

Building the evidence base: A study to evaluate Illawarra Shoalhaven Local Health District's 'PiP process' – a system's approach to improve the quality of patient information and education materials

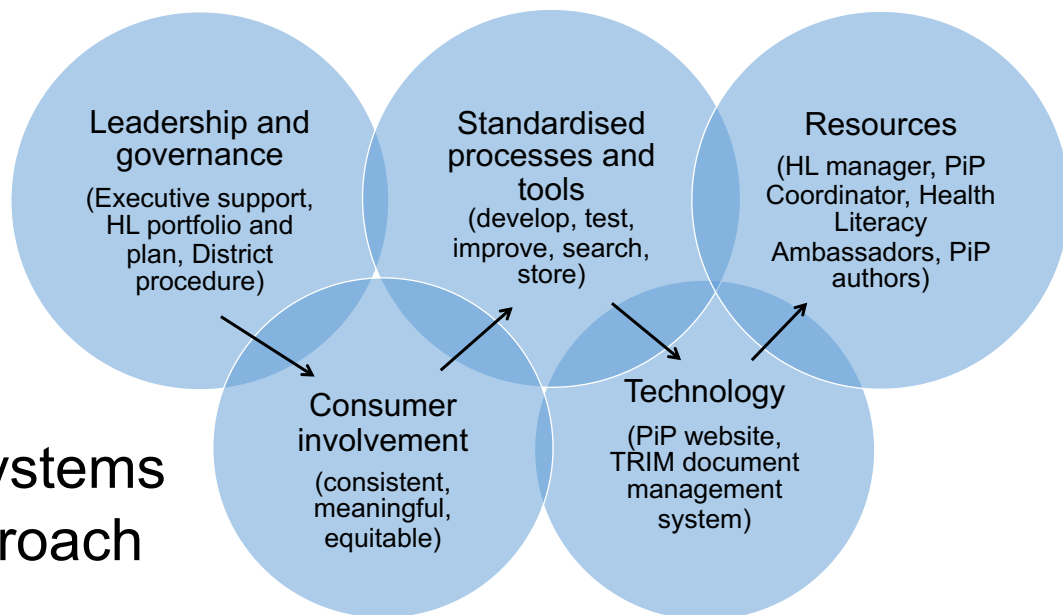
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Introduction to ISLHD 'PiP process' and evaluation study

- ISLHD and University of Sydney partnered in 2018 to test effectiveness of the 'PiP process' (Patient information Portal)
- 'PiP process' is the ISLHD system to improve the quality of the written consumer information materials that are developed
- ISLHD staff use the 'PiP process' to develop, test, improve, store and search written consumer information materials developed locally
- Has been in place for 5 years+
- Effective communication critical for person-centred care

A systems approach



The 'PiP process'

Step 1

- Author registers the resource and drafts materials in line with standardised writing guides, templates and images.

Step 2

- Author tests for readability - score of Grade 6 - 8, 12-14 years is required.

Step 3

- Author tests resource with consumers (n>5) and logs feedback using standardised feedback tool: 'Consumer Information Feedback Tool'.
- PiP coordinator places resource on internal 'Draft for Comment' for 2 weeks.

Step 4

- Author reviews all feedback, completes standardised 'Feedback Log', and makes changes to resource as required.
- Author retests readability to reach required score (see Step 2).

Step 5

- PiP Coordinator checks that all steps completed, files evidence of feedback and modifications in document management system and publishes resource to PiP.

Why evaluate? Other evidence out there?



Created by Adrien Coquet
from Noun Project

- Increasing calls at national and international levels for systematic, whole-of-organisation approaches for health literacy, yet few examples to date (ACSQHC 3013, OECD, 2018)
- Studies consistently show a failure to adopt health literacy universal precautions approaches, and considerable scope for improving organisational health literacy.
- The reading level of patient information materials regularly exceeds the skills of patients with lower health literacy.

Methods

269 health information materials were developed by ISLHD staff between July 2016 and December 2017.

A web-based random selection tool was used to generate a random list of 50 materials to include in this study.

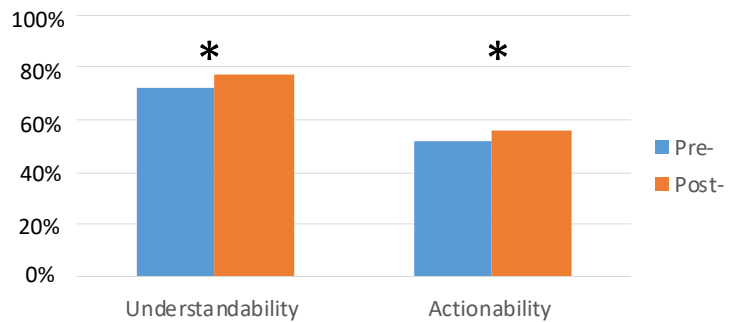
Two independent raters used the PEMAT guide to rate pre- and post- versions of the randomly-selected materials. Raters were blinded to the status of the materials.

Final scores for pre- and post- understandability and actionability were calculated into percentages, and parametric (paired sample t-test) and non-parametric (Wilcoxon signed rank test) tests were performed to analyse differences.

Results

Significant differences observed for both:

- a. **Understandability:** mean increase of 4.69 ($p = 0.002$) from pre- to post.
- b. **Actionability:** mean increase of 4.25; for actionability ($p=0.046$) from pre- to post.



Results

Step 1

- Author registers the resource and drafts materials in line with standardised writing guides, templates and images.

Step 2

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Pre-

Step 3

- Author tests resource with consumers ($n>5$) and logs feedback using standardised feedback tool: 'Consumer Information Feedback Tool'.
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- Author reviews all feedback, completes standardised 'Feedback Log', and makes changes to resource as required.
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Step 5

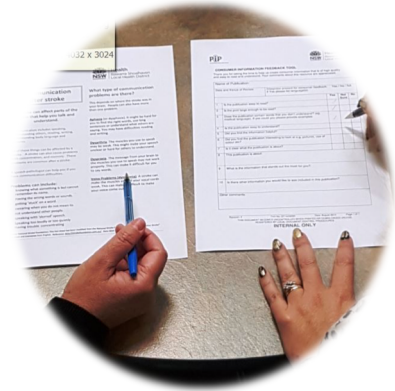
- PiP Coordinator checks that all steps completed, files evidence of feedback and modifications in document management system and publishes resource to PiP.

Post-

Results

Importance of partnering with consumers to test materials:

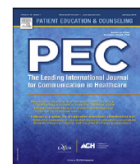
- Plain English materials produced by ISLHD staff using standardised processes had 'entry level' scores higher than many other studies (e.g. 96% of materials using active voice; 91% using visual cues on key points).
- Consumer testing still offered '*incremental* improvements' in understandability and actionability



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Implementation of an organisation-wide health literacy approach to improve the understandability and actionability of patient information and education materials: A pre-post effectiveness study

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What do these findings mean for health literacy field and health organisations?

ISLHD 'PiP process' is a successful example of a systems approach for improved health literacy outcomes.

This approach:

- ☐ Is evidence-based, transferrable and sustainable.
- ☐ Meets NSQHS Standards, Standard 2 (specifically 2.9 and 2.10a and 2.10b)
- ☐ Supports NSW Health Literacy Framework 2018 – 2022
- ☐ Supports quality, safe and equitable person-centred care
- ☐ Supports consumer engagement and participation
- ☐ Promotes and improves organisational health literacy

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