Beyond Reader-Friendly Documents: Challenges with Implementing Universal Precautions for Written Communication at University of New Mexico Hospitals

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Background

The University of New Mexico Hospitals (UNMH)——

• is the only academic medical center and the only Level I Trauma Center in the state of New Mexico
• has the only School of Medicine and College of Pharmacy in the state
• provided care to over 771,000 patients in fiscal year 2015
• has 27 off-site clinics and over 6,000 employees

We worked to meet the needs of this population on The Department of Diversity, Equity, and Inclusion

• Health Literacy Task Force since 2008
• Two full time health literacy educators/consultants since 2014

A robust reader-friendly document program

• has a very diverse patient population (majority-minority case)

Beyond Reader-Friendly Documents

Discussions about written communication in the health literacy field tend to focus on the technical aspects of creating reader-friendly documents—incorporating plain language, formatting, chunking information, and adding complementary graphics.

We agree that these strategies are essential to creating reader-friendly documents. But our practical experience has taught us to look beyond reader-friendly documents.

We talk about three challenges: barriers to document distribution, promoting cultural sensitivity in written documents, and structural obstacles to maintaining the use of reader-friendly documents hospital-wide.

Barriers to Effective Document Distribution

What Are The Challenges?

• UNMH has no centralized location for all patient-facing documents. Documents are inconsistent among departments and units.
• UNMH Electronic Medical Records (EMR) does not facilitate the use of reader-friendly patient materials.
• Resistance to uploading Health Literacy Office-approved documents in the EMR.
• Our document cannot be used to satisfy CMS “meaningful use” requirements.
• In order for quality for meaningful use, a provider must do one of these things:
  • Provide a printout of documents embedded in the EMR with few or no reader-friendly features (documents not reviewed by our office)
  • Check a box saying that he/she gave patient education (no way to know the quality of patient education)
• Providers must sometimes “double chart” patient education information when using our documents.
• This is a distinction for providers to use reader-friendly documents.

What Are We Doing?

• Creating a staff-facing intake area for a central location for EMRs reviewed by the Health Literacy Office
• Having discussions with providers and IT staff about EMRS and CMS requirements to learn more about regulations and ways to incorporate reader-friendly documents into the EMR.

Implications

• In the large UNM Hospital, the effect of reader-friendly documents is minimal when they are not distributed in an organized, user-friendly way.
• Integration of health literacy and ever-changing technological developments in health care is a challenge.
• Health literacy experts must continue to engage at a national level to promote changes in meaningful use requirements and the use of health technology that support evidence-based health literacy strategies and patient-centered care.
• Reader-friendly documents do not go far enough to integrate issues of cultural sensitivity. We must find structural ways to build feedback from community members into the document process more frequently than occasional quality testing. We must also approach writing with an attunement of cultural humility.
• Reader-friendly documents can help meet our organizational goals. Organizational goals are also important for structuring our health literacy work. We must continue striving to engage top-level leadership in the implementation of health literacy strategies.
• Health literacy advocates can use organizational self-assessment tools to prioritize the implementation of organization-wide projects.

Promoting Cultural Sensitivity in Advance Directives

What Are The Challenges?

Incorporating cultural sensitivity in a hospital-wide document, Advance Directives, with a focus on Native American communities:

• Documents are relatively inflexible
• Death is a culturally-sensitive topic
• Diversity and variance within Native American communities

Although the document made use of the technical guidelines for health literacy, staff and Native American leaders at UNMH proposed changes to enhance cultural sensitivity:

• photos that better represent patient diversity
• language that is less “directive.”

What Are We Doing?

• Writing a grant for a collaborative composing project with Native American community members

• Inclusion of photos that better represent major ethnic groups in New Mexico. Native Americans are underrepresented in the stock photo company we use. Staff at UNMH Native American Health Services agreed to be in photos.

• Revised our language to be less “directive” or “prescriptive” and more collaborative and inclusive

Making a Strategic Document Revision Plan While Engaging Leadership

What Are The Challenges?

• Incorporating reader-friendly documents is not a high priority for the hospital.
• References to diversity and cultural competency were not included in the hospital’s Joint Operating Plan this year.
• We currently accept documents on a first-come, first-serve basis, and only revise documents upon request.

We wanted to move a more strategic system of document revision based on hospital priorities.

What Are We Doing?

• The Health Literacy Task Force undertook a project to create a self-assessment that we call a Crosswalk. It evaluates how well we are using health literacy strategies to meet hospital guidelines. We matched health literacy strategies with guidelines from:
  • UNMH Joint Operating Plan
  • The Joint Commission
  • Patient Satisfaction surveys (Hosp-Gancy)
  • Health and Medicine Division (formerly known as the Institute of Medicine)

• The assessment foregrounded the following goals:
  • Focus primarily on discharge instructions hospital-wide because many of the hospital’s goals are centered on discharge and lowering readmissions
  • Link reader-friendly discharge instructions to targeted teach back training for all staff delivering discharge instructions
  • Better document management is essential to using reader-friendly documents.

• The strategic document revision plan will:  
  1. Incorporate reader-friendly documents
  2. Incorporate plain language
  3. Incorporate cultural competence

• This plan will:  
  1. Be a guide for organizational goals
  2. Be a guide for community goals

• The planning stage will:  
  1. Involve community members
  2. Involve staff members

• The implementation stage will:
  1. Involve community members
  2. Involve staff members

• The evaluation stage will:
  1. Involve community members
  2. Involve staff members

• The feedback stage will:
  1. Involve community members
  2. Involve staff members