International Self-Assessment Tool Organizational Health Literacy (Responsiveness) of Hospitals (HLO-Hos)

General data concerning the self-assessment in the health service

Name of the organization Click here to enter text.
Who is responsible for coordinating the self-assessment (name, position in the organization)? Click here to enter text.
For which part of the organization do you conduct the self-assessment (e.g. whole organization, department, or unit)? Click here to enter text.
Who else is involved in the self-assessment (name, department, position in the organization)? Click here to enter text.
Which of the following categories best describes the area where your organization is situated? ☐ Village, rural area (<3,000 inhabitants) ☐ Small town (≥3,000 and < 15,000 inhabitants) ☐ City (≥15,000 and <100,000 inhabitants) ☐ Large city (≥100,000 and < 1,000,000 inhabitants) ☐ Metropolis (≥1,000,000 inhabitants)
How many employees (full-time equivalents) work in your organizations? Click here to enter text.
Please indicate the number of employees per occupational / professional group in your organization (including employees employed through third parties): ☐ Physicians Click here to enter text. ☐ Nursing staff Click here to enter text. ☐ Other health professions e. g. therapists, pharmacists, medical-laboratory assistants Click here to enter text. ☐ Management and administration Click here to enter text. ☐ Maintenance staff e. g. cleaning, kitchen Click here to enter text. ☐ All other staff Click here to enter text.

General data concerning the self-assessment in the health service

How many in-patients does your organization treat per year (number of hospitalizations)?
Click here to enter text.

How many out-patients does your organization treat per year (number of patient visits)?
Click here to enter text.

Please indicate the main nationalities /language groups of your patients [adapt categories to the country/region; below, as an example, the version for Austria; ranked by size of sub-population in Austria]

☐ German
☐ Croation/Serbian/Bosnian
☐ Turkish
☐ Polish
☐ Russian
☐ Slovak
☐ Hungarian
☐ English
☐ Others: Click here to enter text.

Please indicate the main nationalities /language groups of your staff [adapt these categories for Austria to your country/region]

☐ German
☐ Croation/Serbian/Bosnian
☐ Turkish
☐ Polish
☐ Russian
☐ Slovak
☐ Hungarian
☐ English
☐ Others: Click here to enter text.

What are the main areas of expertise of your organization?

☐ General and acute care hospital
☐ Specialized hospital for: Click here to enter text.

Who is entitled to become a patient in your organization?

☐ public at large
☐ limited access, e.g. service provision limited to patients of a specific insurance company or private patients, etc.

General data concerning the self-assessment in the health service

Is your organization for-profit?

☐ not-for-profit
☐ for-profit
☐ both

Who is the owner of your organization?

☐ governmental owner on federal level
☐ governmental owner on regional and local level
☐ insurance company, e.g. health, accident, pension and private insurance
☐ charitable institution, e.g. NGO
☐ confessional institution/owner
☐ private organization, private person, other private institutions

Is your organization involved in vocational training of health professionals?

☐ No, no training
☐ Yes, continuous training for staff
☐ Yes, basic training (academic or non-academic), e.g. physicians, nursing staff in training
☐ Yes, specialized training, e.g. academic hospital

Standard 1: Implement organizational health literacy best-practices across all structures and processes of the organization.

Rationale: This standard can be seen as a precondition for all other standards. It influences the extent to which organizational health literacy or responsiveness is accepted (→ glossary) and can be achieved within the organization. Without making organizational health literacy a responsibility and an integral element of an organization´s structures, processes, culture and quality management, an organization cannot execute comprehensive implementation of organizational health literacy. A health literate healthcare organization (→ glossary) requires capacity building, i. e. infrastructures and resources, for being health literacy responsive in *all* decision making and acting within the organization. A committed management – which makes health literacy integral to the vision and mission, structures and processes, and all operations of the organizations – is one of the most crucial preconditions to developing health literate organizations (Brach et al., 2012). Leaders have to drive change management and continuous quality improvement (New Zealand Ministry of Health 2015) by reinforcing goals and expectations, and by modelling expected behaviours (Brach 2017).

Sub-Standard 1.1. **The management of the organization is committed to implementing, monitoring and improving organizational health literacy.**	**Yes** 76–100%	**Rather yes** 51–75%	**Rather no** 26–50%	**No** 0–25%	**N/A**
Indicator 1.1.1 The management of the organization drives the organizational health literacy culture by reinforcing goals and expectations for the organization, and by defining expected behaviors for the staff. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.1.2. The management of the organization ensures that health literacy is implemented for all relevant aspects of the organization, explicitly measured, regularly monitored, and continuously improved. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 1.1.3 The management of the organization is committed to driving health literacy improvement activities across all departments. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.1.4. The management of the organization serves on oversight committees for organizational health literacy. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.1.5. The management reviews metrics of success of each health literate intervention. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Sub-Standard 1.2. The organization makes organizational health literacy an organizational priority and secures adequate infrastructures and resources for implementing it.	**Yes** 76–100%	**Rather yes** 51–75%	**Rather no** 26–50%	**No** 0–25%	**N/A**
Indicator 1.2.1. Policy documents such as the mission statement, goals, and policies (→ glossary), explicitly define health literacy as an organizational priority.* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.2.2. Specific responsibilities for organizational health literacy are clearly defined. *(E. g. through a health literacy officer, a health literacy team)* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.2.3. Financial resources for promoting organizational health literacy are defined and allocated in business / operational plans. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.2.4. Qualified personnel for promoting organizational health literacy is defined and allocated in business / operational plans. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.2.5. Specific interventions for implementation of organizational health literacy are planned and implemented. *(E. g. for improving information, communication, navigation)* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 1.2.6. Organizational health literacy is promoted by all organizational units and policies *(E. g. in the units and policies for quality management, health promotion, risk management, human resource management, facility management)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.2.7. The organization demonstrates awareness of and respect for the values, needs and preferences of cultural groups within the community. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Sub-Standard 1.3. The organization ensures the quality of organizational health literacy interventions by quality management.	Yes 76–100%	Rather yes 51–75%	Rather no 26–50%	No 0–25%	N/A
Indicator 1.3.1. Organizational health literacy is integrated into the existing quality management system*					
a.) by definition of criteria and indicators ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
b.) by regular assessment ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
c.) by monitoring and improving of activities ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.3.2. Patient surveys include questions about the quality of information and communication.* *(E. g. comprehensibility of information provided)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.3.3. Staff surveys include questions about the quality of information and communication.* *(E. g. comprehensibility of information about occupational health and safety)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.3.4. Patient surveys use clear, everyday words and phrases.* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 1.3.5. Staff surveys use clear, everyday words and phrases.* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.3.6. Patient health literacy is part of performance measurement of the organization. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.3.7. The organization uses "mystery patients" (→ glossary) or "walking interviews" (→ glossary) to assess how easy it is for patients/visitors to navigate the organization.* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 1.3.8. The organization uses "mystery patients" to assess the quality of communication with and the quality of information for patients (verbal, written, visual). *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Standard 2: Develop documents, materials and services with stakeholders in a participatory manner

Rationale: The involvement of all relevant stakeholders in the design and evaluation of documents, materials and services helps to ensure that their development and implementation are adequate in addressing the needs of these stakeholders (Thomacos and Zazryn 2013). This is the foundation for enabling and empowering different stakeholders for easy access to, navigation and use of the healthcare facilities. Healthcare organizations exist to serve the needs of individuals and communities, therefore organizations need to engage them in all aspects of service and product design and evaluation (Trezona et al. 2017, p. 7). For a healthcare organization that has taken first steps towards becoming a health literate healthcare organization it is particularly important to listen to the voices of individuals with limited health literacy (Brach 2017, p. 213). A health literate healthcare organization uses the results of the feedback of relevant stakeholders to adopt improvements.

Sub-Standard 2.1. The organization involves patients in the development and evaluation of patient-oriented documents, materials and services.	**Yes** 76–100%	**Rather yes** 51–75%	**Rather no** 26–50%	**No** 0–25%	**N/A**
Indicator 2.1.1 All documents and services relevant for patients are developed and tested together with patient advocates and representatives of patient groups.* *(E.g. information sheets, legal information, informed consent forms, apps)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 2.1.2. The navigation system of the organization is tested by patients and is improved following the outcomes. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 2.1.3 Guidelines and procedures for staff on patient communication are developed and tested not only with representatives of staff but also of patients. *(E.g. persons with limited reading skills, members of specific ethnic groups.)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 2.1.4. (Former) Patients or trained simulated patients are involved in the training of staff in order to provide feedback on staff's oral communication skills. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 2.1.5. The organization implements mechanisms and procedures to enable feedback and complaints by patients concerning comprehensibility of documents, materials and services. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Sub-Standard 2.2. **The organization involves staff in the development and evaluation of staff oriented documents, materials and services.**	**Yes** 76–100%	**Rather yes** 51–75%	**Rather no** 26–50%	**No** 0–25%	**N/A**
Indicator 2.2.1. The organization involves staff representatives in the development and evaluation of staff-oriented communication materials and services. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 2.2.2. The navigation system of the organization is tested by new staff members or colleagues from outside of the organization and is optimized following the outcomes. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Standard 3: Enable and train staff for personal and organizational health literacy

Rationale: Staff training in health literacy is an important dimension of capacity building for organizational health literacy responsiveness and communication. Health literacy training has been shown to improve the communication skills of staff and to achieve desirable outcomes (Blake at al. 2010; Coleman 2011; Mackert et al. 2011). Patients who report optimal communication with staff demonstrate high patient satisfaction, patient optimism about treatment, trust in providers, correct diagnoses, and a better assessment of the quality of care (Schillinger et al. 2004). Health literacy training is especially important for staff that has health education roles (Brach et al. 2012). A health literate healthcare organization has to establish a set of health literacy competencies required by staff and has to assess regularly the knowledge, skills and competencies of staff in relation to health literacy. Staff of health literate organizations has to be trained in patient-centered communication skills to ensure that messages are understood in every conversation (Dwamena et al. 2012; Silverman et al. 2013) and thus guarantee equality in treatment and contribute to an inviting atmosphere – without stigmatizing.

Sub-Standard 3.1. Personal and organizational health literacy is understood as an essential professional competence for all staff working in the organization.	**Yes** 76–100%	**Rather yes** 51–75%	**Rather no** 26–50%	**No** 0–25%	**N/A**
Indicator 3.1.1. Documents such as job descriptions, selection criteria for applicants, staff development plans etc. include health literacy as a main competence.* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 3.1.2. The organization ensures that staff – especially those with patient contact and new staff – are trained in health literacy and patient-centred communication. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 3.1.3 Staff training on patient communication follows principles of health literacy and refers to all situations that involve communication. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 3.1.4. Staff – especially those with patient contact – regularly get feedback on how effective they communicate. *(E.g. by using routine feedback forms on the communication quality of staff).* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 3.1.5. Internal health literacy experts serve as role models, mentors and teachers of health literacy competences to others. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 3.1.6. Staff are offered trainings with regard to:*					
a.) Use of clear, everyday words and phrases. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
b.) Providing easy-to-understand and easy-to-apply information. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
c.) Active listening, encouraging questions. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

d.) Use of methods and techniques such as chunk-and-check (→ glossary) or teach-back (→ glossary). ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
e.) Effective risk communication as the basis for informed patient consent on medical treatment. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
f.) Motivational interviewing (→ glossary) ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
g.) Use of written and audio-visual materials to support communication *(E. g. decision aids).* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
h.) Basic knowledge on designing easy-to-understand print materials. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
i.) When and how to use an interpreter (→ glossary), and how to effectively collaborate with interpreters. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Standard 4: Provide easy navigation and access to services, documents, and materials.

Rationale: Easy accesss to and navigation of health services is an important aspect of using healthcare services adequately. Therefore, the organization has to provide a design and features that help people find their way. It uses language, symbols and signage that is easy to understand, also by users with low levels of personal (health) literacy (Rudd and Anderson 2006). Research indicates that patients with sufficient health literacy skills and positive experiences regarding navigation and access to health information and services are more satisfied with the care received by their healthcare organization than those with non-sufficient health literacy skills and negative experiences (Altin and Stock 2015). Therefore, the provision of easy-to-access health information and services (navigation assistance included) is an important factor for being able to find health information and for making informed decisions, which in turn leads to improved health outcomes.

Sub-Standard 4.1. The organization enables first contact via user friendly website and phone.	**Yes** 76–100%	**Rather yes** 51–75%	**Rather no** 26–50%	**No** 0–25%	**N/A**
Indicator 4.1.1. The organization's contact information, location, and arrival information is easy-to-find via internet search engines. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.1.2. The organization's website is easy-to-use, also for people with low digital health literacy and/or low health literacy competences. *(E.g. by use of plain language, by flexible font size, read-aloud function).* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.1.3. The website is available in various languages based on the composition of the local population. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 4.1.4. The website provides evidence-based information on frequent treatments and cites the scientific sources appropriately. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.1.5. The website is easily accessible via smartphones and tablets. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.1.6. The organization can easily be reached by telephone 24 hours a day, not only by an automated system, but by a person. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.1.7. If there is an automated phone system, there is a clear option to repeat menu items. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.1.8. Telephone communication is available in most native languages of patients. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.1.9. People at a hotline or an information desk are qualified to adequately answer patient enquiries. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Sub-Standard 4.2. The organization provides information necessary for patients and visitors for getting to the organization.	Yes 76-100%	Rather yes 51-75%	Rather no 26-50%	No 0-25%	N/A
Indicator 4.2.1. The naming of locations on maps is consistent with the terms/wording used within the organization. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.2.2. The healthcare organization provides patients with easy-to-understand information about directions from the patient's home, including public and private transportation options. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.2.3. The healthcare organization negotiates with local transportation services to assist patients by displaying adequate signage, clear announcements, and location information at public transportation stations. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.2.4. Signage of the organization and its entrances is clearly visible when approaching the hospital grounds. *(E.g. on access roads, public transport)* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.2.5 Admission departments are clearly marked and visible. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Sub-Standard 4.3.	Yes	Rather	Rather		N/A

Support is available to help patients and visitors to navigate the hospital.	76–100%	yes 51–75%	no 26–50%	No 0–25%	
Indicator 4.3.1. To support navigation, an information desk is available at all main entrances. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.3.2. To support navigation, printed maps are available for free. *Comments:* Click here to enter text.					
Indicator 4.3.3. Maps clearly indicate the individual's location in the hospital through easy-to-understand symbols or "You are here" signage.* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.3.4. The staff responsible for the admission of patients appropriately directs patients and visitors to their respective unit and staff. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.3.5. New information and communication technologies support navigation. *(E.g. speech-based electronic assistance, kiosks with touch-screens, smartphone-apps.)* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 4.3.6. Staff is trained to direct and assist disoriented patients. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.3.7. Staff or volunteers with various language skills support the navigation of patients and visitors in the organization. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.3.8. Signage design is based on appropriate height, location, color, and font size. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.3.9. Signage applies wording and symbols commonly used by patients to describe the care they are receiving.* *(E.g. Kidney Ward instead of Nephrology Ward)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.3.10. A consistent wording and use of symbols is applied for all locations and rooms within the organization.* *(E.g. always "toilette" or always "WC" or always "rest room")* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 4.3.11. Color codes are applied consistently across the organization and support navigation from different starting points. *(E.g. green color for the intensive care ward)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.3.12. Signage is available between buildings if the organization contains multiple buildings.* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.3.13. Signage is available in the native languages of the major patient groups* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.3.14. Navigation support for visually impaired patients is available. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Sub-Standard 4.4. **Health information for patients and visitors is available for free.**	**Yes** 76–100%	**Rather yes** 51–75%	**Rather no** 26–50%	**No** 0–25%	**N/A**
Indicator 4.4.1. Patients are informed about deductibles or other costs for treatment or services in advance. *(E.g. on the website and by telephone enquiry)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 4.4.2. Patients are informed about their patient rights. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.4.3. A physical or virtual patient information center comprising free health information is available. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.4.4. Various formats of easy-to-understand information regarding disease prevention such as diabetes, cardiovascular diseases, and cancer are available at multiple locations for free. (E.g. brochures, audio, video, web based) *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.4.5. Various formats of easy-to-understand information regarding healthy lifestyles are available at multiple locations for free. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 4.4.6. Easy-to-understand menu information is available at bedside and in the cafeteria/canteen indicating nutrients and calories to support healthy choices. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Standard 5: Apply health literacy best-practices in all forms of communication with patients.

Rationale: Patients in healthcare are increasingly understood as partners and active co-producers of health and not just as the objects of treatment. This shift in the patients' role requires more patient participation and shared decision-making in the context of increasing complexity and possibilities of healthcare. Good communication in healthcare has a huge impact on a diversity of health outcomes and on workplace satisfaction of healthcare professionals (Street et al. 2009; Sator et al. 2015). Patients with limited health literacy report worse communication with their providers than those with sufficient health literacy (Schillinger et al. 2004). Furthermore, patients with limited literacy are less likely to ask questions of their providers (Katz et al. 2007). Misunderstandings in communication lead to less accurate diagnoses and less effective treatment decisions, to poorer compliance with prescriptions, and thus to more frequent complications, referrals and emergency treatment (Berkman et al. 2011). A health literate organization takes the communication needs of different patient groups into account by ensuring that all communication in all formats is clear and easy to understand (New Zealand Ministry of Health 2015, p. 34). It uses patient-centered communication to promote health literacy responsiveness in all situations of communication (Brach et al. 2012; Silverman et al. 2013). This is true not only for high-risksituations and in clinical relevant discussions, such as admission, anamnesis/intake, visit and discharge, but also when explaining an invoice/bill, directions or coordinating appointments. (Brach et al. 2012).

Sub-Standard 5.1. Verbal communication with patients is of high quality and easy-to-understand.	**Yes** 76-100%	**Rather yes** 51-75%	**Rather no** 26-50%	**No** 0-25%	**N/A**
Indicator 5.1.1. Guidelines for verbal patient communication which follow health literacy best practices *(E. g. plain language, teach back)* are applied to all clinically important situations of communication.* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.1.2. Communication guidelines consider the diverse needs of different patient groups*					
a.) Patients of different linguistic, ethnic and cultural backgrounds *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

b.) Patients with impaired visual capabilities ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
c.) Patients with impaired hearing capabilities ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
d.) Patients with impaired intellectual capabilities ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
e.) Patients with the need to involve relatives/caregivers. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.1.3. Patient information about diagnosis and therapy is given sufficiently extensive, in a clear and personalized way, following the current state of evidence to enable patients to make appropriate treatment decisions together with staff. *(E.g. shared decision making, use of decision aids)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.1.4. Staff use clear language and avoid jargon and technical terms when communicating with patients (written and verbal). ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.1.5. Patients are encouraged to ask questions concerning their condition and treatment options. *(E.g. using Ask Me 3-campaign (→ glossary); SPEAKUP (→ glossary))* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 5.1.6. Patients are allowed and encouraged to bring family, friends or informal caregivers to meetings with staff. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.1.7. Patient consultations take place in rooms/space that support effective communication. *(E.g. private counseling space, quiet environment)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.1.8. Sufficient and designated time is ensured for patient consultations. *(E.g. by discipline or department specific guidelines and procedures)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.1.9. Patient consultations are conducted when patients are attentive. *(E.g. not immediately after anesthesia)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.1.10. Patients are encouraged to arrange consultations with staff, when convenient for them. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Sub-Standard 5.2. **Written materials are of high quality, easily accessible, and easy-to-understand.**	**Yes** 76-100%	**Rather yes** 51-75%	**Rather no** 26-50%	**No** 0-25%	**N/A**
Indicator 5.2.1. Written (printed and/or online) materials follow design guidelines for better understandability (font size, line spacing, color scheme, use of images).* (*E.g. patient orientation materials, legal materials, informed consent forms, medical history forms, discharge forms and follow-up notifications)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.2.2 Written materials are used to reinforce and support verbal communication and as memory aid for patients, but never instead of verbal communication. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.2.3 To support patient communication, staff is trained to use high-quality written and audio-visual materials, which contain action-oriented information and are easily accessible. *(E.g. leaflets, photo-novellas, cartoon illustrations, multimedia tutorials, podcasts, DVDs, 3-D models, patient portals etc., which include easily detectable contact details of the organization (telephone numbers, e-mail- and web-addresses).* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 5.2.4 Written and audio-visual materials are revised periodically to ensure best quality and accuracy of information *(e.g. based upon current evidence).* Materials include a statement of last update and the information source so that the quality of the original information source can be assessed independently.* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.2.5 Patients are supported to complete required documents and forms (e.g. for registration). *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Sub-Standard 5.3. **Digital services and new media are of high quality, easily accessible, and easy-to-use.**	**Yes** 76-100%	**Rather yes** 51-75%	**Rather no** 26-50%	**No** 0-25%	**N/A**
Indicator 5.3.1. Guidelines for the quality and distribution of digital services and new media are used to support communication and information transfer.* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.3.2. All digital services and new media which are available via online portals, app download centers etc. are technically correct, easy-to-understand, contain action-oriented information and are adequate for target groups. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 5.3.3 Digital services and new media are pre-tested with representatives of target groups and patients before distribution. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.3.4 Training in the use of digital services and new media is offered upon demand for staff *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Sub-Standard 5.4. **Information and communication is offered in the languages of relevant patient groups by specific, trained personnel and for all provided materials.**	**Yes** 76-100%	**Rather yes** 51-75%	**Rather no** 26-50%	**No** 0-25%	**N/A**
Indicator 5.4.1. All major written, audio-visual or digital materials are available in the languages of relevant patient groups. *(E.g. information sheets, informed consent forms)* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.4.2. Staff knows when and how to access and utilize oral and written language assistance services as well as how to work with interpreters / translators. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.4.3. Protocols prohibit the use of children or untrained staff or volunteers as medical translators. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 5.4.4. Patients are informed about professional translation services routinely at admission and on demand. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.4.5. If needed, professional translation services are always available for medical examinations and consultations with clinical staff and also provide assistance in completing forms or documents. *(E.g. in house interpreters, telephone / video interpreting)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.4.6 There is a coordination office for the provision and scheduling of translation services in native language. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.4.7. Interpreters / translators are specifically qualified / certified in inter-cultural medical translation.* *(E.g. language certificates, letter of recommendation).* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.4.8 All interpreters / translators are trained to use clear, everyday words and phrases.* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 5.4.9. Guidelines for reporting, documenting and processing problems and complaints with regard to translation services are available. Problems are monitored and improvement measures are implemented.* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Sub-Standard 5.5. **Communication which is easy-to-understand and to act on, especially in high-risk situations, is accepted as a necessary safety measure.**	**Yes** 76-100%	**Rather yes** 51-75%	**Rather no** 26-50%	**No** 0-25%	**N/A**
Indicator 5.5.1. The organization considers communication errors as adverse events and reacts by analyzing the origin of detected errors and by improving communication processes. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.5.2. A reporting and performance monitoring system for communication errors is available. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.5.3. Feedback from patients regarding patient safety, hospital hygiene etc. are routinely included in risk management. *(E.g. patient surveys, feedback forms, patient complaints)* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 5.5.4. A list of processes and procedures is available, that pose a higher risk to patients, and therefore require a heightened level of assurance to ensure that patients have fully understood the information provided.* *(E.g. patient communication about diagnosis, therapies, consent forms, filling in forms, preparation for surgeries, transferals)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.5.5. There exist specific guidelines and staff trainings on communication in situations that pose a higher risk to patients* *(E.g. breaking bad news, new therapies, preparation for surgeries)* are available. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.5.6. Taking medication is explained in detail (including clarification that medicines prescribed in the hospital can differ from those distributed in pharmacies). ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 5.5.7. Aids such as pill boxes, charts, etc. are used to increase comprehensibility of taking medicines correctly. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 5.5.8. The organization's emergency plan contains easy-to-use information for patients regarding evacuation. It also addresses people who are illiterate, with hearing or visual impairment and / or different intellectual capabilities, and other vulnerable types of patients. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Standard 6: Promote personal health literacy of patients and relatives during hospitalization and after discharge.

Rationale: For many patients, a hospital admission is just a recurrent episode in an ongoing career of living with a chronic condition. Therefore, improving personal health literacy and empowering for self-management is an important aspect of any treatment of chronic patients in healthcare. Research indicates that patients in disease-specific self-management groups have fewer hospital admissions for acute exacerbations and fewer unscheduled visits to their physician than patients who are not part of disease-specific self-management groups (DeWalt et al. 2006). Therefore, the aim is to provide patients with the necessary information and skills to deal competently and responsibly with their health after discharge (Brach 2017). Patients benefit from organizational support in gaining and improving their personal health literacy with regard to their disease-specific self-management, their navigating of and interacting effectively with health services in the future and their developing more healthy lifestyles. In this way, they gain more confidence in dealing with their disease and are empowered to more actively participate in their treatment as co-producers of health outcomes. Inpatient stays offer a "window of opportunity" and a "teachable moment" for changes in patients´ knowledge, competences, motivations and behaviours.

Sub-Standard 6.1. The organization supports patients in improving health literacy with regard to self-management of specific health conditions.	**Yes** 76-100%	**Rather yes** 51-75%	**Rather no** 26-50%	**No** 0-25%	**N/A**
Indicator 6.1.1. Patients are informed in a clear and personalized way about the possible self-management of their disease /health condition in their everyday life. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.1.2. The organization offers patient education on self-management of the most important chronic diseases / health conditions. Alternatively, patients are referred to other adequate providers. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 6.1.3. The organization explicitly informs patients about appropriate self-help organizations and similar support offers. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.1.4. The organization encourages patients to take upcoming symptoms seriously and to use services already in advance of agreed appointment, if necessary. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.1.5. The organization offers education on how to support patients for relatives and other informal caregiver*s.* Alternatively, they are referred to other adequate providers. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.1.6. The organization offers education in navigating of and effectively interacting with health services after discharge.* *(E.g. preparation for doctor-patient conversation)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Sub-Standard 6.2. **The organization supports patients in improving health literacy with regard to development of more healthy lifestyles.**	**Yes** 76-100%	**Rather yes** 51-75%	**Rather no** 26-50%	**No** 0-25%	**N/A**
Indicator 6.2.1. Patients' lifestyles and need for changes are routinely checked and documented. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 6.2.2. Relevant information and training for change of lifestyle is provided or referred to. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.2.3. Staff informs patients about educational health courses in the region. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Sub-Standard 6.3 **Upon discharge, patients are well informed about their future treatment and recuperation process.**	**Yes** 76-100%	**Rather yes** 51-75%	**Rather no** 26-50%	**No** 0-25%	**N/A**
Indicator 6.3.1. There is a clear and easy to understand care plan (written and verbally communicated) for patients who require complex interventions and multidisciplinary teams for treatment.* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.3.2. Upon discharge, patients are thoroughly informed about how to take care for themselves at home and about where to get support if needed. *(E.g. wound care, medication, nutrition, needs and options for caring assistance)* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.3.3. If needed, relatives or social services are involved in discharge management. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 6.3.4. The organization has a follow-up telephone service to ensure that patients or relatives can manage with the information received upon discharge. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.3.5. Patients are supported in scheduling their post-discharge appointments with other services. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.3.6. There are procedures in place to ensure that patients meet their scheduled appointments. *(E.g. follow-up telephone service)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.3.7. Clinical findings that were not conveyed to patients during hospital stay are conveyed to them following discharge. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.3.8. The responsibility to pass on clinical findings to other organizations that are relevant for further treatment rests with the organization in consent with the patient. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.3.9. During discharge, patients routinely receive up-to-date lists of relevant health and social services as well as of appropriate self-help groups. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 6.3.10. During discharge, Patients routinely receive contact details of relevant patient advocates and patients' ombudspersons. *(E.g. in case of complications or complaints).* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 6.3.11. The organization's website provides information about the self-management of common health conditions or refers to adequate partner websites. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Standard 7: Promote personal health literacy of staff with regard to occupational risks and personal lifestyles.

Rationale: Health of staff in healthcare services, especially in an aging healthcare workforce, is a relevant challenge for healthcare services. Staff´s health is endangered by a number of specific occupational risks, which in many institutions are on the rise. Staff's health is partly determined by their personal health literacy. Therefore health literacy of staff should be improved not only for better communication with patients, but also in relation to promoting their health.

Studies have indicated that workplace health promotion is important in the prevention of non-communicable diseases among employees. Health promoting organizations have shown benefits such as lowered disease prevalence, reduced medical costs, improved productivity and a higher level of personal health literacy (Dietscher 2012). A health literate healthcare organization promotes health literacy of staff both with regard to the self-management of occupational health and safety risks and with regard to healthy lifestyles of staff (Wong 2012).

The health literacy of staff impacts the quality of patient communication. Only an organization – with staff being health literate and healthy – is able to address the healthcare needs of their clients and patients adequately and foster their health-literacy skills. If staff does not understand their own health needs, it is hard to support patients to make good decisions about their health.

Sub-Standard 7.1. The organization supports staff in improving their knowledge and skills for self-management of occupational health, safety risks and healthy life-styles.	**Yes** 76-100%	**Rather yes** 51-75%	**Rather no** 26-50%	**No** 0-25%	**N/A**
Indicator 7.1.1. The organization understands improvement of health literacy of staff as a management responsibility. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 7.1.2. Leadership / management is sensitive to effects of their communication on staff health and adapts their management style accordingly. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 7.1.3. Performance reviews include status information on occupational health and safety, and on how staff can maintain their health. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 7.1.4. Staff is informed about occupational health and safety risks already during initial staff training.* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 7.1.5. The organization regularly provides trainings on managing occupational health and safety risks.* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 7.1.6. The organization uses materials such as posters, flyers, new media and electronic devices, to raise staff's awareness of occupational health and safety risks.* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 7.1.7. Staff are encouraged to report on working conditions risky for health and to make suggestions for improvement. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 7.1.8. The organization provides measures for prevention or self-management of chronic conditions of staff. ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 7.1.9. The organization uses materials, to raise staff's awareness of lifestyle issues for health.* *(E.g. posters, flyers, new media and electronic devices)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 7.1.10. The organization offers trainings on healthy lifestyles for staff, or informs staff about regionally available courses and programs on healthy lifestyles *(E.g. Information sheets, brochures)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Standard 8: Contribute to promoting personal health literacy of the local population and to dissemination of organizational health literacy in the region served.

Rationale: To promote personal health literacy of the local population, a health literate healthcare organization provides easily accessible, evidence-based health information. It drives health education and promotion initiatives to build skills for health literacy in the local population, and it also conducts interventions to improve health literacy in particular for hard to reach and vulnerable population groups. Healthcare services can act as a role model and advocate not only for better health, but also for better personal and organizational health literacy in their region. Sharing experiences of health literacy practices via publications, presentations and other media, leads to increased awareness and can stimulate organizational change beyond the own organization. By disseminating results and experiences with organizational health literacy across organizational boundaries, more people and institutions can benefit from an organization's experiences and strategies to promote health literacy. Therefore, a health literate healthcare organization has the responsibility to share its knowledge and experience of implementing organizational health literacy with other organizations. Sharing experiences within relevant communities highlights the importance of cooperation and peer learning for creating networks, which play an important role in supporting organizational change (Pelikan et al. 2005).

Sub-Standard 8.1. The organization contributes to the improvement of personal health literacy of the local population	Yes 76-100%	Rather yes 51-75%	Rather no 26-50%	No 0-25%	N/A
Indicator 8.1.1. The organization provides evidence-based and non-commercial information about relevant health topics issues to the local community it serves. *(E.g. through health fairs, public lectures).* *Comments:* Click here to enter text.	☐	☐	☐	☐	☐

Indicator 8.1.2. The organization drives health education and promotion initiatives to build skills for health literacy in the local population. *(E.g. by organizing workshops on workplace health promotion in local companies, or facilitating guided tours to the hospital for students from local schools)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 8.1.3. The organization conducts interventions to improve health literacy of hard-to-reach patients / citizen groups at the local level. *(E.g. interactive meetings with socio-economically disadvantaged groups or migrant communities)* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Sub-Standard 8.2 **The organization supports the dissemination and further development of organizational health literacy in the geographic region and beyond.**	**Yes** 76-100%	**Rather yes** 51-75%	**Rather no** 26-50%	**No** 0-25%	**N/A**
Indicator 8.2.1. Health literacy activities and outcomes are part of the organization's public reporting.* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐
Indicator 8.2.2. The organization communicates experiences with organizational health literacy practices via publications, presentations, and other media.* ***Comments:*** Click here to enter text.	☐	☐	☐	☐	☐

Indicator 8.2.3. The organization participates in health literacy research and development projects. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 8.2.4. The organization contributes to wider (policy) goals or action plans in the field of health literacy. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐
Indicator 8.2.5. The organization offers health literacy best practices for the professional training of doctors, nurses, and other relevant professional groups also outside of the organization. *Comments:* Click here to enter text.	☐	☐	☐	☐	☐