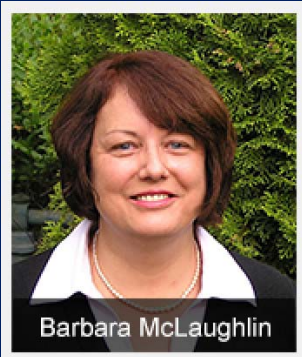


Help me **Understand** . . please

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Barbara's expertise is HOW TO COMMUNICATE EFFECTIVELY with a focus on Healthcare. A lot of the information presented to patients is not remembered, understood or complied to.

Barbara's life's passion is to help patients navigate and comprehend the healthcare world so they are not so frightened and upset by the mere process.

Barbara worked with Smart Source to create a series of products and services whose primary function is to educate and communicate to the patients. Visit our website at www.hand-holder.com and see how we meet this challenge. Then send us your comments and ideas so you too can help take care of everyone and feel good about your life every day!

Communication is arguably one of the most, if not THE most, basic and critical tools of a given society. It is the way we share and build on great ideas, promises, and constructs. It is the way we grow as a species and evolve to become masters of our world. It is the way we record and manifest change so we do not repeat mistakes from the past. It is basic to our nature, from the earliest pictograms of cave people to the complex, encrypted communications and electronic methodologies of today. We crave it, we expect it, and we manipulate it. Try asking a teenager to put away their smartphones, for example, or to stay off Facebook for a week or even a day. This will give you a clear picture of how important communication is.



Communication in healthcare is even more essential to our survival than almost any other form of communication we desire and expect. It is how we improve our quality of life as we age and avoid repeating mistakes of the past, such as smoking. It is how we treat each other in times of stress, illness, injury, and confusion, when we are all the most vulnerable.

Yet we seem to make little provision for those among us who struggle to communicate in the complex world of medicine. Many natural born English-speaking citizens struggle to understand health information, not to mention new citizens for whom English is a second language. In fact, Health and Human Services *requires* that you communicate critical medical information in a patient's language of choice. Please visit www.lep.gov for more information.

“Only 12 percent of adults have proficient health literacy, according to the National Assessment of Adult Literacy. In other words, nearly nine out of ten adults may lack the skills needed to manage their health and prevent disease. Fourteen percent of adults (30 million people) have Below Basic health literacy. These adults were more likely to report their health as poor (42 percent) and are more likely to lack health insurance (28 percent) than adults with Proficient health literacy.” Please visit <https://nces.ed.gov/naal/index.asp> for more information.

As caring, committed, and concerned healthcare professionals the onus is on us to communicate critical medical information in a way that patients understand

whether they are illiterate or have PHDs. It is our responsibility to facilitate easy access to information in order to influence patient behavior, decrease the cost of healthcare, and improve the overall health of the population.

While this seems to be a fact everyone in healthcare acknowledges and understands, it is puzzling how poorly we do at this task. We are not necessarily talking about immediate caregivers (i.e. doctors and nurses; those who are not good at face-to-face communications usually know their deficiencies and work daily to improve them). We are specifically talking about general, basic information that patients need to be able to access and understand while in a possible state of high emotional anxiety. So the questions remain:

- Where do we start?
- What exactly do we need to do?
- What do patients really need and want?
- How much will this cost? And who will pay?
- Why can't they just do what we tell them?
- Isn't a reminder via phone call enough?
- How do we get patients to accept responsibility for their own health?
- And so forth.

Here are a few pointers to get you started:

1. Begin at the beginning. Remember that database software solutions are by and large created for healthcare operations, both clinical and administrative, but NOT specifically designed to encourage and promote understanding for patients.
2. People process information in different ways so we need to vary the methods in which we provide it to them. Patients need to be able to access it anytime and understand it regardless of the medium. Choice is the operative word here, but we must make sure the information remains consistent across the various platforms for any given patient by any given doctor.
3. The cost of communicating effectively will take care of itself! When you are able to reach patients in a way they understand you will find that they arrive on time, are properly prepared, and have the correct documentation and information. How much time and money do you think that will actually save you and staff in addition to all the resources allocated to take care of a patient?
4. Take a step back and view the situation from the patient's perspective. What would you want to know and when would you want to know it? How would you need to receive information for it to be effective? No cheating; try to shed your cloak of healthcare professionalism and pretend it is you or a family member you are trying to help.
5. Maximize the potential for understanding. Use clear, plain language and lots of photos, diagrams, and illustrations to try to help people with limited literacy skills. Keep it as simple as possible without sacrificing needing medical information and instructions. The operative term here is BRU - brief, relevant, useful.
6. Avoid extraneous information. Remove the "fluff" and long-winded sentences whether you are communicating on paper, electronically, by voice, video, etc. Use bullet points whenever possible.
7. Pay attention to what the documents look like. People decide within 30

seconds whether or not they will actually read or keep whatever you have sent or given them. Use lots of color! We know that color can improve comprehension by as much as 72%. Fonts also matter; they are what make people take a second look and most likely pay attention to the most important information. This is why newspapers have big headings in interesting type.

8. Make sure the information is accurate and consistency is paramount across the mediums you choose without removing what each specific doctor wants each specific patient to know and do medically. This may not be what your database software has built in for “standardized” instructions; flexibility is key.
9. Transition your patients to EMR communications. No one likes to be forced to communicate in a specific way; take the banking industry as an example. Online banking has been in existence for quite a while but customers migrated to it gradually when they felt ready and able. They didn’t suddenly cease all personal banking or paper checkbooks. They gently nudged people to a new way of communicating while keeping some of the old ways viable for those who were reluctant to switch.
10. Improve your HCHAPS in tangible and measurable ways. Patients’ most common complaints were what that they did not know, what they did not understand, and when communication was poor (aka when they were educated on processes and procedures). Check the questions on HCHAPS; how many of them include “Did you know,” “Did they tell you,” or “Did you understand,” or “Was it clear?” Your score is largely based on how well you communicate. For more information visit:
<http://www.hcahpsonline.org/surveyinstrument.aspx>

One interesting question of note: “During your hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?”

As an industry it is important that we share what works and what doesn’t. What we do know is too much information overwhelms and scares people, too little information usually means they do not know how to comply, and irrelevant information causes confusion. Again, put yourself in their place. What would YOU want?