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The Teach Back Project: A System-wide Evidence Based Practice Implementation

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ABSTRACT

Purpose: Teach-back is an evidence-based strategy identified as a cornerstone intervention for improving communication during healthcare encounters. Evidence supports the use of teach back with patients and families to improve understanding of discharge instructions and supporting self-management. There is significant evidence that staff do not routinely use teach-back while communicating with patients and families.
Design and Methods: This evidence-based practice project examined the impact of a brief educational intervention for a multidisciplinary staff on knowledge of health literacy and the use of teach-back during patient-education. Clinical staff working at a 290 bed Magnet® designated Midwest pediatric healthcare organization attended a 45–60 min, standardized, instructor led interactive teaching session about the impact of low health literacy, the use of open ended questions and how to use teach-back with patients and families. Pre and post education surveys, and a one-year sustainability survey were administered.
Results: Over 300 multidisciplinary team members (including acute care, emergency room, and surgical nurses, dieticians, respiratory care practitioners and occupational and physical therapists) participated in the education and surveys. Both nurses and non-nurses demonstrated increased knowledge of the teach-back process and reported high rates of clarifying information and correcting misunderstandings when using teach back with patients and families. Qualitative data revealed clarifications are often about medications and skill-based treatments.
Conclusions and Practice Implications: Teach-back is a valuable strategy that can improve the safety and quality of health care and supports the National Action Plan to Improve Health Literacy.

Background

Health literacy in the context of patient-centered care is one of the most prominent and perhaps challenging issues within health care today. Health literacy is defined as "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 & Parker, 2000, p. vi). An estimated 90 million Americans (Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011) are affected and struggle to understand recommendations made by health care professionals regarding taking medications, lifestyle changes and follow-up care. Low literacy levels and low health literacy create difficulty for patients and families when following medication tasks, filling out forms, keeping appointments and transitioning home from the hospital. It is well documented that low health literacy can negatively affect patient safety and result in poor health outcomes (DeWalt, Berkman, Sheridan, Lohr, & Pignone, 2004), including higher hospitalization rates and emergency room use, longer recovery from illness, increased mortality and morbidity, and greater healthcare costs overall (Betz et al., 2008; McCarthy et al., 2012; Speros, 2011). As Medicare implements cost reducing penalties for hospitals with increased readmission rates for patients with certain conditions, health literacy is gaining attention from hospital leaders, providers and the public (Baur, United States, and Office of Disease Prevention and Health Promotion, 2010; Koh et al., 2012).

Health literacy at the individual level focuses on the communication qualities and strategies involved in care between the patient, family and health care professionals. Effective communication is a cornerstone in preparation for discharge, prevention of errors and prevention of chronic health conditions overall (Betz et al., 2008; Lamiani & Furey, 2009; Speros, 2011; Weiss et al., 2008). More recently the focus of system-wide interventions to improve effective communication has emerged in the literature. This emphasis includes increasing professional's use of plain language, checking for understanding

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through teach back and the use of open-ended questions with all patients regardless of their perceived or measured level of health literacy (Baur, United States, & Office of Disease Prevention and Health Promotion, 2010; DeWalt et al., 2010; Koh et al., 2012).

Teach back is currently promoted by health care professionals as an effective intervention improving safety for patients as well as an evidence based practice for effective communication between healthcare providers and patients in the medical setting (Haney & Shepherd, 2013; Kemp, Floyd, Mccord-Duncan, & Lang, 2008; Nielsen-Bohlman, Panzer, Kindig, Institute of Medicine (U.S.), and Committee on Health Literacy, 2004; Peter et al., 2015; Press et al., 2012; Schillinger, 2003). For this project, teach back is when the learner is asked to tell the teacher their understanding of what was just taught. This process allows the teacher to verify understanding, correct inaccurate information and to reinforce new home care or medication skills (Howie-Esquivel, White, Carroll, & Brinker, 2011; Schillinger, 2003; Slater, Dalawari, & Huang, 2013; White, Garbez, Carroll, Brinker, & Howie-Esquivel, 2013). Teach back has been cited in the evidence as a critical strategy to facilitate understanding and limit the cognitive demands placed on the individual who is vulnerable when needing to learn discharge instructions, during consent discussions, and when taking their medications (Berry et al., 2014; Kandula, Malli, Zei, Larsen, & Baker, 2011; Miller, Abrams, Earles, Phillips, & McCleeary, 2011; Zavala & Shaffer, 2011).

While research investigating the impact of teach back on patient outcomes is limited, practice findings from evidence-based practice (EBP) and quality improvement projects has propelled the use of teach back forward in the quality and safety aspects of care. Organizational efforts have taken hold with endorsement by a number of national bodies: the National Quality Forum for use of teach back during informed consent discussions, The Joint Commission during teaching and discharge preparation, and the national network Children's Hospital's Solutions for Patient Safety (2017) in preparation for discharge. One best practice guideline, “Facilitating Client Centered Learning” published by the Registered Nurses' Association of Ontario, included teach back as a best practice strategy during client centered learning (Registered Nurses' Association of Ontario, 2012).

Evidence Based Practice Model and Framework

The Iowa Model of EBP (Titler et al., 2001) was used as the framework to guide the system-wide implementation of this EBP project. The model focuses on looking at triggers for focus areas and prioritizing projects, a thorough review and synthesis of the evidence as a basis for practice changes, planning the practice change, and piloting the change on a small scale before rolling it out for an entire organization. The model is also known to be user-friendly for staff implementation and has identified decision points within an algorithm that promotes decision making along the way (Cullen & Adams, 2012).

Implementing Teach Back as a System-wide Best Practice

Pilot Project Summary

Initial grassroots efforts focused on educating staff about the impact of low health literacy in this tertiary care 290 bed Magnet® designated Midwest academic pediatric healthcare organization. A small education grant helped bring in a national speaker on health literacy for the annual nursing conference. Interested staff formed a Special Interest Group for Health Literacy. An EBP pilot study published by Kornburger, Gibson, Sadowski, Maletta, and Klingbeil (2013) initiated the focus of health literacy and teach back through a brief educational intervention for nursing staff in a pediatric setting. This initial work provided data that when staff used teach back they found numerous mistakes in patients' and families' understanding of medications, follow-up appointments, treatments and knowledge related to when and how to seek care. The initial brief educational intervention was found to impact the knowledge of the staff on health literacy and teach back. Nursing staff reported opportunities for correcting misunderstandings, especially with medications, when incorporating teach back into their practice. Sustainability of the intervention as a standard practice for the majority of nurses was challenging, with time, support and language issues reported as barriers to full implementation of teach back.

The System-wide EBP Project

As the organization moved forward with quality and safety work, focus and interest gathered around educating additional nursing staff and multiple disciplines on using the teach back process in practice. Organizational patient satisfaction scores and safety events confirmed there was a need for improvement in effective communication and the use of teach back. As part of the Iowa Model, a key decision point after a pilot is focusing on the appropriateness for adoption of the intervention into practice. Findings from this two-unit EBP pilot provided the necessary organizational buy-in and interest in adoption of the intervention into practice. Prior to system-wide implementation of this project, Institutional Review Board approval was obtained. Financial support for additional staffing hours was not required since the educational intervention was held during staff education days or previously scheduled department staff meetings.

Methods

Sample and Setting

A descriptive pre and post –test design was used. Over 300 healthcare team members participated in a one-time, standardized instructor led educational session at a tertiary care 290 bed Magnet® designated Midwest academic pediatric healthcare organization. Participants included nurses, dieticians, respiratory care practitioners, occupational and physical therapists. The nursing sample included nurses from five acute care medical surgical units, two ambulatory day surgery settings and the Emergency Department.

Intervention

Education sessions were planned with leadership teams of different departments and clinical units during staff meetings, separate yearly mandatory education sessions or specific meetings scheduled for this intervention. Learning objectives for the session included defining heath literacy and the impact on health outcomes, describing teach back and the need to verify understanding with patients and families, and expectations and opportunities for use in practice. Content for the education session included background such as the definition of health literacy, the impact of low health literacy and strategies for effective communication. These strategies included the use of plain language, limiting information, using open-ended questions and the process of teach back. Video scenarios illustrating different health literacy skill levels were shown. Actual patient and family's misunderstandings were discussed, relative to the unit or area of practice. Sessions were led by a Clinical Nurse Specialist and Clinical Nurse Leader, who were members of the organization's Health Literacy Special Interest Group. Each session lasted from 45 to 60 min depending on the location, setting and audience participation.

Measures

This project was rolled out in the organization over 24-months. There was a total of three survey measures used to evaluate staff on different units and departments during the roll out of this system wide project based on the planned date for education delivery. Surveys were created during the original pilot study with the assistance of an