



From The Joint Commission

A Roadmap for Hospitals

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals was developed by The Joint Commission to inspire hospitals to integrate communication, cultural competence, and patient- and family-centered care into their organizations. *A Roadmap for Hospitals* provides recommendations to help hospitals address

unique patient needs, meet the new Patient-Centered Communication standards, and comply with existing Joint Commission requirements.

The two articles below, “Ask Me 3” and “Measuring Up” discuss two important aspects of these new guidelines for hospitals.

Ask Me 3

A Roadmap for Hospitals emphasizes the importance of using strategies such as the “Ask Me 3” method for helping patients gather basic health information. This article is adapted from the Ask Me 3 website, sponsored by the Partnership for Clear Health Communication, at www.npsf.org/askme3/PCHC.



Nothing affects health status more than literacy skills – not age, income, employment status, educational level, or racial or ethnic group. That’s why clear communication between patients and health care providers is critical.

Studies show that people who understand health instructions make fewer mistakes when they take their medicine or prepare for a medical procedure. They may also get well sooner or be able to better manage a chronic health condition.

Ask Me 3 is a patient education program designed to promote communication between health care providers and patients to improve health outcomes. The program encourages patients to understand the answers to three questions:

1 What is my main problem?

2 What do I need to do?

3 Why is it important for me to do this?

Patients should be encouraged to ask their providers (doctors, nurses, pharmacists, therapists) these three simple but essential questions in every health care interaction. Likewise, providers should always encourage their patients to understand the answers to these three questions.

Using the SMOG Formula to Assess Reading Level

1. Choose three 10-sentence samples from the text. It’s best to choose samples from the beginning, middle, and end of the document.
2. Count the number of words in those samples that have three or more syllables.
3. Estimate the count’s nearest square root.
4. Add three to find the grade level of the text.

Measuring Up

New Recommended Reading Level for Education Materials

In *A Roadmap for Hospitals*, The Joint Commission advises that **patient education materials be written at a 5th-grade reading level.**

To see how UWMC patient education handouts measure up, PFES staff recently assessed the reading level of 10 handouts completed in the last few months.

We used the “SMOG” formula to assess each handout’s reading level. SMOG stands for “Simplified Measure of Gobbledygook.” The formula estimates the years of education needed to completely understand a piece of writing in English. It is widely used, particularly for checking health information.

In assessing our 10 patient handouts, we adjusted for multi-syllable words that we believed a 5th grader would understand. Some of these are: develop, diagnose, family, hospital, operation, medicines, and surgery. Also, we did not count technical terms

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Please Join Us to Honor the Recipients of the

2010 Golden Eddy Award for Outstanding Patient Educator

THURSDAY
October 28
3:30 to 4:30 p.m.
Waterfront Activities Center

What Visitors to UWMC’s Health Information Resource Center Are Saying

“The staff here was extremely helpful and friendly. They literally went out of their way to fulfill my needs for information retrieval and printing out documentation. This is an awesome service.”

“This service is very necessary with all the technical needs of daily life, which only increase when a family member is in the hospital. Being away from home, fax, and records would be crippling without your help. Thank you very much for this assistance.”

Measuring Up

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that were explained in the handouts. A few of these are catheter, glycemic, and norovirus.

The 10 handouts we evaluated ranged from grades 8 to 12.75 before adjusting for any words thought to be understood or explained. That range dropped to grades 5 to 8 once we applied those adjustments.

Here are how the 10 UWMC handouts rated on the SMOG scale:

Range	# of Documents
5th grade.....	2
6th grade.....	2
7th grade.....	4
8th grade.....	2

Until now, our goal at PFES has been to edit patient education handouts to the 6th- to 8th-grade level. If we are to meet The Joint Commission's new recommendation, we've got some work to do!

More from Visitors to the HIRC*

"I think this is an invaluable resource for the UWMC. The only thing more I could ask is for (someday) the hours be extended."

"Excellent service. So glad to have this 'free' resource. Please keep it going."

"EXCELLENT FACILITY for taking care of legal documents, copy and fax easily."

"I found this center welcoming, convenient and very helpful. Thanks for having this available."

"Very charming and helpful – despite being very busy!"

* UWMC's Health Information Resource Center

PATIENT AND FAMILY CENTERED CARE



New Advisory Council

Patient and Family Centered Care at UWMC is pleased to welcome a new advisory council: The Transplant Council.

Patient and Family Advisors on the new council represent the spectrum of solid-organ transplants. The council will take a careful look at the experiences of patients and families throughout the transplant process.

Co-chairs of the council are Alysun Deckert, Clinical Dietitian, Food and Nutrition Services, and Kay Wicks, Administrator, Transplant Service Line.

The Transplant Council joins six other Patient and Family Advisory Councils at UWMC: Perinatal, Rehab Services, Inpatient Oncology, Neonatal Intensive Care Unit, ICU, and Outpatient Advisory Councils.

All of the councils continue to recruit advisors. If someone you know would make a good advisor and is interested, please pass along their contact information to Hollis Guill Ryan, hollisr@u.washington.edu.

FEATURED MATERIALS on HEALTH ONLINE: <https://healthonline.washington.edu>

Our ongoing collaboration with clinicians in units and clinics throughout UWMC has resulted in more than 50 patient education handouts newly created, revised, or sent for translation during summer quarter. These are all available on *Health Online* at <https://healthonline.washington.edu>. You can also access *Health Online* through the Clinical Toolkit.

More and more, these handouts represent teamwork among clinicians from different units who have created materials that can be used in all of their respective clinics. Here are just a few recently finalized handouts, many of which are the result of collaboration across units and departments:

NEW *Acetaminophen and Ibuprofen Dosage Charts* – From the Pediatric Care Center, this new handout for parents and other caregivers spells out how much of these pain medications to give to children, based on a child's weight.

NEW *After Sedation* – Procedural Local Practice Council members plus many other UWMC staff created this new one-page handout that explains to patients what they can expect once they leave the hospital after receiving sedation. It includes lingering symptoms they may have and self-care guidelines to follow.

NEW *Breast Biopsy or Lumpectomy and Mastectomy* – These two new handouts are the result of, first, uncovering several old handouts that were causing confusion among nurses in the PACU and Surgical Specialties, and, second, forming a team of clinicians from SCCA and UWMC to write, review, and revise two new handouts to replace all of the older ones. These new handouts tell women who are facing these procedures how to prepare for them, what to expect afterward, and what self-care guidelines to follow to aid in their recovery.

REVISED *Insulin Instructions** – This updated handout will help patients understand their insulin requirements based on their blood glucose readings. It is intended for inpatients, but will also be helpful for patients after they leave the hospital.

REVISED *Nutrition After Your Transplant** – This comprehensive booklet covers special nutritional needs patients have after transplant. It explains various nutrients and how to limit or get enough of them, the effects of various medications on nutritional status, special protein needs, exercise, weight gain and weight control, and food safety. It also includes many resources patients can use to increase their knowledge and find healthy recipes.

*A Note About Revisions

When you see that a revised version of a handout that you use is available, please recycle any old ones you have and start using the current one. The new one will have not only updated contact information, but also the latest clinical information.

PFES staff provide editing for reading level, organization, and content; patient advisor review; and design and formatting services at no charge. To revise existing or produce new patient and family education materials, contact Debby Nagusky, Health Educator, at 598-0073 or dnagusky@u.washington.edu.

The Purpose of Patient Education in Hospitals

By Fran London, MS, RN



Recently, someone posed this question: “What is the purpose of patient education in hospitals? I’m not sure how it fits into the hospital’s business model. Is there an economic basis for it?”

Some business-oriented administrators who are not health care providers may perceive patient education as a non-revenue producing, unnecessary expense. I suspect they haven’t experienced serious illness yet. Here is my response to that

question: **OK, try to imagine hospital care WITHOUT patient education.**

You’re admitted into the hospital and things just get done to you. No informed consent. No warning about what is about to be done to you and why. No information about your problem or what the treatment options are. You get taken to surgery. You wake up not knowing what happened and you hurt. Medicine is given to you without explanation – just take it. No advice about how to take care of yourself after leaving the hospital. No plans for follow-up, no information about whom to call if you have a problem. You are just handed some prescriptions written in Latin and told to leave. You have no idea what you can do to avoid going through this again.

Could you possibly have this experience and feel you got the best care possible from medical experts? When you don’t get quality patient education, you know it. You are not involved, and you don’t feel safe or cared for. Patient education is not an extra. It is an essential, but often invisible, part of care.

So, now you explain: How does patient education NOT fit into the hospital business model?

Looking at the business model for a restaurant, I could see how one could focus on the purpose: Get food into people. It might be easy to say providing restroom facilities is an unnecessary expense, since it is diametrically off the purpose. However, a different perspective might prove otherwise. Don’t get fooled into thinking patient education is an *extra* service of health care providers. It IS the service.

I propose a health care organization that focuses on providing the highest quality patient and family education would easily stand out in the crowd as providing the best care – even if it didn’t offer the most experienced surgeons who regularly publish in peer-reviewed journals.

Fran London, MS, RN, is the author of No Time to Teach, a pocket-sized book full of patient-education teaching tips. This article is her August 29, 2010 post to her patient-education blog, found online at <http://notimetoteach.com/2010/purpose/comment-page-1/#comment-2879>. From this page, you can access her other blog entries and sign up to receive her posts.

New or Revised Patient Education Materials Third Quarter 2010

Available on Health Online at <https://healthonline.washington.edu>

2010 Perinatal Education Classes (Rev. 09/2010)

2010 UWMC Tours of Labor and Delivery (Rev. 09/2010)

Abdominal CT Scan (Rev. 05/2010) - CH, RU, SO, SP

Acetaminophen and Ibuprofen Dosage Charts After Sedation

Atrial Fibrillation - KO

Birth with Multiples (Rev. 04/2010)

Breast Biopsy or Lumpectomy

Chest CT Scan (Rev. 05/2010) - CH, RU, SO, SP

Childbirth Preparation Classes for Teens

Closed Bulb Drain Care - CH, RU, SP, TA, VI

Congratulations on Your Pregnancy with Multiples! (Rev. 04/2010)

CT Head Scan (Rev. 05/2010) - RU, SO, SP, VI

Diabetes Basics - JA

Diabetes Mellitus - JA

Endoscopic Sinus Surgery - CH, KO, SO

High-Protein Foods

In Vitro Fertilization

Insulin Instructions (Rev. 08/2010)

Liver Transplant Ultrasound (Rev. 08/2010)

Liver Tumors - JA

Lymphedema

Mastectomy

Micro-Direct Laryngoscopy

Modified Albumin Dialysis

MR Angiography (Rev. 05/2010) - SP, VI

MR Spectroscopy (Rev. 05/2010) - SP, VI

Musculoskeletal MRI (Rev. 05/2010) - SP, VI

Myelogram (Rev. 06/2010)

Neonatal Intensive Care Unit: A photographic tour (Rev. 07/2010)

Nutrition After Your Transplant (Rev. 07/2010)

Pain Management (Rev. 09/2010)

Plasma Exchange

Preventing Pressure Ulcers - KO

Prostate Ultrasound Exam (Rev. 08/2010)

Recovering at Home After Anesthesia (Rev. 09/2010)

Renal Transplant Ultrasound (Rev. 08/2010)

Renal Ultrasound - CH, RU, SP, VI

Silent Reflux (Rev. 08/2010)

Staying Overnight in the Hospital - JA

Tell Us About Your Pain (Rev. 09/2010)

Thyroidectomy Surgery (Rev. 06/2010)

Treating Lymphedema with Lymphaticovenular Anastomosis

Tunneled Catheter Care (Rev. 08/2010)

Ultrasound-Guided Aspiration of Fluid Collection

Ultrasound-Guided Biopsy

Upper GI Exam (Rev. 06/2010)

Your Facelift (Rev. 08/2010)

Your Tunneled Catheter (Rev. 08/2010)

All titles listed above are available in English. Language abbreviations key: CH=Chinese, JA=Japanese, KO=Korean, RU=Russian, SO=Somali, SP=Spanish, TA=Tagalog, VI=Vietnamese

Core Purpose: We’re here to inform patients about their health and empower their decision-making about their health care.

Please route this issue of *PatientEducator* to your staff. Find links to this issue and previous issues on Health Online at <https://healthonline.washington.edu> and the PFES Web site at <https://depts.washington.edu/pfes>.

Patient and Family Education Committee Members:

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