Teach-back for Inpatient Nutrition Education: Mission Possible

Melissa Faura RD, LDN
Lehigh Valley Health Network, Melissa.Faura@lvhn.org

Ann Flickinger MS, RD, LDN
Lehigh Valley Health Network, Ann.Flickinger@lvhn.org

Katherine Lyle MS, RD, LDN
Lehigh Valley Health Network, Katherine.Lyle@lvhn.org

Follow this and additional works at: http://scholarlyworks.lvhn.org/clinical-nutrition-service

Part of the Dietetics and Clinical Nutrition Commons, Human and Clinical Nutrition Commons, and the Other Food Science Commons

Published In/Presented At
Teach-back for In-Patient Nutrition Education: Mission Possible!

Melissa Faura, RD, LDN, Ann Flickinger, MS, RD, LDN, Katherine Lyle, MS, RD, LDN
Lehigh Valley Health Network, Allentown, Pennsylvania

Department Mission Statement: Creating Health through Nutrition

- To develop and provide personalized and innovative nutrition services to improve the quality of life for the community in which we serve.
- To provide medical nutrition therapy along the continuum of care using technology, interdisciplinary collaboration, research and evidenced based practice, as well as community outreach.

Background:
Nutrition Services determined that there were differences between dietitians on how diet education was completed. There was inconsistent use of diet educational materials, documentation of education in multiple areas, and printing of educational materials per patient versus a stock pile.

Objective:
Our goal was to create an efficient and effective process for comprehensive education using teach-back principles.

Methods:
Nutrition Services conducted a Kaizen and developed a Standard Operating Procedure for comprehensive diet education. This procedure included a definition of comprehensive education along with teach-back questions. Teach-back has been proven to be an effective method to educate patients in the hospital setting. A Registered Dietitian can evaluate the effectiveness of their education by a series of predetermined knowledge, attitude, and behavior questions. Dietitians were trained on new procedure prior to implementation.

Results:
Three counter-measures were implemented. A Standard Operating Procedure and teach-back principles were implemented which resulted in a 45% time savings. Through streamlining documentation procedures, there was a 5% reduction in documentation time. Bulk printing of diet education materials resulted in 92% time savings versus printing materials for each patient.

Conclusion:
The use of Standard Operating Procedure streamlines the patient encounter while utilizing teach-back to assess adequacy of education. This offers both an efficient and effective method for providing nutrition education to patients. Further data collection is planned to quantify patient understanding using teach-back in nutrition education.

Reference: