## Attachment H: Project Team Review of Practice's Health Literacy Environment Demonstration of Health Literacy Universal Precautions Toolkit

## A. Project Team Walkthrough of Office

During site visits before and after Toolkit implementation, members of the project team will conduct a walkthrough of each practice to assess the issues identified below.

WAITING ROOM				
Observe the waiting room and document the following:				
1.	Is the Practice Brochure available at the reception desk?	Yes	No	
	a. Does the practice brochure include information to help patients navigate the practice's system (e.g., phone numbers, who to call for what, who to call after hours)?	Yes	No	
	b. Are there other handouts, besides the practice brochure, that the practice distributes to help patients navigate their system?	Yes	No	
2.	Are there posters in the waiting room or exam rooms to educate patients about the practice's phone system?	Yes	No	
3.	Are there posters in the waiting room or exam rooms reminding patients to bring their medications to the next visit?	Yes	No	
4.	Is information posted on the bulletin board or in exam rooms about the value of medication reviews?	Yes	No	
5.	Is information related to the Ask-Me-3, or Questions are the Answer campaigns displayed in the waiting room/exam rooms or provided to patients in some other form?	Yes	No	
6.	On the walls and bulletin boards, is posted information organized and useful?	Yes	No	
	a. How many separate notices are posted on the bulletin board?			
7.	Does the office provide health information via closed circuit TV? If so, what type of health information was provided (e.g. focused on common diseases, commercially based/advocating for a product)?	Yes	No	

a. Was content provided with subtitles in different languages? What languages?	Yes	No
CHECK-IN		
Observe 5 patients entering the clinic and document the following:		
8. How many of these patients were given forms to complete?	_	
a. Of these, how many patients were offered help to complete the forms?	-	
b. Of those patients offered help, for how many was hoffered in a non-stigmatizing manner (i.e., "Do you need someone to help you fill that out?" is more stigmatizing than "Would you like the nurse to go that form with you before you see the doctor?")	ver	
9. How many of these patients were asked whether they any questions they wanted to ask their doctor/provide the visit?		
SIGNAGE		
10. Is the name of the practice clearly displayed on the out of the building? Or, if a multi-purpose building, are the practice and the clinicians in the practice listed in the building directory located in the lobby?		No 🗀
11. Are there clearly visible signs directing patients to:  Please note instances where signs were not needed due to small size of the practice		
a. practice entrance from the front of the building	Yes	No
b. waiting room/check-in/check-out area	Yes	No
c. billing office	Yes	No
d. laboratory	Yes	No
e. nursing area or station	Yes	No
f. bathrooms	Yes	No

Yes	No			
Yes	No			
Yes	No			
Yes	No			
CHECK OUT				
	Yes			

## B. Project Team Review of Written Materials

To evaluate implementation of Tool 11 (Design Easy-to-Read Material), the project team will collect a sample of patient education materials from each participating practice at pre-test and post-test. We will request that materials be sent to the project team when the practice enrolls in the study (October-December 2012) for the pre-intervention review. Materials will be collected by the site visit teams (July-August 2013) for the post-intervention review.

Materials collected will include the following (although only a sample of these materials may be reviewed depending on the resource-intensiveness of the final evaluation process):

- Practice brochure (if available),
- Patient intake forms, privacy forms, consent to treat forms,
- Appointment slips and reminder cards,
- De-identified or sample test result letters,
- Written patient educational materials (we will request the three most commonly distributed materials),
- Referral forms, and
- Sample of materials available in patient waiting rooms (pamphlets, materials posted on bulletin boards).

We expect to assess readability of written materials using the Patient Health Information Rating System (PHIRS) and/or the Health Literacy Index (HLI).

- The PHIRS, which is due for release no sooner than January 2012, is expected to be capable of evaluating the understandability and actionability of text-based patient education materials.
- The HLI, developed by Matt Kreuter at the University of Missouri, produces a rating that indicates whether written material is easy to read. The Index is expected to be available by the time our assessment of practices' written materials occurs.