Chant and Brooks recognized the need for a written guide. Over the course of 18 months, they worked to develop a patient packet covering the basics of lower-limb amputations.

With the assistance of HUP Patient Education Specialist Carolyn Cutilli, PhD, RN, the therapists realized they were packing in way too much information — “like everything we knew about amputations,” Chant joked — and using too many words. More than a year after the project ended, the mantra of simplicity has stayed with her as a clinician.

“Going through this whole process has taught me to take a step back when I’m explaining things,” said Chant, a senior occupational therapist. “Sometimes, when I’m talking to patients, I feel like I’m rambbling and a lot of the stuff I’m saying is going in one ear and right out the other. I remember that simplicity is key.”

That process typifies the Patient Education Specialist team’s focus this year on evolving as a “health literate organization,” Cutilli said. “Developing these tools is just one small part of it. It’s really an educational process,” Cutilli said. “It’s about empowering the staff to teach patients effectively, and then empowering patients so that they learn.”

Health Literacy Gets Redefined

Health literacy has historically referred to a patient’s ability — or lack thereof — to understand information and services well enough to make good decisions about their care. In 2021, the federal Department of Health and Human Services updated the definition to emphasize “organizational health literacy” — the concept that health care organizations play a significant role in making the information and services more accessible and understandable.

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Helping Patients Understand: Evolving as a Health Literate Organization

A couple of years ago, when occupational therapist Malarie Chant, MOT, OTR/L, and physical therapist Dayna Brooks, PT, DPT, were working on the vascular surgery unit with patients undergoing lower-limb amputations, they were fielding tons of questions from patients: How soon could they go home after the surgery? Would they leave the hospital with a prosthesis? What exercises did they need to do?

That was a key takeaway for Jerry Jacob, MD, MS, an assistant professor of Infectious Diseases at Perelman School of Medicine. As co-chair of a system-wide infection control patient education committee, Jacob consulted with the patient education team on several new pamphlets for bedside nurses about healthcare-associated infections — the infections that patients can get while receiving inpatient treatment for medical or surgical conditions.

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“Health care and public health delivery systems are complicated bureaucracies,” researchers explained in a Journal of Public Health Management and Practice article. “Even highly motivated and educated individuals may find the systems too complicated to understand.”

HUP’s Patient Education Specialist team — Andrea Blount, MPH, BSN, RN, Maureen Bonnell, MSN, RN, and Cutilli — sees that expanded definition as a call to action. “Health literacy is more than just being able to read something; it’s the whole gamut of how patients interact with the health system,” Bonnell said. “There are a lot of opportunities to enhance our information and services so patients have greater understanding, from how to navigate a building to preparing for a test.”

What Does the Patient Want to Know?

What patients want to know — and what the health care provider thinks they need — aren’t always the same thing.

Jacob and his colleagues were developing a “Frequently Asked Questions” about central lines, the tubes that are used instead of an IV when patients need treatment for weeks or months. Because bacteria or viruses can enter the bloodstream through the central line, health care providers must follow strict protocols when inserting the tube to make sure it remains sterile. One of those involves covering the patient’s body with a large sterile sheet, exposing only the spot where the line is being placed. That’s a detail the team might not have mentioned in the pamphlet, but it was key for a patient’s feedback.

“When we asked about what they wish they would have known, they said they didn’t realize that they would be covered entirely,” Jacob said. “We wouldn’t have thought to include that.”

Simplicity was a priority when the Patient Education Specialist Team developed communication at the new Pavilion — from how to use the iPads and electronic white boards in the patient rooms to the signs orienting visitors to different parts of the building, said Patient Education Specialist Andrea Blount, MPH, BSN, RN.

“We spent days laboring over the language,” Blount said. “A lot is going into education because it’s a brand-new environment.”

The technology in the Pavilion provides an enhanced way for patients to understand their health and plans for care, Blount said. Patients can view their radiology exams (X-rays, CT scans, MRIs) on the big screen in their room as the health care team explains the results.

“The team members’ pictures and names will appear on the screen when they enter the room, supporting patients’ knowledge of their team. In the near future, patients will be able to use iPads to view educational videos,” she said. “This technology is a way to meet the health literacy needs of our patients.”

For a consultation with the Patient Education Specialist team, email HUPPatientEducationSpecialist@pennmedicine.upenn.edu.
We're seeing a new era of hospital dining.