EXCERPT: Tools 1 – 3 and associated Appendix items

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AHRQ Health Literacy
Universal Precautions Toolkit
Second Edition
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Suggested Citation

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No appendix items

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No appendix items

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**Introduction**

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

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

**What Are Health Literacy Universal Precautions?**

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

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

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

**Why a Health Literacy Universal Precautions Toolkit?**

The purpose of this Toolkit is to provide evidence-based guidance to support primary care practices in addressing health literacy. The Toolkit can help practices reduce the complexity of health care, increase patient understanding of health information, and enhance support for patients of all literacy levels.
The Toolkit comprises 21 tools addressing four domains that are important for promoting health literacy in your practice:

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

In addition, the Toolkit appendix contains over 25 resources, such as sample forms, PowerPoint presentations, and worksheets that practices may use or revise to suit their needs. For a complete list of tools and appendices, go to the Table of Contents.

What is the Evidence for a Focus on Health Literacy?

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

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

- Colon Cancer Screening: This study shows how teaching clinicians to communicate more effectively can increase participation in colon cancer screening.16

- Depression Management: This study shows that, when low-literate patients with depression were referred to literacy programs, their symptoms significantly improved compared to control participants, who just received depression treatment.17

- Diabetes and Heart Failure Management: These studies show that, when patients receive self-management education using effective communication techniques, diabetes and heart failure control are improved.9,18-20

How Can Addressing Health Literacy Support Your Practice Goals?

Addressing health literacy in your practice can serve both your patients’ needs and your practice’s other goals. Many of the action steps recommended in this Toolkit are consistent with and may help qualify your practice for certification as a Patient-Centered Medical Home (PCMH). Linking the implementation of the health literacy tools to your practice’s other quality

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improvement activities and/or PCMH-related efforts can help increase staff buy-in as well as the efficiency and “pay-off” of your work.

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

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

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

Addressing health literacy is important to achieve patient safety goals. Both the AMA and The Joint Commission have provided guidance on removing health literacy to improve patient safety. Implementation of specific tools in this Toolkit also may support practices and clinicians in their efforts related to Maintenance of Certification and Meaningful Use. To make the most of their quality improvement work, we encourage practices to consider how their health literacy-related efforts can also address these other goals.

**Who Should Use this Toolkit?**

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

**Can Your Practice Improve Its Health Literacy Environment?**

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

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

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

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

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


**Quick Start Guide**

1. **Watch a short video.**
   
   This [6 minute health literacy video](#) is sponsored by the American College of Physicians Foundation and has some vivid examples of why addressing health literacy is so important.

2. **Pick a tool and try it.**
   
   Link to one of these tools and review it. Pick a day and try it out on a few patients.

<table>
<thead>
<tr>
<th>I want to be confident my patients are taking their medicines correctly.</th>
<th><a href="#">Conduct Brown Bag Medicine Reviews</a></th>
</tr>
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<tbody>
<tr>
<td>I want to be confident that I am speaking clearly to my patients.</td>
<td><a href="#">Communicate Clearly</a></td>
</tr>
<tr>
<td>I want to be confident that my patients understand what they need to do regarding their health when they get home.</td>
<td><a href="#">Use the Teach-Back Method</a></td>
</tr>
</tbody>
</table>

3. **Assess your results.**
   
   How did it go? Do you need to make some adjustments? Do you want to address another statement from the list above and try another tool? Or, you may want to be more systematic and implement “Tools to Start on the Path to Improvement,” Tools 1, 2, and 3)
Form a Team Tool 1

Overview

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

Actions

Identify team members.

- **Choose an energized and empowered Team Leader.** The Team Leader must have both enthusiasm for health literacy-related quality improvement and have the clout to spearhead practice change. If the Health Literacy Team Leader is not part of the practice’s senior leadership, senior leadership must make it clear that the Team Leader has the authority to act.

- **Include one motivated and respected representative from each area of your practice.** In small practices, it often works best to include most or all of your clinical and administrative staff members. In large practices, it is important to include at least one representative from each area of your practice. Team members may include:
  - Physicians
  - Nurses
  - Medical assistants
  - Practice managers
  - Front office staff
  - Billing staff

  The number of people on the team will vary based on the size of your practice, but keep it manageable. A team with more than 8 members can make it hard to get things done.

- **Incorporate patients and/or caregivers into the team.** Having a patient and/or caregiver on the team can be extremely eye opening. These team members can provide invaluable first-hand insight on what patients experience and how systems and communication can be improved. We encourage you to recruit a patient or caregiver for your team.

- Ask staff to identify and suggest patients or caregivers who are typical of your patient
population.

- Include this member, as needed, on special projects (ad-hoc member).
- Consider providing a meal or a small gift of appreciation for this member’s participation.

**TIP**

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

### Bring team members together.

- Have an initial meeting.

- Introduce health literacy by showing the [American Medical Association’s health literacy video](https://www.youtube.com/watch?v=example) (23 min) or the [American College of Physician’s health literacy video](https://www.youtube.com/watch?v=example) (6 minutes).

- See [Tool 3: Raise Awareness](https://example.com) for additional methods of educating your team (and staff) about health literacy.

- Introduce the Toolkit and its key components.

- Review the goals of implementing the Toolkit.

- Ask at least one or two team members to review the full Toolkit carefully to become familiar with its contents.

### Have subsequent meetings and establish routine reporting.

- Schedule regular team meetings. Frequent meetings may be needed at the outset (e.g., monthly). Meetings can take place less frequently once your implementation activities are underway.

- Early on and throughout the process, it is important to clarify each team member’s role and responsibilities.

- Use [Tool 2: Create a Health Literacy Improvement Plan](https://example.com), to help you develop and implement your Health Literacy Improvement Plan.

- Report progress on a monthly basis to the practice’s senior leadership to maintain accountability and team engagement.
Resources

- The Institute for Healthcare Improvement provides valuable information about the quality improvement process, including guidance on [Forming the Team](#).

- The AHRQ Practice Facilitation Handbook provides guidance on [Creating Quality Improvement Teams and QI Plans](#).
Create a Health Literacy Improvement Plan Tool 2

Overview

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

Actions

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

- **Collect assessment data.** Make sure everyone has the same understanding of each question. Ask each member of the Health Literacy Team to complete the Primary Care Health Literacy Assessment. (It takes less than 30 minutes.) Note that a few questions will require staff to “walk through” the practice and see it from a patient’s point of view.

- **Tally and discuss responses.** Have team members bring their completed assessments to a team meeting.

- **Discuss opportunities for improvement.** You may want to begin by identifying questions commonly answered “Needs Improvement” or “Not Doing,” or those for which there is wide variation in responses, as these may represent potential opportunities for improvement.

Practice Experiences

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

- “The assessment increased our attention to areas not previously identified as concerns, like the signs in our practice. We just don’t think of those things every day.”
“Before doing the assessment, we had an idea about what tool we wanted to try. But after discussing our assessment questions, we completely changed our selection.”

“We liked the assessment process, and when we looked at our answers, our priorities just lit up.”

Develop a Health Literacy Improvement Plan.

- **Set your health literacy improvement goals.** The choice may be based on the results of your assessment, on specific aims your practice has, on practice improvement efforts already underway, or a desire for an “easy win” to jump-start this quality improvement process.

- **Use the Primary Care Health Literacy Assessment to identify the tools** that will best facilitate improvement in the areas of weakness you have identified. The Health Literacy Team should read your chosen tools carefully.

- **Decide how you will implement the tools you have chosen.** Check that the changes you plan to make can reasonably be expected to achieve your goals.

- **Develop a clear and written action plan** that will ensure the Health Literacy Team remains on the same page throughout implementation. Use the Plan-Do-Study-Act (PDSA) method to help you create your action plan. In this Toolkit’s appendix is an explanation and directions for this type of change model along with a PDSA worksheet that can help you plan your changes. For more information about quality and process improvement strategies, go to [The Model For Improvement: Your Engine For Change Website](#).

- Define who will be responsible for implementing changes.

- Set time-specific, achievable objectives.

- **Establish measures** to assess whether your objectives are being met. Specify when and how you will collect data for these measures, remembering that you may want to collect information before and after you begin tool implementation. Note that each tool in this Toolkit provides suggestions for establishing these important measures.

Prepare for implementation.

- Before beginning your implementation efforts, educate your staff about health literacy and the changes you are planning. Use resources provided in **Tool 3: Raise Awareness** to provide staff with basic health literacy instruction.

- Present the results of the practice assessment and Health Literacy Improvement Plan to the entire practice. This is an opportunity to get additional input and buy-in from others in the practice and to provide initial education on health literacy.
• **Building Health Literate Organizations: A Guidebook to Achieving Organizational Change** can help you identify ways of engaging practice leadership and preparing your staff for organizational change.

• Work out the kinks on a small scale before implementing changes practice-wide. Using PDSA cycles can help you in this process.

• Have a plan for spreading successful changes throughout the practice. Improvements will not be adopted throughout your practice without a concerted effort to get everyone on board.

**Sustain your efforts.**

• Share the results of your progress assessments with practice staff to maintain awareness of health literacy-related issues and build continuing enthusiasm for your quality improvement efforts.

• Establish a routine schedule for updating practice leadership on activities and accomplishments.

**Track Your Progress**

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

• Use the **Primary Care Health Literacy Assessment** to re-assess your practice at regular intervals (e.g., twice a year). Doing so will help you confirm areas of improvement and identify new goals and objectives to update your Health Literacy Improvement Plan.
Raise Awareness Tool 3

Overview

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

Action

Educate all staff.

- **Show a video:** These videos include interviews in which patients talk candidly about their experience in the health care system and their understanding of health-related information.

  - [American College of Physician’s Health Literacy Video](#) (6 minutes)
  - [Health Literacy and Patient Safety: Help Patients Understand](#) (23 minutes)

- **Conduct a presentation:** [Health Literacy: Barriers and Strategies](#). This PowerPoint presentation includes 30 slides, with speaker’s notes, that can be delivered in 30-45 minutes to a group or as a self-study program. Include time for group discussion.

Practice Experiences

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

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

- Some ideas on how to lead the session include:
  - Refer to the Questions for Discussion and Moderator’s Guide, which can be used in conjunction with health literacy videos.
  - Ask attendees to provide examples of health literacy barriers they have encountered in working with patients. Discussion of such experiences can both raise awareness and engage your staff.
  - Play a plain language game (use a plain language thesaurus as reference). Ask teams of staff members to come up with plain language names and descriptions for common medical terms.
  - Have staff and clinicians role play good and bad health literacy practices. See Tool 4: Communicate Clearly for tips on communicating effectively.
  - Use other tools in this Toolkit, like Tool 5: Use the Teach-Back Method and Tool 11: Assess, Select, and Create Easy-to-Understand Materials, to show how you can apply health literacy best practices.
  - Consider using the Health Literacy Brief Assessment Quiz to gauge the knowledge of your staff. Ask staff to complete the quiz before and after your staff training. Feel free to add items that capture the key points you plan to cover.

Pursue continuing education credits in health literacy.

- Effective Communication Tools for Healthcare Professionals is a free 5-hour online learning course developed 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.
- Two health literacy Maintenance of Certificate (MOC) modules (the Part 2--Knowledge Self-Assessment and Part 4-Performance Improvement Modules) are available through the American Board of Pediatrics. Other primary care physicians are expected to be able to take the modules for MOC credit starting in 2015. If your organization issues continuing education credit and you would like to offer these modules, write to: HealthLiteracy@ahrq.hhs.gov.
Maintain health literacy awareness.

- Make sure to have a plan for revisiting the topic of health literacy periodically and training new staff. If you have fellows or residents, be sure to emphasize during their training that they’re learning communication skills that will be valuable regardless of their chosen specialty.

- Use existing opportunities (e.g., staff meetings, huddles, or “Lunch & Learns”) to provide training.

- Follow-up your initial training with sessions covering key recommendations for improving communication provided in other tools (e.g., Tool 4: Communicate Clearly; Tool 5: Use the Teach-Back Method).

- Consider sending out “Health Literacy Weekly Reminders” to staff and clinicians with communication tips and plain language reminders to maintain interest in health literacy.

- Post Ask Me 3 posters in the practice to encourage patients and staff to encourage questions (see Tool 14: Encourage Questions). Post the Key Communications Strategies (Tool 4: Communicate Clearly) posters in the practice to help staff remember the key tips for communicating effectively with patients.

- Provide a plain language thesaurus to staff and clinicians to help them avoid medical jargon when talking to patients.

Track Your Progress

- Document the proportion of staff completing health literacy training, on-site, off-site, and virtual.

- Calculate the percent of new hires and/or new residents that get health literacy training in their first month.

- Confirm that health literacy education is offered to staff on an ongoing basis, including regular updates as well as training for new employees and residents rotating into the practice.

- Compare Health Literacy Brief Assessment Quiz answers before and after staff training to assess understanding.
Appendix Items

Introduction

No appendix items

Tools to Start on the Path to Improvement

Tool 1  Form a Team

No appendix items

Tool 2  Create a Health Literacy Improvement Plan

Primary Care Health Literacy Assessment
Plan, Do, Study, Act (PDSA) Directions and Examples

Tool 3  Raise Awareness

Health Literacy: Hidden Barriers and Practical Strategies
Questions for Discussion
Moderator’s Guide
Health Literacy Brief Assessment Quiz
## Primary Care
### Health Literacy Assessment

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

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

### 1. Prepare for Practice Change

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

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

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<tr>
<td>16.</td>
<td>Our practice routinely provides patients with updated medicine lists that describe in easy-to-understand language what medicines the patient is to take and how to take them.</td>
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<td>☐</td>
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<tr>
<td>17.</td>
<td>Our practice trains patients to use our patient portal.</td>
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</tr>
<tr>
<td>18.</td>
<td>Staff members contact patients between office visits to ensure understanding or to follow up on plans made during the visit.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>19.</td>
<td>Staff members assess patients’ language preferences and record them in the medical record.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>20.</td>
<td>Our practice always uses appropriate language services (e.g., trained medical interpreters, trained bilingual clinicians, materials in other languages) with patients who do not speak English very well.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>21.</td>
<td>When staff members give directions for finding the office, they refer to familiar landmarks and public transportation routes as needed.</td>
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<tr>
<td>22.</td>
<td>If there is an automated phone system, one option is to speak with a person.</td>
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<tr>
<td>23.</td>
<td>Our practice is able to respond to phone calls in the main languages spoken by our patients.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>24.</td>
<td>Staff members offer everyone help regardless of appearance (e.g., filling out forms, using patient portal).</td>
<td>☐</td>
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</tbody>
</table>
### 3. Improve Written Communication

<table>
<thead>
<tr>
<th></th>
<th>Doing Well</th>
<th>Needs Improvement</th>
<th>Not Doing</th>
<th>Not Sure or N/A</th>
<th>Tools to Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.</td>
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<td>☐</td>
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<tr>
<td></td>
<td>At least 1 staff member knows how to assess, prepare, and simplify written materials so they are easier to read.</td>
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<td>26.</td>
<td></td>
<td>☐</td>
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<tr>
<td></td>
<td>Our practice gets patient feedback on written materials.</td>
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<td>27.</td>
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<tr>
<td></td>
<td>Our practice assesses whether written materials are easy to understand.</td>
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<td>28.</td>
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<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td></td>
<td>Our practice’s patient education materials are concise, use plain language, and are organized and formatted to make them easy to read and understand.</td>
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<td>29.</td>
<td></td>
<td>☐</td>
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</tr>
<tr>
<td></td>
<td>If appropriate, our written materials are available in languages other than English.</td>
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<td>30.</td>
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<td>☐</td>
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<tr>
<td></td>
<td>Our practice’s forms are easy to understand and fill out, and only collect necessary information.</td>
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<td>31.</td>
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<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td></td>
<td>Lab and test results letters are concise, use plain language, and are organized and formatted to make them easy to read and understand (e.g., avoid the use of “positive” or “negative” results).</td>
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<td>32.</td>
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<tr>
<td></td>
<td>The name of the practice is clearly displayed on the outside of the building and signs are posted throughout the office to direct patients to appropriate locations (e.g., practice entrance, restrooms, check-in, check-out, lab, etc.).</td>
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<tr>
<td>33.</td>
<td></td>
<td>☐</td>
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</tr>
<tr>
<td></td>
<td>The walls and bulletin boards are not covered with too many printed notices. It is easy for anyone to pick out the important information.</td>
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</tr>
</tbody>
</table>
### 3. Improve Written Communication

<table>
<thead>
<tr>
<th></th>
<th>Doing Well</th>
<th>Needs Improvement</th>
<th>Not Doing</th>
<th>Not Sure or N/A</th>
<th>Tools to Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. Office signs use large, clearly visible lettering and plain, everyday words such as “Walk-In” and “Health Center” rather than formal words such as “Ambulatory Care” or “Primary Care Practice.”</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>13-Welcome Patients</td>
</tr>
<tr>
<td>35. Office signs are written in English and in the primary languages of the populations being served (e.g., if most of the patients speak English or Spanish, signs are written in English and Spanish).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>13-Welcome Patients</td>
</tr>
</tbody>
</table>

### 4. Improve Self-Management and Empowerment

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<tr>
<th></th>
<th>Doing Well</th>
<th>Needs Improvement</th>
<th>Not Doing</th>
<th>Not Sure or N/A</th>
<th>Tools to Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. Our practice creates an environment that encourages our patients to ask questions (e.g., asking “What questions do you have?” instead of “Do you have any questions?”) and get involved with their care.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>13-Welcome Patients 14 – Enc. Questions 15-Make Action Plans</td>
</tr>
<tr>
<td>37. Clinicians help patients choose health improvement goals and develop action plans to take manageable steps towards goals.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>15-Make Action Plans</td>
</tr>
<tr>
<td>38. Clinicians take their patients’ religion, culture, and ethnic customs into consideration when devising treatment options.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>10-Culture &amp; Other Consider.</td>
</tr>
<tr>
<td>39. Our practice follows up with patients to determine if their action plan goals have been met.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>6-Follow up 15-Make Action Plans</td>
</tr>
</tbody>
</table>
### 4. Improve Self-Management and Empowerment

<table>
<thead>
<tr>
<th>Doing Well</th>
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<th>Not Sure or N/A</th>
<th>Tools to Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. Clinicians write precise instructions for taking medicine that are easy-to-understand (e.g., “take 1 pill in the morning and 1 pill at bedtime” instead of “take twice daily”).</td>
<td>☐</td>
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<tr>
<td>41. Staff members discuss different methods for remembering to take medicines correctly and offer patients assistance setting up a system (e.g., pill box, pill chart).</td>
<td>☐</td>
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<tr>
<td>42. Our practice requests feedback from patients.</td>
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</tbody>
</table>

### 5. Improve Supportive Systems

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<thead>
<tr>
<th>Doing Well</th>
<th>Needs Improvement</th>
<th>Not Doing</th>
<th>Not Sure or N/A</th>
<th>Tools to Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>43. Staff members assess patients’ ability to pay for medicines.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>44. Staff members connect patients with medicine assistance programs, including helping them fill out applications as needed.</td>
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<tr>
<td>45. Staff members assess patient’s non-medical barriers and take initiative to address them and provide appropriate referrals or extra support as needed.</td>
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<tr>
<td>46. Staff members ask patients if they have trouble reading or understanding and using numbers.</td>
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<tr>
<td>47. Our practice maintains an up-to-date list of community resources and refers patients as needed.</td>
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</table>
## 5. Improve Supportive Systems

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<tr>
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<th>Doing Well</th>
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<th>Not Doing</th>
<th>Not Sure or N/A</th>
<th>Tools to Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>48.</td>
<td>Staff members help patients’ access adult literacy and math program.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>49.</td>
<td>Our practice shares important referral information, (e.g., reason for referral, pertinent medical history, test results) directly with other health care clinicians.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>50.</td>
<td>Staff members offer patients help with referrals, such as making an appointment.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>51.</td>
<td>Staff members confirm patient follow through after a referral is made.</td>
<td>☐</td>
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</tbody>
</table>
Plan-Do-Study-Act (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 through 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: Use the Teach-Back Method. Each contain 3 PDSA cycles. Each one has short cycles and works through a different option on how to disseminate the survey to patient (Tool 17: Patient Feedback) and how to introduce teach-back and have clinicians try it. (Tool 5: Use the Teach-Back Method).
PDSA (plan-do-study-act) worksheet

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

---

**PLAN**

I plan to: 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.

Unedited draft. Do not cite or distribute.
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 them out after vitals and suggest that while they are waiting they could fill out our survey and put it in box.
3. We will see after 1 week how many surveys we collected.

### DO

**What did you observe?**

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

### STUDY

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

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

### ACT

**What did you conclude from this cycle?**

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

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

We need to figure out how to help people who may need help reading the survey.
# PDSA (plan-do-study-act) worksheet

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

## PLAN

**I plan to:** 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.

Unedited draft. Do not cite or distribute.
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  

<table>
<thead>
<tr>
<th>PLAN</th>
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<tbody>
<tr>
<td><strong>I plan to:</strong> 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.)</td>
</tr>
<tr>
<td><strong>I hope this produces:</strong> We hope that each of the physicians will have performed teach-back on at least 3 of their afternoon patients.</td>
</tr>
<tr>
<td><strong>Steps to execute:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
| 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? |

<table>
<thead>
<tr>
<th>DO</th>
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</thead>
<tbody>
<tr>
<td><strong>What did you observe?</strong></td>
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</table>
| 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. |

<table>
<thead>
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<th>STUDY</th>
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<tbody>
<tr>
<td><strong>What did you learn? Did you meet your measurement goal?</strong></td>
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</table>
| 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). |

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<thead>
<tr>
<th>ACT</th>
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<tbody>
<tr>
<td><strong>What did you conclude from this cycle?</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

Unedited draft. Do not cite or distribute.
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.
Tool 3: Health Literacy: Hidden Barriers and Practical Strategies

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

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Copies of the presentation slides begin on the next page.
Health Literacy:

Hidden Barriers and Practical Strategies

Hidden Barriers to Communicating with Patients

Clients/Patients:
✓ Education/Literacy/Language

Health Literacy: The capacity to
• Obtain, process, understand basic health information and services
• Make appropriate healthcare decisions (act on information)
• Access/navigate healthcare system
Using a Health Literacy Universal Precautions Approach

✓ Structuring the delivery of care as if everyone may have limited health literacy
  - You cannot tell by looking
  - Higher literacy skills ≠ understanding
  - Anxiety can reduce ability to manage health information
  - Everyone benefits from clear communications

National Assessment of Adult Literacy

- National assessment of health literacy skills of US adults
- Assessed both reading and math skills
- Focused on health-related materials and tasks
- 36% of adults were identified as having serious limitations in health literacy skills
IOM Report on Health Literacy

- Health information is unnecessarily complex
- Clinicians need health literacy training

**Healthy People 2020** 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
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

Clinician 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

Patient's continuum of confusion
- Prevent scheduling the appointment
- Prevent receiving the wrong medications
- Prevent carbonation
- Prevent side effects
- Prevent adverse effect

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

"Show Me How Many Pills You Would Take in 1 Day"

![Medication bottle with text: John Smith  Dr. Red. Take two tablets by mouth twice daily. Humibid LA 600MC x1 refill.]

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

<table>
<thead>
<tr>
<th>Patient Literacy Level</th>
<th>Understanding</th>
<th>Demonstration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>71</td>
<td>35</td>
</tr>
<tr>
<td>Marginal</td>
<td>84</td>
<td>63</td>
</tr>
<tr>
<td>Adequate</td>
<td>89</td>
<td>80</td>
</tr>
</tbody>
</table>

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 Method
✓ 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 Method

✓ 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 understanding using teach-back 12% of time
✓ Use of teach-back was associated with good glycemic control
✓ 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

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

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

Is your Clinic/ Site Patient-Centered?

What is the “tone,” first 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 follow-up
- 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?

Acknowledgments

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  - Natabhona Mabachi, PhD
Health Literacy Video
Questions for Discussion

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

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

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

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

5. What ideas do you have for changes that would improve your patients’ understanding?
Health Literacy Video
Moderator’s Guide

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

Discussion Guidance

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

Remind participants that:

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

Other suggestions for the 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.
Health Literacy Brief Assessment Quiz

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

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

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

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

4. Being anxious affects a person’s ability to absorb, recall, and use health information effectively.
   - A. True
   - B. False
5. What is the average reading level of U.S. adults?

☐ A. 4th-5th grade
☐ B. 6th-7th grade
☐ C. 8th-9th grade
☐ D. 10th-11th grade
☐ E. 12th grade

6. What is the grade level at which health-related information (like a Diabetes brochure) is typically written?

☐ A. 4th-5th grade
☐ B. 6th-7th grade
☐ C. 8th-9th grade
☐ D. 10th grade or higher
☐ E. 11th grade or higher
☐ F. 12th grade or higher
☐ G. college level

7. What is the best reading level for written materials used with patients?

☐ A. 3rd-4th grade
☐ B. 5th-6th grade
☐ C. 7th-8th grade
☐ D. 9th-10th grade
☐ E. 11th-12th grade
8. To use good health literacy practices, staff and clinicians should use which of the following words/phrases when talking to or writing instructions for a patient or family member?

<table>
<thead>
<tr>
<th>Option 1</th>
<th>OR</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Bad</td>
<td>OR</td>
<td>Adverse</td>
</tr>
<tr>
<td>b. Hypertension</td>
<td>OR</td>
<td>high blood pressure</td>
</tr>
<tr>
<td>c. blood glucose</td>
<td>OR</td>
<td>blood sugar</td>
</tr>
<tr>
<td>d. You have the flu.</td>
<td>OR</td>
<td>Your flu test was positive.</td>
</tr>
<tr>
<td>e. The cardiologist is Dr. Brown.</td>
<td>OR</td>
<td>The heart doctor is Dr. Brown.</td>
</tr>
<tr>
<td>f. Your appointment is at 11:00 AM. Check in 20 minutes early.</td>
<td>OR</td>
<td>Arrive at 10:40 AM to check in.</td>
</tr>
</tbody>
</table>

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

☐ A. True
☐ B. False

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Health Literacy Brief Assessment Quiz

Answer Key

Question Number and Answers

1. F
2. B
3. F
4. A
5. C
6. D
7. B
8. a. Option 1 – Bad  
   b. Option 2 – High blood pressure;  
   c. Option 2 – Blood sugar;  
   d. Option 1 – You have the flu;  
   e. Option 2 – The heart doctor is Dr. Brown;  
   f. Option 2 – Arrive at 10:40 AM to check in. 
9. A
10. Open-ended answer