Primary Care Health Literacy Assessment Tool

This tool is designed to help you assess your practice's operations and how they may impact on patient health literacy. It has been adapted from the Health Literacy Universal Precautions Toolkit (2nd edition)* and each question is associated with supporting chapters from the toolkit containing quality improvement tips and resources.

Each question has also been mapped to the relevant standards that apply from RACGP's Standards for General Practices (4th edition). The term 'practice members' in the tool below refers to all employees in a practice, including, but not limited to: GPs, practice nurses, allied health professionals, practice managers and reception staff.

Please select one answer that most accurately describes your practice:

Doing Well	Our practice is doing this well
Needs Improvement	Our practice is doing this, but could do it better
Not Doing	Our practice is not doing this
Not Sure or N/A	I don't know the answer to this question **OR** This is not applicable to our practice

For more information and resources to support patient health literacy, visit: **www.mpcn.org.au/HL**

1. Prepare for Practice Change

	Doing Well	Needs Improve-ment	Not Doing	Not Sure or N/A	Tools to Help
1. Our practice has leaders who raise health literacy issues in our practice as part of our clinical governance processes.					3 – Raise Awareness RACGP 3.1.3A
2. Our practice regularly consults with patients to create measurable health literacy improvement goals as part of our quality improvement activities.					2 - Create a Health Literacy Improvement Plan 13-Welcome Patients RACGP 2.1.2D, 3.1.1A, B
3. All practice members (including reception staff) have received health literacy training.					3-Raise Awareness RACGP 3.2.2 A, B, 3.2.3A
4. All practice members understand that limited health literacy is common and can affect all individuals at one time or another.					3-Raise Awareness RACGP 3.2.2A, B, 3.2.3A

2. Improve Spoken Communication

	Doing Well	Needs Improve-ment	Not Doing	Not Sure or N/A	Tools to Help
5. All practice members speak clearly (e.g. using plain language and at a moderate pace) to assist in informed patient decision-making.					3-Commun. Clearly RACGP criterion 1.2.2A
6. All practice members listen carefully to patients without interrupting.					4-Commun. Clearly RACGP 3.1.2C (see explanation)
7. All practice members use audio-visual materials and/or visual aids to promote better understanding (e.g., food models for portion sizes, The Hepatitis B Story video, demonstrate how to take medicines etc).					4-Commun. Clearly 12-Use Health Ed. Material Effectively RACGP 1.2.2B, C, 1.3.1
8. All clinicians talk with patients about any educational materials they receive during the visit and emphasize the important information.					12-Use Health Ed. Material Effectively RACGP 1.2.2B, 1.3.1
9. All practice members ask patients to state key points in their own words (i.e., use the teach-back method) to assess patients' understanding of information, regardless of if they appear to have understood.					5-Teach-Back Method RACGP 1.2.2A
10. Clinicians routinely review with patients all the medicines they take, including over-the-counter medicines and supplements, ask patients to demonstrate how to take them.					5-Teach-Back Method 8-Brown Bag Review RACGP criterion 1.2.2C RACGP 5.3.1A

2. Improve Spoken Communication

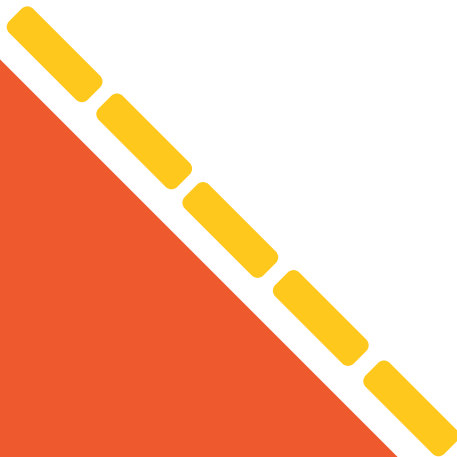|	Doing Well	Needs Improve-ment	Not Doing	Not Sure or N/A	Tools to Help
11. Our practice routinely provides patients with updated medicine lists that describe in easy-to-understand language what medicines the patient is to take and how to take them.					8-Brown Bag Review RACGP criterion 1.2.2C, 5.3.1A, C
12. Clinical staff contact patients between office visits to ensure understanding of diagnoses or test results, or to follow up on plans made during the visit.					6-Follow up RACGP criterion 1.5.3E
13. Practice members ask all new patients' language preferences and record them in the medical record.					9-Language Differences 13-Welcome Patients RACGP criterion 1.7.1C, F
14. Our practice always offers and uses appropriate language services (e.g., trained medical interpreters) with patients whose records indicate a preference for a language other than English.					9-Language Differences RACGP criterion 1.2.2A, 1.2.3, A, B, 2.1.1A, G, 2.1.3A
15. The automated phone system/messaging system for the practice includes after hours care information.					RACGP criterion 1.1.4C
16. Our practice is able to respond to phone calls in the main languages spoken by our patients, or know how to engage the Translation and Interpreter Service for calls.					7-Telephone RACGP criterion 1.2.3A, B
17. Reception staff offer everyone help with filling out forms.					12-Use Health Ed. Material Effectively 13-Welcome Patients RACGP criterion 3.2.3A

3. Improve Written Communication

	Doing Well	Needs	Not Doing	Not Sure or N/A	Tools to Help
18. At least one practice member knows how to consult with patients to assess, prepare, and simplify written materials so they are easier to read.					11 - Assess, Select, and Create Easy-to-Understand Materials 17-Patient Feedback RACGP criterion 2.1.2A, C, D
19. Our practice's forms, test result letters and patient education materials are concise, use plain language, are formatted to make them easy to read and understand, and available in languages other than English if appropriate.					1- Assess, Select, and Create Easy-to-Understand Materials 9-Language Differences RACGP criterion 1.2.2A, B, C, 2.1.1G
20. The name of the practice is clearly displayed on the outside of the building along with after hours care information.					13-Welcome Patients RACGP criterion 1.1.4C
21. The walls and bulletin boards are not covered with too many printed notices. It is easy for anyone to pick out the important information.					13-Welcome Patients RACGP criterion 1.3.1
22. Office signs are written in English and in the primary languages of the populations being served (e.g., if most of the patients speak English or Vietnamese, signs are written in English and Vietnamese).					13-Welcome Patients RACGP criterion 1.2.3A, 2.1.1G

4. Improve Self-Management and Empowerment

	Doing Well	Needs	Not Doing	Not Sure or N/A	Tools to Help
23. Our practice creates an environment that encourages our patients to ask questions (e.g., asking "What questions do you have?" instead of "Do you have any questions?") and get involved with their care.					13-Welcome Patients 14-Enc. Questions 15-Make Action Plans RACGP criterion 2.1.2A
24. Clinicians help patients choose health improvement goals and develop action plans, then follow up on progress.					6-Follow up 15-Make Action Plans RACGP criterion 1.3.1
25. Clinicians consider their patients' religion, culture, and ethnic customs when devising treatment options and record these if relevant in patient records.					10- Consider Culture RACGP criterion 2.1.1G
26. Clinicians write precise instructions for taking medicine that are easy-to-understand (e.g. "take 1 pill in the morning and 1 pill at bedtime" instead of "take twice daily").					16-Help Patients with Medicine RACGP criterion 1.2.2C
27. Clinicians discuss different methods for remembering to take medicines correctly and offer patients assistance setting up a system (e.g., pill box, medicine chart).					16- Help Patients with MedicineRACGP criterion 1.2.2C
28. Our practice requests feedback from patients about their experience of care.					11-Assess, Select, and Create Easy-to-Understand Materials 17-Patient Feedback RACGP 1.2.1A, 1.6.1B, 2.1.2A, C, D, E

5. Improve Supportive Systems

	Doing Well	Needs	Not Doing	Not Sure or N/A	Tools to Help
29. Practice members ask patients if they have trouble reading or understanding and using numbers, and record this in the patient's file.					20-Literacy and Math Resources
30. Staff members assess patients' non-medical barriers (such as issues with housing, finances, care or family support) and take initiative to address them and provide appropriate referrals or extra support as needed.					18-Non-Medical Support 20-Literacy and Math Resources RACGP criterion 1.3.1, 1.6.1A
31. Practice members offer patients help with referrals such as making an appointment and advise of potential costs.					18-Non-Medical Support 20-Literacy and Math Resources 21- ReferralsR ACGP criterion 1.2.4
32. Our practice has follow up/recall processes to confirm patient follow through after a referral is made.					6-Follow up 18-Non-Medical Support 20-Literacy and Math Resources 21- Referrals RACGP 1.5.3E, F