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

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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)

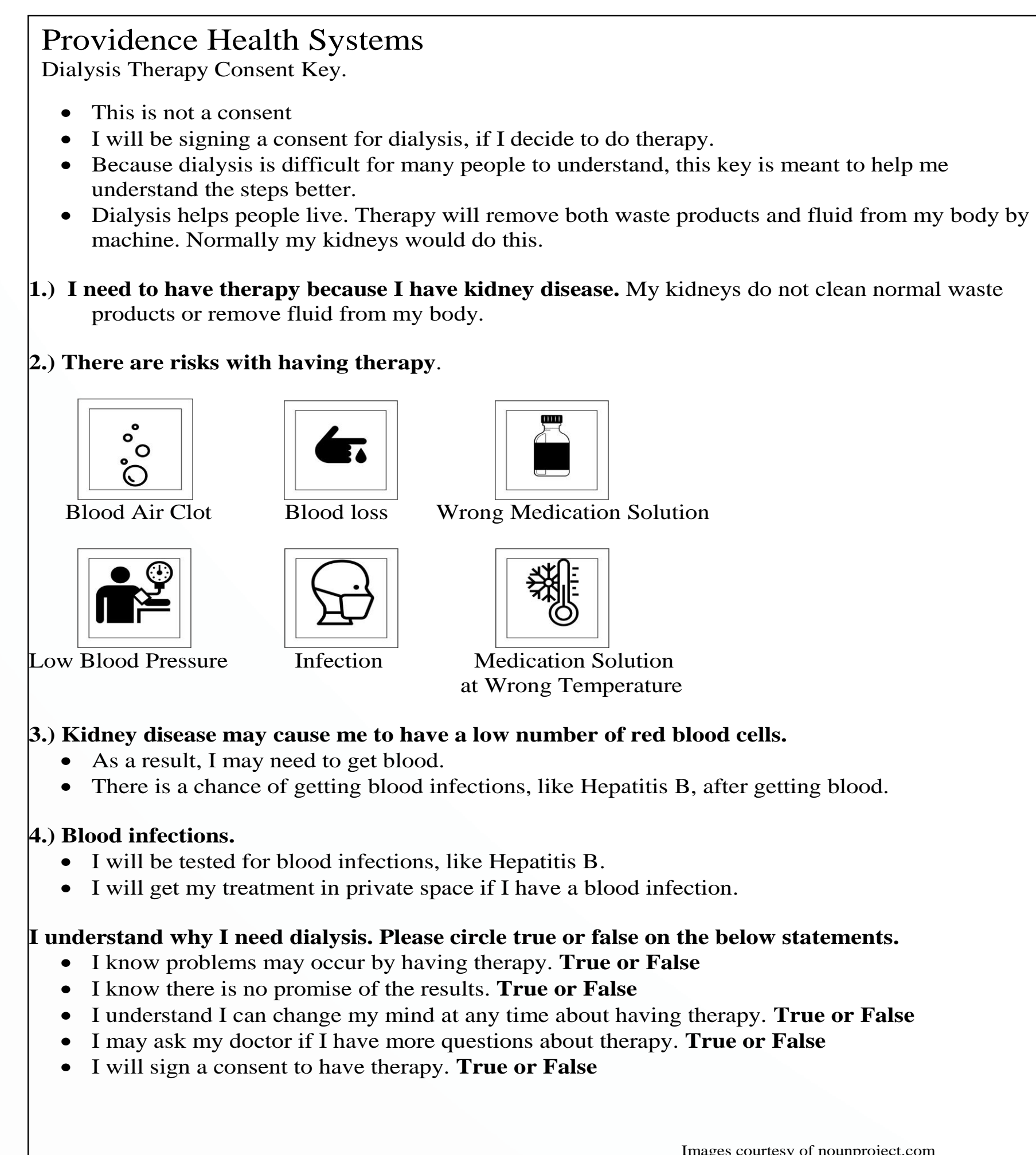
Participants' overall knowledge went from 49% with the standard consent and increased to 78% with the low-literacy consent key. The majority (94%) of participants preferred the low-literacy version.(2)

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

The PICOT question for this project was:  
 In patients with old and 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?

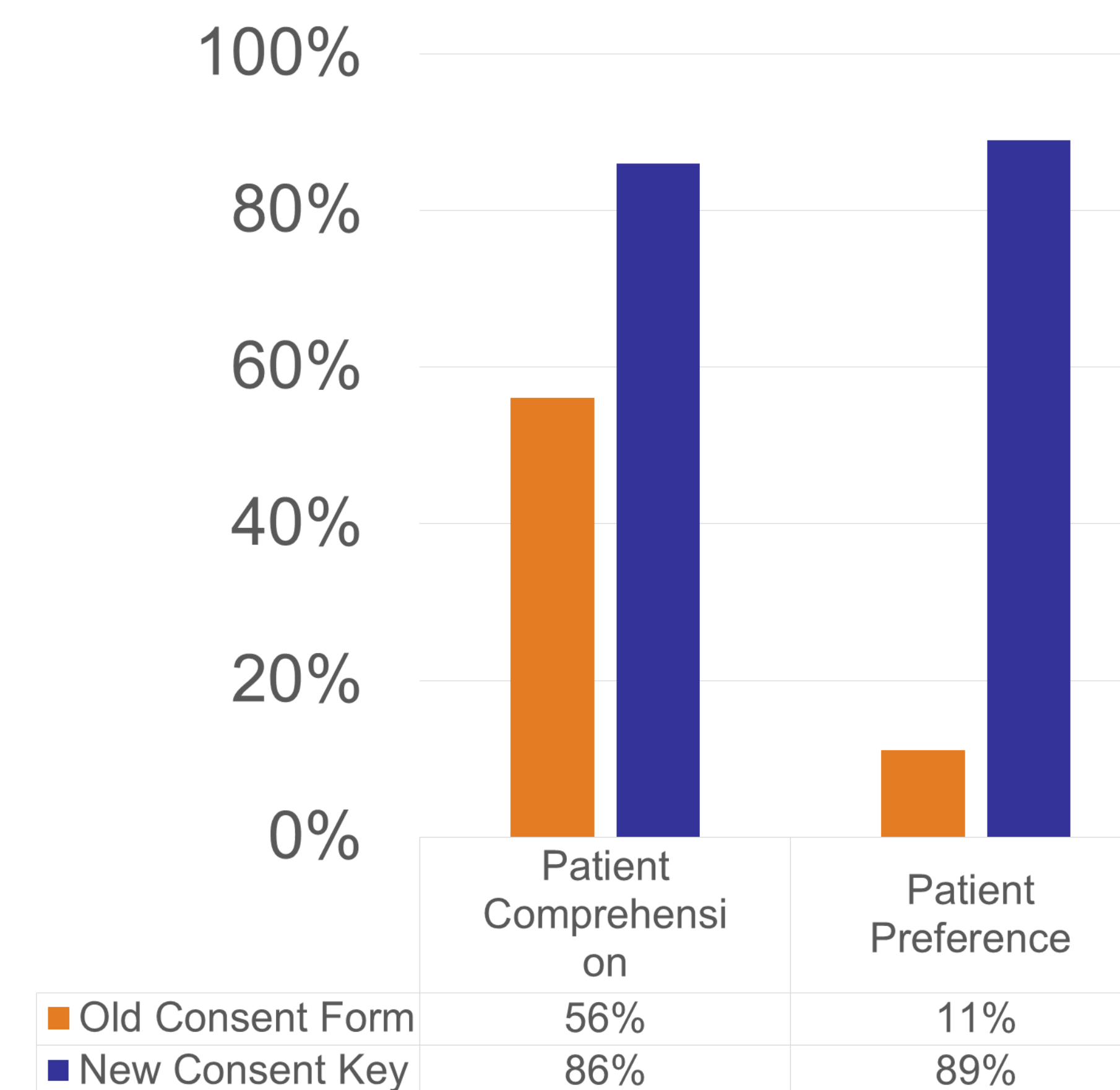
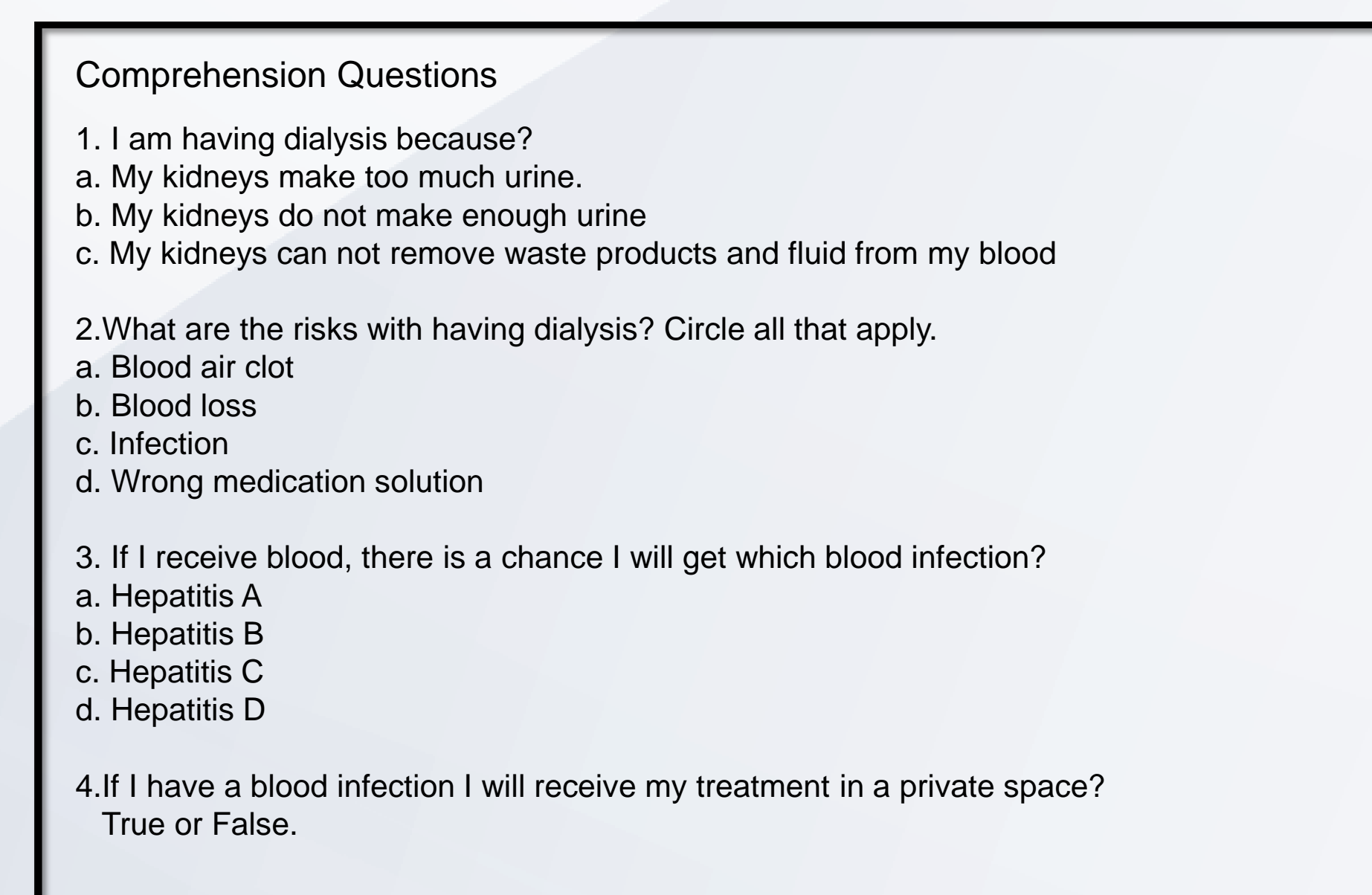
## References

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2. Nikki B. Zite MD, MPH and Lorraine S. Wallace, PHD. "Use of a Low-Literacy Informed Consent Form to Improve Women's Understanding of Tubal Sterilization." *American College of Obstetricians and Gynecologists*. Vol. 117, NO. 5, May 2011. page 1160-1166
3. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *National Action Plan to Improve Health Literacy*. Washington, DC: Howard K. Koh, M.D., M.P.H. Assistant Secretary for Health..



## Methods

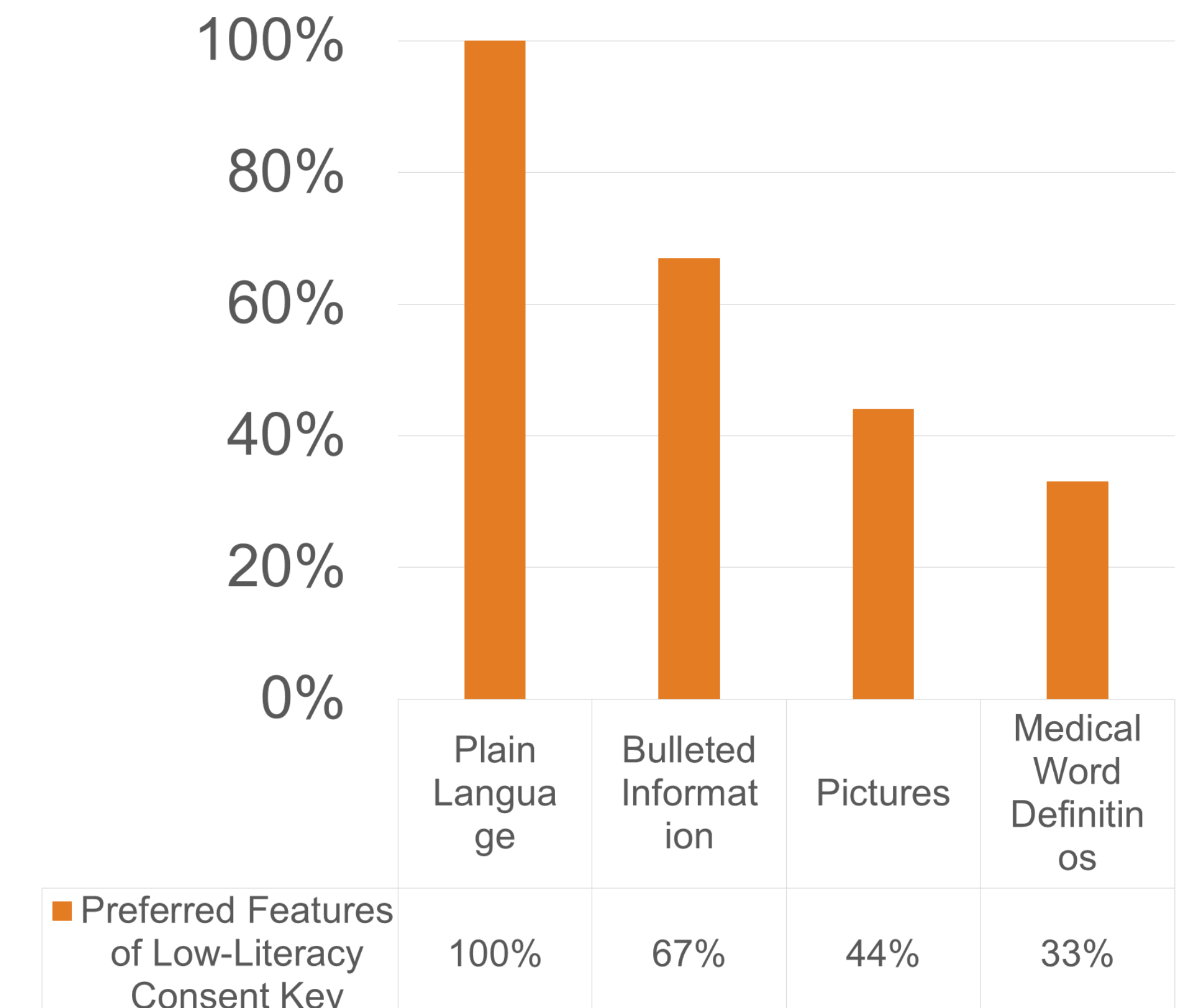
- Participants:** Between April 21<sup>st</sup> and May 21<sup>st</sup> 2017, nine patients who presented with old or new onset kidney failure to Providence St Vincent Medical Center for inpatient dialysis treatment.
- Exclusion criteria:** non-English speaking, unable to read the form, confused or critically 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 or traditional, using a Likert scale. Finally, patients were asked which elements they liked about the consent key: plain language, pictures, bulleted information, definitions of medical words, true or false statement.



## 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 and bulleted information. All (100%) participants stated they liked the plain language and 67% liked the information bulleted.
- The least preferred features were pictures and medical definitions. Less than half the participants (44%) stated they liked the pictures and 33% liked the medical definitions.

"I didn't know I could get a blood infection." wrote one patient who became aware of this risk when answering the comprehension questions after reading the standard dialysis consent form.



## 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 data 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.

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