure
- ☐ Skin problems
- ☐ Depression (feeling down or blue)
- ☐ Epilepsy (fits, seizures)
- ☐ Anxiety (nerves, panic attacks)
- ☐ VD, STD (syphilis, gonorrhea, chlamydia, HIV)
- ☐ Other_____

REVIEW OF SYMPTOMS

		YES	NO
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**?	☐ yes	☐ no
	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**?	☐ yes	☐ no
	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**?	☐ yes	☐ 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

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool11B.doc

To view in pdf, scroll to next page.

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

Bring to your appointment:

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

2. A complete copy of the child's **immunization records.**

3. The child's **insurance information.**

4. Any **medicines the child takes** (prescription, herbal, over-the-counter pills, 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	**Alternate 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 heath 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**?
☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

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**?
☐ Yes - Please list the child's medicines below or ☐ I brought my child's medicines.
☐ No. My child does not take any prescription medicines. (If no, go to question #5.)

Name of medicine	**Amount / size of pill**	**How many pills or doses does your child take at**
Example: Dexadrine	10 mg	__1__morning ____noon ____dinner __1__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 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 take that medicine**
Example: amoxicillian	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)	☐Yes ☐ No
Constipation (problems having a bowel movement (BM))	☐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 no, 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 #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) ☐ Diabetes (sugar)

☐ Emotional stress ☐ Injury or serious illness

☐ Unexpected bleeding or spotting ☐ 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 ATA 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

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool11C.doc

To view in pdf, scroll to next page.

Adult Return Visit Update

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 **hospitalized 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

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool11D.doc

To view in pdf, scroll to next page.

Consent to Treat

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

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool11E.doc

To view in pdf, scroll to next page.

Release of Medical Information

Permission to get records

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

_____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 help me.
(my doctor's name)

Permission to get sensitive information

By putting my initials by each item below, I understand that I give permission for records to be sent that may contain information about:

_____ my mental health,
_____transmittable disease I may have like HIV/AIDS,
_____genetic records, and/or
_____drug and alcohol records.

I understand that:

- **I do not have to give my permission 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 for _____
(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:_____

Lab Results Letter

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool11F.doc

To view in pdf, scroll to next page.

Lab Results Letter

Dear Ms. Sally Doe,

You had a blood test to measure your cholesterol levels on June 25, 2009.

The **test results show that your cholesterol is high** and that we need to work together to decrease 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 555-8726.

Thank you and talk to you soon,

Dr. James Morris

Appointment Reminder

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool11G.doc

To view in pdf, scroll to next page.

This is a reminder that:

[Patient name] has an appointment

For: A diabetes followup visit

With: Dr. James Morris

Date: Wednesday, July 29, 2009

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 555-1212.
When you hear the menu options,
press "1" 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.

The Action Plan Form and Example

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool15A.doc

To view in pdf, scroll to next page.

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

Action Plan Form Example

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

Medication Aid Poster

MS Word version is available on the Internet at

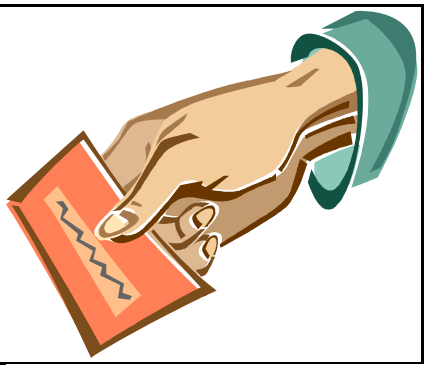
http://www.nchealthliteracy.org/toolkit/tool16A.doc

To view in pdf, scroll to next page.

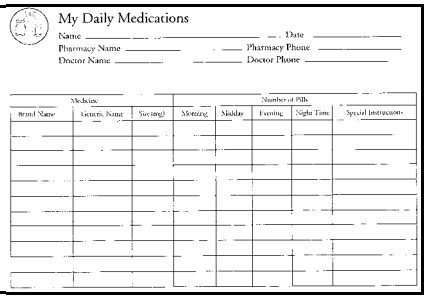
Do you have trouble remembering to take your medications?

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

1 MedCard— A simple 2-sided card that fits in your wallet and lists your health problems, medicines you take, and other health information.



2 Pill Chart— A list of your pills, when to take them, and why you take. them.



My Daily Medications

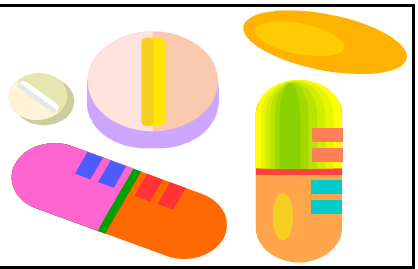
Name _____ Date _____

Pharmacy Name _____ Pharmacy Phone _____

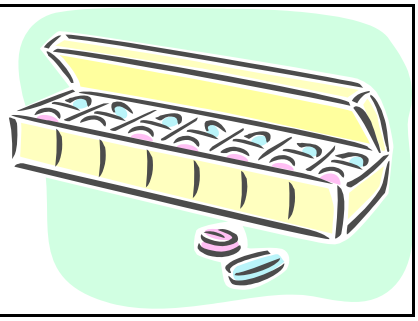
Doctor Name _____ Doctor Phone _____

Medicine			Number of Pills				
Brand Name	Generic Name	Reason	Morning	Middle	Evening	Night Time	Special Instructions

3 Pill Card— A picture of your pills and when to take them.



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



Sample Cover Letter

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool17C.doc

To view in pdf, scroll to next page.

SAMPLE COVER LETTER FOR PATIENT SURVEY

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 PROVIDER 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 [DOCTOR'S NAME] and our office.

The information that you give us will stay private. Your answers will never be seen by your doctor or anyone else involved with your care. Your doctor 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 [DOCTOR'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 PROVIDER GROUP] better for everyone!

Sincerely,

[NAME OF PERSON REPRESENTING PROVIDER ORGANIZATION]

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

Community Referral Form and Example

MS Word version is available on the Internet at

http://www.nchealthliteracy.org/toolkit/tool18A.doc

To view in pdf, scroll to next page.

[Practice Name]

Community Referral Form

Reason for Referral: _____

Name of Program: _____

Name of Contact Person: _____

Phone: _____

Location: _____

_____

_____

Details: _____

_____

_____

Example Community Referral Form

City Family 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 Leaning Center
560 Blake Lane
Fauxcity, FS, 55555

Details: Free reading classes
Call Melanie or stop by to sign up

The Health Literacy Universal Precautions Toolkit
List of Internet Resources

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

	Resource Name and Internet URL (universal resource locator)
Overview	**Prevalence Calculator** Pfizer Clear Health Communication Initiative http://www.pfizerhealthliteracy.com/physicians-providers/prevalence-calculator.html **Health Literacy Video** American College of Physicians Foundation http://acpfoundation.org/hl/hlvideo.htm **Colon Cancer Screening** Health Care Provider-Directed Intervention to Increase Colorectal Cancer Screening Among Veterans: Results of a Randomized Controlled Trial http://www.jco.ascopubs.org/cgi/content/abstract/23/7/1548 **Depression Management** Literacy Education as Treatment for Depression in Patients with Limited Literacy and Depression 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.ama-assn.org/cgi/content/abstract/292/14/1711 **Automated Telephone Self-Management Support System:** Effects of Self-Management Support on Structure, Process, and Outcome Among Vulnerable Patients with Diabetes: A Three-Arm Practical Clinical Trial http://care.diabetesjournals.org/content/32/4/559.abstract

	Resource Name and Internet URL (universal resource locator)
Overview (cont'd)	**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
Tool 1: Form a Team	**Health Literacy Video** American College of Physicians Foundation http://acpfoundation.org/hl/hlvideo.htm **Health Literacy and Patient Safety: Help Patients Understand (video)** American Medical Association Foundation http://www.ama-assn.org/ama/no-index/about-ama/8035.shtml **Prevalence Calculator** Pfizer Clear Health Communication Initiative http://www.pfizerhealthliteracy.com/physicians-providers/prevalence-calculator.html **How to Improve** The Institute for Healthcare Improvement http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove
Tool 2: Assess Your Practice	**The Health Literacy Environment of Hospitals and Health Centers. Partners for Action: Making Your Health Care Facility Literacy-Friendly** Harvard University http://www.hsph.harvard.edu/healthliteracy/HealthLiteracyEnvironment.pdf?id=1163 **Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool** Agency for Healthcare Research and Quality http://www.ahrq.gov/qual/pharmlit/pharmlit.pdf
Tool 3: Raise Awareness	**Health Literacy Video** American College of Physicians Foundation http://acpfoundation.org/hl/hlvideo.htm

	Resource Name and Internet URL (universal resource locator)
Tool 3: Raise Awareness (cont'd)	**Health Literacy and Patient Safety: Help Patients Understand (video)** American Medical Association Foundation http://www.ama-assn.org/ama/no-index/about-ama/8035.shtml **Unified Health Communication 101 – Addressing Health Literacy, Cultural Competency, and Limited English Proficiency (online training)** Health Resources and Services Administration ftp://ftp.hrsa.gov/healthliteracy/training.pdf **Health Literacy and Public Health** New York New Jersey Public Health Training Center http://nynj-phtc.org/phLit/Home/phlit-login.cfm **Prevalence Calculator** Pfizer Clear Health Communication Initiative http://www.pfizerhealthliteracy.com/physicians-providers/prevalence-calculator.html **Health Literacy and Patient Safety: Help Patients Understand (manual)** American Medical Association Foundation http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf
Tool 4: Tips for Com-municating Clearly	**Health Literacy and Patient Safety: Help Patients Understand (manual)** American Medical Association Foundation http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf **Plain Language Thesaurus for Health Communication** Centers for Disease Control and Prevention http://depts.washington.edu/respcare/public/info/Plain_Language_Thesaurus_for_Health_Communications.pdf
Tool 5: The Teach-Back Method	**Teach-Back Video** North Carolina Program on Health Literacy http://nchealthliteracy.org/teachingaids.html

	Resource Name and Internet URL (universal resource locator)
Tool 5: The Teach-Back Method (cont.)	**Health Literacy and Patient Safety: Help Patients Understand (video)** American Medical Association Foundation http://www.ama-assn.org/ama/no-index/about-ama/8035.shtml
Tool 6: Followup with Patients	**Automated Telephone Reminders: A Tool to Help Refill Medicines On Time** Agency for Healthcare Research and Quality http://www.ahrq.gov/qual/callscript.pdf **Enhancing Doctor-Patient Communication Using E-mail: A Pilot Study** American Board of Family Practice http://www.jabfm.org/cgi/content/full/18/3/180
Tool 7: Telephone Considerations	**How Does Your Practice Sound on the Phone?** American Academy of Family Physicians http://www.aafp.org/fpm/990100fm/45.html#x2
Tool 8: Brown Bag Medication Review	**Health Literacy and Patient Safety: Help Patients Understand (manual)** American Medical Association Foundation http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf **Brown Bag Toolkit** Ohio Patient Safety Institute http://www.ohiopatientsafety.org/meds/default.htm
Tool 9: How to Address Language Differences	**"I Speak" Cards** U.S. Department of Commerce – Language Identification Flashcard http://www.lep.gov/ISpeakCards2004.pdf **Patient's Rights** State of Florida – Agency for Workforce Innovation http://www.floridajobs.org/PDG/PostersforEmployers/IS%20Poster%2011x17.pdf **Directory of Translation and Interpreting Services** American Translators Association https://www.atanet.org/onlinedirectories/individuals.php

	Resource Name and Internet URL (universal resource locator)
Tool 9: How to Address Language Differences (cont'd)	**Translator and Interpreter Directory** ProZ http://www.proz.com/translator-directory/ **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.com/ **Addressing Language and Culture** California Academy of Family Physicians Foundation http://www.familydocs.org/system/files/AddressingLanguageandCulture.pdf **The Health Care Language Services Implementation Guide** U.S. Department of Health and Human Services https://hclsig.thinkculturalhealth.org/ **Office Guide to Communicating with Limited English Proficient Patients** American Medical Association http://www.ama-assn.org/ama1/pub/upload/mm/433/lep_booklet.pdf **More Than Words Toolkit** Hablamos Juntos http://www.hablamosjuntos.org/mtw/default.toolkit.asp **Unified Health Communication 101 – Addressing Health Literacy, Cultural Competency and Limited English Proficiency (online training)** Health Resources and Services Administration ftp://ftp.hrsa.gov/healthliteracy/training.pdf

	Resource Name and Internet URL (universal resource locator)
Tool 10: Culture & Other Considerations	**Think Cultural Health: Bridging the Healthcare Gap Through Cultural Competency** U.S. Department of Health and Human Services https://www.thinkculturalhealth.org/ **Unified Health Communication 101 – Addressing Health Literacy, Cultural Competency, and Limited English Proficiency (online training)** Health Resources and Services Administration ftp://ftp.hrsa.gov/healthliteracy/training.pdf **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 **Cultural Competence Resources for Health Care Providers** Health Resources and Services Administration http://www.hrsa.gov/culturalcompetence/
Tool 11: Design Easy-to-Read Material	**Clear Doc Index** Literacy Partners of Manitoba http://www.plainlanguage.mb.literacy.ca/resources/ClearDoc2004.pdf **Clear and to the Point: Guidelines for Using Plain Language at NIH** Harvard School of Public Health http://www.hsph.harvard.edu/healthliteracy/practice/creating-materials/index.html **Readability Formulas** ReadabilityFormulas.com http://www.readabilityformulas.com/free-readability-formula-assessment.php

	Resource Name and Internet URL (universal resource locator)
Tool 11: Design Easy-to-Read Material (cont'd)	**Plain Language Thesaurus for Health Communications** Centers for Disease Control and Prevention http://depts.washington.edu/respcare/public/info/Plain_Language_Thesaurus_for_Health_Communications.pdf **In Other Words…Can They Understand? Testing Patient Education Materials With Intended Readers** Health Literacy Consulting http://www.healthliteracy.com/article.asp?PageID=3811
Tool 12: Use Health Education Material Effectively	**Dusty the Asthma Goldfish and His Asthma Triggers Fun Book (English & Spanish)** Environmental Protection Agency http://www.epa.gov/asthma/publications.html#Dusty **Attention Deficit/Hyperactivity Disorder (ADHD)** National Institute of Mental Health http://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder-easy-to-read/complete.pdf **Managing Chemotherapy Side Effects** National Institutes of Health http://www.cancer.gov/cancertopics/chemo-side-effects/constipation.pdf **Using the Chemotherapy Side Effects Fact Sheets** National Institutes of Health http://www.cancer.gov/cancertopics/chemo-side-effects/using.pdf **Diabetes: Know the Signs** Learning about Diabetes http://www.learningaboutdiabetes.org/downloads/KnowTheSignsEN100404.pdf **Prevent and Control High Blood Pressure: Mission Possible** National Institutes of Health http://pdfcast.org/pdf/prevent-and-control-high-blood-pressure-mission-possible

	Resource Name and Internet URL (universal resource locator)
Tool 12: Use Health Education Material Effectively (cont'd)	**Take Steps-Prevent High Blood Pressure!** National Heart, Lung, and Blood Institute http://www.nhlbi.nih.gov/health/public/heart/other/sp_hbp.pdf **Your Guide to Preventing and Treating Blood Clots** Agency for Healthcare Research and Quality http://www.ahrq.gov/consumer/bloodclots.pdf **Help for Smokers and Other Tobacco Users** Agency for Healthcare Research and Quality http://www.ahrq.gov/consumer/tobacco/helpsmokers.pdf **Help Your Child Gain Control Over Asthma** Environmental Protection Agency http://www.epa.gov/iaq/schools/pdfs/publications/ll_asthma_brochure.pdf **Caring for Your Heart: Living Well with Heart Failure** North Carolina Program on Health Literacy http://www.nchealthliteracy.org/hfselfmanage.html **Diabetes Literacy and Numeracy Education Toolkit** Vanderbilt University http://www.mc.vanderbilt.edu/diabetes/drtc/preventionandcontrol/tools.php
Tool 13: Welcome Patients: Helpful Attitudes, Signs and More	**The Health Literacy Environment of Hospitals and Health Centers. Partners for Action: Making Your Health Care Facility Literacy-Friendly** Harvard University http://www.hsph.harvard.edu/healthliteracy/HealthLiteracyEnvironment.pdf?id=1163 **"I Speak" Cards** U.S. Department of Commerce – Language Identification Flashcard http://www.lep.gov/ISpeakCards2004.pdf

	Resource Name and Internet URL (universal resource locator)
Tool 13: Welcome Patients: Helpful Attitudes, Signs and More (cont'd)	**AHRQ Questions Are the Answer** Agency for Healthcare Research and Quality http://www.ahrq.gov/questionsaretheanswer/level2col_1.asp?nav=2colNav00&content=09_0_videos **We Speak Together (graphic symbols)** Hablamos Juntos http://www.hablamosjuntos.org/signage/symbols/default.using_symbols.asp#sa **Health Literacy and Patient Safety: Help Patients Understand (manual)** American Medical Association Foundation http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf
Tool 14: Encourage Questions	**Ask Me 3** The Partnership for Clear Health Communication http://www.npsf.org/askme3/PCHC/ **Questions Are the Answer** Agency for Healthcare Research and Quality http://www.ahrq.gov/questionsaretheanswer/ **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/consumer/quicktips/doctalk.pdf **Questions Are the Answer – online question builder** http://www.ahrq.gov/questionsaretheanswer/questionBuilder.aspx
Tool 15: Make Action Plans	**Ready. Set. Action Plan! How to Effectively Use the Diabetes Guide (video)** American College of Physicians Foundation http://acpfoundation.org/hl/diabguide.htm **Action Plan Project** University of California at San Francisco School of Medicine http://www.familymedicine.medschool.ucsf.edu/community_service/actionPlan.aspx

	Resource Name and Internet URL (universal resource locator)
Tool 15: Make Action Plans (cont.)	**Helping Patients Adopt Healthier Behaviors** Clinical Diabetes http://clinical.diabetesjournals.org/content/25/2/66.full.pdf **What are Action Plans?** University of California at San Francisco School of Medicine http://www.familymedicine.medschool.ucsf.edu/pdf/actionPlan/WhatAreActionPlans.pdf
Tool 16: Improve Medication Adherence and Accuracy	**MedCard** Iowa Healthcare Collaborative http://www.ihconline.org/UserDocs/Pages/MedCard.pdf **Pill Chart** North Carolina Program on Health Literacy http://www.nchealthliteracy.org/comm_aids/2c%20Daily%20Meds%20English.pdf **Pill Cards** Agency for Healthcare Research and Quality http://www.ahrq.gov/qual/pillcard/pillcard.htm
Tool 17: Get Patient Feedback	**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/cahpskit/files/351a-4_AdultPrim_Eng_4pt_V1.pdf **CAHPS® Survey and Reporting Kits** Agency for Healthcare Research and Quality https://www.cahps.ahrq.gov/cahpskit/CG/CGChooseQx4P.asp **Fielding the CAHPS® Clinician and Group Survey** Agency for Healthcare Research and Quality https://www.cahps.ahrq.gov/cahpskit/files/33_CG_Fielding_the_Survey.pdf **About the CAHPS® Item Set for Addressing Health Literacy** Agency for Healthcare Research and Quality http://www.cahps.ahrq.gov/CAHPSkit/files/1311_About_Health_Lit.pdf

	Resource Name and Internet URL (universal resource locator)
Tool 17: Get Patient Feedback (cont.)	**Navigating the Healthcare System: A Health Literacy Perspective Through the Eyes of Patients** North Carolina Program on Health Literacy http://www.nchealthliteracy.org/presentations/Patient%20Experience.ppt **The Health Literacy Environment of Hospitals and Health Centers. Partners for Action: Making Your Health Care Facility Literacy-Friendly** Harvard University http://www.hsph.harvard.edu/healthliteracy/HealthLiteracyEnvironment.pdf?id=1163 **In Other Words…Can They Understand? Testing Patient Education Materials With Intended Readers** Health Literacy Consulting http://www.healthliteracy.com/article.asp?PageID=3811
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/ **Notary Public Training Course Locator** Notary Rotary http://www.notaryrotary.com/
Tool 19: Medication Resources	**Select Care Benefits Network (discount medicines)** http://www.scbn.org/healthcare_professionals.html **RX Assist** AstraZeneca http://www.rxassist.org/
Tool 20: Use Health and Literacy Resources in the Community	**MedlinePlus Go Local** National Library of Medicine http://www.nlm.nih.gov/medlineplus/golocal/index.html

	Resource Name and Internet URL (universal resource locator)
Tool 20: Use Health and Literacy Resources in the Community (cont.)	**The Literacy Directory** National Institute of Literacy http://literacydirectory.org/
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 **Model for Improvement** American Academy of Pediatrics http://aap.org/qualityimprovement/quiin/resources/ModelforImprovement.pdf