

Towards “Patient-Friendly” Communication: A New Mexico Story



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National Medical Providers' Best Practices and GPRA Measures Conference

5/25/11

Session Objectives

Through this session, participants will:

- Know basic health literacy concepts
- Understand the importance and urgency of incorporating health literacy concepts into communication with patients
- Become familiar with the health literacy journey of UNM Hospitals
- Obtain tools and best practices for addressing health literacy in patient care
- Create a draft action plan for improving communication with patients in their organizations



What are some basic concepts I need to know about health literacy?



What is health literacy?

Health literacy is
the level of a person's ability to
obtain, process, understand
and act on health information.

Health literacy enables a person to
make appropriate health decisions
and access services
to prevent or treat illness.

**How
important
and urgent is
the issue of
health
literacy?**



Health Literacy 101: The Reality of the U.S.A. today

TRUE OR FALSE?

- Low health literacy is an emerging public health issue that affects all age, race and income levels.

Health Literacy 101: The Reality of the U.S.A. today

TRUE

- Low health literacy is an emerging public health issue that affects all age, race and income levels.

Health Literacy 101: The Reality of the U.S.A. today

TRUE OR FALSE?

- People who read and write well never have low health literacy.

Health Literacy 101: The Reality of the U.S.A. today

FALSE

- People who read and write well never have low health literacy.

Health Literacy 101:

The Reality of the U.S.A. today

- _____% of all adults in the United States are unable to understand much of what they need to know to take care of themselves and follow providers' instructions.

Health Literacy 101: The Reality of the U.S.A. today

- **50%** of all adults in the United States are unable to understand much of what they need to know to take care of themselves and follow providers' instructions.

Health Literacy 101:

The Reality of the U.S.A. today

- One in five Americans adults reads at the _____ grade level or below, and the average American reads at the _____ grade level.

Health Literacy 101:

The Reality of the U.S.A. today

- One in five Americans adults reads at the **5th** grade level or below, and the average American reads at the _____ grade level.

Health Literacy 101:

The Reality of the U.S.A. today

- One in five Americans adults reads at the **5th** grade level or below, and the average American reads at the **8th-9th** grade level.

Health Literacy 101:

The Reality of the U.S.A. today

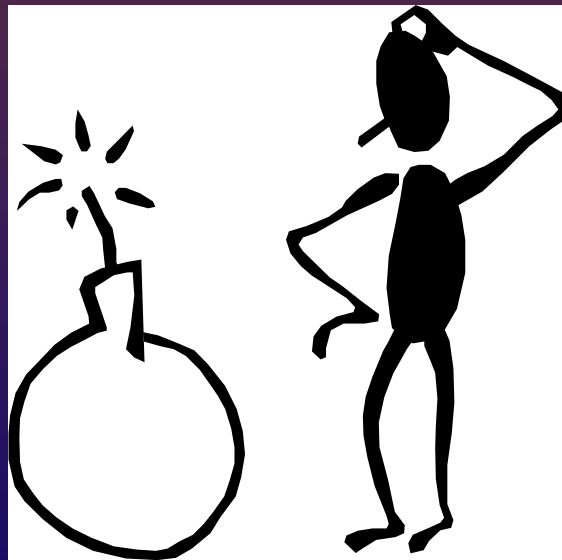
- One in five Americans adults reads at the **5th** grade level or below, and the average American reads at the **8th-9th** grade level.
- Most health care materials are written at the _____ grade level.

Health Literacy 101:

The Reality of the U.S.A. today

- One in five Americans adults reads at the **5th** grade level or below, and the average American reads at the **8th-9th** grade level.
- Most health care materials are written **above 10th grade** level.

**What are some of the major
problems and dangers
to patients?**



Health Literacy 101: Major Problems

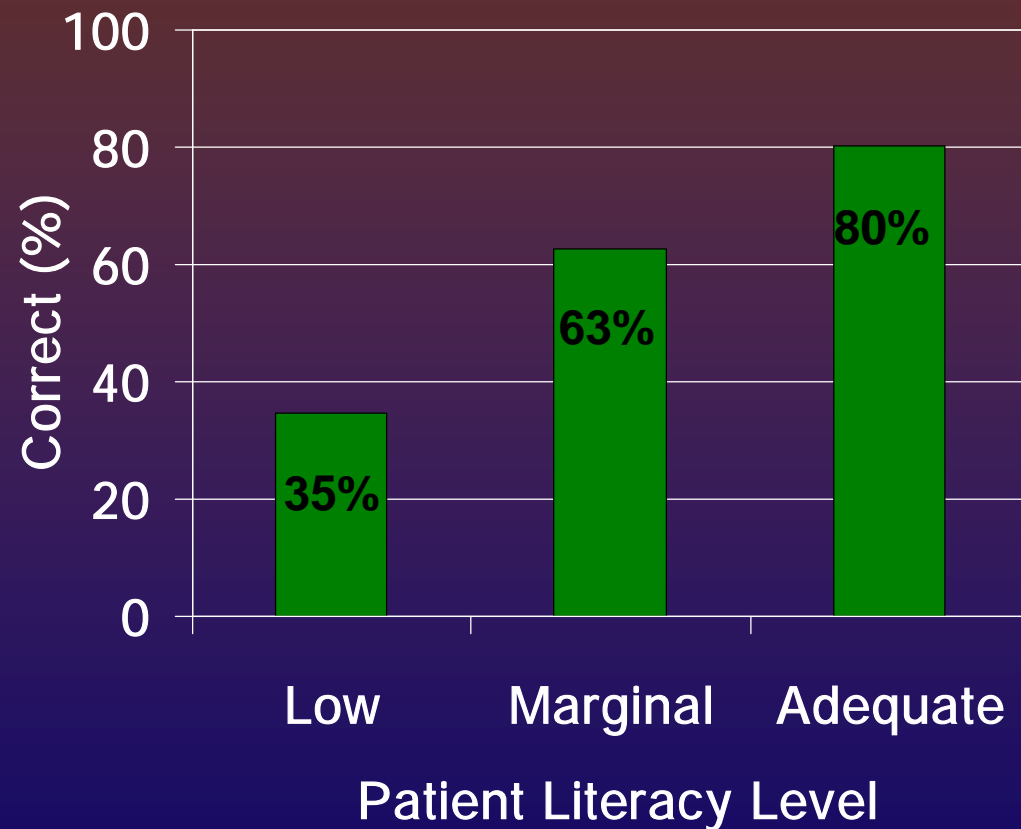
- Patient Safety:
 - Medication Errors
 - (Un)informed Consent
- Discharge instructions and self care
- Stigma
- Patient “problem behaviors”

Health Literacy Issues: Medication Safety



Health Literacy Issues: Medication Safety

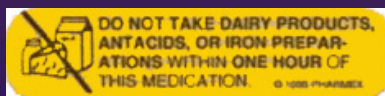
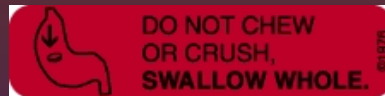
“Show me how many pills you would take in one day”



Thanks to Bronwyn Wilson, MD

Davis TC et al. Ann Intern Med 2006.

Health Literacy Issues: Medication Safety



≤6

79%

35%

8%

8%

0%

7-8

86%

66%

64%

18%

6%

≥9

88% †

78% *

82% *

23% *

15% *

* p<.0001, † p<.05

In multivariate analysis only literacy and age predicted comprehension.
Patients with low literacy (< 6th gd.) 3x more likely to incorrectly interpret warning labels.

Slide prepared by Darren DeWalt, MD MPH

Thanks to Bronwyn Wilson, MD

Health Literacy Issues: Medication Safety

	Children's Tylenol	Infants' Concentrated Drops 80mg/0.8mL	Children's Suspension Liquid 160mg/5mL	Children's Soft Chews Chewable Tablets 80mg each	Junior Strength Chewable Tablets 160mg each
Dose	Age	Dropperful	Teaspoon (TSP)	Tablet	Tablet
6-11 lbs	0-3 mos	1/2 - (0.4mL)			
12-17 lbs	4-11 mos	1 - (0.8ml)	1/2 tsp		
18-23 lbs	12-23 mos	1-1/2 - (1.2mL)	3/4 tsp		
24-35 lbs	2-3 yrs	2 - (1.6mL)	1 tsp	2	
36-47 lbs	4-5 yrs		1-1/2 tsp	3	
48-59 lbs	6-8 yrs		2 tsp	4	2
60-71 lbs	9-10 yrs		2-1/2 tsp	5	2-1/2
72-9 lbs	11 yrs		3 tsp	6	3
96 lbs and over	12 yrs				4

**What dose do you give your 3 year old child who weighs 36 pounds?
In teaspoons? Millileters? Milligrams?**

Thanks to Bronwyn Wilson, MD

Health Literacy Issues: (Un)informed Consent



Informed Consent?

TO THE PATIENT: This form is called an “Informed Consent Form”. Its purpose is to inform you about the surgical, diagnostic or therapeutic procedure that your provider has recommended for you. You should read the form carefully and ask questions before you decide whether or not to give your consent for the procedure.

Do you give your permission?

Dear Patient:

We want you to understand all about the procedure your health care provider advised you to have. You need to know about it **before** you decide to go ahead with it. First, you should:

- **Read** this form
- **Ask** about what you don't understand
- **Then decide** if you give your consent

Health Literacy Issues: Stigma

- Shame and stigma are substantial
- 67% haven't told spouses and 19% never tell anyone
- Able to function despite limitations
- All social classes, races, ethnicities, ages
- Can be situational (pain, fear, stress...)

This is why we do not focus on identifying people with “low health literacy”!



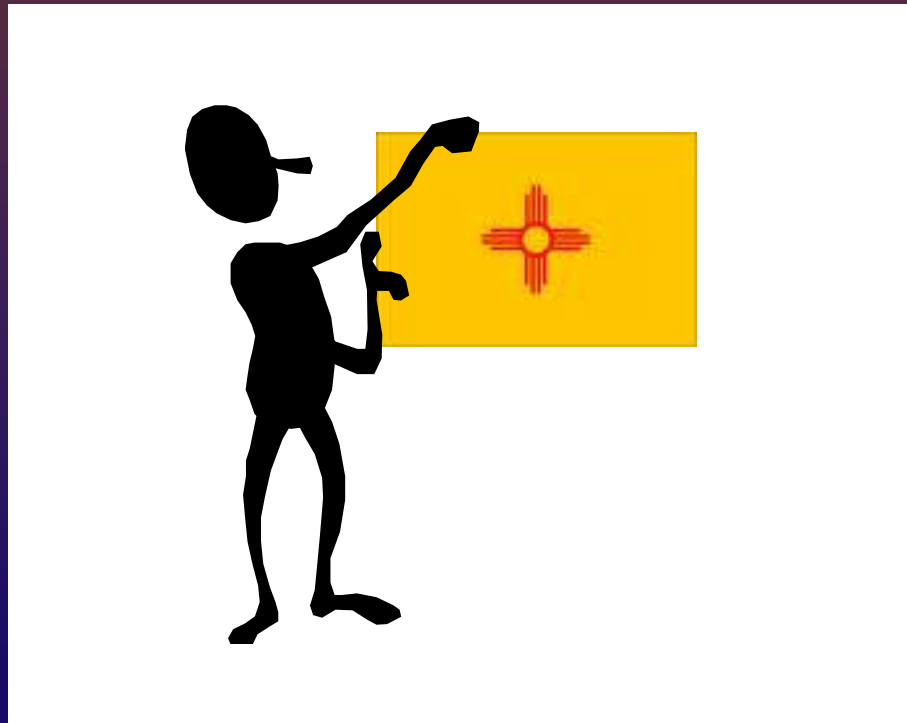
Hugo A. Alvarez, MD
Internal Medicine
Multi-Specialty Group Practice

Health literacy issues: Patient “problem behaviors”

- Missing appointments
- Struggling with patient forms
- Getting angry or impatient
- Lack of self-care for their chronic disease
- Problems with medications
- Not asking questions nor clarifying
- Focusing on details, difficulty prioritizing
- Not understanding Likert scales, math, BMI charts
- Deal in literal/concrete concepts, not abstract

These are all indicators of possible LHL!

A New Mexico Story: UNM Hospitals' Journey







New Mexico

- Population: nearly 2 million
- State with **fourth highest percentage of “frontier lands”**
- One of only two states in the U.S. that have **always been “majority-minority”**
- The **only majority Hispanic state** in the U.S. at 45.6% (California and Texas follow behind at 37%)
- State with **second highest percentage of Native Americans** (fifth highest total number)
- The state with the **second highest percentage of residents that speak a language other than English at home**, at 36.5%

Source: Census Bureau

UNM Hospitals

- Only public and only teaching hospital of note in New Mexico
 - One of only 30 hospitals nationwide who are both public safety net and teaching/academic
- Only Level I Trauma Center in the region
- Only emergency adult psychiatric services
- 619 beds: 5 hospitals, 48 clinics (22 offsite)
- **Employees:** ~6,000
- **Providers:** 579 faculty, 116 midlevels
- **Outpatient visits:** 492,000
- **Inpatient days:** 180,000
- **Budget:** \$700+ million

DEI

The UNMH Office of Diversity, Equity & Inclusion leads the effort to make sure that every UNMH patient receives the safest, most effective, most sensitive medical care possible, regardless of the patient's race, ethnicity, or any other group identity.

We do this through data collection and analysis; community collaboration; cultural “competence” training, education and consulting; and process improvement.

The “HLTF”

Begun in 2008, the mission of the UNMH Health Literacy Task Force (HLTF) is to explore and research approaches to addressing issues of health literacy in patient care, and create a coherent, comprehensive, evidence-based plan for improving our services to patients with low health literacy.

UNMH: Our journey

<http://www.youtube.com/watch?v=WJQ-B4PfL7A>

HLTF so far ...

- **INFORMATION DISSEMINATION/TRAINING**

- Presenting the IOM video at numerous meetings and venues
- Posting the video on the UNMH Intranet
- Creation of an online competency in health literacy (req. effective 2010)

- **DOCUMENTS**

- Verifying our pharmacy doesn't have the "once/11" medication label problem
- Discharge form tested for health literacy
- Frontline telephone scripts edited
- Review and edits of selected PCMH documents, lab order expiration notice, OPAT clinic brochure, and others....
- Creation of a draft patient-friendly consent form

- **PROCESSES**

- Revamp of document creation, review, and access process

HLTF: document review

- ✓ Items edited/consulted on since 2010: 30+ brochures, scripts, websites, forms, letters, consents, signage
- ✓ Clients: Lab, 7 outpatient clinics, PCMH, GI/Endo, Internal Medicine, Adult Psychiatric Center, UNM Medical Group, Quality, Frontline ...

Before ...



1 Day Colonoscopy Prep - Golytely

Please circle one: UNM Hospital Endoscopy
2211 Lomas Blvd.
272-2530 Appointments 8-5
272-0059 Nurses Desk 7-3:30

Center for Digestive Disease
1001 Martin Luther King Ave.
925-6000 Appointments 8-5
925-7888 Nurses Desk 7-3:30

WARNING: Golytely may cause nausea, vomiting, stomach cramps, muscle weakness and rectal pain. You may also experience chills, hot flashes, light headedness, dizziness and in rare cases fainting. You should not begin your Golytely prep until you are home for the day.

7 days before your Endoscopy appointment STOP taking any medications on this list

Aspirin Salsalate Motrin
Floxacin Voltaren Advil
Ibuprofen Aleve Iron
Celebrex Naprosyn Fish Oil
Alka Seltzer Herbal Supplements
Pepto Bismol Ginkgo Biloba

Keep taking

Heart medicines
Seizure medicines
Anti-virals
Depression medicines

If you are taking **Plavix** (clopidogrel), **Heparin**, **Lovenox** (enoxaparin) or **coumadin** (warfarin) please ask your doctor when you should stop taking this medicine.

4 Days Before Procedure.....

- Do NOT eat red meat, nuts, corn, raw vegetables, raw fruits, seeds, items with seeds such as blackberries, wheat bread, brown rice, high fiber foods, chili, or beans. It is okay to eat baked chicken, turkey, fish eggs, flour tortillas, cooked vegetables, cooked fruits, white rice, noodles, mashed potatoes and white bread until the day before the procedure.

1 Day Before your Procedure.....

DO NOT EAT ANY SOLID FOODS. Drink clear liquids only. No breakfast, lunch, dinner or snacks. Drink 8 - 16 glasses of water or clear liquids during the day.

- Clear liquid means that in a clear glass, you can see through it. Examples:
 - ✓ Sprite, 7up, Ginger ale, Pepsi, Coca Cola, Root Beer, Dr. Pepper
 - ✓ Apple juice, white cranberry juice, white grape juice
 - ✓ Crystal Light yellow lemonade, yellow or clear Gatorade, yellow jello
 - ✓ Clear beef broth and clear chicken broth
 - ✓ Plain coffee and tea, with sugar if desired
 - ✓ Do not drink any red, orange, green, blue or purple liquids.
 - ✓ Do not drink alcohol, milk, fruit juice or vegetable juice with pulp, tomato or orange juice.

SEE NEXT PAGE

PAGE 1 of 2

1 Day Before your Procedure Appointment

Golytely Prep Directions:

- Mix prep in the morning by adding water. Shake well. Place in refrigerator.
- In the afternoon (no later than 4-5 PM), start drinking the Golytely.
- Drink 1 full glass every 10-15 minutes.
- The liquid prep will make you go to the bathroom many times. It will cause diarrhea.
- If you become sick to your stomach, drink small sips of regular brand Coca Cola between glasses of Golytely.
- Do not eat anything after you start drinking the golytely. Do not eat until tomorrow after you have your endoscopy procedure.

DRINK ALL OF THE GOLYTELY even if your stool is clear or yellow. If you are not clear during the procedure the physician may ask that you come back the next day after a second gallon of Golytely.

Diabetics - Contact your primary care provider who will tell you if you need to change your diabetes medicines. You will need to monitor blood sugars more often than usual. Drink plenty of liquids every 1-2 hours. Do not drink diet drinks. You need sugar drinks since you are not eating.

Day of Procedure.....

DO NOT EAT or DRINK ANYTHING AFTER MIDNIGHT!

Medications for the heart, seizures, depression, and anti-virals may be taken with a small sip of water the morning of the procedure. Food may NOT be taken with medicines the day before or the day of the procedure.

THE DRIVER MUST BE PRESENT TO SIGN WHEN YOU CHECK-IN.

Sedation can be given only when a driver is present and has signed to give you a ride home. You will be sedated and will be unable to drive or make important decisions until the next day. **TAXI, BUS, BICYCLES AND WALKING HOME ARE NOT ACCEPTABLE FORMS OF TRANSPORTATION AFTER SEDATION.**

Please arrive 30 minutes early for check-in.

You may have a co-pay (required by insurance company) when you arrive. For co-pay questions please call your insurance provider.

Appointment Date and Time: _____

If you cannot make it to your appointment please call 272-2530 or 925-6000 so we can offer this appointment to another patient.

PAGE 2 of 2

After ...



Getting Ready for Your Colon Test (Colonoscopy)

Your Appointment Date: _____

Check-in Time: _____

Please:

- Read this handout right away.
- Do each step below **very carefully**.
- Call us at 373-2530 or 925-6000 if you have any questions.
- Call us at 373-2530 or 925-6000 if you can't make it to your appointment.

Be Sure You're Ready for Your Test

Your doctor has ordered a test to check your colon for any problems. Your colon must be empty for the doctor to see well. If your colon is not clean, we may not be able to do the test. So please follow the steps below very carefully!

1 to 2 Weeks Before Your Appointment

- ☐ Make plans for someone to **drive you to and from the clinic**. We cannot let you leave if you are alone.
My driver will be: _____ Phone: _____
- ☐ **Plan to take off work** the day of your test. You will be sedated (groggy) after your test.
- ☐ **Call your insurance company**. Find out if you need to pay part of the cost on the day of your test.
- ☐ **Do you have diabetes?** If so, call your doctor. Ask if you need to change your diabetes medicines.

For 7 Days Before Your Test (Starting on _____)

Don't take any of these medicines:

- | | | | |
|-------------|--------------------|-----------------------|----------------------|
| • Ibuprofen | • <u>Salsalate</u> | • <u>Alka</u> seltzer | • Herbal supplements |
| • Motrin | • <u>Naprosyn</u> | • <u>Pepto Bismol</u> | • Fish oil |
| • Advil | • <u>Piroxicam</u> | • <u>Ginko Biloba</u> | |
| • Celebrex | • Aleve | • Iron | |

For 7 Days Before Your Test — continued

Ask your doctor when to stop taking these (if you take them):

- | | |
|-------------------------------|-------------------------------|
| • <u>Plavix</u> (clopidogrel) | • <u>Lovenox</u> (enoxaparin) |
| • Heparin | • <u>Coumadin</u> (warfarin) |
| | • Other blood thinner |

It's OK to keep taking these:

- Aspirin
- Heart medicines
- Seizure medicines
- Depression medicines
- Anti-viral medicines

For 3 Days Before Your Test

- Do not eat any nuts or corn.
- Do not eat any seeds or foods that have seeds in them, like blackberries or tomatoes.

Shop for these things:

- Golytely drink from your pharmacy
- Dulcolax (Bisacodyl) tablets at a grocery store or pharmacy
- Supply of clear liquids (see list below)
- You may want to get some baby wipes and A&D ointment in case you get sore.

The Day Before Your Test (On _____)

Do NOT eat anything today!

That's right! No eating!

When You Wake Up

Start the "clear liquid" diet. Drink at least 2 glasses of clear liquids every hour while you are awake

It's OK to drink:

- Sprite, 7up, ginger ale, Pepsi, Coca Cola, Root Beer, Dr. Pepper
- Apple juice, white cranberry juice, white grape juice (no red or purple)
- Crystal Light yellow lemonade, yellow or green Gatorade, yellow jello
- Clear beef broth and clear chicken broth
- Plain coffee and tea, with sugar if you like

After (cont') ...

Do NOT drink:

- Anything red, orange, blue or purple
- Alcohol, milk, orange juice, tomato juice, or any fruit juice or vegetable juice with pulp (little pieces) in it

- ☐ Fill the Golytely bottle with water. Shake it well. It's OK to put it in your refrigerator to get cold. It may be easier to drink if it's cold.

At 4:00 pm

- ☐ Take 4 Dulcolax tablets (a total of 20 milligrams).
- ☐ Keep drinking 2 glasses of clear liquids every hour.

At About 5:00 or 6:00 pm

Start drinking the Golytely.

- Drink a full glass every 10-15 minutes until it is all gone. Keep **drinking all the Golytely** even if your stool (poop) is clear or yellow. Your colon must be clean to do the test.
- Stay close to your toilet the rest of the day and the night! Expect a lot of diarrhea.
- You may want to use baby wipes and diaper rash cream to help with soreness.

Warning: Golytely may cause vomiting, stomach cramps, chills or hot flashes. You may also get dizzy or even faint. It's a good idea to have someone with you to help out.

Having a Hard Time Drinking All that Golytely? Try This...

- Add a little lemon juice
- Add a little drink mix (like Crystal Light)
- Add a little sweetener (like Equal or Sweet N' Low)
- Be sure it's cold.
- Drink it with a straw.

Feel sick to your stomach?

Take a 30 minute rest. Or try small sips of Coca-Cola or Sprite. Then start drinking again.

Do you have diabetes?

- Check your blood sugars more often than usual.
- Drink plenty of liquids every 1-2 hours.
- Do not drink diet drinks. You will need sugar drinks since you are not eating.

The Day of Your Test (On _____)

- It's OK to take any of these medicines with water but not food:
 - < Heart medicines
 - < Seizure medicines
 - < Depression medicines
 - < Anti-viral medicines
- Please arrive 30 minutes before your appointment time to check-in.
- Do not eat until after you have had your test.
- You may need to pay a fee on the day of your visit. Please be sure to bring your payment with you. Your insurance may require a co-pay.
- **You must have a driver bring you to the test and take you home.** You will be groggy and not able to drive until the next day. We can not let you leave if you plan to go by taxi, bus, bicycle, or walking.

Congratulations!

You have taken a great step to protect your health!

Can't make it to your appointment?

Please call 272-2530 or 925-6000
so we can give the time to someone else. Thanks!!



Heart Failure

WHAT
YOU
NEED
TO
KNOW



Heart Failure means that the heart cannot pump enough blood through the body. When this happens, fluid can build up in the lungs and other parts of the body. You may also hear it called congestive heart failure, CHF, or cardiomyopathy.

Inside:

If your heart failure gets worse	2
How to manage heart failure	3
Medications for heart failure	5
Weight chart	7
Follow up care	8
Community support	9
Heart Failure Clinic	10



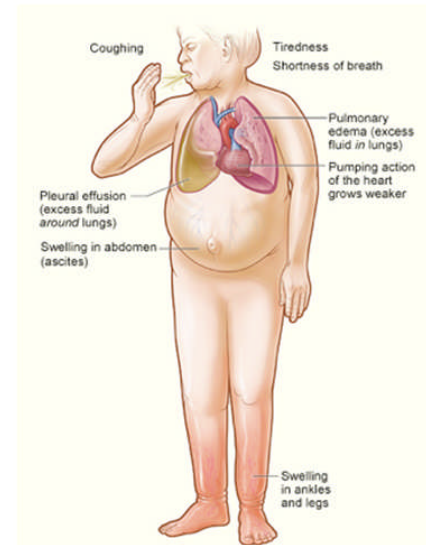
Division of Cardiology
University of New Mexico
Albuquerque, NM 87131-0001

Heart Failure Clinic
UNMH Heart and Vascular Center
1101-4 Medical Arts
Albuquerque, NM 87107
(505) 272-2273

If your heart failure gets worse

What to watch for:

- More shortness of breath, especially when you lie flat
- Coughing at night
- Weight gain of 2 to 3 pounds overnight or 3 to 5 pounds in a week
- Dizziness
- Nausea or loss of appetite
- Feet, ankles, or stomach swell more than usual. Shoes, rinks or pants may feel tight
- Feeling more tired than usual



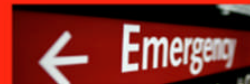
If you have any of these symptoms, you need to call:

☐ The Heart Failure Clinic at 925-6002. If it is after 5 pm or on a weekend, call the Nurse Advice Line at 1-800-725-2552.

☐ Your health care provider. Your health care provider is _____ and the phone number is _____

If you have any of the following symptoms, you need to call 911 right away:

- Chest pain
- Severe shortness of breath
- Confusion or fainting



How to manage your heart failure



Weigh yourself every day

Weigh yourself every morning after you urinate and before you eat breakfast. Call your doctor if you gain more than 2 to 3 pounds overnight or 3 to 5 pounds in a week. Use the chart in this booklet to write down your weight every day.



Watch your fluids

Usually we ask people to limit fluids to less than eight (8 oz.) glasses a day. We might have a different fluid limit for you. Soups and Jell-o should also be counted as drinks. Too much fluid and too much salt can cause swelling and make your heart failure get worse.



Eat less salt

Keep your salt to less than 2000 mg a day. Frozen dinners, canned food, and fast food have high amounts of salt. Do not add salt to food when cooking at the table. The salt substitute 'No Salt' should be limited. Use 'Mrs. Dash' instead.

Nutrition Facts		Look for products that have less than 5% DV of Sodium per serving
Serving Size 1 cup (228g) Servings Per Container 2		
Amount Per Serving		
Calories 250	Calories from Fat 110	
% Daily Value*		
Total Fat 12g	18%	
Saturated Fat 3g	15%	
Trans Fat 1.5g		
Cholesterol 30mg	10%	
Sodium 470mg	(4%)	
Total Carbohydrate 31g		
Dietary Fiber 0g	0%	
Sugars 5g		
Protein 5g		
Vitamin A	4%	
Vitamin C	2%	
Calcium	20%	
Iron	4%	

*Percent Daily Values are based on a 2,000 calorie diet.

*Percent Daily Values are based on a 2,000 calorie diet.

How to manage your heart failure



Slowly increase your activity

Talk to your doctor about exercise first. Then, start out slow and gradually increase your activity to 30 minutes a day. Stop if you get short of breath, dizzy or have chest pain. Avoid heavy lifting and doing activities in very hot or cold temperatures.

Did you know?
UH has a Cardiac Rehab Program that will help you with exercise. This is one of the best ways to improve the health of your heart.



Do not smoke!

If you quit smoking you will help your heart to work better. Call the QUIT line at 1-800-QUIT-NOW to receive free coaching, as well as nicotine patches, gum or lozenges. You can also call the UH Tobacco Treatment program at 272-2340.



Take all your medicines

Your doctor has prescribed medications to help your heart work better and that may help you live longer. It is very important that you take these medications, even after you are feeling better.

How to take your medications:

- Call your doctor or nurse if you have any side effects
- Keep taking your medications even after you feel better
- Use a pill box to help organize your medications
- Tell your doctor if you are taking any herbs or over-the-counter medications
- Call for medication refills 2 weeks before you run out

A success story: Heart Station

- ✓ Referring clinics print appropriate information and hand to patient on discharge
- ✓ Patient receives relevant instructions in the mail
- ✓ Upon arrival at the heart station for appointment, staff hand patient a laminated copy of relevant patient education material:
 - ✓ “Would you please read this patient education material while you’re waiting? If you have any questions the nurse or technician will answer them for you.”
- ✓ When taken back for their appointment by nurse or tech, staff take back the laminated copy and ask the patient “Did you read your patient education? Do you have any questions about your patient education?”

A success story: Heart Station

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Press Ganey Question	10-Jul	N	10-Aug	N	10-Sep	N	10-Oct	N	10-Nov	N	10-Dec	N	11-Jan	N	11-Feb	N	11-Mar	N
Quality of educational material	90.6	8	88.9	9	75	8	80.6	9	77.3	11	77.8	9	95.8	65	93.8	4	90.9	11
Outpatient education you received	93.2	11	87.5	10	78.6	7	82.5	10	83.3	12	82.5	10	97.5	10	90	5	89.6	12

A success story: Heart Station

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Press Ganey Question	10-Jul	N	10-Aug	N	10-Sep	N	10-Oct	N	10-Nov	N	10-Dec	N	11-Jan	N	11-Feb	N	11-Mar	N
Quality of educational material	90.6	8	88.9	9	75	8	80.6	9	77.3	11	77.8	9	95.8	65	93.8	4	90.9	11
Outpatient education you received	93.2	11	87.5	10	78.6	7	82.5	10	83.3	12	82.5	10	97.5	10	90	5	89.6	12

- What did the heart station do right?
- What else could be done to improve these scores?
- What was missing from the intervention?

Two major projects: #1

- ✓ Organizational self-assessment

Org self-assessment

THE HEALTH LITERACY ENVIRONMENT OF HOSPITALS AND HEALTH CENTERS

Rima E. Rudd ■ Jennie E. Anderson



Four areas:

- Navigation
- Print Communication
- Oral Exchange
- Technology

25 assessments done!
Clinical (mostly OP), non-clinical, & behavioral health



Org self-assessment



Part 1: NAVIGATION (pp. 9-12)

A. Telephone System (SEE FORM PP. 97-98)

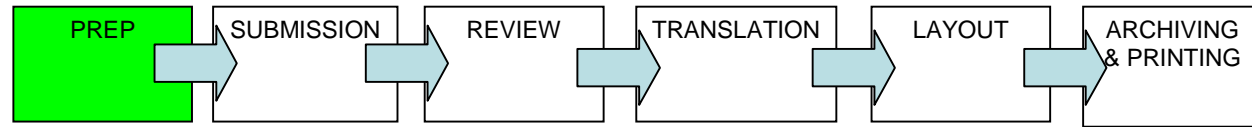
Conducted by:		Location:		Date:	
	Weak (1)	Moderate (2)	Strong (3)	Findings & Action Plan	Assignment/Deadline
1. When a phone call is answered (either by person or an automated phone system), there is an option to hear information in a language other than English.					
2. If there is an automated phone system, there is an option to speak with an operator or help desk.					
3. If there is an automated phone system, there is an option to repeat menu items.					
4. Information is offered (either by person or an automated phone system) with plain, everyday words.					
Weighted score (Telephone System):					

B. Entrance (SEE GUIDE AND FORMS PP. 101-115)

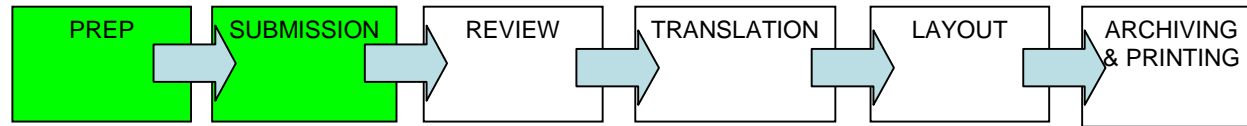
Conducted by:		Location:		Date:	
	Weak (1)	Moderate (2)	Strong (3)	Findings & Action Plan	Assignment/Deadline
5. The healthcare facility's name is clearly displayed on the outside of the building.					
6. All entry signs are visible from the street.					
7. The signs use plain, everyday words such as "Walk-In" rather than formal words such as "Ambulatory Care".					

Two major projects: #2

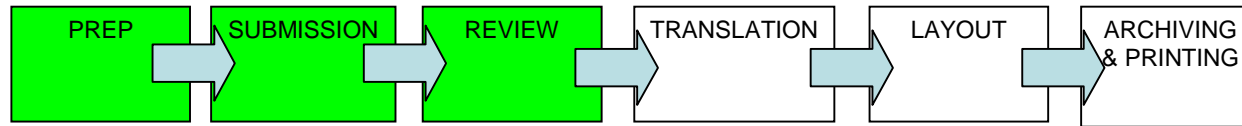
- ✓ Revamp of patient education & publicity materials: creation, review, archiving and access



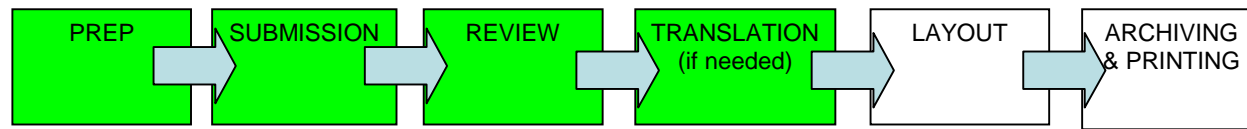
- Document creator will consult:
 - “Questions to Answer” guidelines
 - UNMH Style Manual
- Ongoing education and publicity



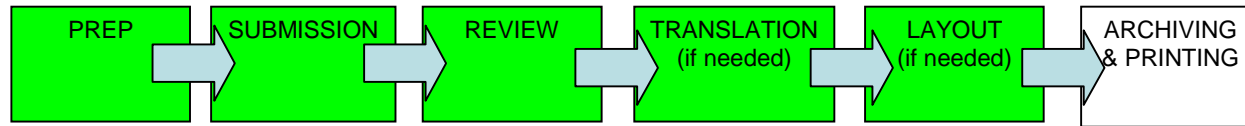
- Document creator will submit request for review via the automated Online Request System
- The Office of DEI will receive and review submitted requests



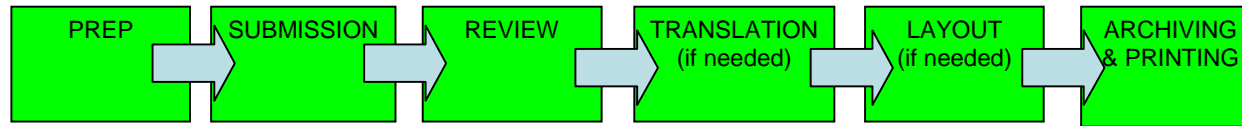
- The Office of DEI will send the document for review to the PFDC
 - Comprised of UNMH employees who have been trained in document assessment by an expert in health literacy, and assessed for competency
- One PFDC member accepts the document to review, and sends his/her review results to ODEI
- ODEI reviews the review results, and communicates the final results to the creator (within one week)
- If the document creator must make revisions to the document, s/he will resubmit the document via the ORS as a revision.
 - Revisions will get expedited turnaround.
- Approved documents will receive a small approval logo



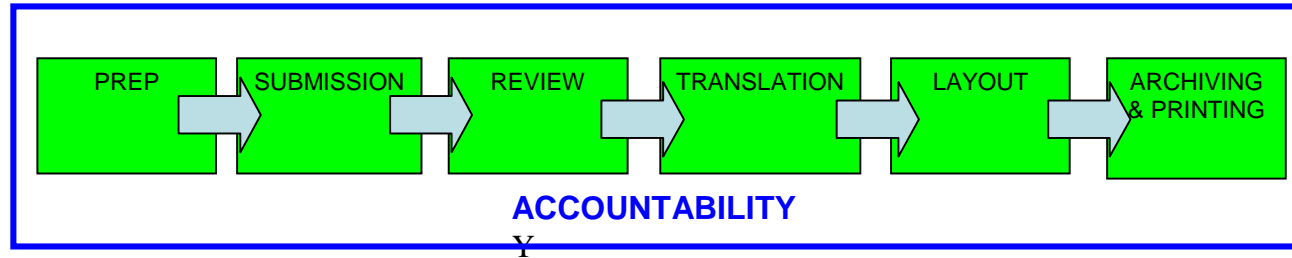
- If translation is required, Interpreter Language Services (ILS) will receive notification of the approval
- ILS will do translation and give feedback on adjustments to images, colors, content and layout for specific ethnic or other cultural groups



- Layout issues will be addressed through the use of templates
- In house experts folks will provide input on an ad hoc basis



- ODEI will place approved documents (in pdf format) on the Intranet in the searchable (by date, area, and topic) Document Management System.
- Departments and individuals may print and copy documents obtained on this site



- Overseen by ODEI
- Regular organization-wide reminders and presentations
- Annual review of stats, quality, policies
- Alternate-year audits of outdated documents in online archive (be able to query by date)



NEW MEXICO GERIATRIC EDUCATION CENTER

Projects coming soon

- A CME online course in Geriatric Health Literacy from an American Indian Elder Perspective
- A video on American Indian Elders and health literacy
- 3rd Revision of the Guide to Comprehensive Geriatric Assessment Manual in Indian Country
- A fact sheet on Urban American Indian Elders produced collaboratively with the National Indian Council on Aging and the Bernalillo County Off- Reservation Native American Health Commission
- Contact the NMGEC at 505-272-4941,
<http://hsc.unm.edu/som/fcm/gec/>



UNM HEALTH SCIENCES CENTER

Next Steps for UNMH

- Analyzing and presenting results of org self-assessment
 - Action planning and prioritizing
- Implementing document review process
- Tying “patient friendly” documents and readability improvements to quality metrics
 - Colonoscopy prep reschedules and no-shows
 - Clinic no-shows
 - Discharge instruction “compliance” (heart station, internal medicine)
- Hiring a specialist in health literacy



Health literacy: Tools & best practices



Some strategies during a visit: Identifying possible “LHL” barriers

- Notice behaviors that may suggest a problem
- Raise the subject in a non-judgmental way -- normalize the difficulty
 - *“How happy are you with the way you read?”*
 - *“A lot of people have trouble understanding all these medical terms and directions, how about you?”*

Some strategies during a visit: Improving verbal communication

1. Slow down
2. Use plain, non-medical language
3. Convey 1-3 key concepts
4. Show diagrams, pictures & use models
5. Ask clear, simple questions
6. Encourage questions (open-endedly!)
7. Check for understanding

Some strategies during a visit: Checking for understanding

- ✓ “Teach to goal” method
- ✓ “Teach back” method:



Some strategies:

Improving written communication

- Common, everyday words
- Appropriate reading level
- Action focused vs. information focused
- Plenty of white space, appealing visuals
- Text is “chunked” with headings & bullets

Mark up the materials you give patients – use arrows, circle, underline, etc.

www.plainlanguage.gov, www.plainlanguage.network.org

Best Practices: Useful Tools

- Health lit national listserv:
healthliteracy@lincs.ed.gov
- UNMH DEI website section on health literacy (links, national reports & guides, videos):
<http://hospitals.unm.edu/dei/literacy.shtml>



Best Practices: What We've Learned So Far

- It's not rocket science, but it is a paradigm shift
- Addressing LHL requires science + art
- Tie your rationale to valued results – use the “patient safety, care quality and cost” argument
- Learn from trained, experienced experts
- Get all stakeholders involved
- Get diverse, representative community input on proposed improvements
- Involve people who have a knack and/or passion
- Use existing systems and processes

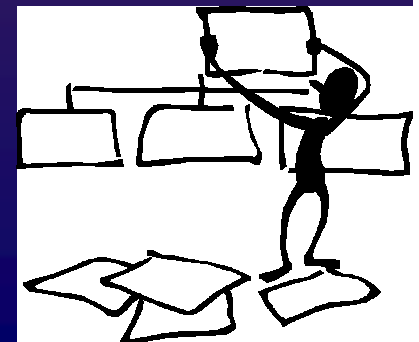


Your turn: Action planning!



Action Planning!

- What is the main realization you have had today about health literacy?
- What do you think is the main weakness in your organization regarding LHL?
- What questions do you not know the answers to yet?
- What is the first action you will take once you return to your organization?



What questions do you have?



What if I have questions later?

Susana Rinderle, M.A.

Manager, Diversity, Equity & Inclusion (DEI)

Chair, Health Literacy Task Force

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