Title: Health Literacy PDSA Project 2012-2013

Objectives:

1. To implement an organisational policy and associated procedures on Health Literacy to stipulate its importance and guide all staff to align their work processes with Health Literacy principles.

2. To organise relevant Health Literacy training for staff, beginning with Executive and Managers in order to facilitate the Health Literacy message from the top down.

3. To improve the readability of some of our print media by utilising validated Health Literacy tools (i.e. SMOG test).

Description:

Plan

1. Write a draft policy on Health Literacy with the assistance of our Senior Quality Officer. Submit the draft policy to the Clinical Governance Advisory Committee meeting in September for discussion.

Prediction: It could be challenging to get the policy through to Executive level.

2. Organise training for staff, with Executive and Management teams first.

Prediction: Have staff attend training by the end of 2012. Cost and time will be major factors.

3. Re-write LCHS Rights and Responsibilities Brochure. Test the new and old versions with clients, volunteers and staff to measure any improvement. Collect data by using questionnaires.

Prediction: The new version of the brochure will be easier to understand and have a lower SMOG test score.

Do

1. The policy was written and made into a draft version for the Clinical Governance Advisory Committee meeting where it was discussed and referred to the Quality Implementation and Advisory Committee. From this, a working group was formed to develop a briefing paper regarding Health Literacy to submit to the Executive.

2. The Central West Gippsland PCP offered a Health Literacy workshop at LCHS in late October 2012. We encouraged Managers to invite their staff to attend as we thought it was the perfect opportunity- which many staff did. We also consulted Professor Helen Keleher regarding training options for Managers and Executive.

3. Re-wrote the Rights and Responsibilities brochure utilising health literacy principles and input from different staff. We also developed evaluation forms for staff, volunteers and clients to complete. This would enable us to measure the effectiveness of our new brochure.
Study

1. The working group has only met a couple of times and therefore the Health Literacy briefing paper has not yet been submitted to the Executive. As predicted, we knew it would be a difficult task especially due to everyone’s workload.

2. Discussions have taken place with some members of the Executive who agree training would be a great idea for our staff. Executive have advised we will need to develop a proposal and submit a briefing paper for this training.

3. We analysed the data from our questionnaires and developed graphs and charts to display the results. We were happy with the outcome as the majority of people preferred the new brochure – including the readability, information and layout. The new brochure also scored lower on the SMOG test.

Act

1. We plan to follow up with the working group to ensure the briefing paper is submitted to the Executive. When/if the policy is approved, we plan to develop subsequent procedures to assist staff with using Health Literacy tools and methods in their work.

2. If/when the policy is approved by Executive, we will look at drafting a briefing paper with a training proposal.

3. We will continue to be guided by health literacy principles and to use the SMOG test and other readability tools on our brochures/forms. This has proven to make a difference and we want to ensure our materials are clear, concise and easy to understand.

Barriers:

- Lengthy process for new policy approval – this has been made more difficult to proceed with as the briefing paper from the working group has not been written yet (staff workload issues probably contribute to this).
- Cost and availability of staff for training.
- Difficulty with clients and volunteers completing evaluation forms.
- Staff workload generally- we found it difficult to fit this extra task into our busy workload. We wanted to make bigger changes, more quickly but we were unable to commit the time necessary for this.

Enablers:

- Encouragement from the Executive
- Assistance from Senior Quality Officer with the policy