Health Literacy: Improving Patient Comprehension of Dialysis Treatment using a Low-Literacy Consent Form

Ava Cavanagh
Providence St. Vincent Medical Center, ava.cavanagh@providence.org

Julie Moffitt
Providence St. Vincent Medical Center, julie.moffitt@providence.org

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Purpose

Improve patient comprehension of consent for dialysis treatment by developing a new dialysis consent using health literacy tools, such as 5th grade reading level, plain language, appropriate sized font, pictures, bulleted information, and definitions of medical words.

Background

Improving health literacy—that is, the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions—is critical to achieving the objectives set forth in Healthy People 2020 and, more broadly, key to the success of our national health agenda.(3)

Participants using a simplified consent form displayed significantly higher levels of objective and subjective understanding relative to those using a standard consent.(1)

Participants overall knowledge went form 49% with the standard consent and increased to 78% with the low-literacy consent key. The majority (94%) of participants preferred the low-literacy version.(2)

The current dialysis consent form is written a higher than 10th grade reading level and uses medical terminology making difficult for patients to understand what they are consenting for.

The PICOT question for this project was:

In patients with old or new onset kidney failure undergoing dialysis treatment at Providence St. Vincent Medical Center, does the addition of a consent key in plain language with pictures increase patient comprehension prior to the procedure?(1)

Methods

- **Participants:** Between April 21st and May 21st, 2017, nine patients who presented with old or new onset kidney failure to Providence St Vincent Medical Center for inpatient dialysis treatment.
- **Exclusion criteria:** non-English speaking, unable to read the form, confused or critically ill patients.
- **Procedure:** Patients were given the original dialysis consent to read and then answer 4 comprehension questions. After they answered the questions, they were given the low-literacy consent key and answered the same 4 comprehension questions. In addition, they were asked to rate their preference of materials in plain language, pictures, and definitions of medical words, true or false statement.
- **Comprehension Questions:**
  1. I am having dialysis because?
  2. My kidneys do not make too much urine.
  3. If I have a blood infection I will receive my treatment in a private space?
  4. If I have a blood infection I will receive my treatment in a private space?
  5. My kidneys can not remove waste products and fluid from my blood.
  6. My kidneys do not make too much urine.
  7. I need dialysis because I have kidney disease.
  8. I need dialysis because I have kidney disease.

- **Results:**
  - Comprehension (measured by how many correct answers) with the standard dialysis form was 58% and 86% with the low-literacy consent key.
  - Most (89%) of participants preferred or strongly preferred a low-literacy consent key with plain language, pictures and bulleted information versus the standard consent form alone.
  - The most preferred features of the low-literacy consent key were plain language, pictures and definitions of medical words.
  - More than half the participants (44%) stated they liked the pictures and definitions of medical words.

Discussion/Conclusions

Results of this project were similar to those found in literature. By using health literacy tools like plain language, pictures and bulleted information, patient comprehension increased as well as their preference in for these tools.

Limitations included the small sample size, low staff participation, one project leader and unit manager out on leaves, the other project leader being from another unit.

Conclusion: The date supports the consideration of creating and using a low-literacy version of a new dialysis consent form.

Further evaluations of low-literacy consents with other patient populations could be warranted to see if increase patient comprehension and satisfaction is universal.

References