Objectives

- Identify opportunities across the continuum to engage patients and families in improving the care delivery experience
- Aggregate and analyze information from reliable use of patient teach-back and patient experience surveys
- Implement a complete feedback loop to incorporate ideas into their practice and keep patients engaged in improvement processes
Provocation from Don Berwick

“Are patients and their families... someone to whom we provide care? Or are they active partners in managing and redesigning their care?”

Donald Berwick, M.D. Plenty, 2002. IHI Forum Plenary

The Patient Engagement Evolution

“Doing to patients

Doing for patients

Doing with patients

Doing with patients and their families”

“It’s a profound paradigm shift.”

Barbara Balik, 2011
**Doing to me:**
Probing, sticking, shaking, pushing
Nurse saying, “You are doing fine.”
Physician saying, “Here is what needs to be done.”

**Doing for me:**
Physical Therapy
Making me move and repositioning me in bed
Hygienic measures

**Doing with me and my family**
Taking time to calm me and really talk with me and learn about me
Asking patients what they need, but asking family members as well.
Sharing facts - being transparent (shared decision making)
Always giving and updating the plan

---

Patient’s reactions to Teach Back

Video: Voice of the Patient
Micro & Macro Opportunities

Teach-back is an evidence based teaching tool that engages individuals at the point of care for an.

How do we act on the information gathered in these individual encounters to help the next individuals and the population as a whole?

*Why is that important?*

HENRY’S STORY
Identifying the Barriers

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)

Sample Questions for 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 in these instructions that could be difficult for you to do?
- Have we missed anything?
- Who will you call if you have questions?
How often are we Closing the Loop?

Checkpoints to evaluate how well the transactions are going?

How do we capitalize on the struggles or barriers presented to us as clinicians for that next encounter?
BUILDING RELIABILITY

Getting to Always

Instill Accountability & Build Will

First be sure people can do what you ask:

• Go see the process
  – How/what was taught?
  – What gets in the way?
  – Is the process clearly specified by who, what, when, where, & how?
  – Are tools and aides easily accessible where & when needed?

• What ideas do staff have about doing the process more dependably?
Reliable Use of Teach-back

Making it easier to train everyone in all settings

- Free, online, interactive training for hospitals, home care and office practices
- For individuals, their managers and coaches

www.teachbacktraining.org

Use “5 Whys” Root Cause Analysis

Why’s must hang together reading top to bottom and bottom to top

Last “Why?” must be singular and testable

Real solution is found here
5 Whys Root Cause Analysis

**WHY?** Did Mrs. A. fall in the bathroom?

**WHY?** Didn’t comply with assistance instructions

**WHY?** Didn’t understand

**WHY?** No Teach-back

Use of Teach-back not reliable


---

**Coaching to Always Use Teach-back**

**Tools and Videos**
- Coaching Tips (PDF)
- Observation Tool (PDF)
- Confidence and Confidence Scale (PDF)
- Making Teach-back an Always Event (PDF)
- Manager Perspective on Coaching (VIDEO)
- Coaching Here (VIDEO)
- Coaching Overview (VIDEO)
- Coaching Overcoming Obstacles (VIDEO)
- Coaching a Nurse to Always Use Teach-back (VIDEO)
- Coaching a Physician to Always Use Teach-back (VIDEO)

Going stuff knowledge on teach-back and its effectiveness is important. But, to change from a long-standing patient education habit of asking yes/no questions like “Do you have any questions?”, to one of using teach-back to confirm understanding in the patient’s own words, takes coaching.

www.teachbacktraining.org
**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.

---

**Teach-back Competency**

Name: _________________________________________________________________      Unit: _______________________________

**Instructions:** Observe orientee using effective teach-back in these three situations listed. For each situation, observe for use of criteria listed.

<table>
<thead>
<tr>
<th>Elements of Competence</th>
<th>Medication Education</th>
<th>Discharge Instructions</th>
<th>Patient/Family/Education (Unit Specific)</th>
<th>Topic</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a positive environment for teach-back</td>
<td>Observation 1</td>
<td>Observation 2</td>
<td>Observation 1</td>
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<tr>
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<td>Keep things clear and simple</td>
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<tr>
<td>Use plain language. Non-medical jargon</td>
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<td>Avoid giving too much information. Focus on the most important information only.</td>
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<td>Use reader-friendly print materials to support learning</td>
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<td>Do teach-back in a shame free, non-threatening manner</td>
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<tr>
<td>Document in medical record</td>
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<tr>
<td>Document use of and patient response to teach-back.</td>
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</tbody>
</table>

**Comments**
Teach-Back Self-Audit Tool

Core Team Member: __________________ Date: __________________

Did you... | Yes | No | N/A | Comments
--- | --- | --- | --- | ---
1. Use a caring tone of voice and attitude? | | | | |
2. Address patient/family concerns and questions prior to discharge? | | | | |
3. Display comfortable body language, make eye contact, and sit down? | | | | |
4. Use plain language? | | | | |
5. Include family members/caregivers if they were present? | | | | |
6. Ask the patient to explain in their own words what they were told to do about: | | | | |
   - Signs and symptoms they should call the doctor for?
   - Key medicines?
   - Critical self-care activities?
   - Follow-up appointments?
7. Use non-shaming, open-ended questions (can’t be answered with yes or no) | | | | |
8. Explain and check again if the patient is unable to understand teach-back? | | | | |
9. Document use of and patient’s response to teach-back? | | | | |

*Without teach-back, the only way to find out if a patient didn’t understand might be a mistake that could be harmful.*

AGGREGATE AND ANALYZE

Gathering and Looping Back Data & Information
HCAHPS Results on Items 19 & 20
Discharge Information (% Yes)

The following questions make up this composite measure:
#19 - During hospital stay, did doctors, nurses or other hospital staff talk about whether you would have the help you needed when you left the hospital?
#20 - During hospital stay, did you get the information in writing about what symptoms or health problems to look out for after you left the hospital?

Questions?
Table Discussion

- How might you adopt/adapt these models to your work?
- What will be hard? How might you address barriers?
- What else do you need to know?
- How can you build reliability for Teach-back and improve the patient/family experience?

Rapid Report-out

What did you discuss?
“We can’t solve problems by using the same kind of thinking we used when we created them.”

*Albert Einstein*