

Attachment O: Health Literacy Team Leader Survey (Post-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.

Questions about the Health Literacy Team

1. Who are the members of your Health Literacy Team? Please identify the number of members in each of the following positions:

- _____ Physician (non-resident)
- _____ Physician (resident)
- _____ Physician assistant
- _____ Nurse practitioner
- _____ Registered nurse
- _____ Other nursing staff (LPN, CPN)
- _____ Medical assistant
- _____ Practice manager/office manager
- _____ Office staff (front desk; business office; medical records)
- _____ Social worker/Counselor/Behavioral health worker
- _____ Pharmacist
- _____ Dietitian
- _____ Patient or Patient Caregiver
- _____ Other (please specify: _____)

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2. How often do Health Literacy Team meetings generally take place?

- More than once a week
- Weekly
- Every two or three weeks
- Monthly
- Every other month
- Quarterly
- Less than quarterly

3. How long do meetings usually last?

- Less than 30 minutes
- 30 to 60 minutes
- More than 60 minutes

4. At a typical meeting, how many team members are usually present?

Health Literacy Training

5. Since beginning the Health Literacy Project, how many training sessions have been offered to increase clinician and staff awareness of and sensitivity to health literacy issues?

_____ (If none, please enter 0.)

5a. Approximately when did the first training session take place?

5b. Approximately when did the last training session take place?

6. What types of staff were invited to attend the training sessions?

- Physician (non-resident)
- Physician (resident)
- Physician assistant
- Nurse practitioner
- Registered nurse
- Other nursing staff (RN, LPN, CPN)
- Medical assistants
- Practice manager/office manager
- Office staff (front desk; business office; medical records)
- Social worker/Counselor/Behavioral health worker
- Pharmacist
- Dietitian
- Other (please specify: _____)

6a. What percentage of each type of staff attended at least one training session?

- _____ % Physician (non-resident)
- _____ % Physician (resident)
- _____ % Physician assistant
- _____ % Nurse practitioner
- _____ % Registered nurse
- _____ % Other nursing staff (RN, LPN, CPN)
- _____ % Medical assistants
- _____ % Practice manager/office manager
- _____ % Office staff (front desk; business office; medical records)
- _____ % Social worker/Counselor/Behavioral health worker
- _____ % Pharmacist
- _____ % Dietitian
- _____ % Other (please specify: _____)

7. What topics did the training sessions cover? (You may have covered more than one topic in a given training session. Please mark all that apply.)

- The meaning and implications of health literacy
- Strategies for clear verbal communication with patients (e.g., speaking slowly)
- How to confirm patient comprehension of medical information (e.g., using the Teach-Back Method)
- How to communicate effectively with patients by phone
- How to encourage patient questions
- How to design easy-to-read written materials
- How to use patient education materials in conjunction with spoken instruction
- How to conduct brown bag medication reviews to enhance patient understanding and adherence
- How to make your office welcoming and easy for patients to navigate
- How to work with patients to set up systems for remembering to take medications as directed

- How to link patients to health-related and literacy resources in community (e.g., smoking cessation programs, weight management, English as a second language, reading and math classes)
- Other (please specify: _____)

8. Were these training sessions conducted prior to implementing your chosen tools?

- Yes
- No

9. Were refresher training sessions conducted after beginning implementation of your chosen tools?

- Yes
- No

Tips for Communicating Clearly

If your practice did not use Tool 4 (“Tips for Communicating Clearly”), please go to question 12.

As part of implementing Tool 4, your practice might have asked staff and patients to assess how well clinicians and other staff communicate with the practice’s patients. We ask some questions about this process below. When you submit your completed survey to the project team, please provide copies of all Communication Self-Assessment forms completed by clinicians and staff as well as copies of any evaluation data collected from patients. Please send data collected both before and after implementation.

10. Did any clinicians and/or other staff members complete the Communication Self-Assessment form?

- Yes
- No → go to question 11

10a. Approximately what percentage of the practice’s employees completed the Communication Self-Assessment form?

Before implementation: _____%

- Don’t Know

After implementation: _____%

- Don’t Know

10b. Did you see improvement in how clinicians and/or other staff members rated their communication skills after implementing Tool 4?

- Yes
- No
- Don’t Know

11. Did your practice have patients rate the clarity with which clinicians and other staff communicate?

Yes

No → go to question 12

11a. Did patients evaluate communication both before and after implementation of Tool 4?

Yes

No → go to question 12

11b. Did you see improvement in how patients rated the communication skills of clinicians and other staff after implementing Tool 4?

Yes

No

Don't Know

The Teach-Back Method

If your practice did not use Tool 5 (“The Teach-Back Method”), please go to question 15.

12. When implementing Tool 5, did clinicians and/or staff complete the Teach-Back Self-Evaluation and Tracking Log?

Yes

No → go to question 13

12a. Approximately what percentage of the practice’s employees completed the Teach-Back Self-Evaluation and Tracking Log:

_____ %

Don't Know

13. Did clinicians and/or other staff feel that patient comprehension improved as a result of using the teach-back method?

Yes

No

Don't Know

14. Did clinicians and/or other staff obtain patient feedback on the teach-back interaction?

Yes

No → go to question 15

Don't Know → go to question 15

14a. If yes, did patients feel that the teach-back method improved their understanding of health-related information?

- Yes
- No
- Don't Know

Brown-Bag Medication Review

15. 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.)

16. 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

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

- Yes
- No
- Don't Know

18. Does your practice have a staff person who manages all patient education materials (e.g., keeps them organized, keeps materials updated)?

- Yes
- No

19. What sorts of patient education materials are available?

- Written materials
- Videos, DVDs or other audio/visual resources
- Models
- Other (please specify: _____)

20. 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

21. 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

22. 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

23. Has your practice evaluated the reading level of its patient education materials?

- Yes
- No

24. Has your practice had patients review and provide feedback on its patient education materials?

- Yes
- No

Improving Medication Adherence

25. 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

26. 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 34
- Don't Know

27. 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 34
- Don't Know → go to question 34

28. How often is that list updated?

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

29. 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: _____)

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

- Yes
- No

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

_____ (If none, please enter 0.)

Don't Know

32. 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

33. 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

34. 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

35. 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!

36. How often is that list updated?

Monthly

Quarterly

Twice a year

Once a year

Less than once a year

Don't know

37. 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: _____)

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

- Yes
- No

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

_____ (If none, please enter 0.)

- Don't Know

40. 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

41. 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!