Promoting a Safe Transition from Hospital to Home Using the “Teach-Back” Process

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Learning Objectives

- Describe how the “teach-back” process is a useful strategy to improve communication.
- Explain how the “teach-back” process can be taught in short educational sessions.
- Provide evidence that supports the use of this actionable intervention that can impact safety and quality outcomes during health care interactions.
Background and Significance

- **Health literacy**
  - The ability to read, understand and act on health information

- **Why does health literacy matter?**
  - People with low health literacy have:
    - Poorer health overall
    - Higher death rates
    - More ER visits
    - Higher healthcare costs
    - More missed appointments

- **Literacy skills are a stronger predictor of an individual’s health status than age, income, employment status, education level or racial/ethnic group**

(Sanders et al., 2009; Villaire & Mayer, 2007; Weiss, 2007)
Background and Significance

- Children are at greater risk for poor health outcomes if their caregivers have limited literacy skills

- Chronically ill children with caregivers with low health literacy skills are twice as likely to use more health services

(Lerret, 2009; Sanders et al., 2009; Weiss et al., 2008)
Background and Significance

- Hospitalized children and their families are often not adequately prepared for discharge
  - Shorter hospital stays
  - Complex discharge instructions
  - Low health literacy skills
  - No standardized process for providing discharge education
  - Missed opportunities to assess understanding of teaching

(Burkhart, 2008; Lerret, 2009; London, 2004; Paul, 2008; Sanders et al., 2009; Weiss et al., 2008)
Background and Significance

- Health care professionals need to make sure families have the skills necessary to care for their children at home

- Nurses are in a unique position to assess families’ understanding of discharge teaching and can have a positive impact on the transition from hospital to home

(Burkhart, 2008; Lerret, 2009; London, 2004; Paul, 2008; Weiss et al., 2008)
“Teach-Back” Process

- Improves ability to assess understanding of teaching
- Allows feedback and corrections of misunderstandings immediately
- Encourages active family participation
- Increases confidence to provide care at home
- Improves transition from hospital to home
- Improves overall safety and quality of care

(Burkhart, 2008; Kemp et al., 2008; Kripalani & Weiss, 2006)
(NQF, 2005; NQF, 2009; Weiss, 2007)
“Teach-Back” Project Intervention

Goal: Effective child and family self-management

1. Teach new concept or skill
   Repeat new learning in own words or demonstrate new skill (“teach-back”)

2. Clarify or correct misunderstood information
   Repeat corrected information

3. “What questions do you have?”

4. Continue process until concept or skill is understood

Health Literacy Principles

- Encourage questions
- Use plain language
- Limit teaching to 3–5 concepts

Developed in collaboration with Educational Services at Children’s Hospital of WI, September 2010
Evidence Based Practice Project

- Examined the effect of an educational intervention for nurses on the “teach-back” process

- Goals:
  - Increase nurse awareness of the prevalence and impact of low health literacy on health outcomes
  - Educate nurses on how to use the “teach-back” process as well as to check for understanding
  - Assist nurses to recognize and identify teachable moments throughout a patient’s hospital stay
  - Encourage nurses to incorporate the “teach-back” process into current teaching practices
Sample and Setting

- 74 registered nurses working at Children’s Hospital of WI
  - 40 (inpatient surgical unit (W9))
  - 34 (inpatient medical unit (C7))

Framework

- Iowa Model of Evidence Based Practice
Methodology

- Descriptive pre/post test design
- Eight week project, on each unit, consisting of anonymous pre and post surveys and a 20 minute staff in-service using posters, videos, and role-playing of the “teach-back” process
- Completed during normal staffing hours at minimal cost to unit
Methodology

Educational Intervention

- **Pre-survey of nurses (survey monkey)**
  - Self evaluation of prior knowledge on health literacy and “teach-back”

- **Poster presentation on health literacy and “teach-back” and 5 minute health literacy video in conference room on unit**
  - Staff nurses to view video and read posters prior to attendance of educational intervention
Methodology

Educational Intervention

- 20 minute educational sessions on unit
  - 10 minute instructional video on “teach-back” process
  - Role modeling and role playing
  - Instructions on documenting “teach-back”
  - Sharing of experiences
  - Laminated ID cards with key points

- 4 week pilot to allow RNs to use new skills related to “teach-back”
  - Email reminders and flyers on unit

- Post surveys of nurses (survey monkey)
Results/Outcomes

- Fifty-eight pre-survey and fifty-three post survey responses were compared.
- Three main themes were identified:
  - Knowing
  - Doing
  - Valuing
Results/Outcomes

Theme: Knowing

Do you know what the term "health literacy" means?

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<thead>
<tr>
<th></th>
<th>Pre Survey</th>
<th>Post Survey</th>
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<tbody>
<tr>
<td>Yes</td>
<td>67.2%</td>
<td>92.5%</td>
</tr>
<tr>
<td>Not sure</td>
<td>31.0%</td>
<td>7.5%</td>
</tr>
<tr>
<td>No</td>
<td>3.4%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

N size Pre = 58   N size Post = 53
Results/Outcomes

Theme: Knowing

Are you familiar with the "teach-back" process?

N size Pre = 58   N size Post = 53

Pre Survey    Post Survey

Yes          63.8%      100.0%
Not sure     31.0%      0.0%
No           8.6%       0.0%
Prepared in collaboration with the Outcomes Department, Dec. 2010

Results/Outcomes
Theme: Doing

Do you currently use "teach-back" in your nursing practice?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
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<tbody>
<tr>
<td>3.4%</td>
<td>82.8%</td>
<td>15.5%</td>
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Pre Survey | Post Survey

N size Pre = 58  N size Post = 51
How do you ask patients and families to assess their understanding? (Check all that apply)

- Do you have any questions?
  - Pre Survey: 91.4%
  - Post Survey: 50.9%

- Do you understand?
  - Pre Survey: 46.6%
  - Post Survey: 34.0%

- Other (please specify)
  - Pre Survey: 22.4%
  - Post Survey: 73.6%

N size Pre = 58    N size Post = 53
Results/Outcomes

Theme: Valuing

- 98% felt “teach-back” helps patients and families to better understand their discharge instructions
- Described the “teach-back” process as useful, valuable and simple, a great idea, and something everyone should use
- 58% were able to clarify information and correct misunderstandings by using the “teach-back” process
  - 80% related to medication administration (W9)
  - Formula dilutions
  - Follow-up appointments
Results/Outcomes

Barriers

- **Time**
  - Nurse workload
  - Family time constraints
- **Language**
- Nurse perceptions of adequacy of teaching
- Perceived parents’ lack of interest in learning
Conclusions

- Educational intervention improved nurses’ use and understanding of the “teach-back” process.
- Empowered nurses to verify understanding, correct inaccurate information and reinforce medication teaching and new home care skills.
- Findings specifically demonstrated the importance “teach-back” could have on preventing medication errors.
“Teach-Back” Strategy Alignment with National Action Plan

- **Goal 2**
  - Promoting changes in the healthcare delivery system
  - Improving communication of health information between health care professionals and recipients of health care

- **Goal 7**
  - Promote the use of evidence-based health literacy practices and interventions
Implications

- “Teach-back” process is valuable
- Using “teach-back” will impact the quality and safety of care to pediatric patients and their families
- Short educational interventions can make a great impact on nursing practice
- Barriers to using “teach-back” need to be addressed
- “Teach-back” process can promote a safer transition from hospital to home
What other questions do you have?
References

References


