

EDUCATING PATIENTS AND IMPROVING OUTCOMES

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WHAT WE KNOW

- Health literacy is defined as the patient's ability
 - “...to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment.₁”
- Health literacy has a direct correlation with patient outcomes₂
- Nationally, >55% of patients are at Below Basic and Basic health literacy levels₃

PATIENT HEALTH LITERACY LEVELS

- Many risk factors play a role in low health literacy levels₃
 - **the person's general literacy level**
 - **failure to finish high school**
 - not speaking English before starting school
 - **living below the poverty level**
 - **age 65 years or older**
 - **being a non-internet user**
 - **having no insurance**
 - having a disability
- The average CMHS is at greater risk having a Below Basic to Basic Health Literacy Level

For Patients with Below Basic to Basic Health Literacy Levels₂

- Present important information first and by itself
- Only address 2-3 major concepts at one time
- Present information in non-medical terms and in short, clear sentences. Repeat as often as necessary.
- When presenting health care statistics, equate higher numbers with good outcomes and lower numbers with poor outcomes
- Use visual aids where appropriate

For Patients with Below Basic to Basic Health Literacy Levels₂

- Ask questions that let you know the patient understands the information (open ended, not yes or no questions)
- Encourage the patient to ask questions
- Ensure that patient education materials are given to the patient. Make sure that they are easily readable, or that important information and key concepts are easily visible (highlight, underline, circle, etc).
- Enlist the help of caregivers in understanding information conveyed

WHAT WAS DONE...

- Re-enforced good Patient teaching principles
- Printed off the entire library of patient education materials on the EMR. Those are centrally located for easy copying per request.
- Rearranged the information according to body system for ease of use
- Provided an index of EMR education materials to all providers

WHAT WAS DONE...

- Reiterated to providers the importance of proper coding for UDS tracking
 - Pt outcomes = Federal Funding
 - Created and handed out pocket cards to providers for easy reference on which codes to use.
- Passed all materials created to the QI/QA Committee for further staff training

OTHER CONTRIBUTIONS AND ACTIVITIES

- Provided input to Dr. McCune for the Preceptorship Program
- Visited the Delta
- Participated in a local radio program
- Actively participated in the weekly nutrition classes
- Assisted with HRSA preparations
- Visited a local school in relation to a bullying case

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RESOURCES

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