Improving Health Literacy through Teach Back

Webinar

NoCVA Hospital Engagement Network

VHQI

Institute for Healthcare Improvement

December 20, 2012

North Carolina – Virginia

Hospital Engagement Network
Improving Health Literacy through Teach Back

Peg M. Bradke, RN, MA
Director of Heart Care Services
St. Luke’s Hospital
Cedar Rapids, Iowa
1. Identify failures in current processes for teaching patients
2. Utilize health literacy principles to improve patient and caregivers’ understanding of clinical conditions and plans of care
3. Implement Teach Back more effectively with patients in any setting
Typical Failures:

- Assuming the patient is the key learner
- Providing written discharge instructions that are confusing, contradictory to other instructions, or not tailored to a patient’s level of health literacy or current health status
- Failure to ask clarifying question about instructions and plan of care
Identify Ways Current Teaching Could be Improved in Your Setting

Gather the current state of patient teaching and learning

• Identify a staff member to observe while teaching a patient
• Get permission from the patient
• Observe from the patient and family perspective
• What went well and what could improve?
“....gain deeper knowledge of patient and family caregiver understanding and comprehension of clinical and self-care needs after discharge?”
IOM, 2004: Health Literacy

“is fundamental to quality care…”

Relates to 3 of the 6 aims in IOM Quality Chasm Report:

• Safety
• Patient-centered care
• Equitable treatment
• A safer healthcare environment is one in which a patient:
  • understands the health event(s)
  • makes informed health decisions
  • knows what s/he needs to do
  • does not experience a sense of shame or embarrassment at any time

*Reducing the Risk by Designing a Safer, Shame-Free Health Care Environment.* AMA, 2007
“What Did the Doctor Say?”
Improving Health Literacy to Protect Patient Safety

- Effective communication is the cornerstone of patient safety.
- Recommendations:
  - Make effective communications an organization priority to protect the safety of patients
  - Address patients’ communication needs across the continuum of care
  - Pursue policy changes that promote improved practitioner-patient communications

The Joint Commission, 2007
HCAHPS Item Set for Addressing Health Literacy

• Development of Items to Assess Patients’ Health Literacy Experiences at Hospitals for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospital Survey

• Weidmer, Beverly A. MA*; Brach, Cindy MA†; Slaughter, Mary E. MS‡; Hays, Ron D. PhD§

Medical Care: September 2012 - Volume 50 - Issue - p S12–S21 Free

http://journals.lww.com/lwwmedicalcare/Fulltext/2012/09002/Development_of_Items_to_Assess_Patients__Health.5.aspx
Inadequate Health Literacy

• Literacy is a predictor of health status
• Literacy is a stronger predictor than age, income, employment status, educational level or racial or ethnic group

Everyone benefits from clear information

- Many patients are at risk of misunderstanding but it is difficult to identify them
- Assessing reading levels in the clinical setting does not ensure patient understanding
The Universal Problem

- Experts outside their domain of expertise
- Health professionals who fear looking dumb to their caregivers or peers
- Patients who avoid asking questions
  - In a hurry (e.g., last day of hospital stay)
  - Distracted (e.g., family needs or wants)
  - Preoccupied (e.g., pain, new diagnosis)
  - Unfamiliar (e.g., don’t know what they don’t know)
  - Fearful (e.g., not knowing what to expect)
Table Exercise

Discuss in small group or tables -- personal, family or care setting examples of situations where it was:

- Difficult to understand
- Hard to ask questions
- Difficult to take the time
- Hard to concentrate
- Not in your/someone's area of expertise
Guidelines for WHAT to Teach

• Emphasize what the patient should do, what action to take

• Avoid confusion by not including:
  ➢ Duplicate paperwork
  ➢ Nice to know information

• Collaborate with next sites of care to provide
  ➢ Consistency in language and content
  ➢ Right learning in the right place
• Ask Me 3 outlines three simple but essential questions that patients formulate what patients need to know:

  ➢ What’s my main problem?
  ➢ What should I do for that problem?, and
  ➢ Why is that important?

http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/
Focus on vital points

- During acute care hospitalizations for HF, only essential education is recommended
  - Reinforce within 1-2 weeks after discharge
  - Continue for 3-6 months


- Need to know vs. nice to know
Example of Need to Know:
Heart Failure Magnet

**Signs of Heart Failure**

If you have one or more of these symptoms:

- Weight gain of 3 pounds in 1 day or more
- Weight gain of 5 pounds or more in 1 week
- More shortness of breath
- More swelling of your feet, ankles, legs or stomach
- Feeling more tired – no energy
- Dry, hacking cough
- Harder to breathe when lying down
- Chest pain

Call doctor __________________________
at ___________________________________
Guidelines for HOW to Teach

- Ask patients and families how they learn best
  - written, discussions, recordings, etc.
- Slow down when speaking to the patient and family
- If written materials are used, highlight or underline vital information
- Match terminology in written materials, to what is taught or provided elsewhere
- Use “plain language”, eliminate medical jargon
Use Teach Back

Use teach Back regularly throughout the hospital stay to assess the patient’s and family caregivers’ understanding of discharge instructions and ability to perform self-care:

- Include all the learners
- Assess patient’s ability to understand how to:
  - Do critical self-care activities
  - Take medications
  - Access care: next appointments, medications, etc.
Guidelines for HOW to Teach

Use Plain Language:

• Clear, straightforward expression, using only as many words as necessary

• Not baby talk, nor is it a simplified version of the English language

• Lets the audience concentrate on the message instead of being distracted by complicated language

Professor Robert Eagleson, Australia
http://www.plainlanguage.gov/whatisPL/definitions/eagleson.cfm

Guidelines for HOW to Teach

Build Mastery

• Teach in segments, one topic at a time, e.g.:
  ➢ Reasons to call the physician after leaving the hospital
  ➢ How to do self care

• Stop and check understanding, then move to another topic

• Repeat teaching and checking throughout the hospital stay and in next care settings
Using Teach Back

- Explain needed information to the patient or family caregiver
- Ask in a non-shaming way for the individual to say in his or her own words what was understood

**Example:** “I want to be sure that I did a good job of teaching you today about how to stay safe after you go home. Could you please tell me in your own words the reasons you should call the doctor?”
Using Teach Back

• Patients and family caregivers should not feel Teach Back is a test
• Close the gap in understanding or develop a new plan of care
• Use multiple opportunities to teach while patients are in the hospital
• Use Teach-back as both a teaching and diagnostic tool
• Pass along to clinicians in the next site of care any patient or family caregiver struggles with teach Back
Using Teach Back

User-friendly written materials use:

• Simple words (1-2 syllables)
• Short sentences (4-6 words)
• Short paragraphs (2-3 sentences)
• No medical jargon
• Headings and bullets
• Highlighted or circled key information
• Lots of white space
• Use visual aids
• Be careful with color
1. **Tell me about your water pill**
   - How often do you take it?
   - What is the name of your water pill?
   - Tell me why you need to take it regularly
   - Tell me how you take your water pill when you are not at home, such as when you are traveling or going to appointments.

   **Answer:** You need to take the medicine anyway. You could alter the time that you take it a little bit, but you must not forget to take it.

2. **What weight gain should you report to your doctor?**

   **Answer:** If gain 3 pounds in one day or 5 pounds or more in 1 week.

3. **How many salty or salty type foods are you eating in a day?**
   - How often do you put salt on your food when you eat or add salt when you are cooking your foods?
     **Answer:** Never
   - How often do you eat “instant” foods that come from a can, or a box, like soups, canned vegetables, macaroni and cheese?
     **Answer:** Rarely
   - How often do you eat salty foods like ham, lunch meat or snack foods or crackers that have salty tops on them?
     **Answer:** Never

3. **What symptoms do you need to report to your doctor?**

   **Answer:**
   - Weight gain
   - More shortness of breath
   - More swelling of your feet, ankles, legs or stomach
   - Feeling more tired—No energy
   - Dry, hacking cough
   - Harder to breathe when lying down
   - Chest pain
Low Sodium Eating Plan

Low Sodium Eating Plan
2000mg Sodium

ST. LUKE’S HOSPITAL
IOWA HEALTH SYSTEM
Low Sodium Eating Plan

2,000mg Sodium

Salt is also called “sodium” and is found in most foods you eat.

Why do you need to limit sodium in your diet?
Sodium acts like a sponge and makes your body hold onto water. Eating too much sodium can cause you to gain weight, make your legs swell, and cause water to collect in your lungs.

How much sodium can you have each day?
Doctors recommend that you eat less than 2000mg of sodium each day. This means taking the salt shaker off of your table and paying attention to the types of foods you eat.

The First Steps...
1. Do not add salt to foods when you cook or at the table
2. Use herbs and seasonings like Mrs. Dash that are sodium free
3. Start with fresh foods
4. Do not use instant foods that come in a can, bag, or box

Eat Less Added Salt

Choose this:
Mrs. Dash
Spices
Herbs
Lemon Juice
Hot Sauce
Fresh Garlic, Onion, Green Pepper
Ketchup labeled “No Salt Added”

Do not choose this:
Salt
Seasoning Salts
Meat tenderizer
Soy Sauce
Garlic Salt
Bottled Salad Dressing
Olives
Relishes
Cheese Sauce

Onion Powder
Garlic Powder
Oil and Vinegar
Pepper
Sea Salt
Mustard
Ketchup
BBQ Sauce
Onion Salt
Bouillon
Sauerkraut
Pickles
Onion Soup Mix
Daily Weight Calendar

Weigh yourself everyday. Compare to the day before. Have you gained weight?

- Always carry a list of your medications.
- Keep the list up to date.
- Don't run out of medicine.
- Keep them refilled.

Strengthen your arms by lifting 2 or 3 pound hand weights while watching TV.

If you don't have hand weights, you can use cans of soup, a bag of dried beans or an empty milk jug filled with some sand.

St. Luke’s Hospital
Iowa Health System
A better place to be
## COPD Action Plan

### Which zone are you in today? **Green**, **Yellow** or **Red**

<table>
<thead>
<tr>
<th><strong>Green Zone</strong></th>
<th><strong>All Clear - You are feeling well</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Your breathing is normal for you</td>
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<tr>
<td></td>
<td>• The color of your phlegm is clear or white</td>
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<tr>
<td></td>
<td>• You can do your normal activities without unusual tiredness or shortness of breath</td>
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<td></td>
<td>• Your appetite is good</td>
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<tr>
<td></td>
<td>• You are sleeping like you normally do</td>
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<td></td>
<td>• You can think clearly</td>
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<thead>
<tr>
<th><strong>Yellow Zone</strong></th>
<th><strong>Caution - You are feeling worse</strong></th>
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<tbody>
<tr>
<td></td>
<td>• You are more short of breath. You are wheezing or coughing more than usual</td>
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<tr>
<td></td>
<td>• You have unexplained changes in your weight</td>
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<tr>
<td></td>
<td>• You have more swelling in your feet, legs or ankles</td>
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<td></td>
<td>• You notice changes in your phlegm (thicker, color, amount)</td>
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<td></td>
<td>• You are using your rescue inhaler (the fast acting one) or your nebulizer more often than usual</td>
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<td></td>
<td>• You are more tired and cannot do your usual activities</td>
</tr>
<tr>
<td></td>
<td>• You have a fever and chills</td>
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<td></td>
<td>• You are sleeping poorly. Your symptoms wake you up.</td>
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<tr>
<th><strong>Red Zone</strong></th>
<th><strong>Emergency - You feel you are in danger</strong></th>
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<tbody>
<tr>
<td></td>
<td>• You have severe shortness of breath (You feel like you cannot breathe or catch your breath while resting)</td>
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<td></td>
<td>• You have chest pain</td>
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<td></td>
<td>• You feel faint</td>
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<td>• You are more sleepy and have difficulty staying awake</td>
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<td></td>
<td>• You feel confused or are very drowsy.</td>
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<td></td>
<td>• Your speech is slurred</td>
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<td></td>
<td>• You have bluish color to your lips or fingernails.</td>
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<thead>
<tr>
<th><strong>For You to Do</strong></th>
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<tbody>
<tr>
<td></td>
<td>• Take your daily medicines as prescribed by your doctor, even if you are feeling good</td>
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<td></td>
<td>• Eat healthy foods.</td>
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<td></td>
<td>• Be active every day (get up and do things)</td>
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<td></td>
<td>• Include some exercise, like walking, in your daily routine</td>
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<td></td>
<td>• Balance your activity with some rest periods</td>
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<tr>
<td></td>
<td>• <strong>Use Pursed Lip Breathing</strong></td>
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<tr>
<td></td>
<td>• Do not smoke. Make your home and car smoke free. Stay away from smoke areas.</td>
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<tbody>
<tr>
<td></td>
<td>• Limit your activities</td>
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<td></td>
<td>• Check your oxygen system to make sure it is working correctly</td>
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<tr>
<td></td>
<td>• Make sure you have been taking your medicines</td>
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<tr>
<td></td>
<td>• Have you forgotten any today?</td>
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<tr>
<td></td>
<td>• <strong>Use Pursed Lip Breathing</strong></td>
</tr>
<tr>
<td></td>
<td>• Call your doctor if your weight gain is 3 pounds in one day OR if you have a weight gain of 5 pounds or more in 1 week.</td>
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<tr>
<td></td>
<td>• Eat smaller meals more often during the day rather than 3 big meals in a day.</td>
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<td></td>
<td>• Use your nebulizer or rescue inhaler (fast acting one), as prescribed by your doctor.</td>
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<td></td>
<td>• <strong>Call your doctor if your symptoms don’t improve. Don’t wait longer than 2 days</strong></td>
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**Call 911 or go the hospital Emergency Room**
COPD Teach Back Questions

• What should you do first if you are having more trouble with your breathing?
  ➢ What is the name of your fast-acting/rescue inhaler?
  ➢ How often do you use it?
• If your shortness of breath continues, without getting better, what should you do?
• What are the warning signs for you that indicate you should call your doctor?
• What should you do to prevent a flare-up (getting worse) with your breathing and lungs?
Teach Back with Discharge Instructions

- Can you show me on these instructions:
  - how you find your doctors’ office appointment?
  - What other tests you have scheduled? and when?
- Is there anything on these instructions that could be difficult for you to do?
- Have we missed anything?
Use Teach Back Regularly

• In the hospital
• During home visits and follow-up phone calls
• To close understanding gaps between:
  ➢ Caregivers and patients
  ➢ Professional caregivers and family caregivers
• To assess the patient’s and family caregivers’ understanding of discharge instructions and ability to do self-care
What are we learning about Enhancing Teaching and Facilitating Learning?

• Clinicians readily embrace Ask Me 3 and Teach-back techniques to enhance patient and family caregiver education.

• Many hospitals have spread Ask Me 3 and Teach-back competencies to all clinical staff and include these competencies in the yearly certification process.

Competency Validation example: page 103 of the How-to Guide.
What are we learning about Enhancing Teaching and Facilitating Learning?

• At times, identifying all of the learners is a cumbersome process
• Multiple teaching sessions with patients and family caregivers help them retain vital information
• Uniform and patient-friendly teaching materials in all clinical settings for the common clinical conditions reduces confusion
Teach Back Competency Validation

- St Luke’s Hospital, Cedar Rapids, Iowa
- Nursing Competency Assessment
- Annual competency validation day
- Methodology
  - The learning station will use discussion, role playing and patient teaching scenarios to help RN’s communicate effectively to patient/family.
Each participant will participate in a role-play providing education to a patient. The following will be assessed:

- Ability to do teach back in a shame-free way, e.g. tone is positive
- Utilizes plain language for explanations
- Does not ask patient, “Do you understand?”
Staff Competency Validation for Teach Back

- Uses statements such as:
  - “I want to make sure I explained everything clearly to you. Can you please explain it back to me in your own words?”
  - OR
  - “I want to make sure I did a good job explaining this to you because it can be very confusing. Can you tell me what changes we decided to make and how you will take your medicine now?”

- If needed, participant will clarify and reinforce the explanation to improve patient understanding
How often do we close the Loop?

• Check points to evaluate how well transactions are going

• How well are we doing giving the information.
Utilizing “Teach Back”

• Explain needed information to the patient or family caregiver.

• You do not want your patient to view Teach Back as a test, but rather of how well you explained the concept. You can place the responsibility on yourself.

• Can be both a diagnostic and teaching tool
• Ask in a non-shaming way for the individual to explain in his or her own words what was understood

• Example: “I want to be sure that I did a good job of teaching you today about how to stay safe after you go home. Could you please tell me in your own words the reasons you should call the doctor?”
Redesign patient teaching:

- Stop and check for understanding using Teach Back after teaching each segment of the information.

- If there is a gap, review again.

- If your patient is not able to repeat the information accurately, try to re-phrase the information, rather than just repeat it. Then, ask the patient to repeat again until you feel comfortable that the patient understood.
Redesign Patient Teaching

- Slow down when speaking to the patient and family and break messages into short statements
- Take a pause
- Use plain language, breaking content into short statements
- Segment education to allow for mastery
Teach Back Success

- Percent of time patients can teach back 75% or more of content taught related to the transition to home utilizing the four questions related to self management of heart failure

- Stop and check for understanding using Teach Back after teaching each segment of information

- Assess patient’s, family’s or caregiver’s ability and confidence
Practice Sessions

• The scenarios are outlined below, they are identified with “B” for bad example and “G” for good example.

• Divide into groups of 2-3, have one person be the nurse (who will read the scenario from the card); one person be the patient/family member and if possible a 3rd be the observer.

• Provide the nurse with several different scenarios to role play.

• After going through the process with a few of the scenarios, have a debriefing with the group.
Practice Sessions

- What was the patient’s reaction?
- What was it like for you as the Nurse doing teach back?
- Did it feel like extra work?
- How would you build teach back into the daily work?
- How could you use teach back to communicate to the team?
Read the following exactly as written as if you are teaching a patient.

“I am going to talk to you about the signs of heart failure. The signs of heart failure are:”

- Dyspnea on exertion
- Weight gain from fluid retention
- Edema in your lower extremities and abdomen
- Fatigue
- Dry, hacky cough
- Difficulty breathing when supine”
Read the following as written as if you are teaching a patient.

“I am going to talk to you about the signs of heart failure. The signs of heart failure are”:

- Shortness of Breath
- Weight gain from fluid build-up
- Swelling in feet, ankles, legs or stomach
- Dry, hacky cough
- Feeling more tired, no energy
- It’s harder for you to breath when lying down”
Read the following as if you are really busy and hurried. Have your voice show being rushed or irritated.

“I’m going to talk to you about what you need to do every day at home to control your heart failure”.

Every day:
- Weigh yourself in the morning before breakfast and write it down
- Take your medication the way you should
- Check for swelling in your feet, ankles, legs and stomach
- Eat low-salt food
- Balance activity and rest periods”
Read the following as if you have all the time in the world to teach this patient. Your voice sounds positive, helpful and pleasant.

“I’m going to talk to you about what you need to do every day at home to control your heart failure.

Every day:
- Weigh yourself in the morning before breakfast and write it down
- Take your medication according to this record
- Check for swelling in your feet, ankles, legs and stomach
- Eat low-salt food
- Balance activity and rest periods
Read the following as if you are quizzing the patient. You are making the patient feel like they are on the spot by asking them to repeat the information you just told them. It sounds like a test for the patient.

“I’m going to talk to you about what you need to do every day at home to control your heart failure.

Every day:
- Weigh yourself in the morning before breakfast and write it down
- Take your medication the way you should
- Check for swelling in your feet, ankles, legs and stomach
- Eat low-salt food
- Balance activity and rest periods.

List four things for me that you are going to do everyday?”
Read the following as written as if you are teaching a patient.

“I’m going to talk to you about what you need to do every day at home to control your heart failure.

Every day:
- Weigh yourself in the morning before breakfast and write it down
- Take your medication the way you should
- Check for swelling in your feet, ankles, legs and stomach
- Eat low-salt food
- Balance activity and rest periods.

I teach people about this every day, and sometimes I go over it quickly or may not make myself clear. I want to make sure you know what you need to do. So, can you tell me some things you will do each day?
Read the following as written as if you are teaching a patient.

“I’m going to talk to you about what you need to do every day at home to control your heart failure.”

Every day:
• Weigh yourself in the morning before breakfast and write it down
• Take your medication the way you should
• Check for swelling in your feet, ankles, legs and stomach
• Eat low-salt food
• Balance activity and rest periods.

We just discussed a lot of things for you to do every day. You might be doing some of these already. Have you already been doing any of these things? What do you think will be the hardest one for you to do at home?”
Read the following as written as if you are teaching a patient.

“I am going to talk to you about the signs of heart failure. The signs of heart failure are:

- Shortness of Breath
- Weight gain from fluid build up
- Swelling in feet, ankles, legs or stomach
- Dry hacky cough
- Feeling more tired. No energy

“I know we just talked about a lot of things. Your wife wasn’t able to be with us today. When she asks you what we talked about, what are you going to tell her?”
Read the following as written as if you are teaching a patient.

“I am going to talk to you about the signs of heart failure. The signs of heart failure are:

• Shortness of Breath
• Weight gain from fluid build-up
• Swelling in feet, ankles, legs or stomach
• Dry, hacky cough
• Feeling more tired, no energy

“Do you understand these?” “Do you have questions?”
Questions?
How well did this Learning activity meet the stated objectives?

1. Excellent
2. Good
3. Fair
4. Poor
5. N/A

<table>
<thead>
<tr>
<th>Webinar Objectives</th>
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<tbody>
<tr>
<td>1. Identify failures in current processes for teaching patients</td>
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<td>2. Utilize health literacy principles to improve patient and caregivers’ understanding of clinical conditions and plans of care</td>
</tr>
<tr>
<td>3. Implement Teach Back more effectively with patients in any setting</td>
</tr>
</tbody>
</table>
Polling Question #2

Amount of useful information and ideas provided:

1. Excellent
2. Good
3. Fair
4. Poor
5. N/A
Polling Question #3

Usefulness of the information and ideas provided:

1. Excellent
2. Good
3. Fair
4. Poor
5. N/A
Polling Question #4

Chance that the information and ideas provided will improve my effectiveness and results:

1. Excellent
2. Good
3. Fair
4. Poor
5. N/A
Announcements

• VHHA Patient Safety Summit
  ➢ January 31-February 1

• Pre-Summit NoCVA HEN Learning Session
  ➢ January 30th
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