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

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>
<thead>
<tr>
<th>Intervention</th>
<th>Control</th>
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</thead>
<tbody>
<tr>
<td>18 (44.1)</td>
<td>19 (45.8)</td>
</tr>
<tr>
<td>0.29</td>
<td>1.03</td>
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</tbody>
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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 = 0.6260). Nurse confidence levels were statistically different 1-month post-implementation (p = .314).

<table>
<thead>
<tr>
<th>Table 1: 30-day Readmission Comparison in Teach-back Intervention and Control Groups (N=24)</th>
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<tbody>
<tr>
<td>Patient Readmitted</td>
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<td>Control</td>
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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.

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 30-80 days
  — Comorbidities and planned readmissions

Conclusion

• No statistically significant change in readmission rates
  — Mirrored literature findings with raw reduction but not statistical significance
  — Confidence reported a statistically significant change

No statistically significant change in readmission rates

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References


Additional references available upon request.

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