

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.

- 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 FR visits
 - Higher healthcare costs
 - More missed appointments
- Literacy skills are a <u>stronger predictor</u> 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)

- 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)

- 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)

- 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)

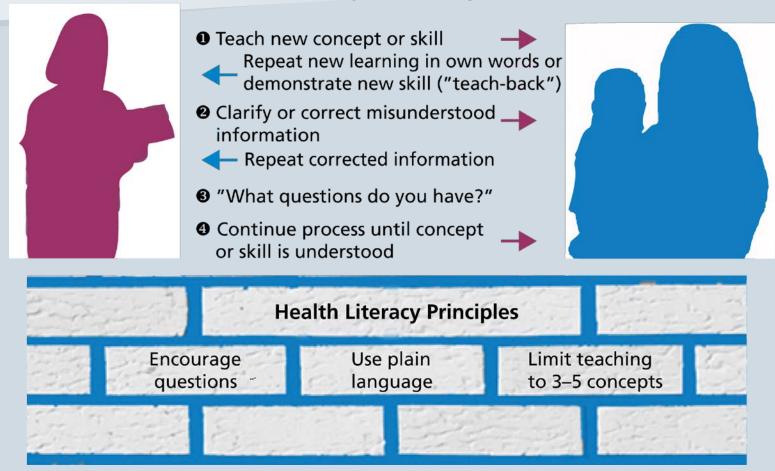
"Teach-Back" Process

- 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



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 "teachback" 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

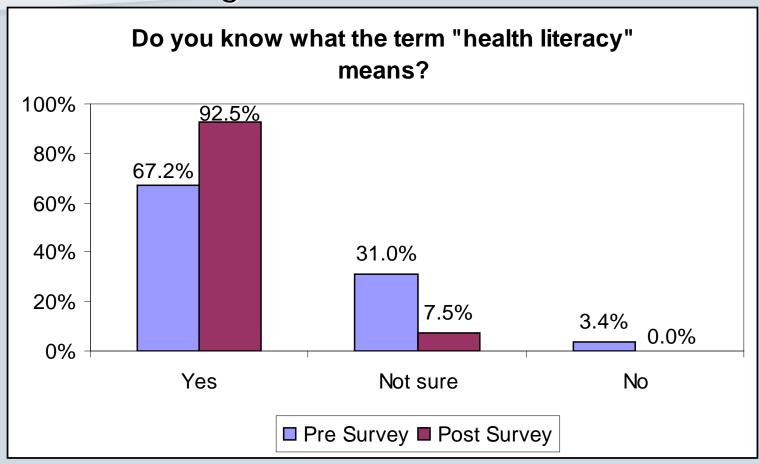
Methodology

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)

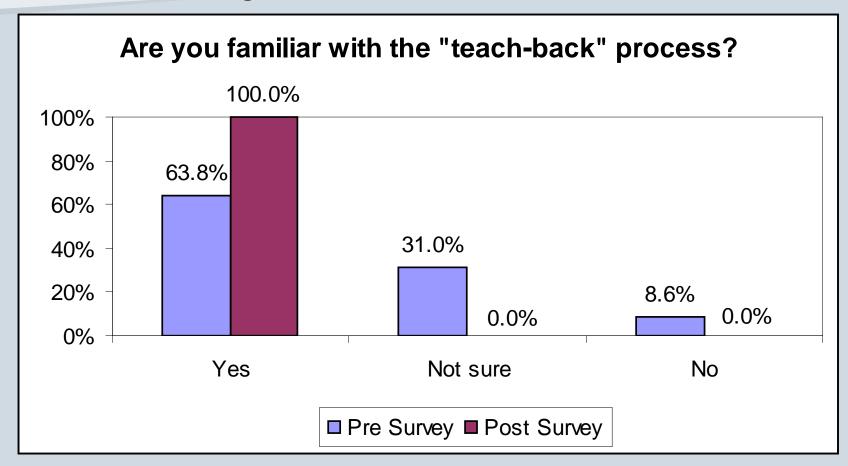
- Fifty-eight pre-survey and fifty-three post survey responses were compared
- Three main themes were identified
 - Knowing
 - Doing
 - Valuing

Theme: Knowing

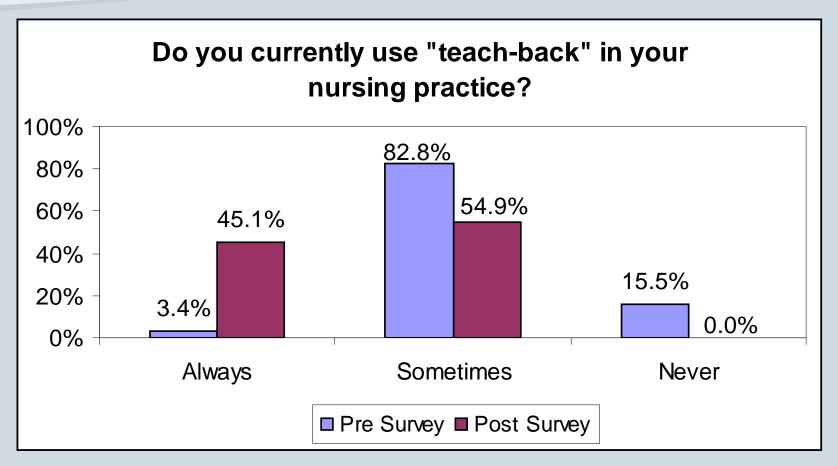


N size Pre = 58 N size Post = 53

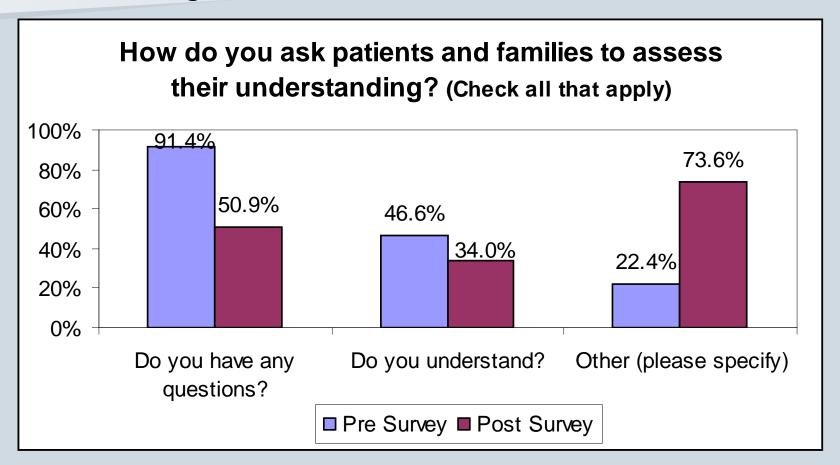
Theme: Knowing



Theme: Doing



Theme: Doing



N size Pre = 58 N size Post = 53

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

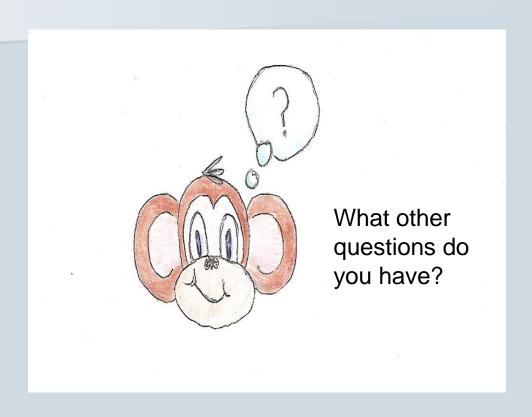
- Promoting changes in the healthcare delivery system
- Improving communication of health information between health care professionals and recipients of health care

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



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