

Attachment N: Health Literacy Team Leader Survey (Pre-Implementation)

Demonstration of Health Literacy Universal Precautions Toolkit

Date: _____

Instructions:

As part of its participation in the Health Literacy Project, your practice will work to improve patient care by implementing the Health Literacy Universal Precautions Toolkit. To help us see whether using the Toolkit results in changes in clinical and other practices, we ask that the leader of the practice's Health Literacy Team complete this Health Literacy Team Leader Survey at the beginning and the end of the project.

Brown-Bag Medication Review

1. For how many medication reviews did your practice bill in the past month (ICD-9 = V58.69)? If you do not know the answer to this question, please check with your billing manager.

_____ (If none, please enter 0.)

2. Which of the following strategies does your practice use to help facilitate the review of patient medications? (Please mark all that apply.)

- During a visit, asking patients to bring medications to a future appointment
- Providing patients with a sack in which to carry medications
- Reminding patients to bring medications when making appointment reminder calls
- Reminding patients to bring medications on an appointment or reminder card
- Placing medication reconciliation forms in patient charts
- Other (please specify: _____)

Patient Education Materials

3. Does your practice have a central location where patient education materials are stored (e.g., written materials, videos, models)?

- Yes
- No
- Don't Know

Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to participate in this survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

4. Does your practice have a staff person who manages all patient education materials (e.g., keeps them organized, keeps materials updated)?
- Yes
 No
5. What sorts of patient education materials are available?
- Written materials
 Videos, DVDs or other audio/visual resources
 Models
 Other (please specify: _____)
6. How often does your practice update its patient education materials?
- Monthly
 Quarterly
 Twice a year
 Once a year
 Less than once a year
 Don't know
7. Have all clinicians and other staff members who interact with patients been informed about what patient education materials are available?
- Yes
 No
 Don't Know
8. How many clinicians and staff members have received training on how to use patient education materials in conjunction with spoken instruction?
_____ (If none, please enter 0.)
 Don't Know
9. Has your practice evaluated the reading level of its patient education materials?
- Yes
 No
10. Has your practice had patients review and provide feedback on its patient education materials?
- Yes
 No

Improving Medication Adherence

11. Does your practice have a system for setting up reminder aids for patients who have trouble understanding how or remembering to take their medications (e.g., pill boxes, pill cards)?

- Yes
- No
- Don't Know

Health and Literacy Resources

12. Does your practice refer patients to health-related programs, such as support groups or health education/management classes (e.g., weight management, diabetes education, exercise/fitness, stress management, smoking cessation)?

- Yes
- No → go to question 20
- Don't Know

13. Does your practice maintain a list of health-related resources in the community (e.g., weight management/exercise programs; stress management; diabetes education; support groups)?

- Yes
- No → go to question 20
- Don't Know → go to question 20

14. How often is that list updated?

- Monthly
- Quarterly
- Twice a year
- Once a year
- Less than once a year
- Don't know

15. What types of services are provided by the organizations on the list? (Please mark all that apply.)

- Weight management programs
- Fitness/exercise programs
- Stress management programs
- Diabetes education classes
- Healthy cooking/eating classes
- Smoking cessation programs
- Drug/alcohol abuse programs
- Support groups
- Other (please specify: _____)

16. Does your practice have a referral form that is used to refer patients to health-related resources in the community?

- Yes
 No

17. In the past month, how many patients have been referred to one of these resources?

_____ (If none, please enter 0.)

- Don't Know

18. Is there a place in the written or electronic health record where a referral to a health-related resource in the community can be documented?

- Yes
 No

19. Is there a place in a patient's written or electronic health record where the results of such a referral can be documented?

- Yes
 No

20. Does your practice refer patients to education and literacy programs, such as adult education classes, general equivalency degree (GED) programs, reading or math classes, or English classes for non-English speakers?

- Yes
 No → You are done with this survey. Thank you for your time!
 Don't Know

21. Does your practice maintain a list of education and literacy resources available in the community (e.g., adult education programs; general equivalency degree [GED] programs; educational programs related to math, reading, English as a second language)?

- Yes
 No → You are done with this survey. Thank you for your time!
 Don't Know → You are done with this survey. Thank you for your time!

22. How often is that list updated?

- Monthly
 Quarterly
 Twice a year
 Once a year
 Less than once a year
 Don't know

23. What types of services are provided by the organizations on the list? (Please mark all that apply.)

- General equivalency degree (GED) programs for those who have not completed high school
- Educational programs related to math and/or reading
- English as a second language classes
- Other (please specify: _____)

24. Does your practice have a referral form that is used to refer patients to education or literacy resources in the community?

- Yes
- No

25. In the past month, how many patients have been referred to one of these resources?

_____ (If none, please enter 0.)

- Don't Know

26. Is there a place in the written or electronic health record where a referral to an education or literacy resource in the community can be documented?

- Yes
- No

27. Is there a place in a patient's written or electronic health record where the results of such a referral can be documented?

- Yes
- No

Thank you for taking the time to complete this survey!