

# Using Teach-Back to Impact Readmission Rates



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## Background

Chronic medical conditions are a significant problem in healthcare. Chronic conditions affect 60% percent of the nation's population and account for 90% of healthcare dollars spent (Irving, 2017). Hospitals face reimbursement penalties for patients readmitted within 30-days following discharge. Patient education is a key element in how patients perceive care and in reducing readmissions. The emergence of pay for performance measures has placed an increased focus on care transitions and has emphasized effectively treating patients to adhere to clinical guidelines at home. Nurses have an obligation to effectively educate patients in a way they understand. The lack of standardized approaches to education creates variability and impacts the overall quality of care. Research has demonstrated that teach-back is effective in improving patient literacy and adherence.

## Research Questions

- Does the implementation of a teach-back toolkit intervention versus no intervention result in a difference in 30-day readmission rates between the control group and the intervention group?
- Does the implementation of a teach-back toolkit training and intervention result in a difference in nurse conviction and confidence regarding teach-back pre-and post-test scores?

## Methods

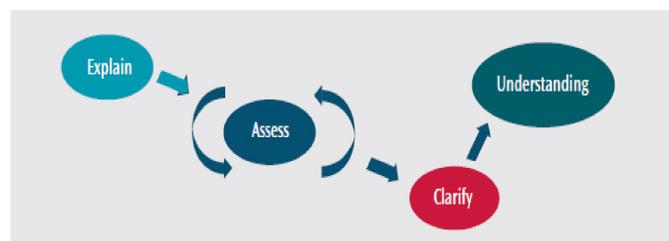
### Setting and Samples

- 796-bed Magnet ® Designated hospital in Dallas, TX
- Samples included staff nurses in inpatient units with a neurological diagnosis

- Neurology unit 17 beds and 28 RN
- Epilepsy unit 12 beds and 18 RN

### Design

- Quasi experimental design
  - Intervention group-neurology unit
  - Control group-epilepsy unit
- 1-hour classroom education with didactic and learning lab components for intervention unit nursing team
- Intervention of Teach-back with nurse and patient



## Tools

AHRQ Always Use Teach-back! Training Toolkit



**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.

**Sample Conviction and Confidence Scale Tool**

Fill this out before you start using teach-back, and 1 and 3 months later.

Name: \_\_\_\_\_

Check one:  Before - Date: \_\_\_\_\_

1 month - Date: \_\_\_\_\_

3 months - Date: \_\_\_\_\_

1. On a scale from 1 to 10, how **convinced** are you that it is important to use teach-back (ask patients to explain key information back in their own words)?

Not at all important Very Important

1 2 3 4 5 6 7 8 9 10

2. On a scale from 1 to 10, how **confident** are you in your ability to use teach-back (ask patients to explain key information back in their own words)?

Not at all confident Very Confident

1 2 3 4 5 6 7 8 9 10

3. How often do you ask patients to explain back, in their own words, what they need to know or do to take care of themselves?

I have been doing this for 6 months or more.

I have been doing this for less than 6 months.

I do not do it now, but plan to do this in the next month.

I do not do it now and do not plan to do this.

Data Collection Teach-back Tracking Log					
Patient room, date of admit and account number (may use a blinded patient sticker):					
Date of education	Was Teach-back Utilized Y=Yes N=NO	If utilized, what elements were taught? P=Plan of Care M=Medication DC=Discharge O=Other	Patient or family provided teach-back of information to RN in their own words? Y=Yes N=No	RN Identifier	Date of discharge

## Results

- Both groups experienced a reduction in 30-day readmissions and the teach-back group outperformed the control group by 1.25%. The Chi square test demonstrated no statistical difference.

Table 1

30-day Readmission Comparison in Teach-back Intervention and Control Groups (N=324)

Patient Readmitted	Yes (%)	No (%)	$\chi^2$	p
Intervention	19 (9.41)	183 (90.59)	3.841, df=1	0.1335
Control	13 (10.66)	109 (89.34)		

- Conviction and confidence pre-and-post-implementation responses were evaluated for significance with the level of p = .05. Nurse conviction scores before and after teach-back were not statistically different (p = 0.6250). Nurse confidence levels were statistically different 1-month post-implementation (p = .014).

Table 2

Nurse Conviction and Confidence Scores Before and After Teach-back Education

Variable	Conviction and Confidence Scale Pre-Post		p value
	All N = 28/ 18 Mean (SD)	Same 18 N = 18/18 Mean (SD)	
Before convinced	9.50 ± (0.84)	9.61 ± (0.70)	0.625
Before confident	8.64 ± (1.37)	8.50 ± (1.50)	
Month 1 post convinced	9.50 ± (0.99)	9.50 ± (0.99)	0.014
Month 1 post confident	9.33 ± (1.19)	9.33 ± (1.19)	
Difference convinced	-0.11 ± (0.47)	-0.11 ± (0.47)	
Difference confident	0.83 ± (1.25)	0.83 ± (1.25)	

## Conclusion

- No statistically significant change in readmission rates
  - Mirrored literature findings with raw reduction but not statistical significance
- Confidence reported a statistically significant change
  - Supports the hypothesis that structured educational training impacts confidence when utilizing teach-back

## Limitations

- Limitations and barriers
  - Lack of randomization
  - Lack of baseline data on teach-back utilization in practice
  - Inability to measure consistency of intervention
  - Inability to determine if readmitted at another facility within 30-days
  - Comorbidities and planned readmissions

## Discussion & Implications

- Utilization of the teach-back intervention toolkit is an evidence-based strategy to improve communication and information delivery to patients.
- Mirrored the literature and demonstrated a reduction in readmissions but not statistically significant.
- Further evidence is needed to determine if the change in nurse confidence finding can be consistently replicated.
- This project provides a baseline for further studies to evaluate the impact of teach-back on conviction and confidence.

## References

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