TeachBack: THE IMPLEMENTATION OF THE TEACH-BACK METHOD TO IMPROVE PATIENT SATISFACTION WITH CARE TRANSITIONS

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

Elizabeth Breton

Liberty University

Lynchburg, VA

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Scholarly Project Chair Approval:

Dr. Cindy Goodrich EdD, MSN, RN, CNE Professor of Nursing. December 2019

Abstract

Patient education at discharge from the hospital is an essential element to continuation of care and management of chronic health issues. While many elements may contribute to patient satisfaction with discharge education, use of the teach-back method has been found to improve retention of discharge instruction, as well as increase patient confidence in chronic disease management and self-care at the time of discharge. Patient satisfaction with discharge education is a notable component of hospital reimbursement by national standards, as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS) results. Following education of nursing staff participating in use of discharge teaching, patient satisfaction with discharge instructions taught using the teach-back method was measured via HCAHPS for a period of two months. Results suggested potential correlation to improved HCAHPS scores for the question "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health," associated with use of teach-back at time of discharge.

Keywords: patient satisfaction, HCAHPS, teach-back

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List of Abbreviations

Centers for Disease Control (CDC)

Centers for Medicare and Medicaid (CMS)

Diabetic Mellitus type two (DMII)

Emergency Department (ED)

Evidence Based Practice (EBP)

Heart Failure (HF)

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Internal Review Board (IRB)

Non-Controlled Trials (NCRT)

Population, Intervention, Comparison, Outcome and Time Framework (PICOT)

Random Controlled Trials (RC)

Registered Nursing (RN)

Systematic Reviews (SR)

SECTION ONE: INTRODUCTION

One of the greatest challenges in delivering hospital transitional care at the time of discharge is ensuring patients understand their discharge instructions. In an effort to improve patient engagement and satisfaction, the Centers for Medicare and Medicaid (CMS) introduced the hospital consumer assessment of healthcare providers and systems (HCAHPS) survey to assess patient satisfaction with health care delivered during their hospital stays (Centers for Medicare and Medicaid Services, 2014). By then tying reimbursement of health care services to patient satisfaction, CMS has motivated many health care systems to more actively engage their patients at every level of care received in the hospital setting. In the category of transitional care, the point of discharge is a pivotal moment in the patient's hospital stay to reinforce learning and expand health literacy. The teach-back technique of patient education has been linked with increased patient confidence, improved understanding in materials learned, and better engagement of patients in his or her own self-care post hospital discharge (White, Garbez, Carroll, Brinke, & Howie-Esquivel, 2013). This scholarly project outlines a need to facilitate the standardized use of the teach-back method during hospital discharge education to ultimately improve patient satisfaction with discharge teaching.

Background

With the development of the Patient Protection and Affordable Care Act, the establishment of a Readmission Reduction Program initiative was mandated to CMS in an effort to reduce federal funding and reimbursement for services delivered to hospitals who had high numbers of hospital readmissions within 30-days of patient discharge (Almkuist, 2017). A combination of poor patient engagement and communication, paired with insufficient comprehension of self-care and discharge instructions for the diagnosed disease process, as well

as patient behavioral, organizational and facility technical factors have been linked to hospital 30-day readmission risk (Hesselink et al.,2014).

Improved patient discharge teaching has been associated with reduced occurrences of adverse patient events such as medication errors and post-operative infections (Allen, Hutchinson, Brown, & Livingston, 2014). One evidence-based intervention to improve the discharge and educational aspects of the HCAHPS care transitions is the teach-back method. This technique of pro-actively asking open-ended questions to patients regarding topics such as new medication or post-hospital discharge instructions has been associated with positive patient outcomes such as improved disease specific knowledge, increased compliance with treatment and medication plan (Dinh et al., 2016) and ultimately reduction in some re-admission rates (Peter et al., 2015).

The event of implementing the teach-back method as a standardized discharge educational technique can help both the patients in improving their health literacy regarding their disease process and it's management, as well as assist the facility in improving their HCAHPS results (Institute for Healthcare Improvement, 2019). This technique has proven, positive results when utilized to education both patients and family members, regardless of age or health literacy level (Slater, Huang, & Dalawari, 2017). It helps to more easily and comfortably transition patients at discharge from an acute facility where care is provided, to the home environment where self-care is required for continued health improvement (White, Carroll, Brinker, & Howie-Esquivel, 2013).

Problem Statement

Insufficient or ineffective patient education at the point of hospital discharge increases likeliness of failure in patient comprehension, suboptimal health literacy about disease processes,

risk of hospital readmission and ultimately will result in sub-optimal patient satisfaction with discharge teaching and ultimately a decrease in HCAHPS results and hospital reimbursement for care delivered (Allen, Hutchinson, Brown & Livingston, 2014). Approximately 117 million individuals within the United States live with at least one chronic disease process (Centers for Disease Control [CDC], 2016). Nearly 86% of the annual expenditure towards health care each year is ultimately related to the care and management of chronic diseases (CDC, 2016). Targeted measures to improve health literacy and increase understanding of self-care requirements at the time of patient discharge not only has the potential to notably impact both the annual expenditure of health care costs, but also improve the reimbursement of services rendered during the times of hospital care by improving patient satisfaction with discharge teaching.

Purpose of the Project

The goal of this project was to utilize the evidence-based teach-back method to improve the patient satisfaction with discharge teaching. This is measured by the post-hospital HCAHPS survey question "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health" (Centers for Medicare and Medicaid Services, 2014). This was achieved by educating the Registered Nursing (RN) staff on the participating Medical-Surgical unit on appropriate use of and rationale for the teach-back method in discharge teaching.

Clinical Question (PICO)

The development of the clinical question that was used to guide this project focused on patient population, intervention, comparison, outcome and time framework (PICOT). This focused question guided the direction of scholarly research by the project facilitator during the formation of this project. The clinical question utilized was "Can utilization of the teach-back

method during discharge education improve patient satisfaction over a two month period, as measured by HCAHPS care transitions score for the question ‘When I left the hospital, I had a good understanding of the things I was responsible for in managing my health’?”

SECTION TWO: LITERATURE REVIEW

Search Strategy

The initial computer-based literature search of online databases was completed through use of several search engines. Databases explored included CINAHL, ProQuest, PubMed, and the AHRQ guideline database. Initial key words searched included care transition, HCAHPS; these parameters were paired with search criteria such as peer-reviewed, and full document journal articles. This initial search resulted in approximately 141 articles and was then altered with key words “HCAHPS, teach-back.” This resulted in approximately 60 articles within the same set parameters. After review of articles with titles that indicated content appropriate to this project, 15 articles were chosen for the article review matrix. These articles consisted of four systematic reviews, two random controlled trials, and seven non-controlled research trials (Roush, 2015).

Critical Appraisal

Critical appraisal of the 15 articles contained within this literature review are grouped categorically, specific to research design type. These articles are classified in the matrix (Appendix A) by the Nursing Melnyk Level of Evidence Pyramid (University of Wisconsin, 2018). This critical appraisal contains four systematic reviews (SR), two random controlled trials (RC), seven non-controlled trials (NCRT). The complete research matrix referenced in the literature review is provided within Appendix A (Appendix A).

Systematic reviews. The systematic review by Allen, Hutchinson, Brown & Livingston is a review of two different randomized control trials, assessing a cumulative 5,269 patients ages 60 years and older (2014). Intended to assess effect of different purposeful transitional care interventions (including use of the teach-back method) amongst the elderly population in comparison with standard discharge practice, this study found that elderly patients are often discharged early with expectations of self-care and disease management, with little true comprehension of required medication or treatment regimen. This indicates an often times lower sense of health literacy and confidence with self-care in this population and points to a need for purposeful educational interventions for this population at discharge to increase patient comprehension of self-care requirements after leaving the hospital (Allen, Hutchinson, Brown, & Livingston, 2014). Alternatively, the study done by Almkuist was intended to specifically address the teach-back method as a patient educational intervention in an effort to reduce re-admission rates for heart failure (HF) patients within 30 days of discharge (2017). This study effectively highlighted the costs associated with failure to prevent 30 day re-admissions, and while a positive correlation between the teach-back method and re-admission rates was not statistically significant enough, it was proven that teach-back method improved patient health literacy involving disease process and it's management (Almkuist, 2017).

Dinh, Bonner, Clark, Ramsbotham and Hines systematic review, while also failing to find consistent statistically significant data to support reduced hospital re-admissions, five of the 12 articles reviewed did support reduced readmission rates (2016). This study also supported positive results in increased self-literacy involving disease process and management, as well as improvement to patient self-efficacy (Dinh, Bonner, Clark, Ramsbotham, & Hines, 2016). Schaffler et al.'s review of 23 articles found that a statistically significant impact was noted in

patient empowerment involving self-care and increased disease specific quality of life with care transition interventions (2018). While only one study reviewed specifically addressed use of the teach-back method, this study indicated a statistically significant improvement in use of appropriate inhaler technique after teach-back intervention (Schaffler, et al., 2018).

Random controlled trials. The research study completed by Badaczewski et al., while possessing a small sample size of 44 patients, did link the teach-back method with improved patient centered communications and patient engagement within the pediatric clinical primary care setting, indicating effectiveness of this method even with younger patient populations (2017). Conversely, Bahir, Saljooghi, Noghabi and Moshki assessed the use of the teach-back method when used to train post-menopausal women in Iran (2018). While background information on socio-demographic factors of this patient population was not discussed in depth as a possible factor in patient health-literacy levels, a strongly noted statistical significance was found with use of the teach-back method over the course of four 45 minute long educational interventions between the intervention and control group (Bahir, Saljooghi, Noghabi, & Moshki, 2018).

Interestingly, Morony et al. chose to assess the effect of the teach-back method for low-health literacy patients, when used as an education intervention for individuals who called a national telehealth service (2018). Of the 261 patients who received the teach-back method as an educational intervention, only 127 qualified as having inadequate health literacy at the time of the intervention (Morony, et al., 2018). While the numbers for qualifying low health literacy patients was small, it was noted that patients reported feeling increased confidence in self-care and how to act in regards to their health (Morony, et al., 2018). Additionally, patients reported feeling “listened to” which is a positive indicate of improved patient satisfaction with care

delivered (Morony, et al., 2018). Finally, the study completed by Negarandeh, Mahmoodi, Noktehdan, Heshmat and Shakibazadeh also assessed the effects of pictorial education or teach-back method as an educational intervention in Diabetic Mellitus type two (DMII) patients in Iran (2013). The small sample size of 127 patients indicates a need for further research to substantiate results, but the teach-back method was proven to be effective in educating low health literacy patients, ultimately resulting in improved self-care and disease management compliance of participating patients (Negarandeh, Mahmoodi, Noktehdan, Heshmat, & Shakibazadeh, 2013).

Non-controlled trials. The study completed by Centrella- Nigo and Alexander was a pre and post intervention of 24 nurses in an effort to evaluate the effectiveness of the teach-back method in improving patient self- care and HCAHPS care transition scores (2017). While the low sample size for the project may have impacted the inconclusive data as to the effect of the teach-back method on HCAHPS care transition scores, staff reports in post intervention strongly supported the use of the teach-back method as an educational intervention (Centrella-Nigro & Alexander, 2017). Klingbeil and Gibson specifically assessed the impact of staff intervention as it pertains to educating multi-disciplinary staff in the use of the teach-back method (2018). Results of the study showed increased staff knowledge and confidence in use of the teach-back method as an educational intervention, as well as high rates of noted opportunities to clarify patient education material and correcting patient misconceptions with disease or medication management (Klingbeil & Gibson, 2018).

Peter et al. chose to specifically assess the effects of the teach-back method and its potential to reduce hospital re-admissions or reduce length of stay in 30-day hospital re-admissions (2015). In the 469 patients included in the study, 180 received teach-back education as an intervention for HF patients (Peter, et al., 2015). Results supported improvement in hospital

re-admission rates and reduced length of hospital stay in those patients who received the teach-back educational intervention (Peter, et al., 2015). Porter et al., conversely, focused on health literacy and behavioral conditions and its correlation to patient ability to recall teach-back educational interventions (2016). This study identified increased need for repeated educational interventions with patients of low health literacy status, requiring more occurrences of teach-back cycles for those patients as they were noted to have lower compliance with educational interventions (Porter, et al., 2016).

Samules-Kalow, Hardy, Rhodes and Mollen chose to focus their study on evaluation of patient perception of the use of the teach-back method for patients in the emergency department (ED) (2016). Of the 51 study participates, 31 parents and 20 patients, all participants agreed that the teach-back method would increase their ability to learn, reduce the occurrence of forgetting key information after ED discharge, and improve provider patient education levels (Samuels - Kalow, Hardy, Rhodes, & Mollen, 2016). It was noted that some patients raised a concern for the potential of this method to come across as condescending if not presented appropriately (Samuels -Kalow, Hardy, Rhodes, & Mollen, 2016). Slater, Huang and Dalawari also focused their study on ED discharge education with the use of teach-back method and its effects on increased retention of discharge instructions (2017). Not accounting for age or health literacy levels, an 79.4% increase in education material retention was noted in the 209 survey participants (Slater, Huang, & Dalawari, 2017). This supports the positive correlation between use of teach-back and improved education retention, regardless of age or health literacy levels (Slater, Huang, & Dalawari, 2017). Finally, White, Carroll, Brinker and Howie-Esquivel assessed use of teach-back in reducing hospital re-admission rates for HF patients (2013). While a positive correlation in teach-back usage and decreased hospital readmission rates was not noted, increased self-care

levels and disease process related knowledge was noted (White, Carroll, Brinker, & Howie-Esquivel, 2013).

Synthesis

Review of the SRs definitely highlights a need in the acute care setting for teach-back in low health literacy patients. While inconsistent support for decreased re-admission rates with use of teach-back was noted in several studies, positive correlation in use of teach-back and patient retained educational material involving disease and medication management was strongly supported. The RCs also supported this assertation that the teach-back method is a proven effective educational intervention, as it was noted to also result in increased disease specific health literacy and improved patient self-care. And ultimately, the NCTs reviewed demonstrated both staff and patient support of the teach-back method and its effectiveness in educational intervention, particularly those involving discharge teaching. While one study specifically acknowledged impact of the teach-back method on HCAHPS scores lead to inconclusive results, another actually supported decreased re-admission rates for HF patients with teach-back intervention.

Conceptual Framework

The conceptual framework selected to guide the scholarly project was the Iowa model. This model was developed intending to guide the initiation of evidence-based practice (EBP) research into practice within the clinical setting (Iowa Model Collaborative, 2017). Thus, it was deemed the most appropriate conceptual framework for this project. The trigger for this project was a discussion with the project facilitator's preceptor, where a desire for improvement in the hospital's HCAHPS care transitions was identified. Review of the care transitions questions listed in the HCAHPS survey results indicated the question involving patient comprehension of

self-care instructions post discharge, as taught by nursing staff, was routinely lower on a month to month basis than the national average. This project was deemed a priority for the participating organization at the time of project development.

Following the guidelines stated in the Iowa model, the project facilitator developed a team consisting of the team head (the project facilitator), nurse manager of the medical-surgical department, the chief nursing officer (CNO), and nursing supervisor. The project facilitator reviewed the findings of relevant and recent literature to ensure sufficient evidence-based data existed to support the project (Hall & Roussel, 2014). Once completed, the project was presented and proposed to the University Internal Review Board (IRB), and deemed unnecessary to report to hospital IRB by the CNO. Once approved, a small pilot trial on the hospital's medical-surgical unit was initiated for the course of two months. The key performance marker that was used in assessing success of the pilot trial was evaluation of the HCAHPS care transition score involving discharge instructions, which was reviewed to determine if any notable positive change has occurred in the hospital's targeted HCAHPS scores.

Summary

In summary, the literature review reliably provided evidence in support of the effectiveness of the teach-back method as a proven education intervention that improves patient retention of disease specific care management instructions. Positive benefits not only included increased patient comprehension of disease specific knowledge, but improved patient confidence with self-care management, which is a positive indicator for successful discharge teaching. This paired with patient and staff support of the teach-back intervention as a method that increased patient engagement and enhanced provider-patient communication supports a sufficient level of evidence to recommend the teach-back method as an educational intervention for this project.

SECTION THREE: METHODOLOGY

Design

The scholarly project was determined to be an evidence-based practice that was developed employing the Iowa Model. Per guidelines of the Iowa Model, the proposed practice change created and implemented during the progress of this scholarly project was evaluated with a pilot study of the created intervention (Iowa Model Collaborative, 2017). The pilot study was an evidence-based project utilizing a quasi-experimental approach to collect and analyze data. This section will focus on project development and implementation.

Measurable Outcomes

The measurable outcomes for this project was in two parts. The first measurable outcome was an evaluation of the participating medical-surgical nursing staff's knowledge of the teach-back method through use of a pre and posttest developed from materiel produced by the Institute of Healthcare Improvement (IHI) (see Appendix I). The second, and primary, outcome was a post intervention evaluation of the participating hospital's HCAHPS care transition scores for the question "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health" for the months the unit participated in the pilot trial. As the HCAHPS scores are grouped by month, with each month only containing results for patients who were discharged from the hospital during the course of the listed month, then any results for the months of participation in the pilot trial could be clearly attributed to the teach-back educational intervention.

Setting

The setting for this EBP project was completed within the inpatient medical-surgical unit of a hospital located in the southeastern part of the united states. As patient discharge happens in

every unit of the hospital, the medical surgical unit was specifically chosen due to a wide variety of different patient populations with different co-morbidities. This patient population allowed for non-bias towards specific disease processes or health care specialties, and thus it was determined to be the optimal area for a pilot trial. The hospital participating in the project strives for high quality patient care, and an environment of excellence that promotes patient satisfaction and safety. This project promoted improved provider to patient communication of content covered during patient discharge education. By improving provider to patient communication, patient comprehension of post-discharge care and instructions will improve, subsequently improving patient satisfaction with discharge teaching. This will contribute to the hospital's goals of improving quality of care and patient safety, with no risk of harm to the patient during the course of this project. A letter of support from the Chief Nursing Officer of the participating project site is included within Appendix C.

Population

The target population for this study included all medical-surgical unit patients being discharged during the two-month trial period of the intervention. The population of the selected unit was composed of a wide range of patient age and co-morbidities, with patients being seen for both acute and chronic conditions. Thus, it was an ideal population as patients on the selected unit had complex chronic medical conditions and often times a mix of co-morbidities that placed them at risk for readmission within 30 days of discharge. Nursing staff involved in discharge education was the primary target for teach-back education.

Sample size for HCAHPS survey results consisted of any patients discharged from the medical-surgical unit during the course of the two-month trial period, who completed the post-hospital discharge HCHAPS patient satisfaction survey; a total of 42 patients. Any patients

discharged during the course of the intervention was expected to receive teach-back style education at the time of. No exclusion criteria were required, as the purpose of this project was to assess effectiveness the teach-back method in improving patient satisfaction of all patient's admitted to the facility, regardless of age or health literacy status. If patients were deemed too cognitively impaired to receive discharge and care education, then their primary caretaker was be educated in their place.

Ethical Considerations

This project was evaluated by the project facilitator for potential ethical considerations. In preparation for this project, this project leader completed research ethics training to ensure protection of any human subjects that may be involved in this project. As the focus of this project was of a quality improvement nature, and was based on statistically significant research and publications, there was no determined ethical considerations or conflicts noted. The project was submitted and approved by the school Institutional Review Board (IRB). The IRB approval letter is provided in Appendix J.

Data Collection

Data for the intervention was collected prior to project initiation, through review of the prior three months of the scores for the selected HCAHPS care transition question. A pre-intervention reinforcement of teach-back method education was administered to the nursing staff on the medical surgical unit prior initiation of the pilot trial. After completion of nursing staff education regarding appropriate use of the teach-back method, a post-education test was conducted. And finally, the HCAHPS care transition scores for the two months of project implementation was reviewed for the question "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health."

Tools

During the development and implementation of the project, one of the measurable outcomes assessed was staff knowledge of the teach-back method. This was evaluated via a pre and post education intervention test (see Appendix I). This test was developed with information gained from an online learning module. Additionally, an educational hand out was given to staff after the posttest, to be used as a reminder of the teach-back methodology during discharge teaching (see Appendix F and H). Permission to use these educational tools was stated on the organization's website as free to use, with attribution given to the organization in every use (Institute for Healthcare Improvement, 2019), (see Appendix E). Evaluation of the organization's HCAHPS care transition scores were completed via the hospital's NRC HCAHPS evaluations, which were released monthly.

Intervention

The project was initiated by a gathering and review of HCHAPS care transition scores for the previous three months prior to anticipated pilot trial start date. Then evaluation of the unit's nursing staffs' knowledge of the teach-back method was completed prior to trial start date via the pre and post educational intervention test. The educational intervention was completed in the format of one-on-one discussion between staff members and project leader, with use printed educational material. Standardized communication prompts for the teach-back method was distributed in handout format (see Appendix F and H) to all dayshift staff members at the start of the trial period.

The teach-back method was utilized on the target unit for the course of two months. Once the trial period was completed, data for the hospital's HCAHPS care transition scores for the months of the intervention was collected and reviewed. As the hospital's HCAHPS scores were

the primary measurable outcome for success, they were assessed and analyzed to determine intervention effectiveness. All data collected was analyzed for the purpose of determining value of potential future interventions in the hospital organization.

Timeline. Once both university and hospital IRB approval were granted, staff education via the pre and post educational intervention test commenced, beginning two weeks prior to pilot trial, and ending one week into pilot trial. The pre-intervention HCAHPS scores were also collected at that time. The pilot trial began on the first of August and lasted for the duration of two months, ending September 30th, to allow for collection of sufficient data in determining effectiveness of the intervention. Post intervention collection of HCAHPS data took approximately one and a half months to complete, due to the nature of the HCAHPS survey and patient response times to survey questions. Evaluation and analysis of the resulting data took several days.

Feasibility. As the primary intervention of this project was educational based, resources, personnel, and budget associated with project implementation and completion were low. Resources to evaluate staff included paper pre and posttest forms as well as educational materiel handouts. This resulted in low costs only associated with printing fees and associated paper materials, as provided by the participating hospital organization. Educational intervention of staff via one-on-one discussion was completed with a single computer and paper handouts, requiring staff time of approximately 15-20 minutes to complete. Use of one-on-one education by the project facilitator allowed for flexibility to meet staff needs and time constraints and was minimally invasive to staff routine. Education sessions were completed over several shifts according to staff availability. Printed staff pre and post education test, as well as printed handouts were also provided on the lockers of each participating day shift nurse in an effort to

reach all qualifying RN staff. HCAHPS survey results of the aforementioned care transition question, involving patient satisfaction with discharge instructions, was a metric that was already obtained by the organization on a monthly basis and required no additional cost during the course of this intervention.

Data Analysis

Data analysis and evaluation primarily focused on pre and post intervention HCAHPS scores as the primary measurable outcome of success. It was not believed necessary for the project facilitator to consult with a statistician for final data analysis, due to all data belonging to a single area of measurement. Participating patients for the months the pilot trial included 42 patients in total.

HCAHPS Scores. HCAHPS scores for the care transition question, "when I left the hospital, I had a good understanding of the things I was responsible for in managing my health" (Centers for Medicare and Medicaid Services, 2014), was evaluated for the three months prior to trial intervention (May – July), as well as the two months of the pilot trial (August – September). Comparison of pre intervention data and post intervention data results were completed to determine if significant difference in patient satisfaction scores for this HCAHPS question occurred. Influencing factors on HCAHPS results were noted to include number of completed patient surveys per month, as well as the HCAHP current national average for the target question on a month to month basis.

SECTION FOUR: RESULTS

Sample Size

All dayshift clinical staff of the participating Medical-Surgical unit were targeted for pre-intervention education related to teach-back education, 12 RN's in total. All 12 RN's received copies of the pre and posttest, as well as all handout and reference material, on their personal lockers prior to pilot trial start date. Of the HCAHPS data collected during the pilot trial, total participating patients equaled 42 in number, with 19 patients participating in the survey for August and 23 patients participating in September.

Demographics

Of the 12 RN's, five of the RNs received one-on-one education from the project facilitator, as time permitted during their shift. Two of the five RNs fully completed the pre and post educational test. The 42 patients who completed the national HCAHPS survey post hospital discharge during August and September were of unknown demographics. This was due to the confidentiality of all HCAHPS survey results. It is only known that the patients who completed these surveys were in-patients and discharged from the hospital during the participating months of the pilot trial.

Assumptions

The project facilitator acknowledges three assumptions made regarding this project's resulting HCAHPS data. First, that all HCAHPS surveys were completed by in-patients of the Medical-Surgical unit and completed by patients discharged during the period of the pilot trial (August and September). Secondly, that the subsequent HCAHPS data results may have been influenced by the number of participating patients on a monthly basis. Thirdly, that all RN's utilized the teach-back method during for patient discharges' during the two months of pilot study

Main Findings

Through the collection and analysis of data related to this project, several findings were noted. The primary measurement of success for this project was the hospital's HCAHPS scores for the question "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health." As such, the monthly percentage for patient satisfaction was compared to the HCAHPS national average on a month to month basis. The national average for the aforementioned HCAHPS question remained stable at 76% for the three months prior to pilot trial start date (May, June, July), as well as during the two months the pilot trial ran (August and September). This gave a consistent value to compare monthly HCAHPS results, and subsequently, success of the intervention to.

The average for completion of monthly HCAHPS surveys by discharged patients was 24 per month, with a high of 29 patients completed in May, and a low of 19 patient completions in August. It was noted that for months where the participating patient numbers were notably higher or notably lower than the average, scores fluctuated more drastically. This was seen in the months of May, where the hospital average was 62.1% with 29 participating patient surveys completed, as well as August, where the hospital average equaled 57.9% for 19 patient surveys completed. These fell below the aforementioned national average of 76%. For the months of July and September, where the participating number of patients was 23 in total for both months, scores exceeded the national average at 82.6% each month.

Finally, regarding the RN knowledge assessment portion of the pre- and post-education surveys, of the 12 qualifying day shift RN's on the unit only two of the 12 completed both pre and post education tests. Additionally, only five of the 12 RN's completed one-on-one educational sessions with the project facilitator. While assumptions were made that all day shift

RN's completing discharge education for patients during the time of the pilot trial read the provided teachtback educational material, the project facilitator notes that RN compliance with staff educational intervention can only be assured for five of the 12, or 41% of qualifying RNs. This is believed to be a potential impacting factor on HCAHPS results collected during the month of August, when the pilot trial for teach-back method during discharge was in its early phase.

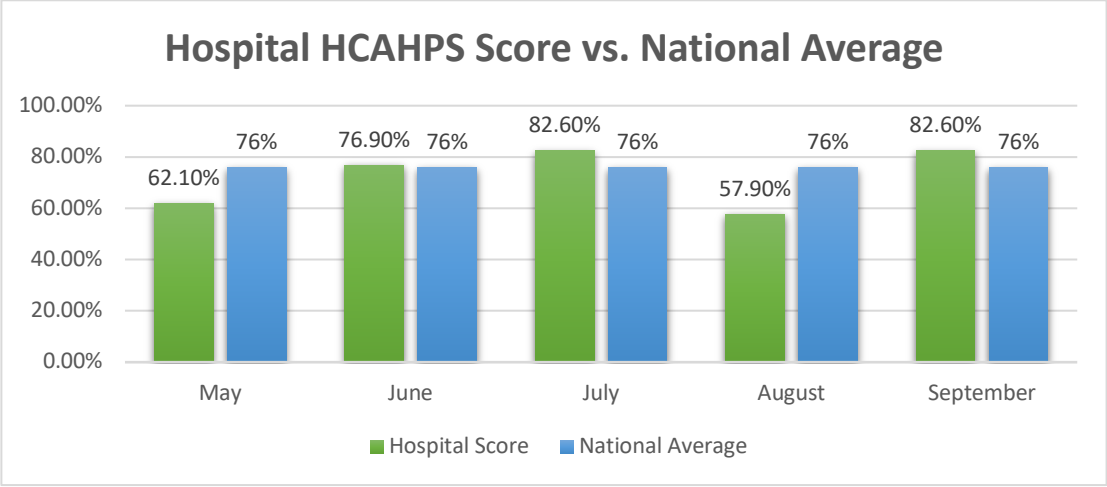

Figure 1. *Hospital HCAHPS score vs. National Average for question "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health"*

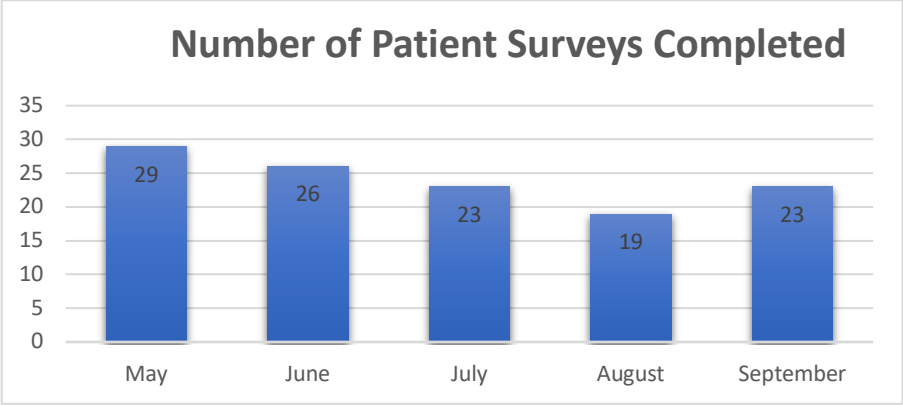

Figure 2. *Number of HCAHPS surveys completed per month*

Summary of Results

The main objective set forth by the project facilitator, to increase patient satisfaction with discharge education as measured by HCAHPS scores for the question "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health", was tentatively met. While the first month of the pilot trial yielded a decrease in patient satisfaction scores, it was attributed to lower number of participating patients in HCAHPS surveys for that month, as well as likelihood of staff adjusting to the modified method of discharge education on the unit. The second month of the pilot trial showed improved results of 82.6% versus the national average of 76%, likely linking improved patient satisfaction with discharge education when teach-back method is used consistently by RN staff. This shows that even though the sample size of the pilot trial was small, the impact of the intervention outcome has clear clinical relevance.

SECTION FIVE: DISCUSSION

Strengths

Strengths noted for this project included feasibility, reproducibility and cost-effectiveness of the project interventions. This project was easy to implement and resulted in minimal disruption of staff routine or patient care. It is easy to reproduce, and the measurement of success is consistent, as the national HCHAPS scores are used year-round and in all hospitals nationwide. Low cost of educational and reference materials also contributed to the feasibility of this project. Finally, RN to patient education at the point of discharge is a standard practice for most inpatient encounters, this project is applicable to a wide variety of inpatient hospital units and easy to adapt to individual hospital discharge education standards and policies.

Limitations

Several limitations were noted during the course of this project. First, only two months of intervention data could be obtained due to time constrains. This weakens the strength of the project findings, as it is more difficult to say with certainty if results would continue to improve or sustain at above national average. Secondly, staff compliance with educational intervention was varied, and lower than anticipated. This may have negatively influenced the results for the month of August, during the time when the pilot trial was beginning. This also raises the concern of staff compliance with use of teach-back education at every patient discharge. In future trials, it would be beneficial to implement auditing of patient discharge education by RN staff during trial period to ensure that teach-back method was consistently utilized.

Implications for Practice

Based on the positive results of this project in improving HCAHPS results above the national standard for the month of September, it is reasonable to concluded that use of the teach-back method during patient discharge positively influences patient satisfaction with discharge education. Subsequently, it is also reasonable to infer that use of the teach-back method consistently in the unit can continue to improve hospital HCHAPS results and patient satisfaction with care delivered. Other units within the hospital, as well as other hospitals within the organization, could also replicate this project to improve HCAHPS scores in relation to patient satisfaction with discharge education.

Implications for Research

While there are similar studies that support these findings, further studies would be effective at strengthening evidence to support consistent use of teach-back method during patient

discharge. While this project does support use of the teach-back method, the results, while positive, were not consistent enough to strongly contribute to existing research. This project should be replicated on a larger scale, possibly at a multi-unit hospital. As the project is easily implemented, minimally disruptive, and cost-effective, it would be easy to replicate by other project facilitators looking to initiate an evidence-based change at their facility.

Sustainability

Sustainability of this project rests upon the RN staff completing discharge education. It is only with continued compliance with educational interventions that improved patient satisfaction scores can be achieved when implementing discharge instruction changes. Once knowledge is introduced to staff, it is up to staff to continue to maintain implemented changes, otherwise compliance may degrade over time. Use of routine auditing of during patient discharge encounters can help to maintain sustainability of quality teach-back education.

Dissemination Plan

Dissemination of project findings include sharing end results of this pilot trial with participating team members at the project site, including Medical- Surgical unit manager, nursing supervisor and CNO. Dissemination can potentially also include sharing of results within the medical community via publication of journal manuscript. Finally, there is also the option of participation in a poster presentation at associated nursing conferences.

Conclusion

Discharge education is an essential element of continued care for all patients leaving the hospital after acute or chronic illness or surgery. While current evidence supports use of teach-back method at time of discharge instruction, this method is not always utilized or consistently enforced in participating hospitals. It is plausible to conclude that through continued education of

staff, and enforcement of this evidence-based practice, hospitals that utilized this education method can develop higher levels of patient satisfaction with discharge education. With improved discharge education, better patient outcomes post discharge can be achieved.

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Appendix A

Literature Review Article Matrix

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? Provide Rationale.
Article 1 Allen, J., Hutchinson, A., Brown, R., & Livingston, P. (2014). Quality care outcomes following transitional care interventions for older people from hospital to home: A systematic review. *BMC Health Services Research, 14*, 346.	Assess quality of transitional care interventions in comparison to standard discharge for elderly patients with chronic disease	12 randomized controlled trial studies. Total 5,269 patients in all studies from 4 different countries.	Systematic review	Elderly patients found to be discharged early with expectation of self-care/management with little understanding/comprehension of required post-discharge care.	Level I	Population in articles reviewed include ages 60 and older. This makes data not generalizable to younger populations.	Yes –large portion of population in hospitals are elderly patients with multiple co-morbidities who are at high risk for readmission. This highlights a need for increased education revolving around self-care and health literacy for this patient population.
Article 2 Almkuist, K. (2017). Using teach-back method to prevent 30-day readmissions in patients with heart	To discuss use of teach-back method during patient education to reduce heart	Four articles between 2013-2016	Systematic review	While study not conclusive in showing correlation between teach-back and decreased hospital readmission rates,	Level I	While some reduction in readmission rates noted in	Yes – this study highlights the cost of 30-day readmissions in CMS reimbursement, as well as the effectiveness in

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? Provide Rationale.
failure: A systematic review. *Medsurg Nursing, 26*(5), 309,312	failure patient's re-admission within 30 days of discharge.			positive data found correlating teach-back and improved patient health literacy about disease process, especially newly diagnosed disease processes.		some studies, results not considered statistically significant.	utilizing teach-back method to improve patient confidence with self-care and patient health literacy.
Article 3 Badaczewski, A., Bauman, L., Blank, A., Dreyer, B., Abrams, M., Stein, R., . . . Sharif, I. (2017). Relationship between teach-back and patient-centered communication in primary care pediatric encounters. *Patient Education Counseling, 100*(7), 1345-1352.	To test use of teach-back method during communications between staff and patients in the primary care setting during pediatric clinical encounters	N = 44	Randomized control trial	Teach back was used in 39% of encounters and positively correlated with increased and improved patient centered communication and patient engagement.	Level II	Small sample size in singular primary care setting. May have non-generalizable results.	Yes – links use of teach-back method with increased patient centered communications and increased affective engagements with patients

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? Provide Rationale.
Article 4 Bahir, J., Saljooghi, S., Noghabi, A., & Moshki, M. (2018). Effectivenss of the teach-back method in improving self-care activities in post menopausal women. *Menopause Review, 17*(1), 5-10.	Investigation of efficacy of teach-back method training on self-care in postmenopausal women in Iran	N = 68 32 = Control 34 = Trial Intervention: four 45-minute training programs	Randomized control trial	Significant increase in knowledge score on post evaluation survey between groups. Statistically significant score of improved self-care activities post intervention.	Level II	Does not discuss the time frame between education intervention sessions. Does not discuss health literacy levels for participants.	Yes – demonstrates statistically significant improvements in self-care after teach-back method between two groups of women suffering from menopausal symptoms.
Article 5 Centrella-Nigro, A., & Alexander, C. (2017). Using the teach-back method in patient eduction to improve patient satisfaction. *The Journal of Continuing Education in*	To determine if teach back method would positively impact patient self-care education and care transition	Pre and posttest of 24 nurses' knowledge related to teach back method.	Quasi-experimental research study	While staff comments in post intervention surveys demonstrated a strong support for use of teach back method, HCAHP scores were not significantly improved on intervention unit.	Level III	Small sample size from single hospital. Needs further research to make data more generalizable. Also,	Yes –data is positive reflection of use of teach-back method from staff perspective

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? Provide Rationale.
Nursing, 48(1), 47-52.	HCAHPS scores.					no discussion on patient populations.	
Article 6 Dinh, T., Bonner, A., Clark, R., Ramsbotham, J., & Hines, S. (2016). The effectiveness of the teach-back method on adherence and self-management in health education for people with chronic disease: a systematic review. *JBI Database of Systematic Reviews and Implementation Reports, 14*(1), 210-247.	To examine evidence of utilization of teach-back method in health education programs and its relation to improved self-management in people with chronic disease.	12 articles	Systematic Review	Four studies confirmed increased disease-specific knowledge among participants. One study linked statistically significant improvement to diabetic medication and dietary changes. Two studies yielded statistically significant improvement in patient self-efficacy. Five studies correlated reduction in re-admission rates and hospitalizations, but	Level I	Some positive study results not statistically significant, warranting future follow-up study.	Yes- research supports positive changes in wide range of health care outcomes when paired with teach back method. While not always statistically significant, study also showed reduction in hospital readmission rates, as well as improved self-care.

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? Provide Rationale.
				not always statistically significant.			
Article 7 Klingbeil, C., & Gibson, C. (2018). The teach back project: A system-wide evidence based practice implementation. *Journal of Pediatric Nursing, 42*, 81-85.	Examine the impact of educational intervention with multi-disciplinary staff as it relates to teach-back method.	N= 300 participants in a 290 bed Magnate facility, over one year across multiple nursing disciplines/units within one hospital system	Non-randomized control trial	Staff reported increased knowledge of teach-back method and reports of increased patient educational opportunities pertaining to medications and skill-based treatments. High rates of clarifying educational information and correcting misunderstandings using teach-back method.	Level III	Conducted in a single facility in the mid-west. Also does not discuss impact with patient satisfaction scores.	Yes – This study highlights positive benefits of teach-back such as correcting misconceptions and improving health literacy, both of which are risks for re-admission. Also highlights its impact on improved quality of care delivered and support of the National Action Plan to Improve Health Literacy.
Article 8 Morony, S., Weir, K., Bell, K. J., Biggs, J., Duncan, G.,	To evaluate result of teach-back method in	N = 367 callers over 7-week period.	Randomized Control Trial	Callers with inadequate health literacy associated teach-back with	Level II	Small sample numbers of low	Yes – addresses positive patient feedback associated with staff utilizing

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? Provide Rationale.
Nutbeam, D., & McCaffery, K. (2018). A stepped wedge cluster randomised trial of nurse-delivered teach-back in a consumer telehealth service. *PLoS one, 13*(10), e0206473.	communications of a national telehealth service, for patients of various health literacies	261 = received teach-back 127 = inadequate health literacy		feeling listened to, confident to act, and know what steps to take next. Nurse perception of own effectiveness and caller comprehension also increased		health literacy patients. Need further research to better test effectiveness for those with low health literacy.	teach-back method. Potential for increased patient satisfaction as patients "feel listened to" and have the confidence to self-care and/or know how to act regarding their health.
Article 9 Negarandeh, R., Mahmoodi, H., Noktehdan, H., Heshmat, R., & Shakibazadeh, E. (2013). Teach back and pictorial image educational strategies on knowledge about diabetes and medication/dietary adherence among	Assessment of impact of pictorial imagery and teach back method in education strategies among patients with DMII and low health literacy in Iran	N=127 -3 weekly educational sessions; 20 minutes each -pre and post evaluations	Randomized control trial	Statistically significant differences in mean scores of knowledge adherence to diet and medication between two intervention (pictorial and teach back) groups and control groups	Level II	Small sample size overall between two groups. Requires further evaluation for stronger statistical	Yes – demonstrates effectiveness of teach-back method in low health literacy patients especially, resulting in improved levels of self-care and disease management compliance.

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? Provide Rationale.
low health literate patients with type 2 diabetes. *Primary Care Diabetes, 7*(2), 111-118.						significance.	
Article 10 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.	To assess the effects of implementing teach-back method and its impact on reducing readmission and length of hospital stay as it relates to heart failure	N = 469 180 = received teach back; Tertiary magnet facility	Non-randomized control trial	Improvement in 30-day readmission rates and/or reduction in length of second hospitalization in trial group. Nearly 70% of staff to undergo teach-back training strongly agree it is an effective technique that improves quality of patient care and patient safety following discharge.	Level III	Teach back questions tailored to HF population. Small sample results. Data may not be generalizable to larger/more diverse population.	Yes – supports correlation of teach-back method to improved patient outcomes and safety, reduced patient re-admissions/length of second hospital stay.
Article 11 Porter, K., Chen, Y., Estabrooks, P., Noel, L., Baily, A., & Zoellner, J.	To assess differences in health literacy status and	N= 301 81% female; 31.9% GED or less; 66.1% earned <	Cross sectional study	Low health literate individuals required more rounds of teach-back due to decreased re-call of	Level III	Lack of pre-intervention data to determine	Yes – identifies a need for teach-back in low health literacy patients as they are especially at risk for

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? Provide Rationale.
(2016). Using teach-back to understand particpant behavioral self-monitoring skills accross health literacy level and behavioral condition. *Journal of Nutrition Education and Behavior, 48*(1), 20-26.	behavior conditions as it relates to self-care behaviors and ability to recall teach-back educational interventions	$25,000/y; 32.9% low health literacy		educational material than those of higher health literacy.		changes in self-monitoring skills or recall of participants after educational interventions.	poor recall of educational instructions and thus at risk for readmission. Also highlights need for potential increased occurrences of teach-back education for disease management.
Article 12 Samuels -Kalow, M., Hardy, E., Rhodes, K., & Mollen, C. (2016). "Like a dialogue": Teach-back in the emergency department. *Patient Education Counsel, 99*(4), 549-544.	Assess perceptions of teach-back among patient population in the emergency department by health literacy levels.	N = 51 (31 parents; 20 patients)	Non-randomized study	All groups felt teach back method would increase learning levels, reduce instances of forgetting key information, and improve provider-patient communication levels.	Level III	Some participants indicated some concern for teach back method to be condescending to patient if	Yes – highlights positive reception by patient populations with low health literacy to teach back method use. Also draws attention to need for standardized wording to avoid “condescending” of provider/staff to patient/caregiver.

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? Provide Rationale.
						not introduced properly. Indicates need to clearly place "burden of blame" on health care provider as opposed to patient/caregiver.	
Article 13 Schaffler, J., Leung, K., Tremblay, S., Merdsoy, L., Belzile, E., Lambrou, A., & Lamberty, S. (2018). The effectiveness of self-management	Evaluate self-management interventions for low income/low health literacy population	23 studies found. 10 indicate positive effect in at least 1 primary outcome.	Systematic review	While tailoring interventions to low income/low health literacy populations did not yield statistically significant impact on educational efficiency, significant impact	Level I	Does not specifically address teach-back method in research, but rather includes it among other	Yes – data specific to teach back method indicates significant increase in dose inhaler technique score after intervention.

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? Provide Rationale.
interventions for individuals with low health literacy and/or low income: A descriptive systematic review. *Journal of General Internal Medicine, 33*(4), 510-23.				found in patient empowerment and improved disease specific quality of life.		methods of study/intervention. Evidence may not be as strong.	
Article 14 Slater, B., Huang, Y., & Dalawari, P. (2017). The impact of teach-back method on retention of key domains of emergency department discharge instructions. *Journal of Emergency Medicine, 53*(5), 59-65.	Determine if teach-back in ED discharge would increase retention of post ED discharge instructions	68 ED nurses educated about teach-back method. N = 209 survey participants	Non-randomized control trial	Adjusting for age and education level, recall rates 70% pre vs. 82.1% post intervention. 79.4% post intervention when not adjusted for age/literacy level.	Level III	Data collected from a single facility ED.	Yes – demonstrates positive correlation to self-care education at time of discharge with use of teach-back method, regardless of age or health literacy levels.

Article Title, Author, etc.	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change? Provide Rationale.
Article 15 White, M. G., Carroll, M., Brinker, E., & Howie-Esquivel, J. (2013). Is "teach-back" associated with knowledge retentiona nd hospital readmission in hospitalized heart failure patients? *Journal of Cardiovascular Nursing, 28*(2), 137-46.	Determine if HF patients educated with teach-back technique retain self-care education and thus have fewer associated hospital readmissions	N = 276; Patients > 65 years. Study over 13-month period. 7-day post-hospital discharge follow-up to assess knowledge retention.	Prospective cohort study	Teach-back proved to be effective in-patient education and assessment of self-care learning. Correctly answered HF teach-back follow-up questions not linked to reduced 30-day hospital readmission rates.	Level III	Non-randomized patient sample. Level of evidence is not as strong.	Yes – While this study does not support reduced readmissions as a result of teach-back method, it does link increased knowledge retention and self-care levels among participating patients approximately 75% of time.

Appendix B
CITI Training Certificates

CITI PROGRAM

Completion Date 08-Sep-2018
Expiration Date 07-Sep-2021
Record ID

This is to certify that:

Elizabeth Breton

Has completed the following CITI Program course:

Biomedical Research - Basic/Refresher (Curriculum Group)
Biomedical & Health Science Researchers (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Liberty University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w7726c001-34b3-4fb1-8188-f3cd39d2b967-28572482

CITI PROGRAM

Completion Date 08-Sep-2018
Expiration Date 07-Sep-2021
Record ID [redacted]

This is to certify that:

Elizabeth Breton

Has completed the following CITI Program course:

Social & Behavioral Research - Basic/Refresher (Curriculum Group)
Social & Behavioral Researchers (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Liberty University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wc2111fe2-9efa-42df-8326-c53e7b01a95f-28572502

Appendix C
Letter of Support from Organization

May 10, 2019

Attention: IRB
Liberty University
Lynchburg, VA

IRB Members:

It is my pleasure to write a letter of support of the proposal of the Doctor of Nursing Practice Scholarly Project: Teach Back to Improve Care Transitions by student Elizabeth Breton, from Liberty University.

[redacted] is committed to providing quality patient care for every patient who visits our facility. This project will work towards improving the HCAHPS care transition scores involving patient satisfaction with discharge teaching through utilization of the teach-back method by nursing staff at the time of discharge. This has the potential to not only improve patient satisfaction with care delivered, but to also improve patient education involving health literacy and self-care after hospital discharge, ultimately improving patient care and safety.

[redacted] is pleased to support Ms. Breton's Doctor of Nursing Practice Scholarly Project: Teach Back to Improve Care Transitions.

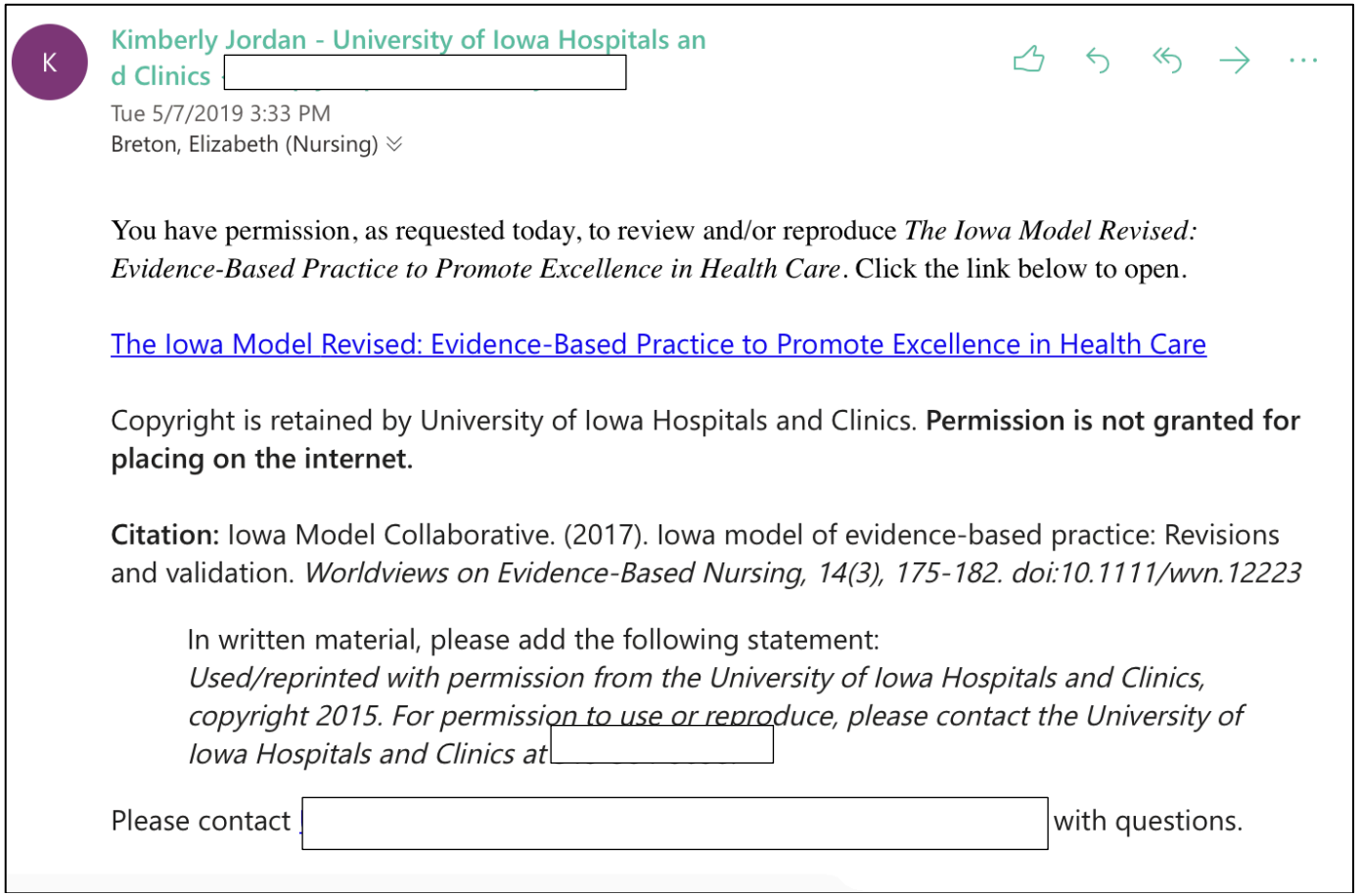
Please feel free to contact me if I can be of further assistance.

Respectfully,

[redacted]
Chief Nursing Officer
[redacted]

Appendix D

Permission to Use Iowa Model



K

Kimberly Jordan - University of Iowa Hospitals and Clinics [redacted]

Tue 5/7/2019 3:33 PM

Breton, Elizabeth (Nursing)

You have permission, as requested today, to review and/or reproduce *The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care*. Click the link below to open.

The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care

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Citation: Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. *Worldviews on Evidence-Based Nursing, 14(3), 175-182. doi:10.1111/wvn.12223*

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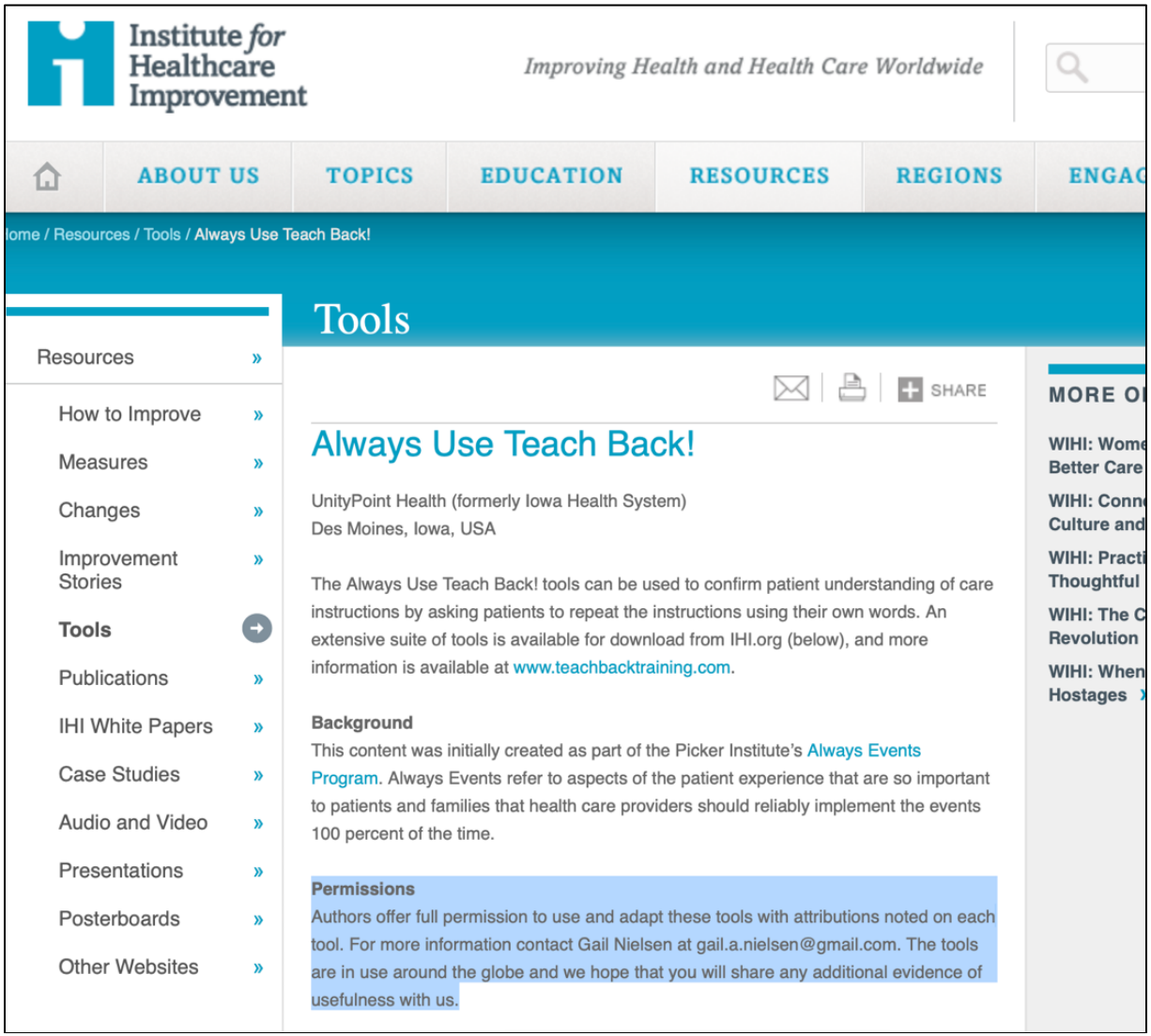
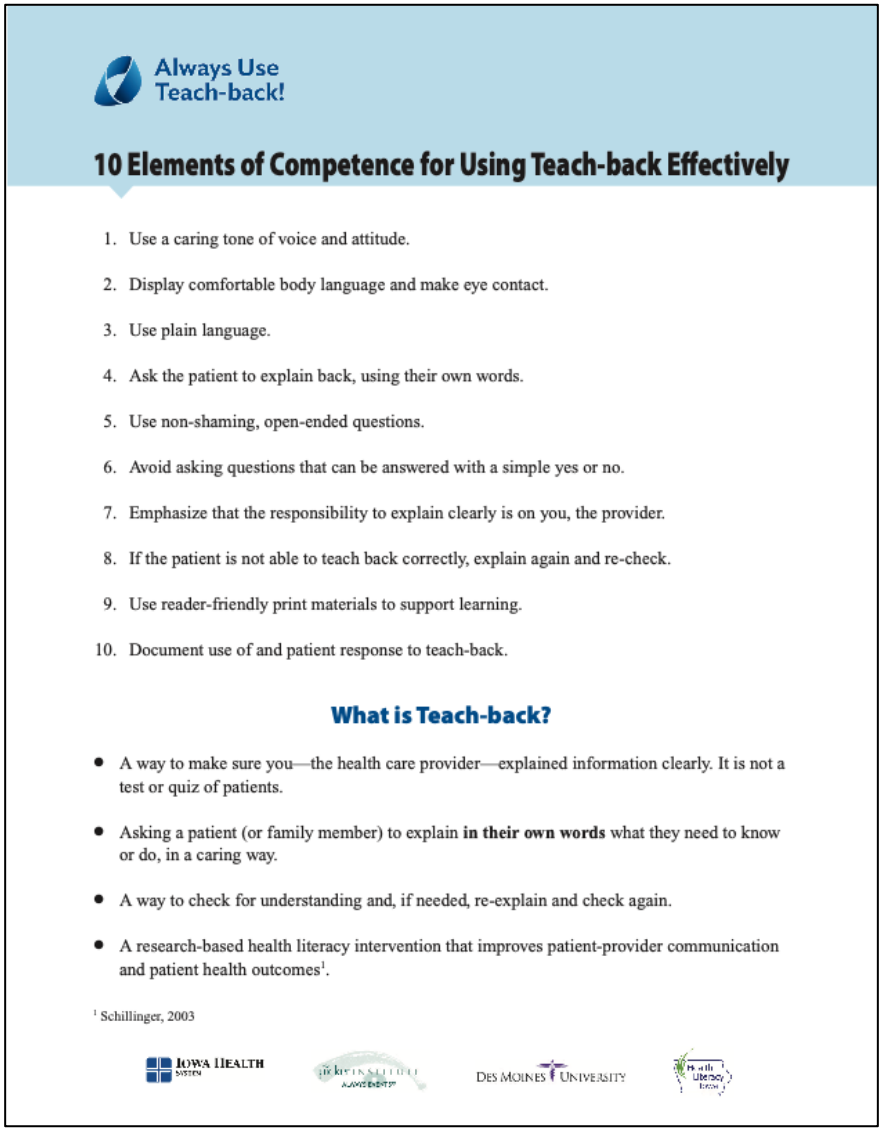
Appendix E

Permission to Use Teach-Back Training Tools



Appendix F
Teach-Back Training Sheet



Always Use Teach-back!

10 Elements of Competence for Using Teach-back Effectively

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use non-shaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple yes or no.
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to teach back correctly, explain again and re-check.
9. Use reader-friendly print materials to support learning.
10. Document use of and patient response to teach-back.

What is Teach-back?

- A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.
- Asking a patient (or family member) to explain **in their own words** what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes[1].

[1] Schillinger, 2003

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Appendix G

Educational Intervention Outline

I. Provide Pre-Test on Teach-Back Rationale and Methodology (5 minutes)

1. Collect Medical-Surgical Floor RNs' test results

II. Teach-Back Training (15-20 minutes)

A. Access and use online "Interactive Teach-Back Learning Module" (IHI, 2019) (http://www.teachbacktraining.org/interactive-teach-back-learning-module)

1. Objectives
    1. Define teach-back and identify rationale for use in clinical setting
    2. Review research on teach-back use in the clinical setting and corresponding improvement in patient health literacy and self-care understanding
    3. Apply knowledge of teach back to patient scenarios in appropriate manner
2. Define teach back (2 minutes)
3. Identify rationale for use in clinical setting (2 minutes)
    1. Review supporting research from Institute for Healthcare Improvement (IHI) and Iowa Collaborative.
4. Explain when teach back is appropriate in clinical setting (2 minutes)
    1. Should be used in any clinical setting where patient education is needed

2. Increases patient interaction and engagement
3. Helps to identify patient misconception of teachings/ failure to comprehend teachings.

5. Complete online “interactive Teach-Back Learning Module” up to section two “Using teach-back for inpatient discharge teaching.”

III. Provide opportunity for question/answer session.

IV. Provide Post-Test on Teach Back rationale and methodology (5 minutes)

1. Collect Medical-Surgical Floor RNs’ test results

V. Provide handout of teach back tips for clinical use during patient discharge teaching

Appendix H

Teach-Back Audit/Observation Sheet

Always Use Teach-back!

Teach-back Observation Tool

Care Team Member: _____ Date: _____

Observer: _____ Time: _____

Did the care team member…	Yes	No	N/A	Comments
Use a caring tone of voice and attitude?				
Display comfortable body language, make eye contact, and sit down?				
Use plain language?				
Ask the patient to explain in their own words what they were told to do about: • Signs and symptoms they should call the doctor for? • Key medicines? • Critical self-care activities? • Follow-up appointments?				
Use non-shaming, open-ended questions?				
Avoid asking questions that can be answered with a yes or no?				
Take responsibility for making sure they were clear?				
Explain and check again if the patient is unable to use teach-back?				
Use reader-friendly print materials to support learning?				
Document use of and patient's response to teach-back?				
Include family members/caregivers if they were present?				

1

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Appendix I

Pre and Post Education Test

Teach-Back Pretest/Posttest

1. Patients remember and understand what their providers tell them

   a) 100% of the time

   b) About 75% of the time

   c) Less than 50% of the time

   d) Less than 25% of the time

2. Patients with low literacy …?

   a) Are easily identifiable during assessment

   b) Feel no shame with their low health literacy

   c) Hide their limited ability behind coping techniques

   d) Often openly admit they do not understand what provider is saying

3) The majority of medication errors are…?

a) Due to equipment malfunction

b) Are communication-related

c) Are due to poor patient compliance

d) Are a result of busy or loud work environment

4) What is the definition of teach-back?

a) A test or quiz of patient's knowledge

b) Use of "yes" and "no" questions to evaluate patient learning

c) Patient's repeating back what the provider said

d) Assessment of patient understanding of information communicated by provider

5) When explaining the teach-back method to the patient…?

a) Explain it is an assessment of the patient's own knowledge

b) Emphasize that it is used to ensure that you (the provider) communicated clearly

c) Explain that you are just checking that they understand their discharge teaching

d) Use complicated verbiage to confuse them so they don't ask further questions

Answer Key

1. C
2. C
3. B
4. D
5. B

Appendix J

IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

July 5, 2019

Elizabeth Breton
IRB Application 3862: The Implementation of the Teach Back Method to Improve Patient Satisfaction with Care Transitions

Dear Elizabeth Breton,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your research with the data safeguarding methods mentioned in your IRB application.

Your study does not classify as human subjects research because evidence-based practice projects are considered quality improvement activities, which are not considered "research" according to 45 CFR 46.102(d).

Please note that this decision only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued non-human subjects research status. You may report these changes by submitting a new application to the IRB and referencing the above IRB Application number.

If you have any questions about this determination or need assistance in identifying whether possible changes to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

Administrative Chair of Institutional Research
Research Ethics Office

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