

Using Teach Back to Reduce Readmission Rates in Hospitalized Heart Failure Patients

Michael Pistoria DO, FACP, SFHM
Lehigh Valley Health Network, Michael.Pistoria@lvhn.org

Debra Peter MSN, RN, BC, CMSRN
Lehigh Valley Health Network, Debra.Peter@lvhn.org

Paula Robinson MSN, RN, BC
Lehigh Valley Health Network, Paula.Robinson@lvhn.org

Kim Jordan MHA, BSN, RN, NE-BC
Lehigh Valley Health Network

Susan Lawrence MS, CMAC
Lehigh Valley Health Network, Susan.Lawrence@lvhn.org

Follow this and additional works at: <http://scholarlyworks.lvhn.org/medicine>



Part of the [Cardiology Commons](#), and the [Medical Sciences Commons](#)

Published In/Presented At

Pistoria, M., Peter, D., Robinson, P., Jordan, K., & Lawrence, S. (2012, April 1-4). *Using teach back to reduce readmission rates in hospitalized heart failure patients*. Poster presented at: The Society of Hospital Medicine's Annual Meeting, San Diego, CA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Using Teach Back to Reduce Readmission Rates in Hospitalized Heart Failure Patients

Michael Pistoria, DO, FACP, SFHM, Debra Peter MSN, RN, BC, CMSRN, Paula Robinson, MSN, RN, BC, Kim Jordan, MHA, BSN, RN, NE-BC, Susan Lawrence, MS, CMAC
Lehigh Valley Health Network, Allentown, Pennsylvania

Background

Memory plays a key role in adherence and patient satisfaction.¹ Studies demonstrate that patients forget 40-80% of the information they receive almost immediately after hearing it.² Additionally, nearly half of the information they retain is incorrect.³ Given the importance of understanding one's disease process and follow-up, this adversely impacts patient outcomes. Patients who do not clearly understand their disease state or post-discharge instructions may decompensate before seeing their PCP and subsequently get readmitted. National readmission rates for Medicare patients are around 20%, and for diseases like heart failure are closer to 23%.⁴ A multidisciplinary team was convened to develop a process to improve patient education and impact outcomes.

Purpose

Develop a patient education strategy for patients admitted with a primary diagnosis of heart failure.

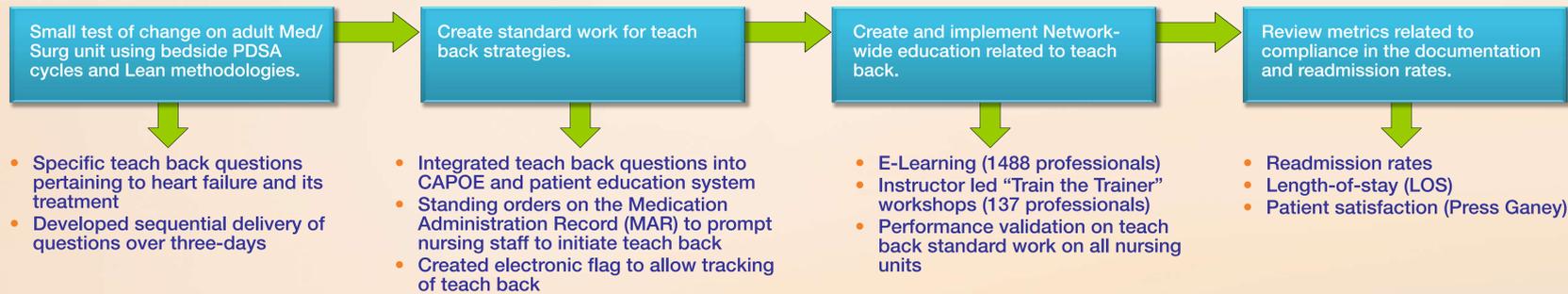
What is Teach Back?

- An effective communication strategy to evaluate learning.
- Assesses the key learner's knowledge, attitude, and likelihood that behavior changes may occur after discharge.
- Places the burden of learning on the health care professional and not on the key learner.
 - "So that I know I did a good job teaching you, I will ask you a few questions."
 - "If you were talking to your neighbor this afternoon, what would you tell him we talked about today?"
 - "To make sure I covered all the key points on how to give an injection, I will ask you to show me the steps you will take when you give yourself your injection at home."

Project Design

- A large multidisciplinary team has been using Lean methodology to improve the effectiveness and quality of care transitions.
- A "Patient and Family Caregiver Education" group was formed as part of this larger effort
 - The smaller workgroup consisted of healthcare clinicians from across the care continuum
 - The team focused on providing more effective patient and family education across the Network
- The smaller group developed, piloted and implemented a three-day integrated teach back process in the acute care setting for individuals diagnosed with heart failure
- The team communicated metrics and formative evaluations to key sponsors and senior management on an ongoing basis during the pilot phase of the process
 - Standard work was ultimately created

Method

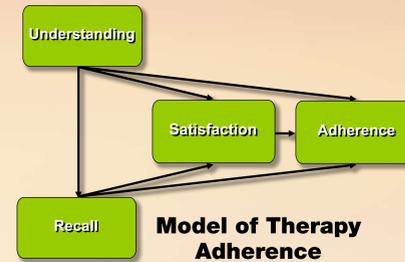
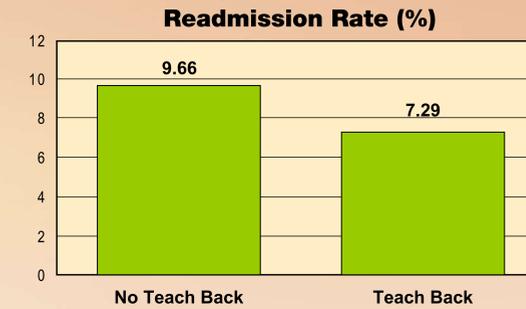


References:

- Anderson JL, Dodman S, Lopelman M, Fleming A. Patient information recall in a rheumatology clinic. *Rheumatol Rehabil* 1979; 18: 245-55.
- Jencks SF, Williams MV, Coleman EA. Rehospitalizations among patients in the Medicare fee-for-service program. *N Engl J Med* 2009; 360: 1418-1428.
- Ley P. Communicating with patients: improving communication, satisfaction and compliance. New York: Croom Helm, 1988.
- Kessels RPC. Patients' memory for medical information. *J Roy Soc Med* 2003; 96: 219-222.

Results

- Over a three month period (July to September, 2010), 469 heart failure patients were evaluated
 - 180 patients received teach back
 - 289 patients did not receive teach back



Teach Back Questions for Heart Failure

DAY 1 - Knowledge

- What is the name of your water pill?
- What weight gain should you call your doctor about?
- What foods should you avoid when you have heart failure?
- What are your symptoms of heart failure?

DAY 2 - Attitude

- Why is it important to take your medicine for heart failure every day?
- Why is it important to avoid foods with sodium (salt)?
- Why is it important to watch for the symptoms of heart failure?
- Why is it important to weigh yourself every day?

DAY 3 - Behavior

- How will you remember to take your water pill every day?
- How do you plan to change to a low-sodium (salt) diet?
- How will you check for heart failure symptoms every day?
- How will you weigh yourself every day?



Conclusions

- Teach back is a general concept that can be applied to multiple disease states.
- The concept can be taught quickly and spread throughout a hospital or network relatively quickly.
- Teach back appears to have the potential to positively impact readmission rates by improving patient understanding of their disease process.
- Teach back may also have a positive impact upon patient satisfaction.
- Additional teach back modules are being developed for:
 - Anticoagulation
 - Stroke
 - Myocardial infarction
 - Hypoglycemia
 - Community-acquired pneumonia
 - Chronic obstructive lung disease

