

Developing a Streamlined Process for Creating Patient- and Family-Friendly Education Materials

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Background

Children's Hospital Colorado (CHCO) is a large hospital system (593 licensed beds) that serves patients and families in a seven state region.

In order to provide high-quality patient education, CHCO creates hundreds of new patient education materials each year. With high volumes of materials being created it became evident that an improved process was needed to manage patient education handouts while still ensuring that the materials met the hospitals' plain language standards.

Objectives

Beginning in July 2014, the patient education committee started a process improvement effort. The committee focused on four main areas:

1. Recruitment of an interdisciplinary team that included parents and patients;
2. Educating new team members and hospital staff about plain language techniques;
3. Redesigning the patient education template; and
4. Streamlining the workflow for managing patient education handouts.

Methods

Recruitment

Early on the existing team members realized that they needed additional members. The committee has recruited:

- additional nurses,
- a dietician,
- a medical translator
- a parent, and
- Youth Advisory Council members.

The diversity of experience represented on the committee has improved the overall quality of the patient education materials produced.

Education

The Health Literacy Program Manager has worked on several fronts to improve staff knowledge about health literacy and plain language. This includes:

- New committee member education
- Education about health literacy at new hire clinical orientation.
- A Health Literacy Department webpage with staff resources.

Template Redesign

Several improvements have been made to standardize and improve the template, including creating a new style guide. The hospital's legal department also developed a disclaimer for the handouts.

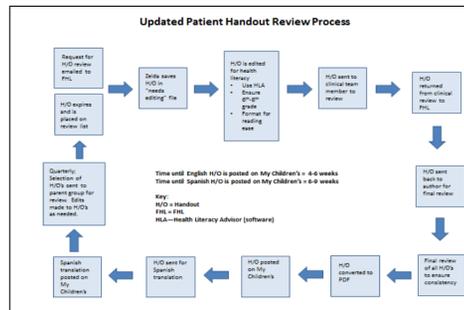
Workflow Improvement

The committee improved work flow by creating a process map, identifying inefficiencies, and streamlining the review process so that handouts would be completed within 4-6 weeks. The committee worked with IT to create an online form for document submission (versus the email method used previously) and an online SharePoint site to manage workflow.

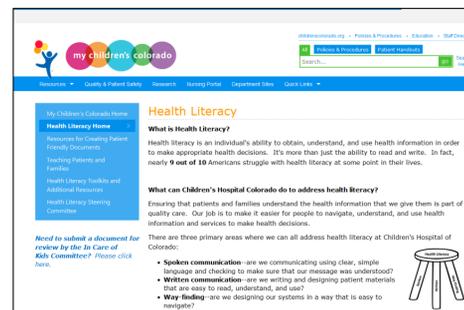
Results

Process Improvement

Process Mapping

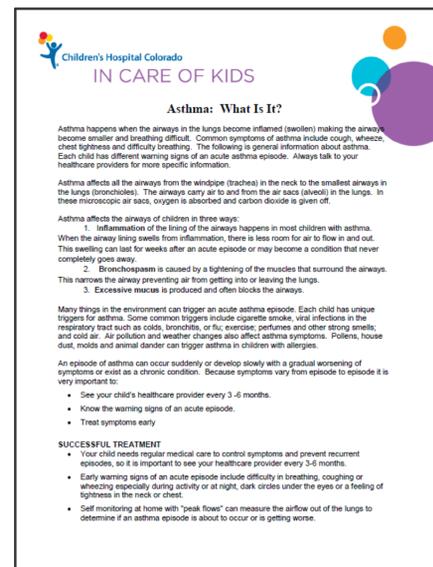


New Health Literacy Website

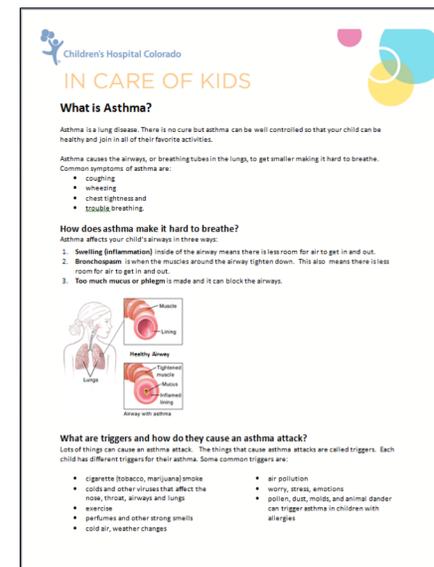


Template Redesign

Original Asthma Handout = 12th grade (Fry)



Revised Asthma Handouts = 7th grade (Fry)



Implications

These efforts have significantly improved the overall quality of patient education materials at CHCO and the workflow for committee members. Hospital staff is better informed about the resources available through the patient education committee and have a simple mechanism for submitting education materials through an online form. The more robust committee has an online workflow management tool to improve the efficiency and timeliness of document review. The redesigned template creates a standardized, easy-to-read format that improves readability for patients and families.

Conclusions

In 2014, CHCO reviewed more than 550 patient education documents. The process improvement efforts undertaken in the last six months have made it possible for the patient education committee to continue to manage those volumes while ensuring that patient education materials adhere to plain language principles.

Large organizations can use these process improvement efforts as a model for creating their own plain language patient education review committees.