

Reducing Readmissions Using Teach-Back: Enhancing Patient and Family Education.

Debra Peter MSN, RN-BC

Lehigh Valley Health Network, Debra.Peter@lvhn.org

Paula Robinson MSN, RN, BC

Lehigh Valley Health Network, Paula.Robinson@lvhn.org

Kim Jordan MHA, BSN, RN, NE-BC

Lehigh Valley Health Network, Marie.Jordan@lvhn.org

Susan Lawrence MS, CMAC

Lehigh Valley Health Network, Susan.Lawrence@lvhn.org

Krista J. Casey MBA

Lehigh Valley Health Network, Krista.Casey@lvhn.org

See next page for additional authors

Follow this and additional works at: <http://scholarlyworks.lvhn.org/patient-care-services-nursing>



Part of the [Nursing Commons](#)

Published In/Presented At

Peter, D., Robinson, P., Jordan, M., Lawrence, S., Casey, K., & Salas-Lopez, D. (2015). Reducing readmissions using teach-back: enhancing patient and family education. *The Journal Of Nursing Administration*, 45(1), 35-42. doi:10.1097/NNA.0000000000000155.

This Article is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Authors

Debra Peter MSN, RN-BC; Paula Robinson MSN, RN, BC; Kim Jordan MHA, BSN, RN, NE-BC; Susan Lawrence MS, CMAC; Krista J. Casey MBA; and Debbie Salas-Lopez MD, MPH

Reducing Readmissions Using Teach-Back: Enhancing Patient and Family Education

Debra Peter MSN,RN,BC,CMSRN

Paula Robinson MSN,RN,BC

Marie Jordan MSN,RN

Susan Lawrence MS,CMAC

Krista Casey MBA

Debbie Salas-Lopez MD,MPH

Abstract

An interprofessional workgroup in a tertiary Magnet facility convened in late 2009 to examine the discharge process and transitions of care. The team recognized an opportunity to improve patient education. This article describes experiences with implementing a standard work process using teach-back as a method to evaluate learning outcomes that impact patient and family satisfaction, improve handover communication and reduce readmission and length of stay in the hospital setting.

The importance of quality care transitions, specifically patient discharges, is increasingly recognized. A poorly executed care transition raises the probability of readmission for an individual patient. Published data demonstrates that the national Medicare readmission rate is approximately 20% and approaches 23% for heart failure (Jencks, 2009). Numerous studies support further exploration of strategies to reduce readmissions (Parker, 2013; AHRQ, 2009; Robert Wood Johnson Foundation, 2010; Parker & Griffith, 2013; Hospital Case Management, 2011; Lindenauer, 2011).

A typical defect of patient and family education is the failure to ask clarifying questions related to the learner's ability to understand and act on healthcare information. Patients without clear understanding of their disease or follow-up needs may not see their primary care physician promptly and may be at increased risk for readmission. There is a need for improvement related to patient education, specifically preparing a patient for discharge and adequately evaluating patient understanding of the instructions provided. A staggering amount of hospitalized patients receive no education regarding self care at home (Jack, Chetty, et al, 2009). Nurses and other healthcare providers have conflicting priorities. Historically, teaching falls to the bottom of the priority list.

Teach-back is an effective communication strategy that is easy to use and improves learning outcomes, engages patients and families in realistic goal setting and improves health service utilization. Designated a ‘mega practice’ by The Advisory Board Company, teach-back is a strategy that improves patient understanding and potentially reduces unnecessary readmissions (Clinical Advisory Board, 2010). Patients who clearly understand their post-discharge plan, including how to take their medicines and when to make follow-up appointments, are 30 percent less likely to be readmitted or visit the emergency department than patients who lack this information (Jack, Chetty, et al, 2009). The teach-back method is a simple technique which clarifies the key learner’s understanding of instructions (Schillinger et al, 2003). These strategies uncover learning gaps and provide an opportunity for healthcare providers to address misunderstandings and target individual learning needs.

Also known as “tell back” or “show me,” teach-back works best when healthcare providers preface their evaluation by placing accountability for poor understanding on themselves, and not the patient. Using humble inquiry, providers can introduce teach-back in a manner that creates an environment that invites open discussion and questions from the patient. Examples of these introductory questions include - “So that I know I did a good job showing you how to draw up your insulin, can you show me how you are going to do this when you get home?” and “I want to make sure that I did a good job explaining your body’s signs that your heart is not pumping effectively, can you tell me three signs you would notice in your body?” Another script that can be used effectively is “I want to make sure that I explained everything clearly. If you were talking to your neighbor, what would you tell him we talked about today?” These types of phrasing clearly place the burden of learning on both the teacher and learner while protecting the patient’s dignity (Powell, 2009). Evidence also suggests that patients at all levels of literacy skills prefer the teach back method for validating their understanding of health information (Powell, 2009 & Kemp, 2008).

Background

An interprofessional group convened to evaluate and improve the discharge process in a 951 bed tertiary care Magnet nursing facility. The workgroup participated with hospitals from around the nation in a learning collaborative with The Institute for Healthcare Improvement (IHI). The IHI focused upon improving care transitions as a strategy to reduce readmissions. A full evaluation of the current state of care transitions within the network was performed. Based upon these findings and the IHI work, four subgroups were formed – patient assessment, patient and family caregiver education,

patient handover, and post-discharge management. Each group was charged with further evaluating the current state and developing specific countermeasures that could be implemented in rapid tests of change.

Methodology

The “patient and family caregiver education” group consisted of twelve health care professionals - nurses, unit-based educators, a patient education specialist, outpatient long term care managers, a pharmacist, a physical therapist, an advanced practice heart failure clinical nurse specialist and an information technology analyst. An A3 tool, a component of lean methodology, was used to identify the current state of patient and family education. Once the subgroup analyzed the current state, the team developed proposed countermeasures to address the patient and family education process based on short- and long-term goal development and desired outcomes.

An early learning from the A3 process was the common perception that the patient is always the learner. There were often real and perceived barriers to learning based on the individual’s lack of physical and emotional readiness to learn. These barriers did not promote the benefits of a meaningful education experience during the hospital stay. In addition, family members or patient caregivers were not consistently included in the educational efforts and discharge planning. Discharge instructions were not consistently clear or tailored to the patient’s individual learning style, social determinants, and health literacy needs. Education was often initiated within silos and health care professionals from all disciplines did not fully appreciate the impact their actions had on each other and most importantly, on the learner. Efforts were further complicated by multiple computer application systems that existed throughout the network, end users’ skills and their understanding of how to navigate through these various systems. There were also misconceptions that someone else was responsible for teaching and documenting these efforts on the electronic medical record. Analysis of the current condition revealed two necessary process changes - 1) creating a standard work practice to accurately identify the key learner and; 2) using teach-back to better evaluate the key learner’s understanding of the teaching.

Identifying the Key Learner

The new standard work process makes clinical staff responsible for accurately identifying the key learner on admission or when patients are transferred from high level to low level care. Registered Nurses (RNs) were educated to explore the determination of the key learner(s) with the patient by asking standard questions:

- Who assists you with your medicines at home?

- Who accompanies you to your doctor's appointments?
- Who should listen in to your discharge instructions?

Once the key learner is identified, the information is written on a white board in the patient's room. This promotes improved transparency in communication for all health care providers. When the key learner is identified as someone other than the patient, that individual is included in the teaching sessions and discharge planning whenever possible throughout the hospitalization. Initial challenges related to compliance with the standard work process (i.e., adding another task to the nurse's already busy day, erasing old information from the white board, limited space on the white boards in some semi-private rooms). Action plans were developed to improve compliance, resulting in significantly improved results (i.e., the Engineering Department added permanent lettering on the white board - 'key learner' - to prompt the nurse, the purchase of some larger white boards, close monitoring to heighten awareness of this expectation).

Identifying A Teach-Back Process

The interprofessional health care team is responsible for teaching patients and families about specific conditions and skill associated with maintaining good health and wellness. This team effort depends on clear communication and effective teaching strategies to improve self-care management skills for key learners at every point of entry into the health care system. After an extensive literature review related to methods aimed at improving communication between providers and patients, the team designed and developed a standard work process using a teach-back strategy. Teach-back is an effective communication strategy that is easy to use and improves learning outcomes, engages patients and families in realistic goal setting and improves health service utilization. Heart failure patients were selected as the teach-back pilot group because of the high recidivism rate and progressive nature of the disease. On one adult medical-surgical unit, a series of small tests of change were performed to develop a standard work process for these patients. Using a framework provided by the IHI, patients were asked four questions each day to evaluate their understanding of heart failure. Members of the subgroup recognized daily review of these questions, all focused upon knowledge, was redundant. Therefore, teach-back evolved into an integrated three day process. The questions are designed for use during an individual's hospital stay and are not prescriptive. After the RN verbally reviews core measure education related to heart failure, the integrated approach is used as a guide to collaborate and assist key learner(s) in meaningful goal setting and better identify learning needs. The questions address three domains of learning: knowledge, attitude, and the likelihood of behavior or lifestyle changes taking place after discharge from the acute care setting (TABLE 1).

The first day's questions are ideally initiated within 24 hours of the patient's admission learning needs assessment and/or when the key learner is identified and available. These questions measure the individual's current knowledge base and help identify learning gaps before the education plan is developed. Questions on the second day are initiated after the education plan has been developed and implemented. They are designed to measure the individual's attitude toward their condition. The healthcare provider uses teach-back strategies in this section as a guide to promote key learner involvement in the education process. The final set of questions assesses the individual's likelihood of changing behaviors or lifestyle choices. These questions are suggested for discharge teaching or following implementation and completion of the education plan. The second and third day questions can be used anytime during an individual's hospitalization. Healthcare providers should remain flexible and questions should be based on the key learner(s) individual educational needs and pre-determined goals. Day three questions address the patient's likelihood of changing behaviors to improve management of their heart failure symptoms.

During a six month period, over 200 patients with heart failure were provided core measure education using teach-back questions after the encounter to assess learning and retention. FIGURE 1 shows the total correct responses for the three days of questions. Except for April, participants scored lower on attitudinal questions than those focused on knowledge or behavior. Readmission rates for 469 heart failure patients over a three month period (July to September, 2010) were also positively impacted during the pilot study. The total sample of 469 patients received some type of heart failure education during their hospital admission. However, only 180 patients received teach-back strategies as part of their educational experience throughout their length of stay. Analysis demonstrated improvement in the 30-day readmission rate and the length of stay of the second hospitalization among those patients in the teach-back group (FIGURE 2).

Documentation Standards

Documentation of the teaching encounter using the integrated teach-back strategy is entered on a progress note on the interdisciplinary electronic patient education record. When issues are noted, reinforcement of content and/or discussions with the physician and case manager occur to further address post-discharge plans. Success with the initial teach-back pilot prompted the team to explore an electronic process that 'hardwires' the process. This consistently prompts the staff of the expectation to use teach-back for heart failure patients. The electronic process significantly improved accountability and compliance related to the established standard work. When a patient is recognized to have current heart failure or a history of the disease, a teach-back order set is entered which results in a timed entry on the medication administration record (MAR). Prompters in the order set include a reference screen

which contains the teach-back questions for the day and a list of possible answers (FIGURE 3). The questions and reference screen improve staff confidence with teaching, as well as consistency with evaluating learning outcomes for core measure education. Key learner education occurs at any time during the day and the prompter reminds staff working in the evening to include family and caregivers in the learning process, when appropriate.

Clinical Staff Development

Initially, direct observation revealed inconsistency with how nurses taught patients and how key learners were identified. For example, it was evident that teaching was not a top priority and would be left for the day of discharge or written materials were often provided to the patient without a verbal review. It was also clear that nurses were not consistently determining the individual learning style for the key learner or how the learner best receives information. In order to rectify these issues, education was provided to clinical staff in two phases. An eLearning module introduced the concept of teach-back and the standard work process. This education was made available to all disciplines responsible for teaching at the bedside. The module is approximately 20 minutes in length and includes video scenarios using standardized patient simulation. The scenarios relate to identification of the key learner, establishing the preferred style for learning, choosing the appropriate resource as an adjunct to face-to-face instruction, and demonstrating how to use teach-back during the discharge process. The eLearning module was a prerequisite to a mandatory two hour “Train the Trainer” workshop offered to unit-based educators, unit RN ‘champions’ and other disciplines. For example, rehabilitation services developed a teach-back process related to exercise for patients with heart failure using standardized questions related to fitness. In addition, a pilot study was implemented and evaluated involving clinical pharmacists who provided teaching to patients new to Coumadin®. A performance checklist was developed to standardize the validation process related to teach-back. The checklist identifies critical performance behaviors of performance within the standard work process. Thus far, 1488 individuals have completed the eLearning module and 137 colleagues have attended the “Train the Trainer” workshops. Workshop evaluations revealed that 73% of the participants strongly agreed that providing effective patient and family education was relevant to their work. Nearly 70% strongly agreed that using teach-back is an effective communication technique that improves quality and patient safety following discharge.

Conclusions

Evidence and the results of the project strongly suggest that teach-back is an essential tool in patient education. It should be incorporated into daily teaching and interactions with patients to determine the extent of understanding and what areas of the teaching plan the patient may not fully comprehend. Overlooking this critical step in the communication and education process can lead to dangerous gaps in understanding between healthcare providers, patients and family caregivers. In addition to auditing the continuing heart failure teach-back standard work process, current work is focused on developing new teach-back questions. Specifically, teach back questions are being developed for community-acquired pneumonia, anticoagulation management, acute myocardial infarction, stroke, COPD and hypoglycemia.

References

1. Jencks S, Williams M, Coleman E. Rehospitalizations among patients in the medicine fee-for-service program. *N Engl J Med.* 2009;360:1418-1428.
2. Parker C, Griffith D. Reducing Hospital Readmissions of Postoperative Patients with the Martin Postoperative Discharge Screening Tool. *JONA.* 2013;43(4):184-186.
3. Jack B, Chetty V, Anthony et al. Reengineered Hospital Discharge Program to Decrease Rehospitalization. *Annals of Internal Medicine.* 2009;150(3):178-187.
4. Clinical Advisory Board – The Advisory Board Company (2010). Preventing Unnecessary Readmissions: Transcending the Hospital’s Four Walls to Achieve Collaborative Care Coordination.
5. Schillinger D, Piette J, Grumbach K, Wang F, Wilson C, Daher C, Leong-Grotz K, Castro C, Bindman A. Closing the loop: physician communication with diabetic patients who have low health literacy. *Arch Intern Med.*, 2003;163:83-90.
6. Powell M. Health literacy: Implications for ambulatory care. *Nursing Economics.* 2009;27(5):343-347.
7. Kemp E, Floyd M, McCord-Duncan E & Lang F. Patients prefer the method of ‘tell-back-collaborative inquiry’ to assess understanding of medical information. *Journal of American Board of Family Medicine.* 2008;21(1):24-30.
8. Lindenaur P, Normand S, Drye E, Lin Z, Goodrich K, Desai M, Bratzler D, O’Donnell W, Metersky M & Krumholz H. Development, validation and results of a measure of 30-day readmission following hospitalization for pneumonia. *Journal of Hospital Medicine.* 2011;6(3):142-150.
9. Hospital Case Management. 2011 Nov; 19(11):171-3.
10. Parker C & Griffith, D. *JONA.* 2013;43(4):184-186.

11. Robert Wood Johnson Foundation “Combining Better Systems and Intensive Patient Education for Better Heart Care, March 24, 2010, <http://www.rwjf.org/qualityequality/product.jsp?id=58789>.
12. Agency for Healthcare Research and Quality. Educating Patients Before They Leave the Hospital Reduces Readmissions, Emergency Department Visits and Saves Money, Feb 2, 2009, <http://www.ahrq.gov/news/press/pr2009/redpr.htm>

Table 1 - Initial Teach Back Questions

Initial Teach Back Questions
What is the name of your water pill?
What foods should you avoid?
What weight gain are you to report to your physician?
What are your two symptoms of heart failure?

Revised Teach Back Questions

Domain	Question
Day #1: Knowledge	What is the name of your water pill/diuretic?
	What is the weight gain in one week that you will need to report to your doctor?
	What foods will you need to limit when you have heart failure?
	What are two signs and symptoms of heart failure?
Day #2: Attitudes	Why is it important to take your water pill every day?
	What is it important to weigh yourself every day?
	Why is it important to reduce your salt intake?
	Why is it important to watch for signs and symptoms of heart failure every day?
Day #3: Behaviors	How will you remember to take your water pill every day?
	How will you remember to weigh yourself every day?
	How do you plan to reduce the sodium in your diet?
	How do you plan to check for signs and symptoms of heart failure every day?

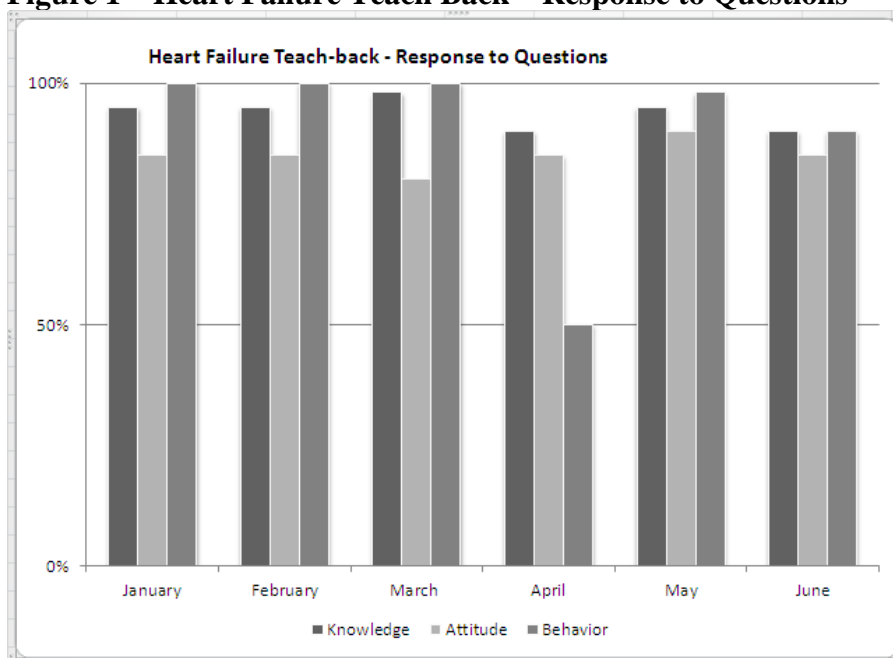
Figure 1 – Heart Failure Teach Back – Response to Questions

Figure 2 –

Impact of Teach Back on Readmission Rate and 2nd Stay Length-of-Stay

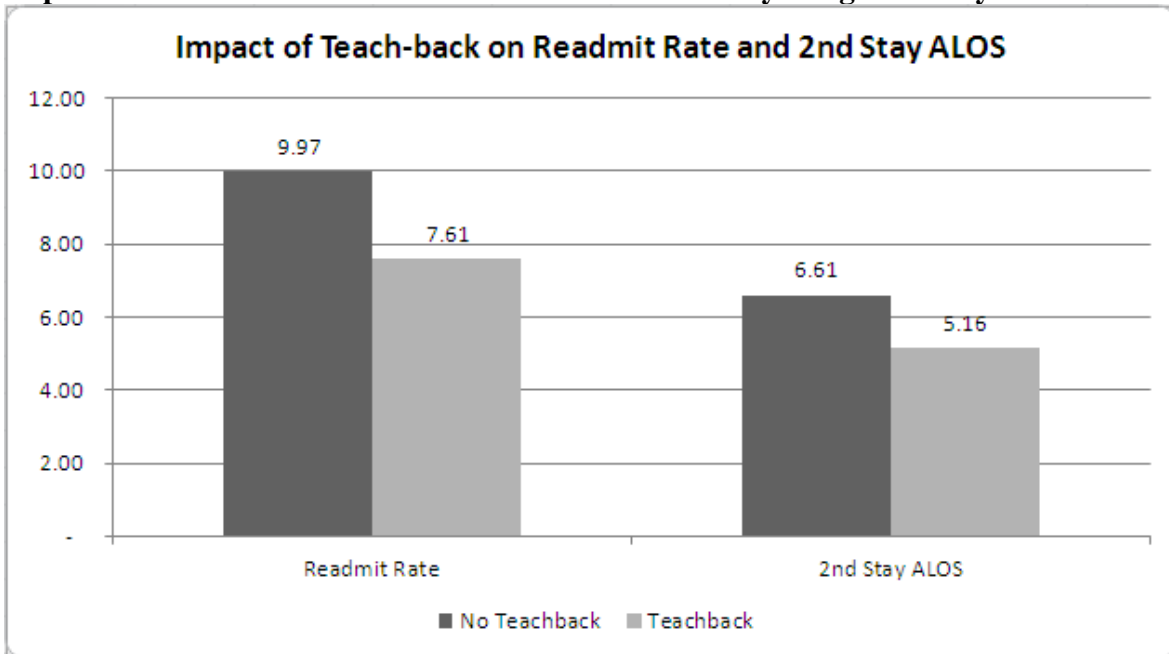


Figure 3 – Teach Back Prompt Screen

The screenshot shows a software interface for reviewing a nursing care order. The main window is titled 'Review a Nursing Care Order' and contains the following information:

- Order:** NURSH-Teach Back Day 2
- Frequency:** ONCE
- # Actions:** 1
- Priority:** R
- Comment:** PPN?
- START:** 7-APR11 12:00
- END:** (blank)
- Ordered By:** PAPER CHART, USER
- Signed By:** PAPER CHART, USER
- Order Mode:** R
- Dept:** NURS
- Ord Fac:** CC
- Ord Loc:** TRL
- Acct #:** 300630076
- Ord #:** 26
- Status:** A/Approved
- Entered:** 6-Apr11 10:45am
- By:** PCSCLNPOE, T
- At:** TRL
- Changed:** (blank)
- By:** (blank)

On the right side, there is an 'Order Reference' window for 'April 2010' containing the following text:

To evaluate the key learner's understanding of heart failure core measure topic. Ask the patient/significant other the following and **document learning outcomes in the progress notes section of Krames.**

Preface questions:
"To make sure that we did a good job teaching you, we would like to ask you these 4 questions."

Day 2 Questions:
1. Why is it important to take your medicine for heart failure every day?
(ANSWER: even if you are feeling fine, meds are needed to prevent _____ and relieve symptoms and may help your heart pump more effectively)

Buttons at the bottom include: DC/Cancel, Print Reference, Worklist, and Exit Order Review.