

Webinar Series



Health Literacy
Solutions Center



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 - **The webinar will be recorded and posted** in the Health Literacy Solutions Center webinar archives
-

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Health Literacy Considerations and Strategies for Patient Signature Forms

Becca Austin MA, ATC

This accredited continuing education activity is focused on the non-clinical topic of communication. As such, no persons in a position to control content have relevant financial relationships with ineligible companies to disclose.

Learning Objectives

By the end of this presentation, you will be able to:

- Articulate the importance of plain language in patient signature forms.
- Identify key stakeholders to facilitate process change around patient signature forms.
- Identify at least 3 types of patient signature forms and the contents of each.
- Identify at least 3 ways to improve the design of patient signature forms.

Agenda

- Introduction
- Background
- What to Do and How to Get Started
- Ongoing Opportunities
- Takeaways

Introduction

HENRY FORD HEALTH®

About Becca

Patient Education Specialist



Education

- MA – Health Studies/Health Education
 - University of Alabama
- BS – Sports Medicine (Athletic Training)
 - Central Michigan University



Career

- Athletic Trainer
 - Joint Preservation Administrator
 - Head High School and Middle School AT
 - Physician Extender
- Health Promotion Specialist – Community Health
- Organizational Health Literacy



About Henry Ford Health

- Started by Henry Ford in 1916
- Nonprofit Health System
- 2,000 Research Projects Annually
- Over 33,000 Employees
 - 6,000 Physicians
- 6 Hospitals across Metro Detroit (and growing)
- 250 Locations
- Health Alliance Plan (HAP)
- 28 Pharmacies
- 21 Henry Ford OptimEyes™
- Stand Alone Urgent Care



Background

HENRY FORD HEALTH®

Have you or someone you know signed a healthcare form and not fully understood what you signed or why you signed it?

Have you or someone you know
signed a healthcare form **without**
actually reading it?

Do patients read or understand consent forms in healthcare?

According to an NIH study “Do the Patients Read the Informed Consent?” in 2014:

- Out of 522 patients included, 54.8% reported they did not read the informed consent.
- 50.3% did not care about it because they thought they would have the operation anyway.
- 13.4% did not have enough time to read it.
- 11.9% found it difficult to understand.*
- 5.9% could not read because they had no glasses.
- 5.2% found it frightening and gave up reading.*

There is a lot of evidence in literature that consent forms fail to achieve their intended purpose. They are often not user-friendly and too difficult to understand.

Why does this matter?

Research has shown addressing health literacy can:

- Increase the use of preventive health care
- Lower emergency room visits
- Lower preventable hospital stays
- Help patients better manage their chronic conditions
- Improve health outcomes
- Increase patient satisfaction



Importance of Health Literacy for Our Patients



Access

Can the patient find accurate information on what they agree or consent to?

Is it available in a language the patient understands?

Is it available in paper format? Electronic?



Understand

The patient found the information. Do they understand it?

Is legal jargon removed or at least explained in plain language?

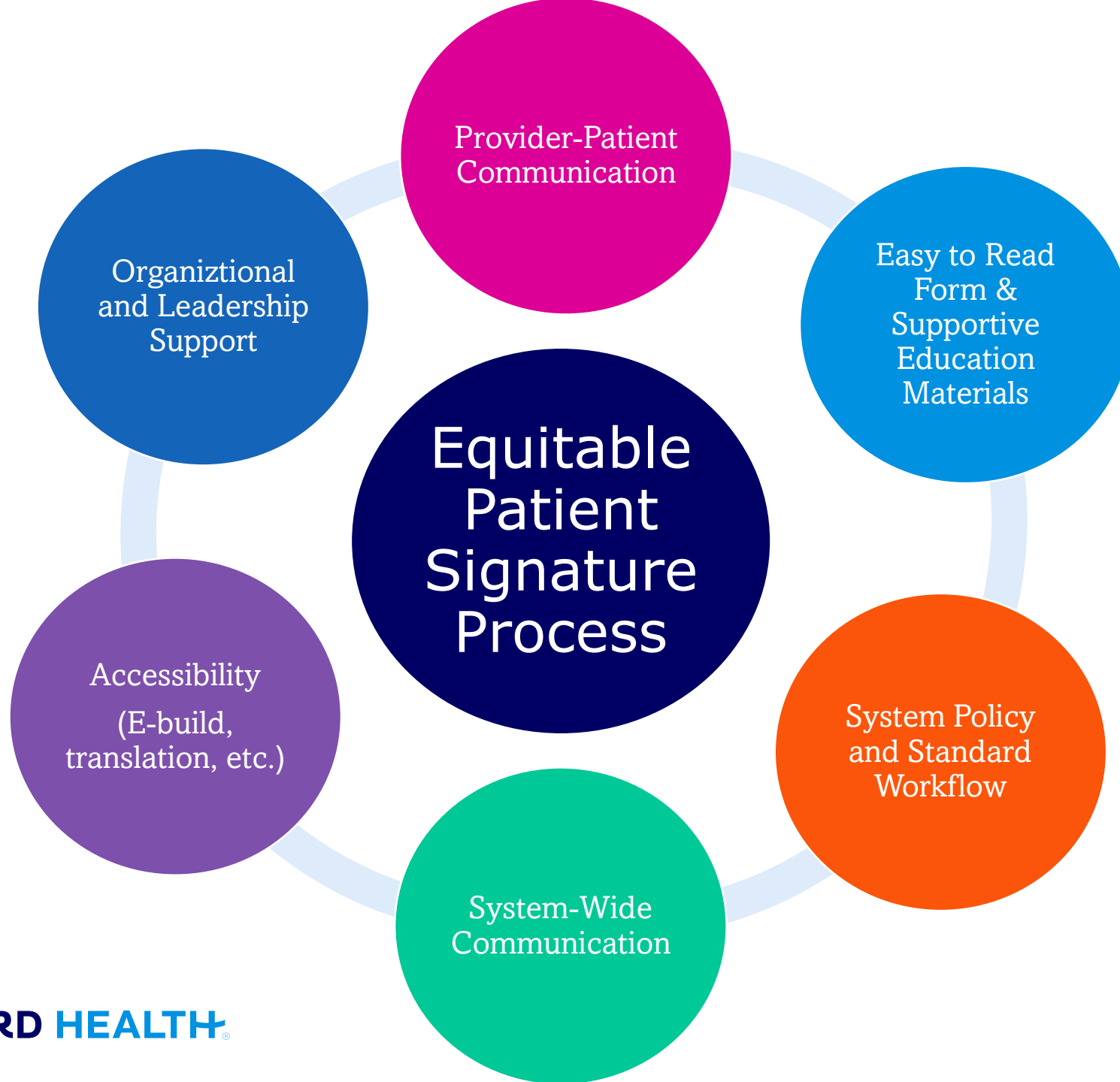


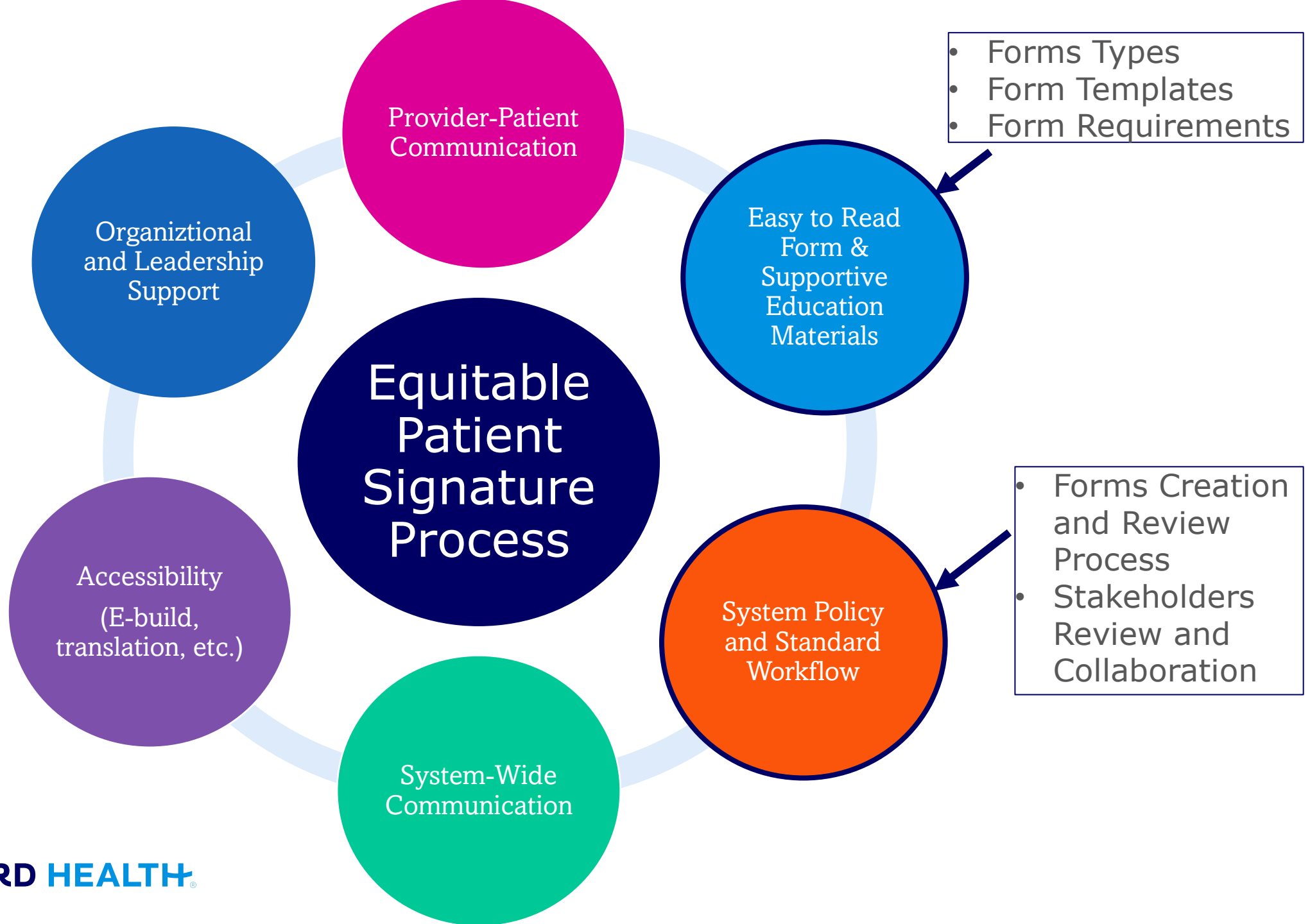
Empower

The patient understood the information and now can ask their doctor any questions they have and make the right choice for them.

Do you think there is an opportunity at your organization to review and implement changes around patient signature forms?

If yes, in a word or two, what do you think some of those opportunities might be?





Get Started at Your Organization

HENRY FORD HEALTH®

Process Steps

Organization process review and fact finding, with best practices from the literature in mind.



Get the right people involved.



Define forms types and create templates for each.



Update system process.



Outline and implement communication plans and dissemination strategies.

Organization process review and fact finding,
with best practices from the literature in mind.

Process Review/Fact Finding

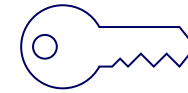
Find out how your organization currently functions as far as the creation, implementation, and review of forms.

- Who owns the process?
- How did they come to own it?
- What technology is used?
- Who else reviews the forms?
- Where are the most up to date forms stored/organized?
- How often are forms reviewed and renewed?
- Is there a system policy that directs the work?
- What current barriers exist?



Keep Health Literacy Best Practices in Mind

- Define the form type
- Plain language
- Formatting
 - White space
 - At least size 12 font
 - Bold to emphasize key parts (no italics, no underline, etc.)
- Purpose is clearly defined
- Action items are clearly defined
- Making sure it is very clear what the patient is agreeing/consenting to



Access



Understand



Empower

Joint Commission Safety Recommendations

Joint commission has a safety newsletter article dedicated to informed consent. They have several action items to consider, including:



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- Use of qualified medical interpreters
 - The role of patients' substitute decision makers
 - Timing of informed consent
 - Nature of a complete informed consent process
 - Documentation and verification process
 - Related tools and resources available for provider use to enhance the informed consent process
-
- Provide a formal training program to physicians on effective provider-patient communication and shared decision-making and the impact on informed consent and patient safety
 - Simplify the content, length and language of informed consent documents and patient education materials.
 - Implement policy and interventions for patients with limited health literacy, limited English proficiency, or visual or hearing impairments, and emphasize the use of qualified medical interpreters.
 - Make available appropriate communication tools and materials based on patient's cultural and language preferences.
 - Provide tools to improve shared decision-making between patients and providers.
 - Provide communication models for physicians to evaluate patient understanding and make follow-up conversations to address miscommunications.

Providers can improve the process of informed consent and enhance the safety of their patients by doing the following:

- Ensure that informed consent is truly informed by making sure that the patient understands what they are consenting to undergo.
- Do not assume that patients understand the medical terms in the consent form. A consent form alone is not sufficient for informed consent. Make use of decision aids, interactive media, graphical tools and other aids to enhance shared decision making and effectively assess and present risks during shared decision making.

Outline “Buy In” for Your Elevator Pitch

In addition to understanding where best practices can be built into your system, it is also a good idea to outline areas of this process improvement that will resonate with others within your organization.

In other words, create some ideas of “buy in” that would be most helpful.

We have the facts already. What are some of the areas that can appeal to the individuals you will need to work with?

- Saves time and energy for the multidisciplinary team.
- Can help in the reduction in the number of forms.
- Clearly defines a streamlined workflow and approval process.

Organization process review and fact finding, with best practices from the literature in mind.



Get the right people involved.

- Engage stakeholders.
- Establish multidisciplinary team members.
- Establish appropriate leadership support.

Collaboration is Key!

- “To work jointly with others or together especially in an intellectual endeavor.”
 - Merriman-Webster Dictionary



Identify & Engage Stakeholders

Organizational Health Literacy

- Health literacy experts
- Plain language
- Formatting

Legal Affairs

- Legal language and legal implications experts

Quality Administration

- Regulatory compliance experts
- Policy experts

Health Information Management

- Manage the medical record (what belongs, how does it belong, etc.)

Clinical Leadership

- System Clinical Effectiveness Council
- System content experts and leadership

Information Technology

- E-signature
- Technology experts

Prioritize to Create Your Multidisciplinary Team



Organizational Health Literacy

- Health literacy experts
- Plain language
- Formatting



Legal Affairs

- Legal language and legal implications experts

Quality Administration

- Regulatory compliance experts
- Policy experts



Health Information Management

- Manage the medical record (what belongs, how does it belong, etc.)

Clinical Leadership

- System Clinical Effectiveness Council
- System content experts and leadership

Information Technology

- E-signature
- Technology experts

Thinking of your organization,
who is missing from the
stakeholders list that would be
key to updating or improving
forms work?

Organization process review and fact finding, with best practices from the literature in mind.

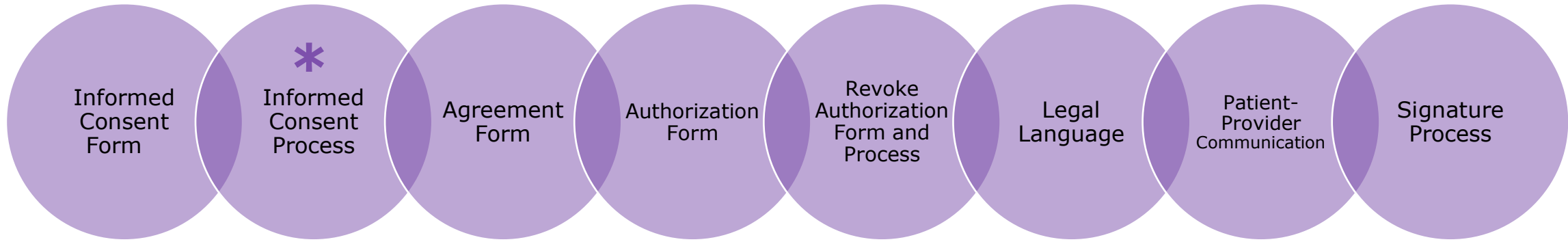


Get the right people involved.



Define forms types and create templates for each.

Patient Signature Forms and Processes



Most organizations do not differentiate between types of patient signature forms.

It is important to identify and define patient signature forms for the sake of:

- Patient understanding and engagement
- Organizational process of creation, approval, and implementation for the form

- * 3 major components of the **informed consent process** that should be used for all forms:
1. Determine competence or capacity of the patient to consent.
 2. Inform the patient – effective communication.
 3. Document in the health record.

Form Types and Templates

Consent Form

Agreement Form

Authorization
Form and Revoke
Authorization
Form

Government or
Regulatory Form

Consent Form

An informed consent form is a signed document where a patient agrees or disagrees to a medical intervention and has the right to agree to what happens to their body.

Examples

Consent to surgical, medical, or diagnostic procedure

Requirements

- ✓ Plain language [Health Literacy]
- ✓ Must include diagnoses/condition, planned procedure, site of procedure (refer to consent to medical or diagnostic procedure), procedure specific risks (as identified by provider), etc. [Legal/Regulatory]
- ✓ Standard language that defines consent and what patient agrees to [Multidisciplinary Team]

Notes

- Most detailed type of form
- Needs to be accompanied by education via provider (written, verbal, etc.)
- Regulatory requirements

Consent Form

HENRY FORD HEALTH

Place patient label here or fill out information below:

Patient Name: _____

Date of Birth: _____

MRN: _____

Name of Consent Consent Form

I understand that I have the right to direct what happens to my body. By signing this consent form, I agree to what is described below.

I give consent to:

Use this section to explain what the patient is giving consent to.

- Description of the treatment or intervention.
- Describe to purpose of the treatment or intervention.
- Text is written in the first person ("I" instead of "you").

Procedure

Use this section to explain about the procedure.

- What exactly is the procedure?
- Text is written in the first person ("I" instead of "you").

Risks

Use this section to explain what the risks of the procedure are.

- Possible risks of this procedure include, but are not limited to:
- Text is written in the first person ("I" instead of "you").

Alternatives

Use this section to explain what alternatives are available to the patient outside of this procedure.

- What are the expectations of the patient?
- Text is written in the first person ("I" instead of "you").

Agreement

Use this section to explain what the patient is agreeing to.

- What are the expectations of the patient?
- Are there legal risks the patient needs to agree to?
- Text is written in the first person ("I" instead of "you").

Form #: <number> Revised Date: <date>

Document Type: Informed Consent

I have read this form or it has been read to me. I understand everything in this form. I got a copy of this form and understand it cannot be changed unless done with an authorized HFH representative.

Patient or Legal Representative Signature _____

Date _____

Time _____

Print Patient or Legal Representative Name _____

Witness Signature (hospital employee only) _____

Date _____

Time _____

Print Witness Name _____

☐ Check if interpreter was used.

Interpreter Name and Phone Number _____

Form #: <number> Revised Date: <date>

Document Type: Informed Consent

Consent Form

Legal
Required and
Approved

Regulatory
and Legal
Required and
Approved

Team
Required and
Approved

HENRY FORD HEALTH

Place patient label here or fill out information below:

Patient Name: _____

Date of Birth: _____

MRN: _____

Name of Consent
Consent Form

I understand that I have the right to direct what happens to my body. By signing this consent form, I agree to what is described below.

I give consent to:

Use this section to explain what the patient is giving consent to.

- Description of the treatment or intervention.
- Describe to purpose of the treatment or intervention.
- Text is written in the first person ("I" instead of "you").

Procedure

Use this section to explain about the procedure.

- What exactly is the procedure?
- Text is written in the first person ("I" instead of "you").

Risks

Use this section to explain what the risks of the procedure are.

- Possible risks of this procedure include, but are not limited to:
- Text is written in the first person ("I" instead of "you").

Alternatives

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Patient or Legal Representative Signature

Date

Time

Print Patient or Legal Representative Name

Witness Signature (hospital employee only)

Date

Time

Print Witness Name

☐ Check if interpreter was used.

Interpreter Name and Phone Number

Form #: <number> Revised Date: <date>

Document Type: Informed Consent

Agreement Form

A patient agrees to participate in some specific manner with their medical care, and the organization also indicates what they may or may not do depending on the patient's participation.

Examples:

- A patient agrees to use a specific device or follow specific instructions pertaining to their care.
- A patient agrees to the cost for their care or a medical device.
- A patient agrees they received information regarding their condition or care.

Requirements

- ✓ Plain language [Health Literacy]
- ✓ Define agreement form [Multidisciplinary Team]
- ✓ Must include what patient is agreeing to and what organization agrees to [Legal]

Notes

- We have found this is the majority of forms we have in the system.

Agreement Form

HENRY FORD HEALTH

Place patient label here or fill out information below:

Patient Name: _____

Date of Birth: _____

MRN: _____

Name of Agreement Agreement Form

By signing this form, I agree to participate with my medical care. I understand that this form explains an agreement between myself and Henry Ford Health (HFH) to work together. It describes what will happen if I follow the agreement and what will happen if I do not follow the agreement.

This is an agreement about the title of the form or a brief explanation.

I agree to:

Use this section to explain what the patient is agreeing to

- What are the expectations of the patient?
- Text written in the first person ("I" instead of "you").
- Include what happens if the patient does not follow agreement. "I know that if I do not follow this agreement, x will happen"

HFH agrees to:

Use this section to explain what HFH is going to do or not do.

- What will happen if the patient follows their part of the agreement?
- What will happen if the patient does not follow their part of the agreement?
- Use "HFH" instead of "provider," or "we," etc.

I have read and understand the agreement above. I was able to ask all of my questions and they were answered.

Patient or Legal Representative Signature

Date

Time

☐ Check if interpreter was used.

Interpreter Name and Phone Number

Authorization
Form

Revoke
Authorization
Form

A patient gives the organization permission to act on information related to their healthcare.

A patient asks to take back or no longer grant organization the permission.

Examples:

- Use of protected health information
- Audio/visual permission
- Information about your health care (not necessarily protected like appointment reminders)

Requirements

- ✓ Plain language [Health Literacy]
- ✓ Define authorization [Multidisciplinary Team]
- ✓ What the organization is requesting permission to do [Legal]
- ✓ How the patient can take back the authorization [Legal]

Authorization Form

HENRY FORD HEALTH

Place patient label here or fill out information below:

Patient Name: _____

Date of Birth: _____

MRN: _____

Name of Authorization Authorization Form

I understand that signing this authorization form means I give permission to Henry Ford Health (HFH) to use personal information about my health and healthcare. This authorization (write how long the authorization is good for or when it ends; if this form is a one time use, indicate that here and we will remove the revocation section below). I understand that information used or released based on this authorization may also be released by the person that receives the information.

Reason for This Authorization

Use this section to explain what the patient is authorizing HFH to do.

- What HFH is requesting permission or authorization to do.
- What type of information is being disclosed.
- Why is HFH requesting this permission and/or what is the reason for the disclosure?
- Text written in the first person ("I" instead of "you").

How to Take Back an Authorization

- I know that I can take back (revoke) this authorization at any time.
- To take back this authorization, I understand I need to put it in writing or email form and give it to HFH.
- I understand that taking back the authorization does not apply to information that has already been released.
- To contact the HFH Information Department about taking back an authorization, email: HFHSMedicalRecords@hfhs.org

I have read and understand the authorization above. I was able to ask all of my questions and they were answered.

Patient or Legal Representative Signature

Date

Time

☐ Check if interpreter was used.

Interpreter Name and Phone Number

Revoke Authorization Form

HENRY FORD HEALTH [®]	
Authorization Revocation Form	
Place patient label here or fill out information below: Patient Name: _____ Date of Birth: _____ MRN: _____	
I understand that I can take back (revoke) an authorization that I have given to Henry Ford Health (HFH) to use my personal information about my health and healthcare. I know that this revocation only applies to situations moving forward and HFH cannot take back any information they already shared before I signed this form.	
Authorization Being Revoked	
- The authorization I would like to take back is: _____ (name of authorization form). - I understand that this revocation is effective right away. - I understand that I no longer wish to give HFH permission as noted above.	
Patient Signature _____	Date _____ Time _____
DRAFT	
Form #: <<number>> Revised Date: <<date>> Document Type: Revoke Authorization	

Government or Regulatory Form

These are forms that the government or regulatory bodies require to be written or formatted in a specific manner.

Examples:

- In Michigan, a DNR form

Requirements

The primary requirement is to meet the stipulations of the government or regulation agency.

If possible:

- Plain language
- Define necessary terms
- Meet system formatting requirements

Government or Regulatory Form

- Vary based on the form.
- If it can be possibly built into our template, at the very least, the header and logo stay the same.

HENRY FORD HEALTH		Place patient label here or fill out information below:
Name of Form Form		Patient Name: _____
		Date of Birth: _____
		MRN: _____
DRAFT		
I have read and understand the authorization above. I was able to ask all of my questions and they were answered.		
Patient or Legal Representative Signature _____		Date _____ Time _____
☐ Check if interpreter was used. _____ Interpreter Name and Phone Number		
Form #: <number> Revised Date: <date>		Document Type: Government/Regulatory

Tips for Template Design

Formatting

- Create clear headings to guide the patient through reading.
- At least 12-point size font.
- Make sure there is ample white space.
- Consider a format that locks text so the template can be shared and edited, but standard language cannot be changed.
 - Efficient and clear for content team and review team.
- Use bullets.

Language

- Plain language
- Identify standard language that needs to be consistent on every form (describe to the patient what each form is intended for; what their role is; what the organization's role is; etc.).
- Identify the areas that will need to be edited/filled in based on the content.
 - Set standards as far as how it should be worded (using first person/second person).
 - Include tips on what should be included to guide content owners/form owners.

Seek patient feedback.

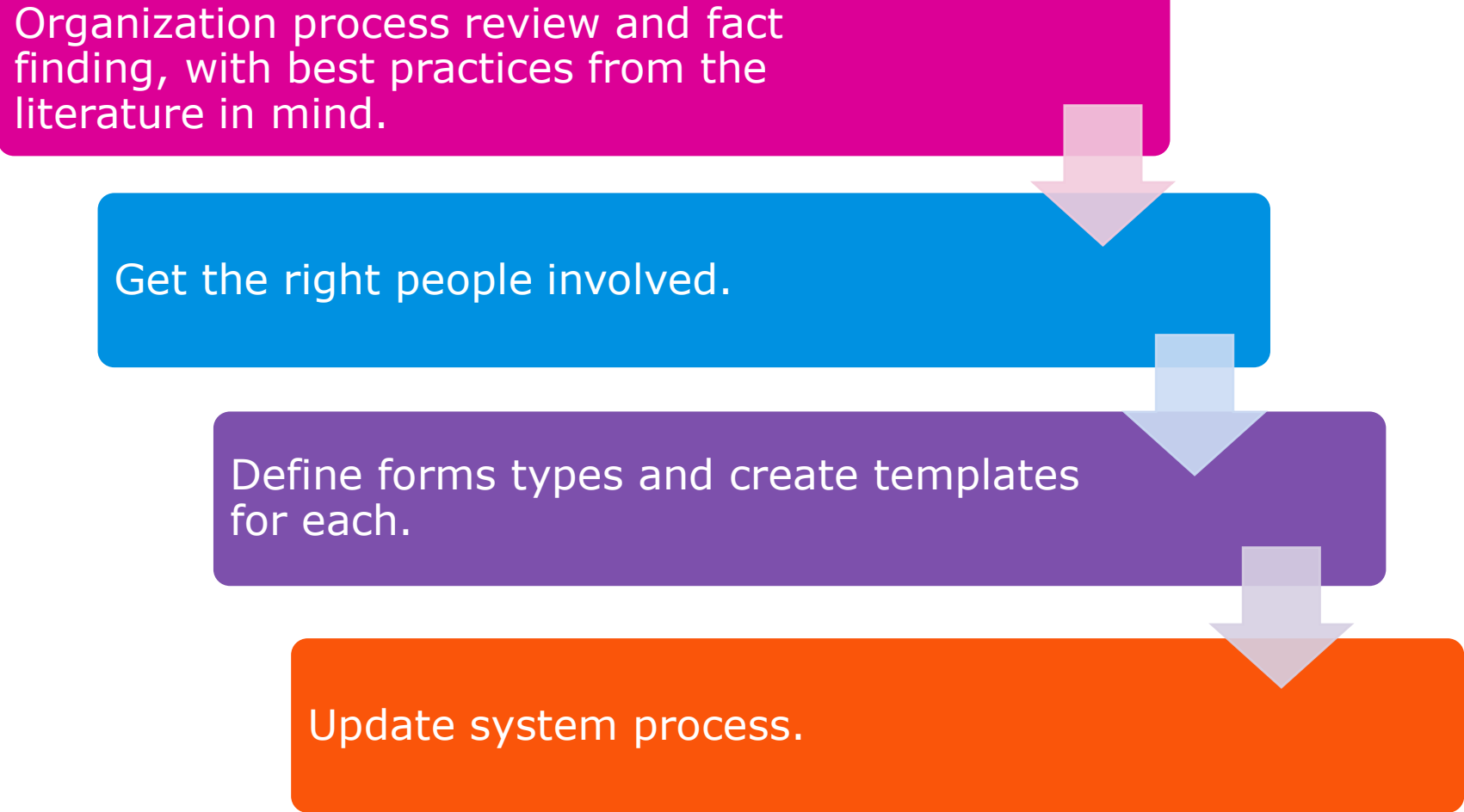
Patient Feedback

- “They’re telling me what and why I’m signing. I don’t feel overwhelmed.”
- “I feel comfortable signing.”
- “It makes it a longer document, but it doesn’t feel long because there is space.”
- “I like the font size.”
- “Clean look.”
- “Really like the headings, they are easy to follow.”



Do you think you could
incorporate these types of
forms at your organization?

Organization process review and fact finding, with best practices from the literature in mind.



Get the right people involved.

Define forms types and create templates for each.

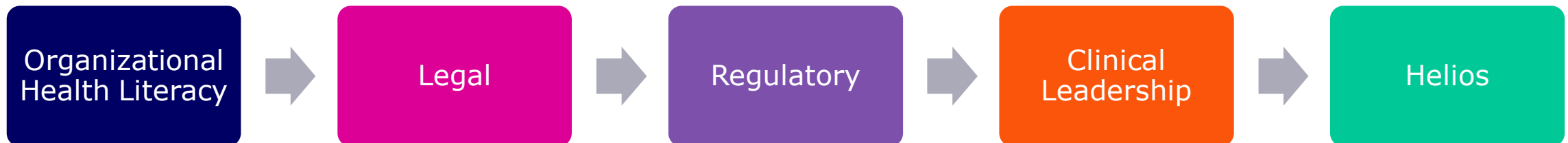
Update system process.

- Forms submission
- Review workflow
- Finalization

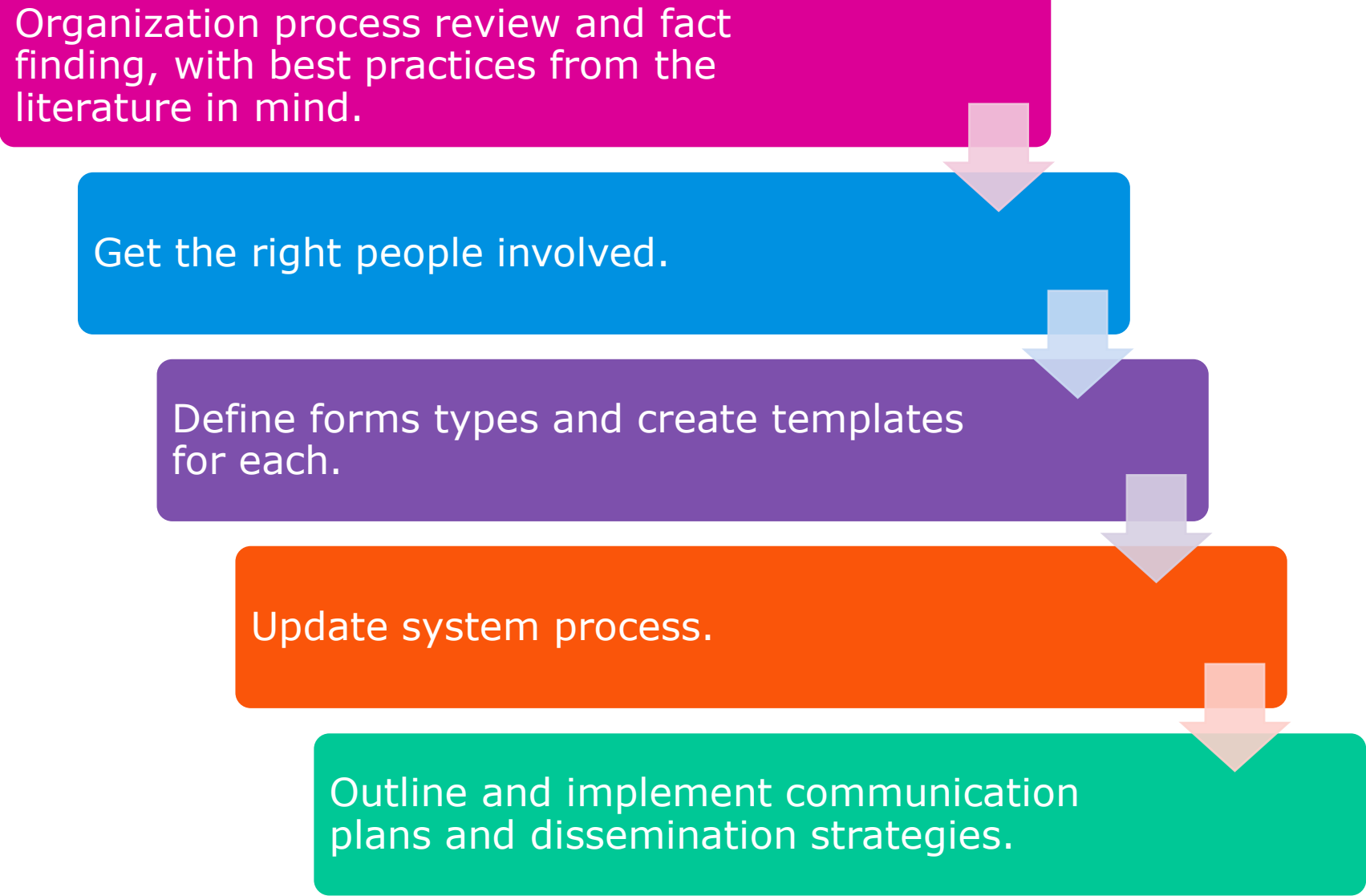
Update System Process

You have your team. You have your templates. Now what?

- Collaborate with stakeholders on an efficient process for review and approval.
- Identify the information you need up front from the form's owner(s) that will make the process flow smoothly. How will you get that information?
 - Purpose of the form
 - Regulatory or state requirements; departmental or system policy
 - Leadership approval
- Identify technology that will help with forms submission and approval process.
 - Project Management System: Podio, Service-Now, shared drive or OneDrive, etc.
- Identify the approval workflow(s).



Organization process review and fact finding, with best practices from the literature in mind.



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graph TD; A[Organization process review and fact finding, with best practices from the literature in mind.] --> B[Get the right people involved.]; B --> C[Define forms types and create templates for each.]; C --> D[Update system process.]; D --> E[Outline and implement communication plans and dissemination strategies.];
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Get the right people involved.

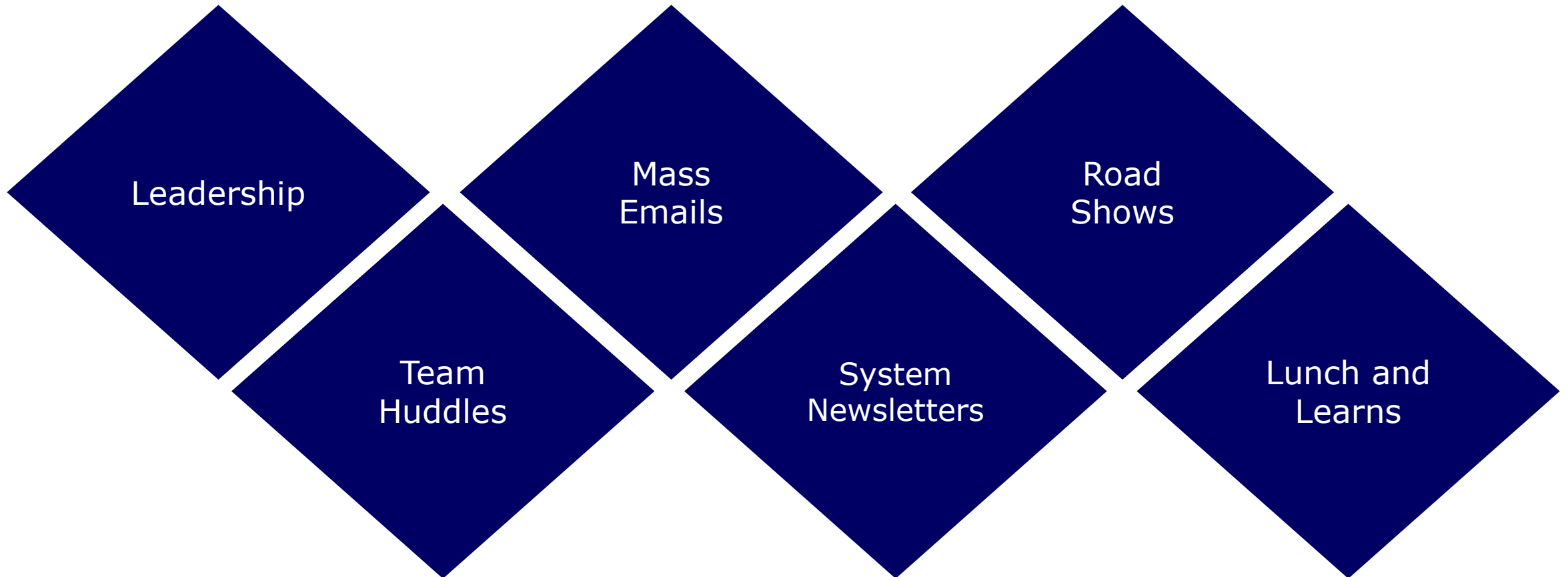
Define forms types and create templates for each.

Update system process.

Outline and implement communication plans and dissemination strategies.

Communication and Dissemination

Collaborate with stakeholders to identify the most effective communication and dissemination strategies for your organization.



Process Steps

Organization process review and fact finding, with best practices from the literature in mind.



Get the right people involved.



Define forms types and create templates for each.



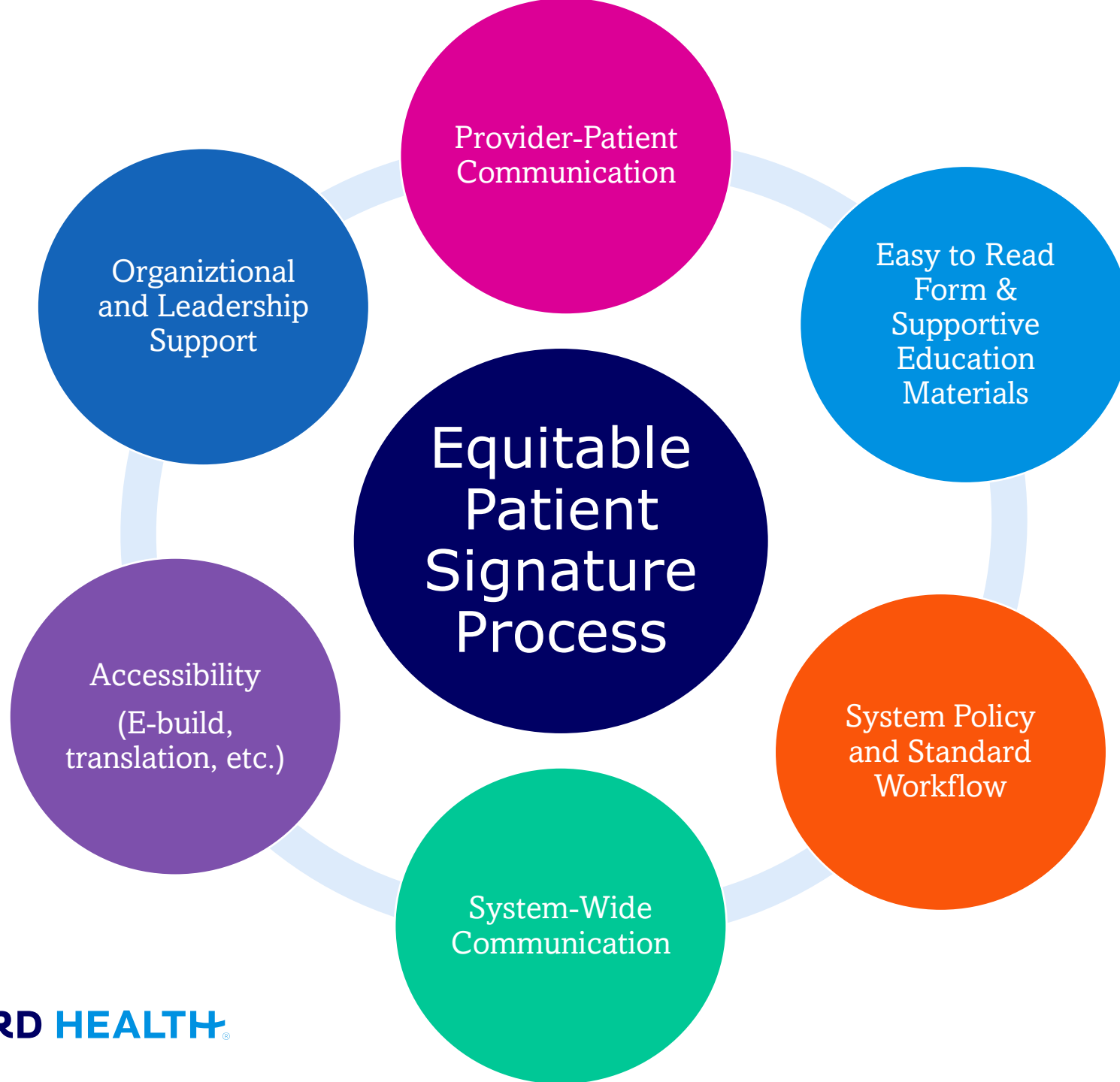
Update system process.



Outline and implement communication plans and dissemination strategies.

Opportunities

HENRY FORD HEALTH[®]



Review and Takeaways

- Collaboration is key. Find the right people to have at the table. Respect and use the various expertise at the table.
- Focus on “access, understand, and empower” to guide your work.
- Take the time to understand your organization’s current process and list out the opportunities you and others see to improve it.
- Revisit and update your elevator pitch as you work with more stakeholders and understand the areas of this process change that resonate with others.
- Understand this all takes time!



“We are moving the mountain one pebble at a time.”

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Questions?