

A Plan for Becoming a Health Literate Organisation

The Illawarra Shoalhaven Experience



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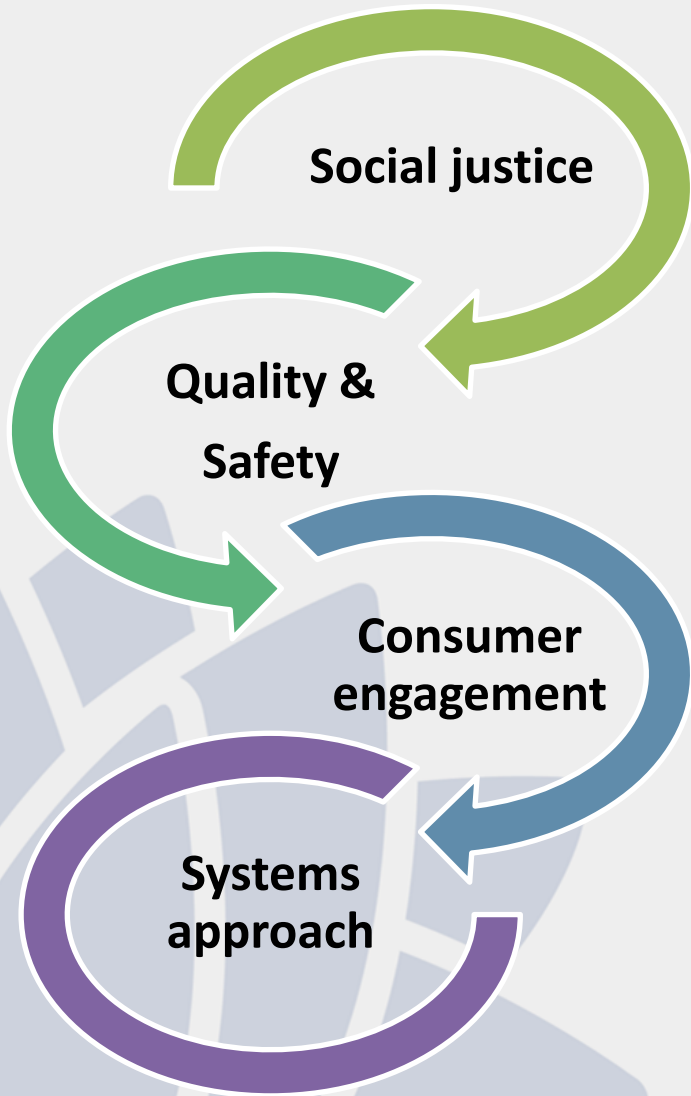
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What we will cover in this presentation?

- ISLHD Principles of health literacy
- What is health literacy?
- Why take a whole of organisation approach ?
- The ISLHD Framework: an example of a systems approach for 'applied health literacy'



Principles for Health Literacy



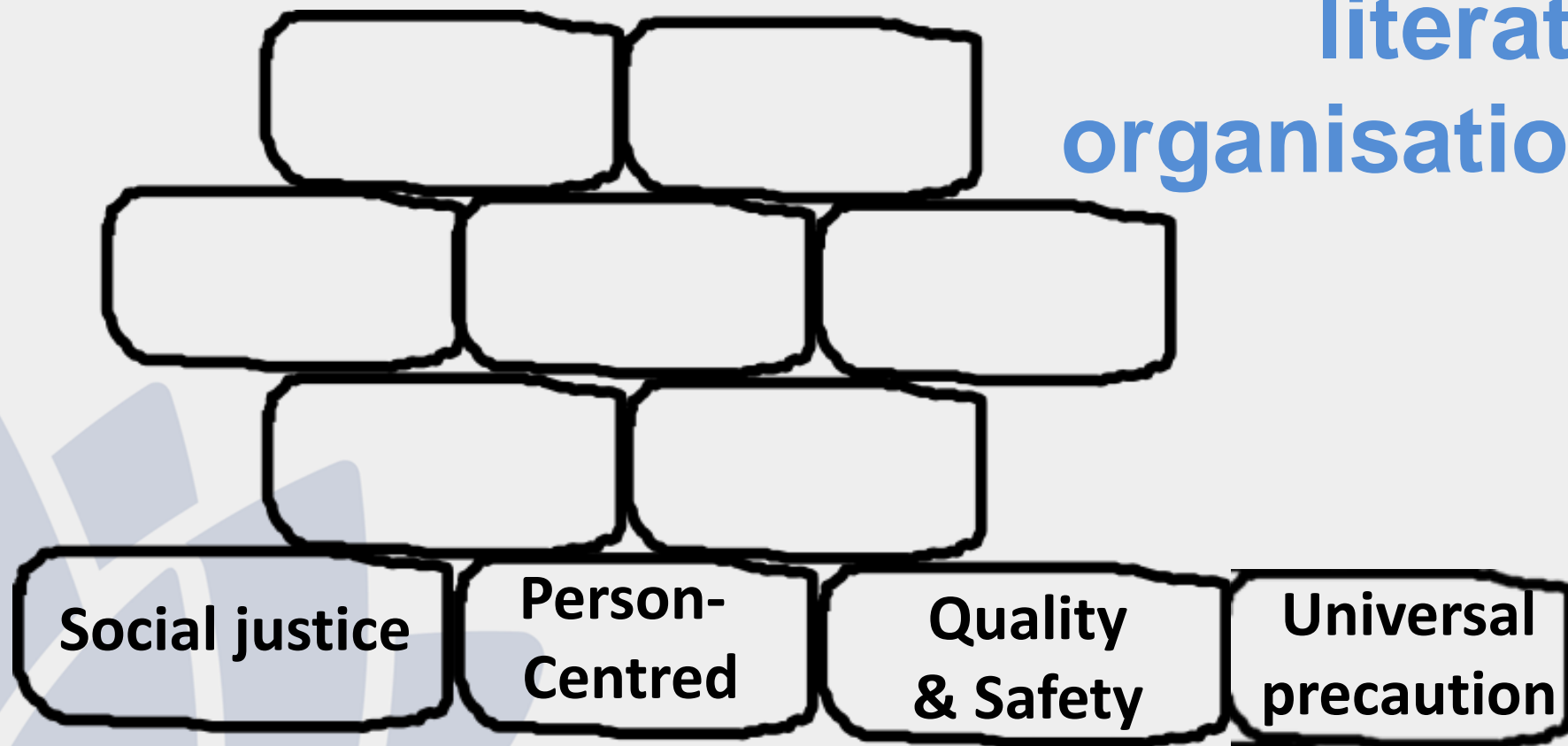
Equity, Access, Rights & Participation
Social Determinants of Health

Universal precautions
Person centred
Accreditation standards

Health systems support
Consistent and meaningful

Whole of organisation
Integration of policies,
processes, people & technology
Governance

Building a health literate organisation



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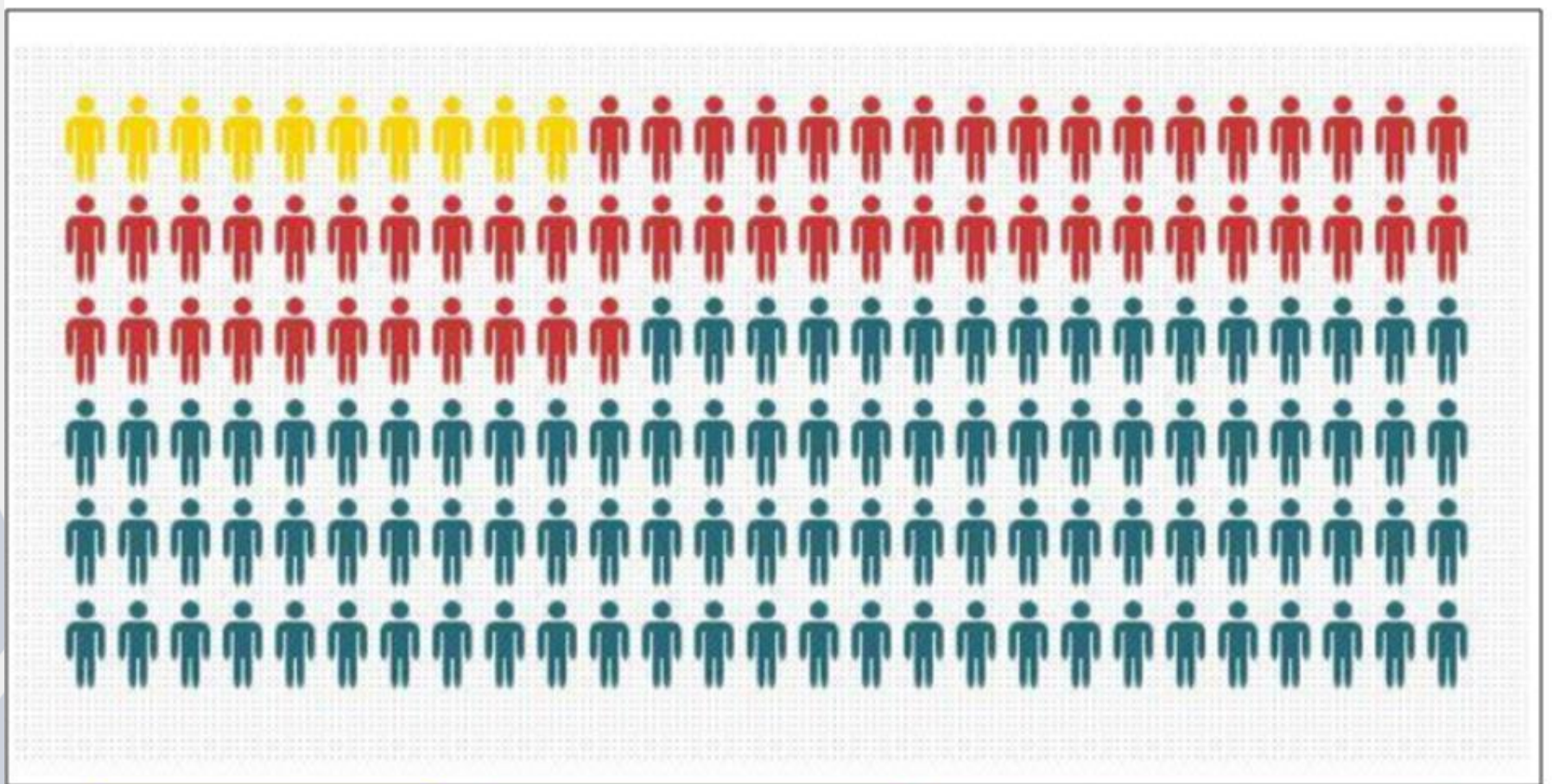
What is health literacy?



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59% of Australians aged 15 to 74 years have poor health literacy

(Adult Literacy and Life Skills Survey (ALLS), ABS 2006)



Good / Excellent

Medium / Adequate

Limited Proficiency / Poor

(Image - South Eastern Melbourne Medicare Local, 2013)

“Most people’s health literacy is at the reading age of a year 6-8 level”. (Davis et al; 2006)

Simple Familiar Wording Understood by Most Patients



84%

(1st grade)

≤6th grade reading level = 78.4%

(p=ns)

More Complex Message Limited Comprehension



59%

(4th grade)

≤6th grade reading level = 36.5%

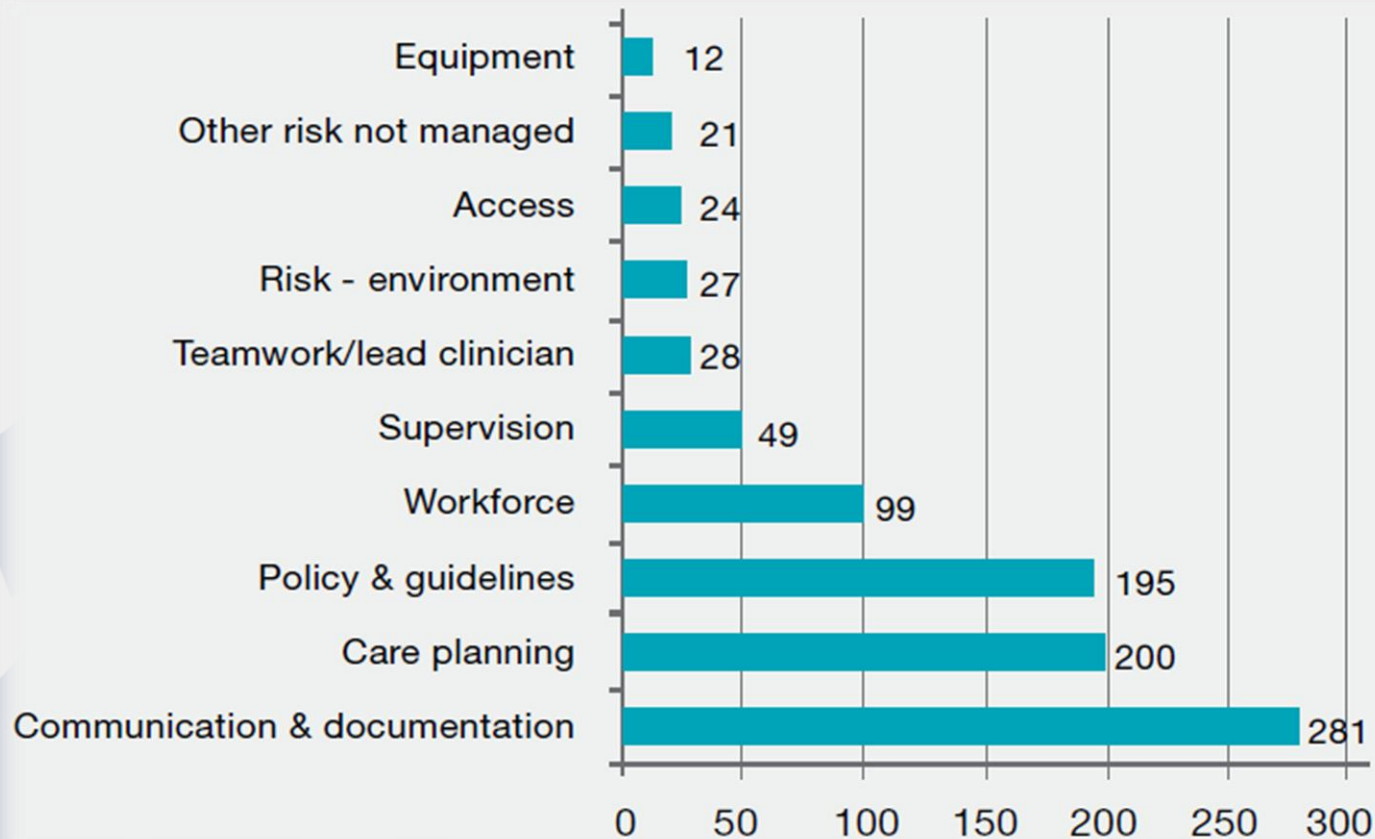
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Case Study 1 :Tom's Patient Experience



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Health Literacy and Patient Safety

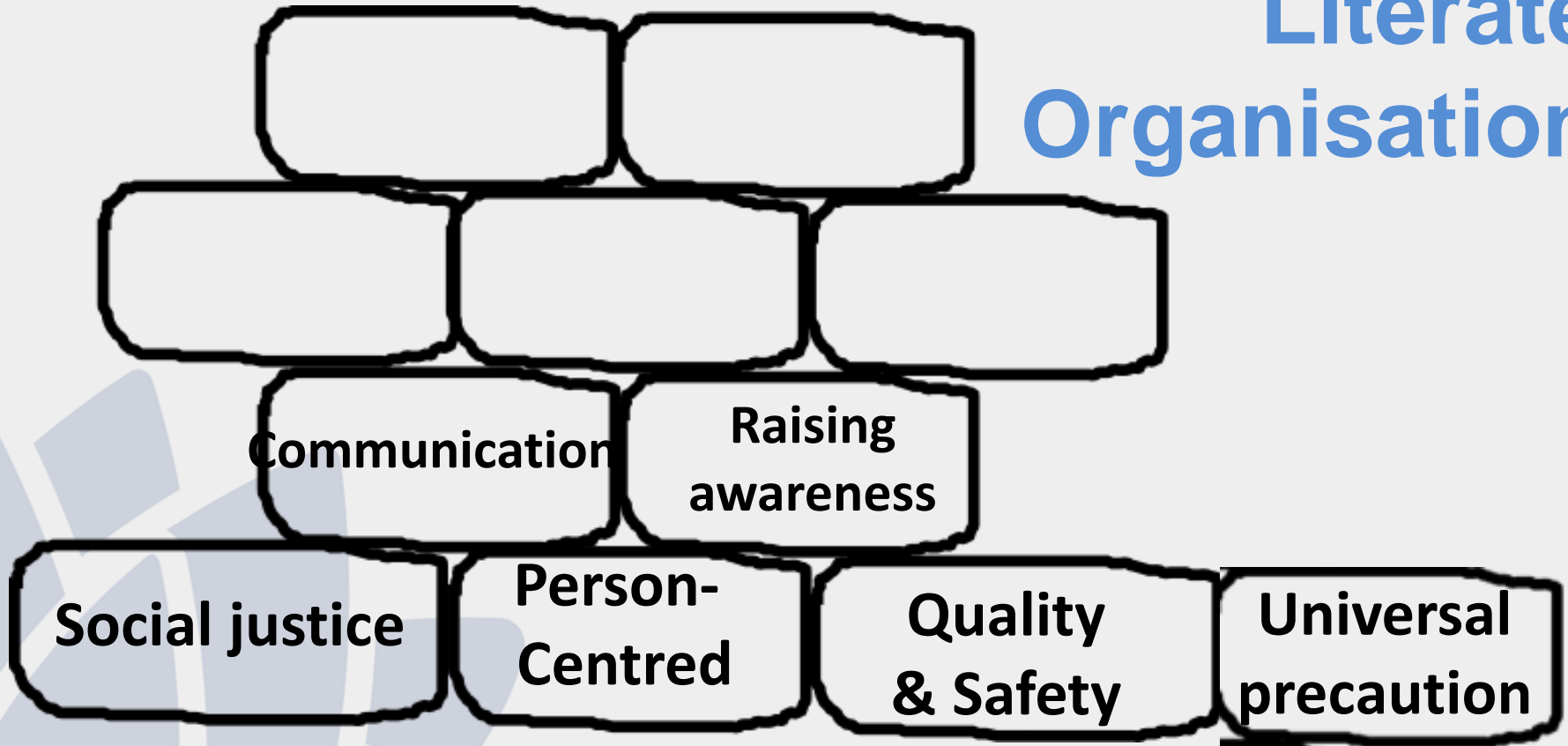


Clinical Incident Management in the NSW Public Health System (2013)



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Building a Health Literate Organisation



A Governance Model For Health Literacy(HL)

Embedding health literacy into systems

Incorporating health literacy in quality improvement

Consumers effectively and equitably *access, understand and use* health related services and information

Ensuring effective communication

Integrating health literacy into education



Components of a HL model

Leadership

- HL Core principles
- Plan for 'applied' HL action
- HL portfolio with resources
- System for plain language consumer information
- Meaningful and consistent engagement with consumers

Workforce

- Communicate in plain English
- Develop plain English consumer resources
- Use 'teach back'
- Ambassadors for HL
- Partner with consumers to improve access and way-finding

Consumers

- Information is easy to understand and use
- Information supports informed decisions about their health care
- It is easier to access and find their way around services
- Can engage in varied, meaningful and consistent ways

Challenges of becoming a health literate organisation



- Time poor staff
- Competing demands
- Poor health literacy can often be misinterpreted as non-compliance
- Communication skills and expectations not matching those of the patient
- Not a 'plain English' culture
- How to involve consumers in a meaningful and consistent way
- Lack of leadership support



Case Study 2: Shellharbour Hospital Day Surgery

AFTER SURGERY

1. Your progress will be monitored in **THE DAY ONLY** and when satisfactory you will be discharged in the care of a relative or friend.
2. You will be given a card with your post-operative instructions written down for you.
3. You will be told to rest at home and take it easy as the effects of the anaesthetic will continue to be present in your body for the next 24 hours.

BECAUSE OF THIS YOU SHOULD NOT:

- a) Drive a car.
- b) Drink any alcohol (including beer).
- c) make important decisions or sign legal documents.
- d) Travel alone on public transport.
- e) Operate hazardous machinery.
- f) Engage in sports, heavy work and heavy lifting.
- g) Have a heavy meal.

ADVICE

1. If you experience any minor problems after your operation, do not hesitate to phone the Day Surgery Unit between 7 am - 6 pm for advice.
2. If you feel the problem is of a more serious nature, phone the Doctor who carried out your operation.
3. If you have a problem which is urgent do not hesitate to return to the Accident and Emergency Department of this hospital.



PLEASE NOTE: NURSING MOTHERS

THE DAY BEFORE YOUR OPERATION PLEASE EXPRESS ENOUGH MILK FOR 2 FEEDS. BRING THEM TO THE HOSPITAL.

PLEASE NOTE: TODDLERS AND BABIES HAVING SURGERY

BRING CHILD IN A CLEAN NIGHT DRESS OR PYJAMAS.

BRING A CLEAN SET OF CLOTHES TO GO HOME IN.

BRING NAPPIES AND TOYS OR ANYTHING ELSE YOUR CHILD MAY NEED (E.g. BOTTLE, BABY FOOD).

The Staff of the Surgical Ward of Shellharbour Hospital hope this brochure will help you understand your operation a little better and will be available to answer any questions that you may have.

We wish you a speedy recovery.

**SHELLHARBOUR
HOSPITAL
Ph. 42952500
DAY SURGERY UNIT**



PATIENT INFORMATION

*** PLEASE LABEL WITH YOUR NAME
ANY BAGGAGE YOU BRING IN ***

**PLEASE READ THIS BROCHURE
AND FOLLOW THE INSTRUCTIONS
CONTAINED WITHIN**

THE DAY SURGERY UNIT IS ONLY
OPEN BETWEEN

7 a.m. to 6 p.m.

Phone: (02) 42952383

Doctor
has scheduled your surgery for
..... at this unit.

PLEASE ARRIVE NO LATER THAN

For your safety and comfort please read
these instructions and follow them carefully.



- DO NOT** Have anything to eat or drink from 12 Midnight if your operation is in the morning.
- DO NOT** Have something to eat or drink from 6am if your operation is in the afternoon.
- DO NOT** Smoke or chew gum the morning of surgery.
- DO NOT** Wear jewellery or bring valuables with you.
- DO NOT** Bring children (other than the patient) as they will become restless and bored.
- DO NOT** Wear make-up or nail polish.

CHILDREN 2 AND UNDER:

- * If the operation is scheduled for the morning, wake your child up at 2 am for a drink. Then have nothing to eat or drink until after the operation.
 - * If the operation is in the afternoon give your child breakfast and then a drink at 9am. Then have nothing to eat or drink until after the operation.
- DO** Wear comfortable clothing (e.g. tracksuit) and flat shoes or slippers. Children may wear own pyjamas and bring a favourite toy.
 - DO** Bring a case for your glasses or contact lenses.
 - DO** Bring any medications which you take.
 - DO** Shower before coming.
 - DO** Arrange for a friend or relative to drive you home.
 - DO** Have someone responsible at home for the rest of the day and night, for your own protection.
 - DO** Follow any instructions given to you by the Doctor at your pre-operation assessment.
 - DO** Bring a book or magazine to read.
 - DO** Bring your medicare card or medical fund details if you have not already done so.

THE AFTER EFFECTS OF AN OPERATION

- A. PAIN.** It is likely that you will experience some pain resulting from your operation. You will be advised on what tablets you may take or you may be given a prescription by your doctor.
- B. NAUSEA.** Nausea and vomiting are occasionally experienced after an anaesthetic. Do not be concerned. Drink only water or flat lemonade and call your doctor if nausea & / or vomiting persists longer than 24 hours.
- C. SORE THROAT.** This normally disappears within 24 hours. You may find that throat lozengers help to ease the pain.
- D. MUSCLE PAIN.** Muscle aches and pains may be experienced for up to 24 hours. This can be minimised by rest and restricted activity
- E. DIZZINESS.** This is common after anaesthetic but with adequate rest will pass within 24 hours.
- F. VISUAL DISTURBANCES** Occasionally patients may experience difficulty with vision for several hours, with reading. This will pass with time.
- G. OTHERS** There may be other effects from particular operations the Sister in the Day Only Unit will explain any effects you may experience associated with your special operation.

Shellharbour Hospital
Important Information For
Day Surgery Patients

You Are Booked In To Have Your
Operation On

! Now You Need To Do Three Things:




1. Please phone the day surgery unit to find out your admission time. This is the time you need to be at the hospital for your operation.

You can call us on **(02) 4295 2383**
between 10am and lunchtime on this day

My admission time is: _____

2. You need to fast before your operation. This



means nothing to eat or drink from
midnight  until after your operation.

! It is not safe for you to have your operation if you have had something to eat or drink

(This includes food, water, lollies and chewing gum. Unless informed otherwise.)

3. Read all the information you have been given. ? If you have any questions write them on the back of this card and ask us when you ring to find out your admission time.

- Black on white or white on black is best
- Keep your sentences short and use simple words.
- Large bold font** is useful for highlighting text – *italics* and underlining can make text more difficult to read.
- Make information accessible for people with limited English
- Use 'you' and 'we'
- Use diagrams and pictures to enhance text
- Use direct instructions
- Lowercase letters are easier to read; use at least 12 point font
- Bulleted or numbered points help to break down the information

**Readability Score: 'fairly easy to read' 10 – 11
years reading age**

Care of a Cannula in Children at Home

What is a cannula?

A cannula is a small flexible plastic tube that sits inside a vein. It is inserted into the vein using a needle within the tube. Once inserted into the vein **the needle is removed** with the cannula (tubing) left behind.

A cannula allows for medicines and fluids to be given directly into the bloodstream so that they may be taken quickly around the body to where it is needed and work more effectively.



What to do if the cannula falls out

If the cannula falls out press down on the area with a clean cloth or gauze for a few minutes or until bleeding has stopped (wash your hands first if able). Put a bandaid on the site. **CONTACT THE PAEDIATRIC ASSESSMENT UNIT (Monday – Friday 8am – 3:30pm) OR THE CHILDREN'S WARD AT WOLLONGONG HOSPITAL** (refer to emergency contact numbers below).

General care of cannula.

- **NEVER** put anything into the cannula.
- Try to discourage your child and any siblings from touching the cannula or playing with the cap. Do encourage your child to move their fingers.
- Your child can have a bath or shower with the cannula in, however you need to keep it dry. You can do this by placing a plastic bag over the area and tape the bag to your child's skin.
- Don't forget to wash hands after going to the toilet.
- Watch for signs of redness, swelling at the site or up the limb, or pain or ooze from around the cannula site. Also watch for temperatures, rashes, generalised aching or shivering or excessive tiredness.
- If you do notice any of these signs contact:

PAEDIATRIC ASSESSMENT UNIT Ph: 4222 5133 (Monday-Friday 8am – 3:30pm)
WOLLONGONG HOSPITAL CHILDREN'S WARD Ph: 4222 5210

IN THE EVENT OF AN EMERGENCY CALL 000

Other comments:

Too many directions, seems very medical.
I would not feel comfortable or confident
taking my child home with a cannular in.

Consumer feedback



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Looking after your child's cannula

Paediatrics, Wollongong Hospital

What is a Cannula?

A cannula is a small plastic tube that is inserted into the vein. This allows medication and fluids to be given directly into your child's bloodstream. You can easily look after the cannula while your child is at home.



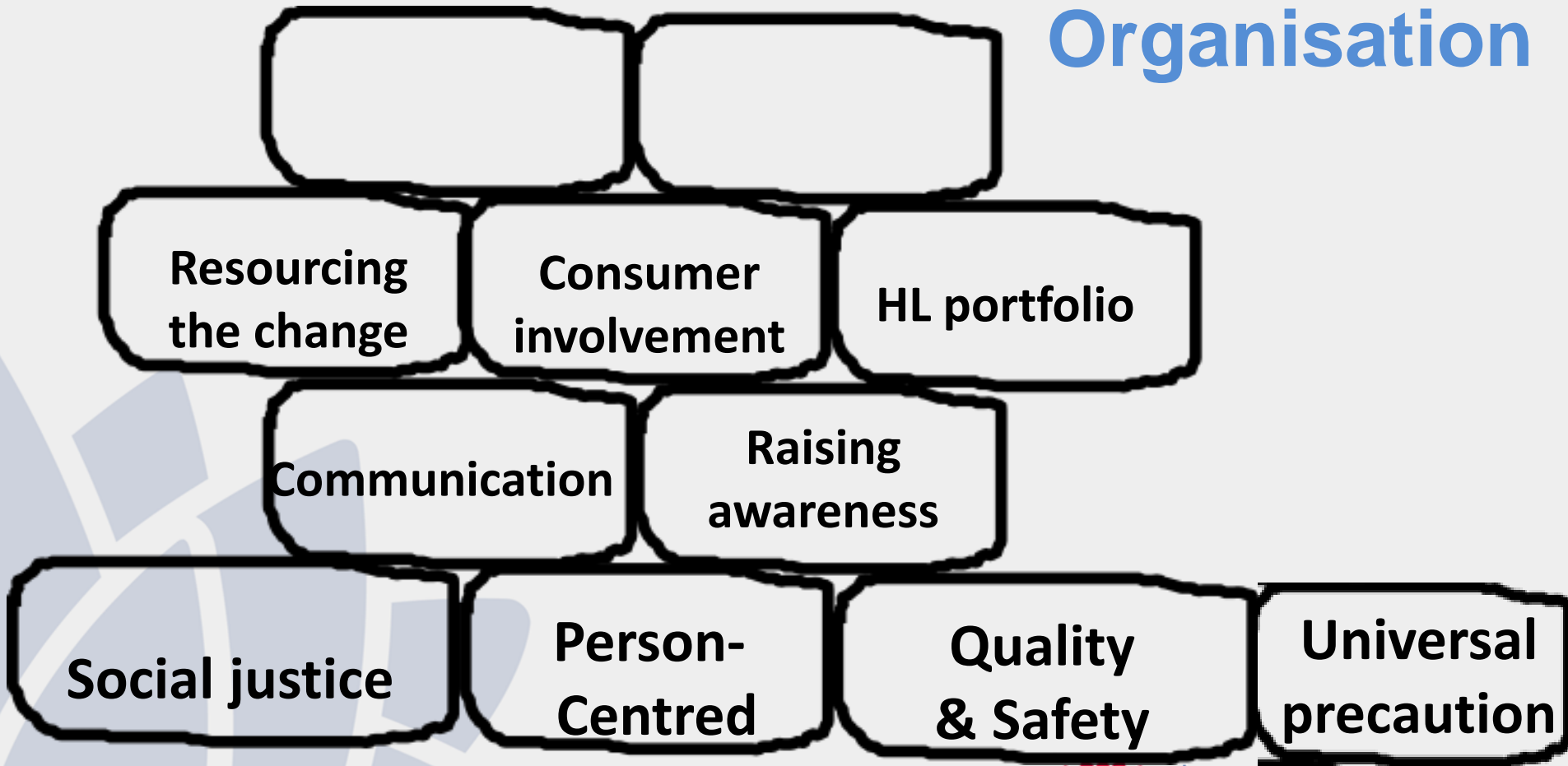
To keep the cannula safe:

- Have your child move their fingers often.
- Always wash their hands after going to the toilet
- Keep the cannula dry. Put a plastic bag over the cannula and tape it to your child's skin if they are having a bath or a shower.

To keep your child safe:

- **Never** put anything into the cannula.
- Children should not touch the cannula.
- Ring us if you see any **redness, swelling** or it is **painful** around the cannula.
- Also ring us if your child has a **temperature**, gets a **rash, aches**, is **shivering** or is **unusually tired**.

Building a Health Literate Organisation



Consumer participation at every level



Consumer Participation Council

Health Resources



Compliments & complaints



Staff Training



Access & way-finding

Angela's story



Consumer feedback

Policy & planning



We have leads across our health district

- ❑ Over **100** Health Literacy Ambassadors trained
- ❑ **153** plain English resources developed
- ❑ **201** documents in languages other than English.
- ❑ ISLHD Multilingual Grants Program linked to PIP



We have developed an audio-visual teach-back training resource



Six of our nine sites have conducted a wayfinding audit

Shellharbour Hospital access prioritised

By LISA WACHSMUTH Feb. 21, 2014, 10 p.m.



ISLHD diversity health co-ordinator Fiorina Mastroianni, Spinal Cord Injuries Australia representative Alex Traill and Shellharbour Hospital deputy director of nursing Michelle Murphy. Picture: CHRISTOPHER CHAN

We have created a Patient information Portal

Patient Information Portal Home

Contact us

Health Literacy

Health Literacy Ambassador (HLA) Program

Procedure

Tool Kit

Search Resources

Draft for Comment

Policies and Procedures

Forms and Templates



Home >> Patient Information Portal

Patient Information Portal



This is a site for you to find ISLHD plain English and translated consumer information as well as the tools needed to develop plain English consumer resources at your site or service. There are also links to many external consumer information resources used by our staff.

Search Consumer Information Resources

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

Tool Kit - developing consumer resources

- Register your resource
- Guides and Testing Tools
- Templates
- Multilingual Resources
- Consumer Feedback Tools
- Plain English Guidelines
- Quick link to **Readability Calculator**



Procedure - consumer resources

- ISLHD Procedure
- Step by Step Flowchart
- Step by Step - Plain English
- Framework
- Preparing for Accreditation - Standard 2



Health Literacy

- What is health literacy?
- What is a health literate organisation?
- Health literacy in the ISLHD
- What is 'teach-back'?
- ACCESSABILITY program



Health Literacy Ambassador Program

- About the Program
- Listing of ISLHD Health Literacy Ambassadors
- Resources for Health Literacy Ambassadors
- Health Literacy Ambassador Training



Improved efficiencies

Improved health outcomes

Plain English culture

Improved consumer experiences

**Health literacy
In Quality & safety**

Monitoring & Evaluation

Resourcing the change

Health literacy portfolio

Consumer involvement

Leadership

Communication

Raising awareness

Social justice

Person-Centred

Quality and Safety

Universal precaution



We are developing measures for 'applied' health literacy:

Tier 4

OUTCOME

- Improved health experiences (BHI and local surveys)
- Improved health outcomes

Tier 3

IMPACT

- Improved access and use of services, e.g.: clinic attendance
- Benchmarks met

Tier 2

PRACTICE

- Staff trained
- Resources developed + multilingual
- Involvement of consumers + feedback used
- Inventories completed

Tier 1

FOUNDATION

- HL Framework
- Leadership
- Governance



Health literacy is fundamental for patients to effectively manage their health care.

Every patient has the potential *to not understand* the information we give them.

It is the responsibility of the organisation to confirm understanding.

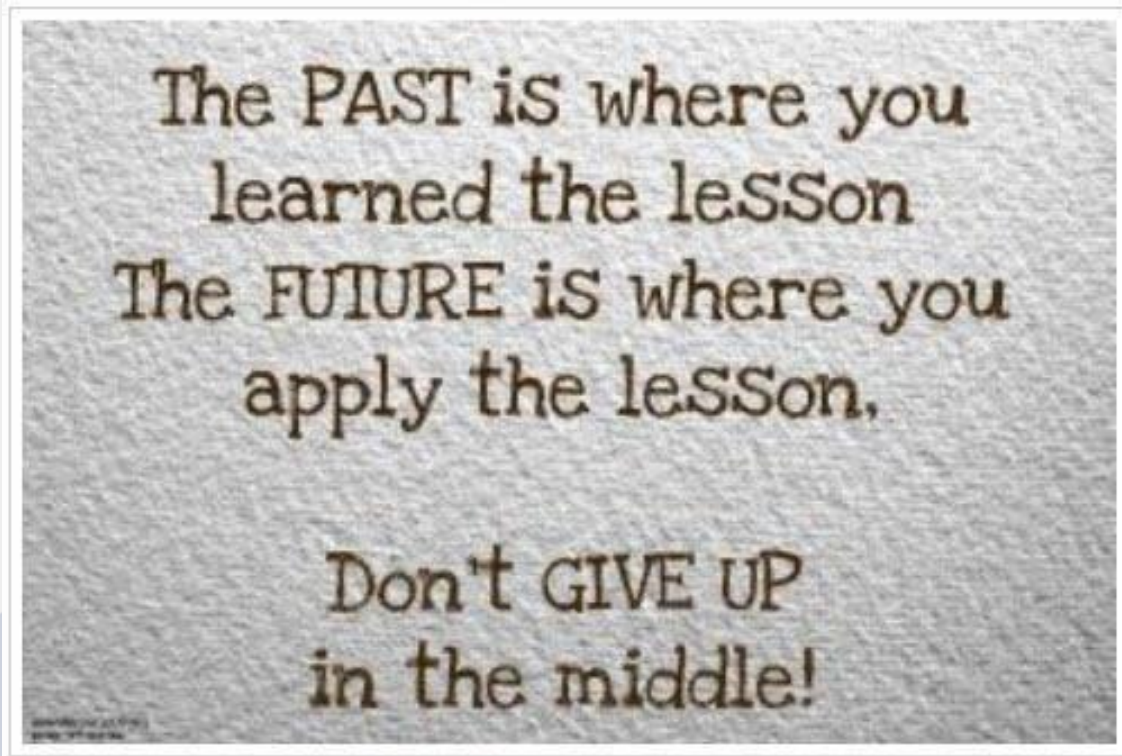
Health literacy is about quality and safety.

A coordinated plan for 'applied health literacy' supports the integration of health literacy in clinical practice improvement.



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Thank you



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You can find our resources here:

- NSW Clinical Excellence Commission -
<http://www.cec.health.nsw.gov.au/programs/partnering-with-patients/news-pbc>
- ISLHD Internet -
<http://www.islhd.health.nsw.gov.au/>

