Using Teach Back to Reduce Readmission Rates in Hospitalized Heart FailurePatients

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

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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 its teachings.

A “Patient and Family Caregiver Education” group was formed as part of this larger effort
• 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
• Specific teach back questions and standardized PDSA cycles and Lean methodologies.
• Developed sequential delivery of questions over three days
• Integrated teach back questions into critical and patient education processes
• Developed and implemented a teach back standard work process
• E-Learning (1488 professionals)
• Instructor led “Train the Trainer” workshops (137 professionals)
• Over a three month period (July to September, 2010), 469 heart failure patients were evaluated

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 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.

References:

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