Building the evidence base:

A study to evaluate Illawarra Shoalhaven Local Health District's systematic approach to improve the quality of patient information and education materials

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Introduction to study and ISLHD 'PiP process'

- ISLHD has an organisation-wide system to develop, test and store plain language consumer information materials.

- This has been in place since Nov 2013 and is commonly referred to as 'PiP process'

- Systems approach – leadership support, resources, IT, governance, whole-of-organisation, consistent processes and tools, consumer involvement.

- Partnership study, ISLHD and USyd in 2018 to test effectiveness of the 'PiP process' (in terms of quality of materials and impact of consumer engagement)

The 'PiP process'

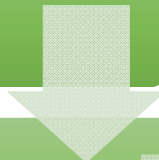|	
Step 1	• Author registers the resource and drafts materials in line with standardised writing guides, templates and images.
Step 2	• Author tests for readability - score of Grade 6 - 8, 12-14 years is required.
Step 3	• Author tests resource with consumers (n>5) and logs feedback using standardised 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.

Measures
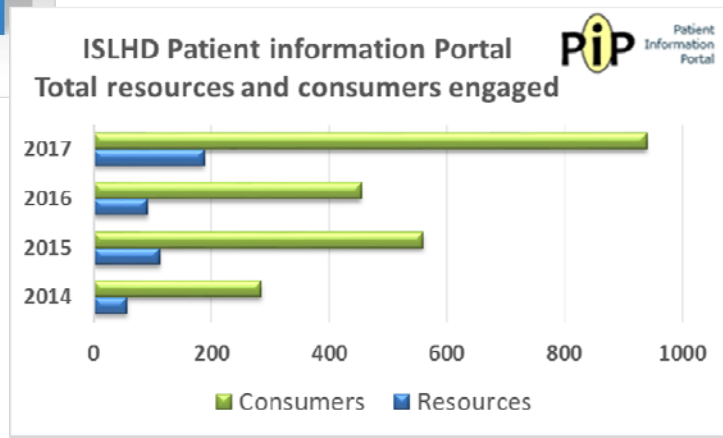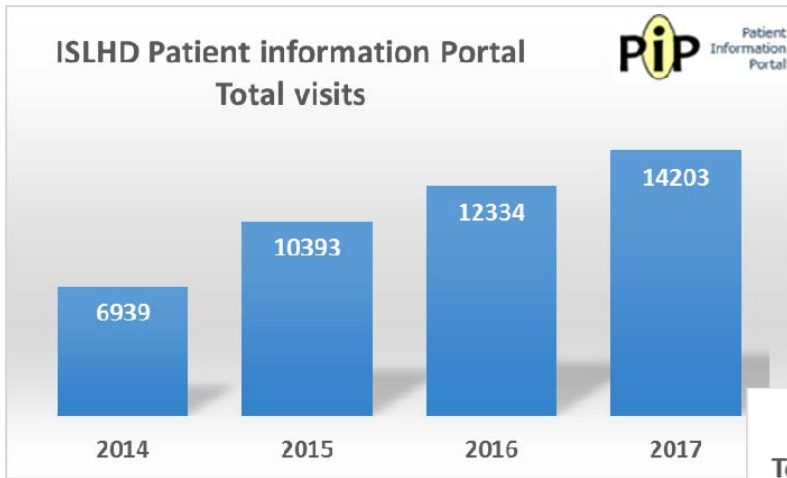
Why evaluate? Other evidence out there?

- Despite increasing calls for health organisations to take a systematic, coordinated and consistent health literacy approach when designing and delivering healthcare and health information, there are few examples of this being achieved to date.

- Studies consistently show a failure to adopt health literacy universal precautions 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.

Methodology

A total of 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.

Pre- and post- versions of the randomly-selected materials were rated using the PEMAT guide by two independent raters who 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.

Findings

- Significant differences were observed for both understandability and actionability scores based on a mean increase of 4.69: for understandability ($p = 0.002$) and a mean increase of 4.25; for actionability ($p=0.046$) from pre- to post.
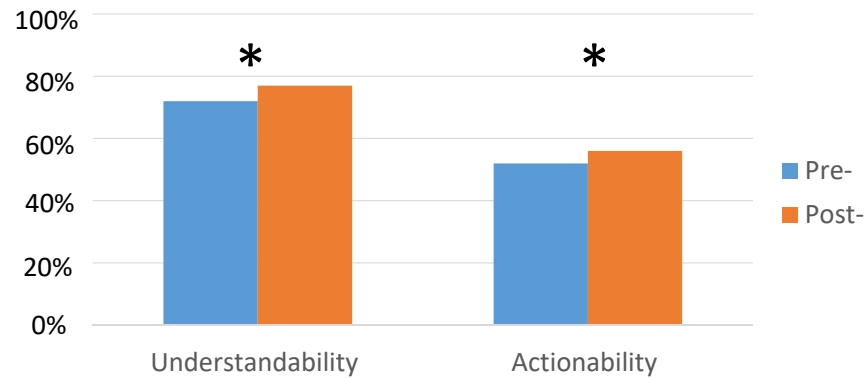
Partnering with consumers to test materials

- Plain English materials produced by ISLHD staff, using standardised processes at a 'high entry level'

- Consumer testing offers '*incremental* improvements', i.e. actionability improved after consumer feedback used to refine materials

What do these findings mean for health for organisations?

- NSQHS Standards, Std 2 Health Literacy criteria requires health organisations to:
    - provide information to consumers that is easy to understand and use; and
    - to involve consumers in the development and review of information that is developed locally.
- NSW HL Framework 2018 - 2022 (DRAFT) includes ISLHD PiP portal and process as example of excellence
- Health organisations can apply 'PiP process' model to local context and needs to address low health literacy, improve written communication and meet the relevant NSQHS criteria and actions.

Acknowledgements