



# Health Literacy Iowa



National Action Plan  
to Improve  
Health Literacy

 U.S. Department of Health and Human Services  
Office of Disease Prevention and Health Promotion

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“Health Literacy has become common language in our organization. We think about it every time we post a sign, write a memo to staff, update our web-site, print materials, etc.” — *Pam Delagardelle, CEO, Grundy County Memorial Hospital, Grundy Center, Iowa*



## Iowa Health System Health Literacy Charter - 2011

**Aim:** Improve quality & safety by fostering effective communication that enables all IHS patients to access, read, understand, & act on health information, using the following strategies: 1) incorporate Plain Language principles into all verbal & written communication; 2) build systemwide capacity in teach-back; 3) incorporate reader-friendly principles into all newly-developed written materials for patients/families; & 4) provide a care environment that fosters communication & welcomes questions. Goal will be 5% increase in IHS affiliate & composite top-box HCAHPS scores for 4 health literacy (HL)-related domains (Communication w/ Nurses; Communication w/ Doctors; Communication about Medicines; Discharge Information) by December 31, 2011.

# Improving Patient-Provider Communication for Patients Having Surgery: Patient Perceptions of a Revised Health Literacy-Based Consent Process

Miller, Abrams, Earles, et al. *Journal Patient Safety*, 2011

## Consent for Surgery or Procedure

- Please **read** the form.
- **Ask** about any part you do not understand.
- **Be sure** you have your questions answered **before** you sign this form.
- When you **sign** it, you are giving us permission to do this surgery or procedure.

I, \_\_\_\_\_ (patient's name) agree for Dr. \_\_\_\_\_ along with any assistants the doctor may choose, to do this surgery or procedure on me at \_\_\_\_\_ (facility):

\_\_\_\_\_  
 Name of surgery or name of procedure in medical words – including left, right or level  
 (Doctor or health care worker fills this out)

\_\_\_\_\_  
 Name of surgery or name of procedure in my own words  
 (What the patient or family says back to the doctor or health care worker – quote patient or family)

1. I understand that my doctor may find other medical conditions he/she did not expect during my surgery or procedure. I agree that my doctor may do any extra treatments or procedures he/she thinks are needed for medical reasons during my surgery or procedure.
2. I understand I may be given medicine to put me to sleep, make parts of my body numb, or help control pain. People with special training will give this medicine. These people may be an anesthesiologist, a nurse anesthetist (CRNA), a nurse, or the doctor doing my surgery or procedure.
3. I understand the doctor may remove tissue or body parts during this surgery or procedure. If it is not used for lab studies or teaching, it will be disposed of, as the law requires.

**Turn Page Over**

4. I understand pictures or video of my surgery or procedure may be taken, if my doctor thinks it is needed for medical reasons.
5. I understand someone may watch or help with my surgery or procedure for medical teaching. These people are usually medical or nursing students. A technical advisor may watch if my doctor thinks one is needed.
6. I understand that **if my doctor thinks I need blood** for medical reasons, **it will be given.**

### I understand and my doctor has told me:

- What I am having done and why I need it.
- The possible risks to me of having this done.
- What might happen to me if I don't have it done.
- What other choices I can make instead of having this done.
- What can happen to me if I choose to do something else.
- What can happen to me if I choose no treatment.
- That there is no guarantee of the results.

Be sure you have your questions answered **before** you sign this form

**I give my permission for this surgery or procedure.**

Sign Here →

\_\_\_\_\_  
 Patient's Signature

\_\_\_\_\_  
 Date/Time

\_\_\_\_\_  
 Witness to Signature

**Section for a Patient who is a minor, or is not legally able to sign. Signature is from a person who has legal rights to consent for the Patient.**

\_\_\_\_\_  
 Signature of Person

\_\_\_\_\_  
 Legal Consent Relationship

\_\_\_\_\_  
 Date/Time

\_\_\_\_\_  
 Witness to Signature

## **New Readers of Iowa**

### **Health Literacy Statements**

- About Communicating with New Readers
- About Literacy Testing in the Health Care Setting
- How Can Health Care Professionals and New Readers Work Together?
- Recommendations for Health Care Providers



## **Health and Literacy Working Together: A Health Literacy Conference for New Readers & Health Professionals**

**By Helen Osborne, President of Health Literacy Consulting**

“Health and Literacy Working Together,” was a conference unlike any other. Held in Des Moines, Iowa on September 10- 11, 2004, new readers (adults who are learning to read) and health providers (doctors, nurses, public health specialists, and others who communicate health information) met as equal partners -- together finding ways to improve health understanding.

