

SafeSide

Using Teach Back Strategy with the Home Care Patient

July 19, 2012

1:00 – 2:00 (ET)

12:00 – 1:00 (CT)

11:00 – 12:00 (MT)

10:00 – 11:00 (PT)

Presented By:

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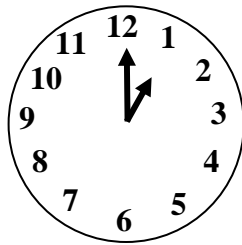
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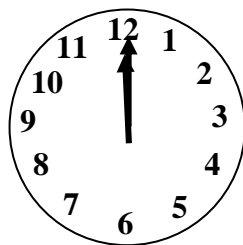
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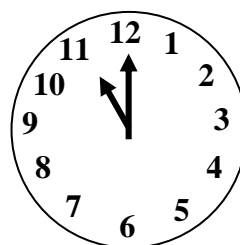
Instructions:
SafeSide Presentation: Using Teach Back Strategy with the Home Care Patient
July 19, 2012



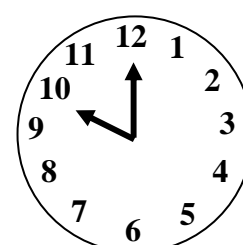
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Standard Time
1:00 PM to 2:00 PM



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Pacific
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SafeSide Study Presentation: *Using Teach Back Strategy with the Home Care Patient*
July 2012

Presenters:

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Objectives

- Review current audit results from the SafeSide Hospitalization Study
- Identify the key components of effective teach back
- Teach back demonstration
- Review approaches for clinician buy-in

The Teach Back Method

- A way for practitioners to confirm that what they explain to the patient is clear and understood
- Patient understanding is confirmed when the patient explains it back to the practitioner in their own words and/or does a return demonstration instead of –

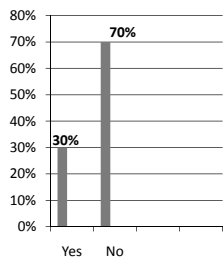
“Yes, I understand.”

Impact on Hospitalizations

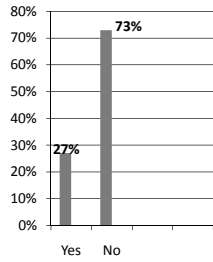
- 17.6% of Medicare beneficiaries are re-hospitalized within 30 days of DC. *CMS*
- Up to 76% of these readmissions may be preventable. *MedPAC*

Initial Results: *Teach Back Strategy*

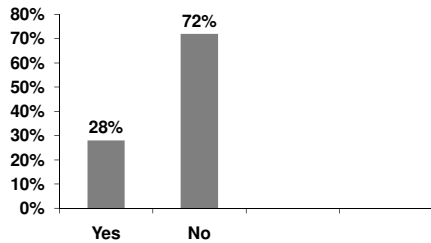
Teach back obtained for all interventions for ACH?



Teaching for all meds includes teach back?



Initial Results: *Was ACH Preventable?*



Health Literacy

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

Ratzan and Parker, 2000 / Healthy People 2010

“Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media and communities.”

Healthy People 2010

Learning is Not Automatic

- **Research shows that patients remember and understand less than half of what clinicians explain to them.**

Ley, Communicating with Patients: Improving Communication Satisfaction, and Compliance 1988

- **Telling people what to do doesn't mean they will do it.**

Department of Education Study

- **National Assessment of Adult Literacy surveys conducted in 1993 and 2003**
- **Over these 10 years, the literacy levels in the U.S. had basically remained the same:**

- 14% Below basic proficiency
- 29% Basic proficiency
- 44% Intermediate proficiency
- 13% Proficient

Department of Education Study

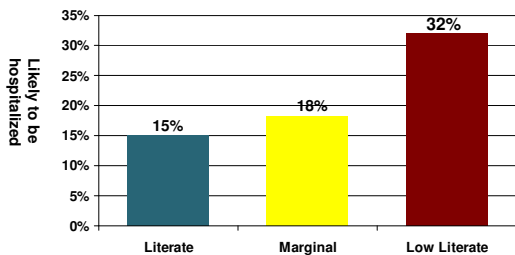
- In 2003 a health literacy component added.
- Only 12% of adults are proficient in understanding health information.
- More than 1/3 of adult English speaking Americans are at basic or below basic health literacy skills.
- Only 1/3 of patients with limited health literacy skills were able to answer correctly what it means to “take 2 tablets twice daily.”
- 42% couldn’t understand “take on an empty stomach” and 60% did not understand informed consent.

Hospital Discharge Study

A Mayo Clinic study done in 2005 showed the following understanding for patients at discharge:

- 27.9% could name medications
- 37.2% knew purpose of medications
- 14% knew side effects
- 41.9% knew their diagnosis

Patients with low literacy nearly twice as likely to be hospitalized



Baker, Parker, Williams, et al. JGIM 1999

Did you know?

Studies reveal that 40-80 percent of the medical information patients receive is forgotten immediately¹ and nearly half of the information retained is incorrect.²

1. Kessels RP. Patients' memory for medical information. *J R Soc Med.* May 2003;96(5):219-22.
2. Anderson JL, Dodman S, Kopelman M, Fleming A. Patient information recall in a rheumatology clinic. *Rheumatology.* 1979;18(1):18-22.

Most at Risk

- Elderly
- Ethnic and racial minorities/Low English Proficiency
- Persons with limited education
- Persons of low socioeconomic status
- Persons with chronic disease

We Teach Self Management Skills

Communicate verbally and leave written information for:

- Medication management
- Warning signs that a condition is worsening and what to do about it
- Follow up care with PCP or specialist
- Maintenance of a personal health record

The problem with communication is the illusion that it has occurred.

George Bernard Shaw

Typical home health documentation frequently perpetuates the illusion that communication and learning has occurred without evidence that it has.

**“Verbalized understanding.”
or VU for short**

- What does that mean?
 - Patient attentive?
 - Information received?
 - Patient heard what you said?
 - Responded “yes” to “Do you understand?”
 - Responded “No” to “Do you have any questions?”

- But what did they hear you say?

Duty

Healthcare providers have a duty to provide information in simple, clear, and plain language and to check that patients have understood the information before ending the conversation.

---The 2005 White House Conference on Aging; Mini-Conference on Health Literacy and Health Disparities

Talking with Patients & Families

Always:

- Use a caring tone of voice and attitude.
- Use Plain Language.
- Slow down.
- Break it down into short statements.
- Focus on the 2 or 3 most important concepts.
- Review printed material with the patient.
- Check for understanding using teach-back.

Best Practice

“Asking that patients recall and restate what they have been told” is one of 11 top patient safety practices based on the strength of scientific evidence.”

---AHRQ, 2001 Report, *Making Health Care Safer*

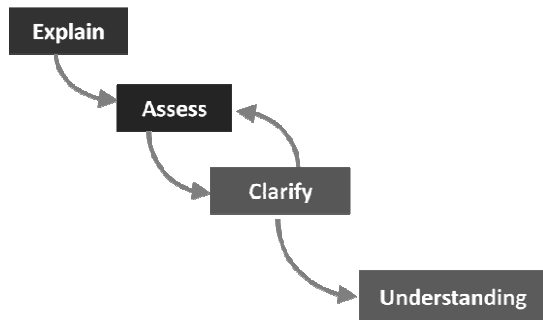
Teach-back is...

- Asking patients to repeat in their own words what they need to know or do, in a non-shaming way.
- NOT a test of the patient, but of how well *you* explained a concept.
- A chance to check for understanding and, if necessary, re-teach the information.

Teach Back...

- Provide instruction and educational material.
- Ask the patient to explain *in their own words* what you just said.
- Confirm the patient heard you correctly OR
- Re-phrase if a patient is not able to repeat the information accurately.
- Ask the patient to teach back the information again, *using their own words*, until you are comfortable they really understand it.

Teach Back Key Components



Teach Back In Action

<http://www.youtube.com/watch?v=2N0gCzdVFmM>

Teach Back Key Points

- Do not ask yes/no questions like:
 - “Do you understand?”
 - “Do you have any questions?”
- For more than one concept:
 - “Chunk and Check”
 - Teach the 2-3 main points for the first concept & check for understanding using teach back...
 - Then go to the next concept.

Document Patient Response

- Patient placed written personal emergency plan next to the phone
- Able to recall and verbalize when he should call the doctor
- Able to recall and verbalize when he should call the agency
- Able to locate agency number and demonstrates how to dial it
- Able to locate physician’s number and demonstrates how to dial it
- Able to locate written directions for personal emergency plan placed on the refrigerator and verbalize what they say

Follow Up and Reinforcement

- Necessary to learn skills and change behavior.
- How: Assess recall of instruction(s) from last visit.
- Refer to educational material from last visit.
- Determine: Has learning occurred? Is reteaching indicated?

If unable to teach back

- Explain the healthcare instructions to a family member or caregiver.
- Try again next visit.
- Try another strategy.

Our Own Barriers

- Being taught how to do the teach-back method does not mean we will use it when we should.
- Need practice.

Example: Worsening heart failure

Symptom	Your normal	Call agency	Call the doctor/ER
Shortness of breath		After walking short distance	At rest
		When need to sleep on 2 pillows	When need to sleep upright
Dizziness		Feeling dizzy for a long time	Almost passed out fainted
Swelling in the leg		Pressing into skin on front part of leg leaves a pit in ankle shin area	Pressing into skin on front part of leg leaves a pit up to the knee
Increase in weight		2 pounds in a day	5 pounds in a week

Cues to check understanding

- So that I make sure I did a good job explaining everything, tell me what we just talked about.
- Show me how you would...
- What will you tell your daughter about this new medicine/visit when she comes by today?

Cues to Check Understanding

- If you suddenly become SOB what would you do?
- When are you supposed to call me?
- When are you supposed to go to the ER?
- Tell me what times each day you are to take this medicine
- Show me how many pills you will take in a day
- What will you do if you experience low blood sugar symptoms of weakness/shakiness, dizziness, confusion?
- Show me where you put the emergency plan we discussed last visit
- What does your emergency plan tell you to do?

Improved Patient Outcomes

Use of communication techniques like teach-back have been linked to improved patient outcomes—and reduced hospital readmissions.

Among 56 patients with heart failure who received teach back education at Santa Clara Valley Medical Center, none were readmitted during a 90-day implementation period.

---Garcia, C., "Teach Back Method: Improving Heart Failure Patient Education Retention and Preventing Readmission."

“Understanding is a two-way street.”

Eleanor Roosevelt

Positive outcomes depend on...

A **patient's ability** to obtain, understand and act on health information

A **provider's capacity** to communicate clearly, educate about health and empower their patients



What will you tell your colleagues about teach back?

- Do not ask: “Do you understand?” “Do you have any questions?”
- You must decide if the patient understands.
- Use teach back until you know!

Teach Back . . . How?

Ask patients to demonstrate understanding:

- “What will you tell your family about your condition?”
- “I want to be sure I explained everything clearly. Please explain it back to me.”
- “Show me what you would do.”

Chunk and check

- Summarize and check for understanding throughout, don't wait until the end.

Do NOT ask . . .

- “Do you understand?”

Resources

Minnesota Health Literacy Partnership (MHLP)
<http://www.healthliteracymn.org/>. Retrieved 6/29/2012

Agency for Healthcare Research & Quality (AHRQ)
<http://www.ahrq.gov/browse/hlitix.htm>

Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/healthliteracy/>

DeWalt, Darren.MD, MPH, Pignone, Michael, MPH, Program on Health Literacy <http://nchealthliteracy.org/index.html>
Retrieved 07/02/2012

Resources

- Garcia, Clarinda, RN, BSN, PCCN, TEACH BACK METHOD: IMPROVING HEART FAILURE PATIENT EDUCATION RETENTION AND PREVENTING READMISSION, Santa Clara Valley Medical Center, <http://nurseweb.ucsf.edu/conf/cripc/ebpabstract/garcia-abst.pdf> , Retrieved 06/29/2012
- Teach Back Process, http://www.hospitalmedicine.org/ResourceRoomRedesign/RR_CareTransitions/PDFs/Teach_Back_.pdf
- Teach Back Technique <http://aspiruslibrary.org/literacy/Teach.pdf>

Resources

- **Transition Home Program Reduces Readmissions for Heart Failure Patients, St. Luke's Hospital,** <http://www.innovations.ahrq.gov/content.aspx?id=2206>
- **FMQAI No Place Like Home Campaign,** <http://nplhfl.org/index.html>

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