

Health Literacy in Practice: Hospital Letter

Waiting for results from a medical test or procedure can be a very taxing and worrying time. In our experience, you usually go through a whole rollercoaster of emotions. Then the letter from the hospital arrives. You quickly rip open the envelope and start reading. However, these letters are not actually written for you, but for your local GP. This means they are usually full of medical terminology and scientific speak. They obviously make sense to the intended audience, your GP, but not to the person (you), who has been copied into the letter out of courtesy.

Reading this letter can either cause a sense of confusion, terror or bewilderment. What does “delayed” mean? ...What does that figure mean? ...Is that good or bad? ...What am I supposed to do next? ...Should I contact them, or do they contact me?

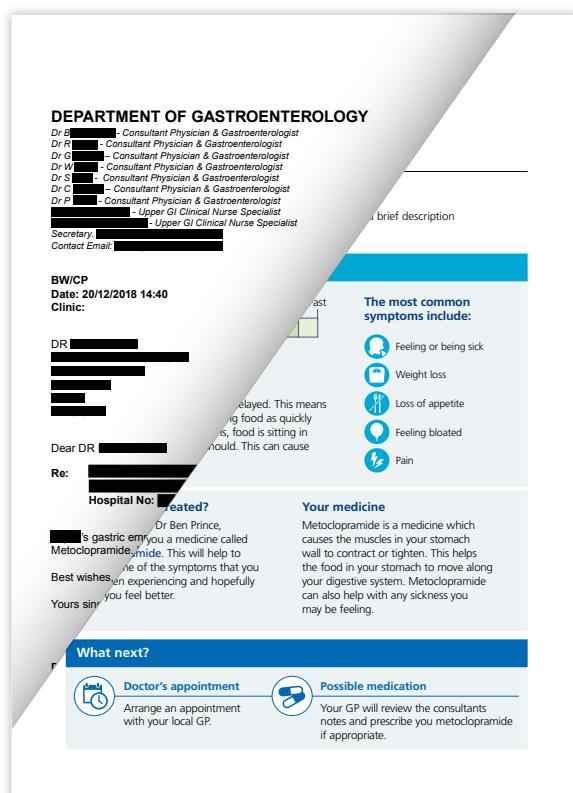
These hospital letters, although supposed to be useful, can lead to a whole barrage of questions and cause you to feel uncertain.

So, why are we writing about this? Recently, a colleague showed us a confusing letter that she had been sent from the hospital. Unsure of what the letter meant, she asked us if we could help decipher the jargon.

After deciphering what the results meant for her and what she was supposed to do next, we thought about how other patients must feel when confronted with this type of letter.

As an agency that believes whole heartedly in the principles of health literacy and the need to listen to the patient’s voice, we decided to see how we could transform this letter into something more understandable for those who do not have a medical background.

So given the brief, “if a patient was given these results directly, how could we make it into something they could understand and, most importantly, act on?”, our studio, working with medical writers, transformed the hospital letter. You can see what we came up with below.



Observations

Context

One of the first things we noticed was the lack of explanation. Obviously, the GP reading this letter would not need this, but as a patient, putting the results into some form of context is very important. It ensures the patient understands what the results actually mean for their health.

Tone of voice

The tone of the letter was very matter of fact and not very patient friendly.

Medical terminology

The actual results of the tests were very unclear and it was not very obvious what our colleague was supposed to do next.

Real estate

More than half of the page was used to list off all the consultants working at the practice, an address and codes that a patient would not understand.

Lack of visual cues

As healthcare designers we know that patients rely on us to guide them through documents and draw their attention to the information they need the most. 90% of information that comes to the brain is visual¹ so patients may struggle to understand something as text heavy as this letter.

DEPARTMENT OF GASTROENTEROLOGY

Dr B [REDACTED] - Consultant Physician & Gastroenterologist
Dr R [REDACTED] - Consultant Physician & Gastroenterologist
Dr G [REDACTED] - Consultant Physician & Gastroenterologist
Dr W [REDACTED] - Consultant Physician & Gastroenterologist
Dr S [REDACTED] - Consultant Physician & Gastroenterologist
Dr C [REDACTED] - Consultant Physician & Gastroenterologist
Dr P [REDACTED] - Consultant Physician & Gastroenterologist
[REDACTED] - Upper GI Clinical Nurse Specialist
[REDACTED] - Upper GI Clinical Nurse Specialist
Secretary: [REDACTED]
Contact Email: [REDACTED]

BW/CP
Date: 20/12/2018 14:40
Clinic:

DR [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear DR [REDACTED]

Re: [REDACTED]
[REDACTED]
Hospital No: [REDACTED] NHS No: [REDACTED]

[REDACTED] s gastric emptying study was delayed suggesting that she may improve with Metoclopramide. Her colonic transit study was normal.

Best wishes,
Yours sincerely

Dr B [REDACTED]
Consultant Physician & Gastroenterologist

1. Hyerle, 2000

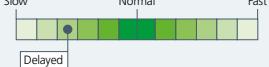
Transformation

Department of Gastroenterology
Dr Ben Prince

23/11/2018

Dear Sophie,
Please find below the results of the recent tests you have had, a brief description of what the results may mean and what you should do next.

Gastric Emptying Study



What does this mean?
Your gastric emptying study was delayed. This means that your stomach is not emptying food as quickly as it should. When this happens, food is sitting in the stomach longer than it should. This can cause a number of symptoms.

The most common symptoms include:

- Feeling or being sick
- Weight loss
- Loss of appetite
- Feeling bloated
- Pain

How can it be treated?
Your consultant, Dr Ben Prince, has prescribed you a medicine called **metoclopramide**. This will help to relieve some of the symptoms that you have been experiencing and hopefully make you feel better.

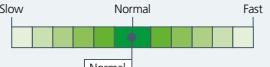
Your medicine
Metoclopramide is a medicine which causes the muscles in your stomach wall to contract or tighten. This helps the food in your stomach to move along your digestive system. Metoclopramide can also help with any sickness you may be feeling.

What next?

Doctor's appointment
Arrange an appointment with your local GP.

Possible medication
Your GP will review the consultants notes and prescribe you metoclopramide if appropriate.

Colonic Transit Study



What does this mean?
Your colonic transit study was normal. This means the movement of material (poo) through your large bowel is as it should be and **therefore no further action is required**.

What next?

Nothing
No further action is required as your results for this test were normal.

Scheduled appointments

Your next scheduled appointment with your consultant is:

15th February 2019 - 09:30
Gastroenterology Department
Chestnut Hospital
Maple Road
Pineton, JK7 2LL

Confused or have any questions?
Please call your local GP on: 01223 456789

Notes

When a patient is ill, their ability to take in information is diminished and their reading age actually reduces quite considerably. Therefore, it is important to take these points into account when developing health information materials for patients. Here are some of the things we did to make the hospital letter more health literate:

Use of plain English

By explaining the results in plain English and avoiding the use of jargon, you can help take away some of the uncertainty and ensure the patient understands what they are reading.

Use of data visualisation

By using simple visualisation to show the results, even if the patient is unable to take in the text, they should be able to understand what the graphics mean. Visualisation also helps put the results into context.

Sectioning

By breaking down the results into more manageable chunks, the patient does not have to take too much information in all at once. It is also easier to highlight the important things the patient needs to know and understand.

Ensuring the patient knows what to do next

This was something that was not evident from our colleague's original letter. So, we made sure, in our transformation, that there was a clear call to action, which signposted exactly what the patient was supposed to do next.

Using more colour

Colour can increase a reader's attention span and recall by 82%² and is a great way of drawing attention to the most important information for the patient. Colour was used really carefully through the letter. We deliberately avoided any colours associated with warning or caution in the scale so that the patient's first response would not be panic.

Icons

We used simple imagery to help with low literacy levels and to make the letter more engaging. They were used to visualise side effects and break the next steps down into a clear visual flow.

Notes

This kind of visualisation is not just about making something look cleaner, it is also about creating something practical that a patient could use. In this case, we added a notes section under the phone numbers so that when a patient called their local GP, they could make notes on the letter and keep all of their information, questions and thoughts together.

2. <http://www.office.xerox.com/latest/COLFS-02UA.PDF>

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Conclusion

The process of changing this doctor's letter got us thinking about how many materials are out there for patients that are just as hard to understand. Other confusing medical documents, such as an informed consent form for a clinical trial, a dosing schedule or instructions on how to use a medical device, are just a few of them.

This is why we have decided to start this 'Health literacy in practice' series. We are going to be taking these materials and showing you how they can be turned into something more suitable for patients and their level of health literacy.

Watch this space to see what we tackle next.

Dr Liz Walder & Sarah Gracey