

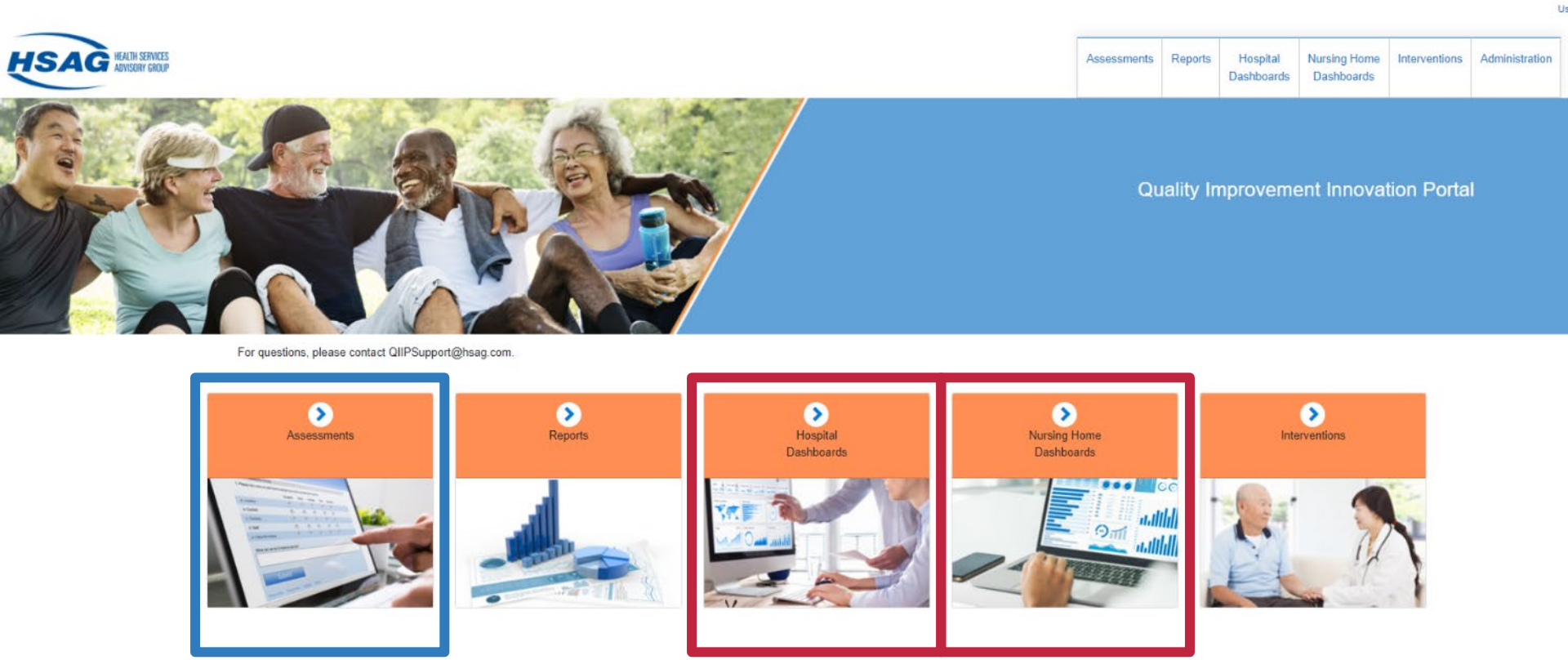

Teach-Back: A Strategy to Improve Care Coordination

Lindsay Holland, MHA, Director, Care Coordination
Health Services Advisory Group (HSAG)
July 11, 2023

OBJECTIVES

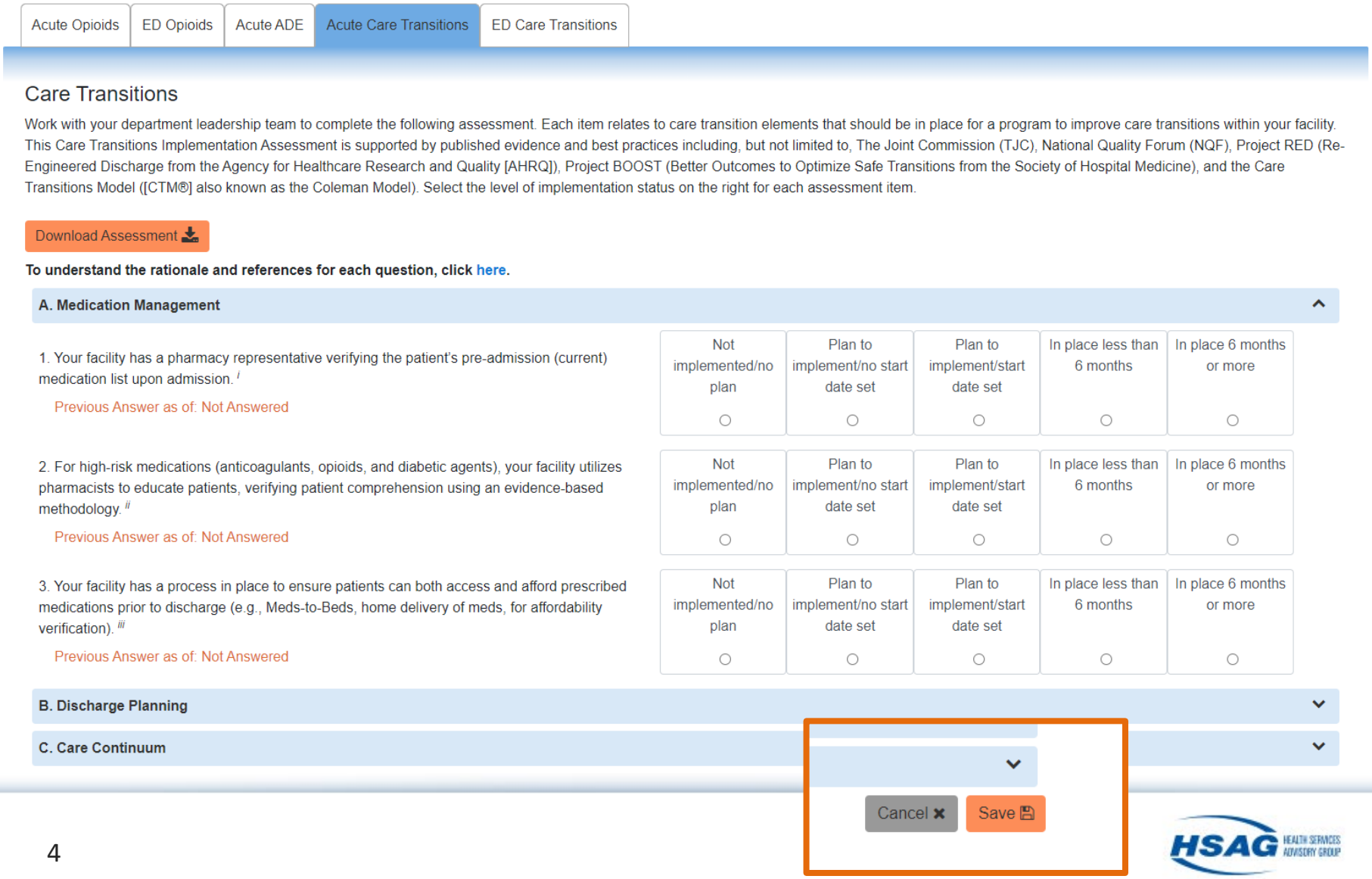
- Discuss the role and value of teach-back to improve care coordination and reduce readmissions.
- Discuss teach-back resources.
- Identify strategies for implementing teach-back at your facility.

Quality Improvement Innovation Portal (QIIP): Assessments and Data Dashboard



www.hsag.com/qiip-start

QIIP Care Transitions Assessment



Care Coordination Website

Care coordination is a key priority for the Centers for Medicare & Medicaid (CMS) to improve quality and achieve safer and more effective care. However, gaps in care, such as poor communication and ineffective discharge processes, remain a challenge.To address these gaps, HSAG provides evidence-based tools, strategies, resources, and training needed to improve care coordination.

Care Coordination Assessments

Download PDF versions:

- **Acute Care Transitions Assessment**
- **ED Care Transitions Assessment**
- **SNF Care Transitions Assessment**

Care Coordination Resources

- Medication Management
- Health Equity
- Patient Engagement
- Care Coordination Collaboration
- Quality Improvement Tools
- Care Coordination Evidence-Based Models

Hospitals

- **Care Coordination**
  - Hospital Care Coordination Toolkit
- Emergency Preparedness
- Infection Prevention
- Opioid Stewardship
- QIO Events

www.hsag.com/cc-resources

What Is Teach-Back?

- **Health literacy** is the cognitive and social skill set which determines the motivation and ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health.
- **Teach-back** is a way to confirm that you have explained to the patient what he or she needs to know in a manner that the patient understands.
- **Motivational interviewing** is a scientific, patient-centered approach for fostering motivation and assisting patients to resolve ambivalence about change.

Why Teach-Back?

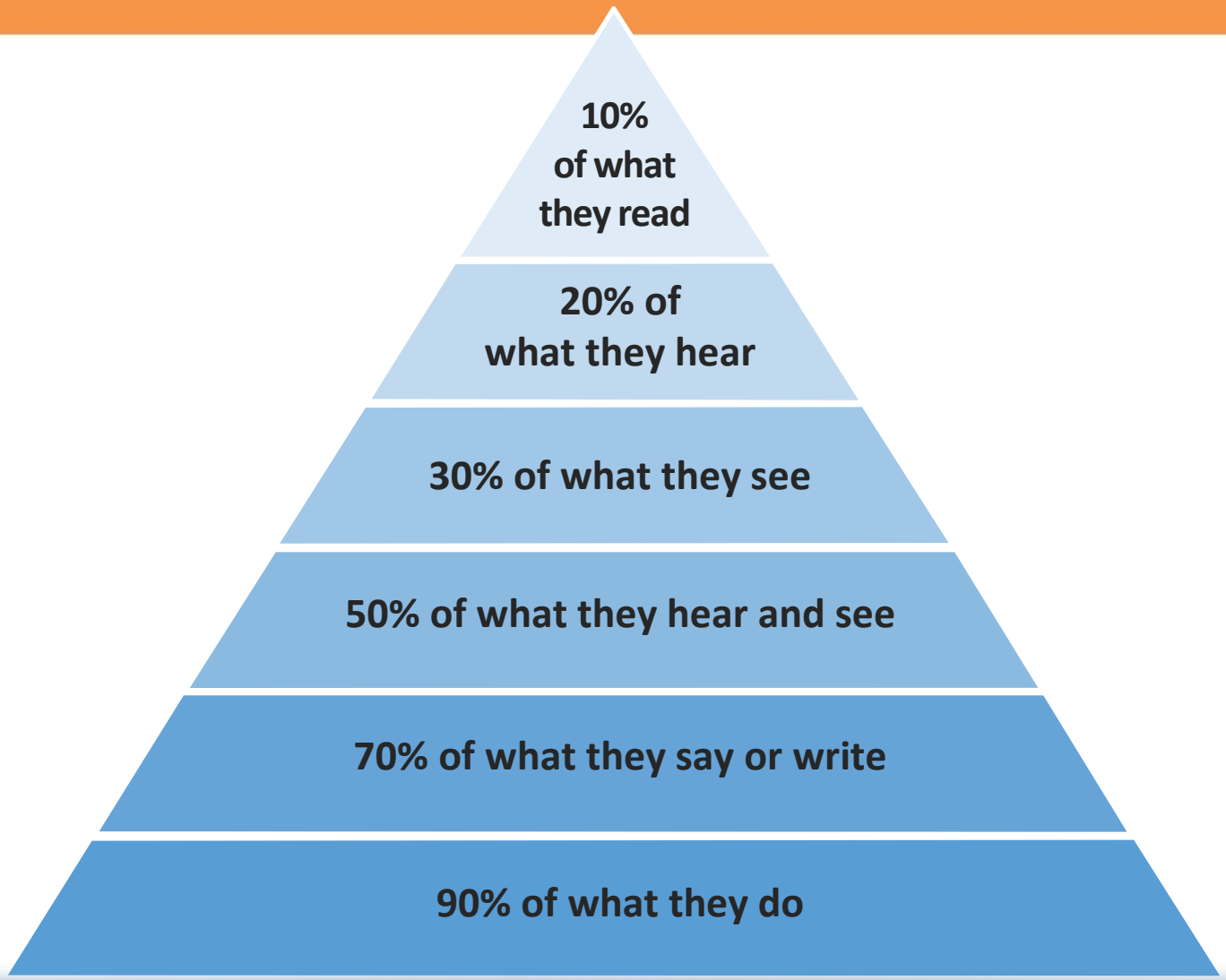
Why Teach-Back? (cont.)

- Numerous studies have shown that patients remember as little as 50% of what they are told by their doctors.[1]

- Common causes for readmission:
  - Lack of patient/family involvement and accountability in their own healthcare.
  - Patients/families do not fully understand how to care for themselves when they go home.

1. A. Boutwell and S. Hwu, *Effective Interventions to Reduce Rehospitalizations: A Survey of the Published Evidence* (Cambridge, Mass.: Institute for Healthcare Improvement, 2009), p. 14. And, S, Silow-Carroll, J. Edwards, and A. Lashbrook, *Reducing Hospital Readmissions: Lessons from Top-Performing Hospitals* (Commonwealth Fund Synthesis Report, April 2011) p. 8-9.

People Remember…

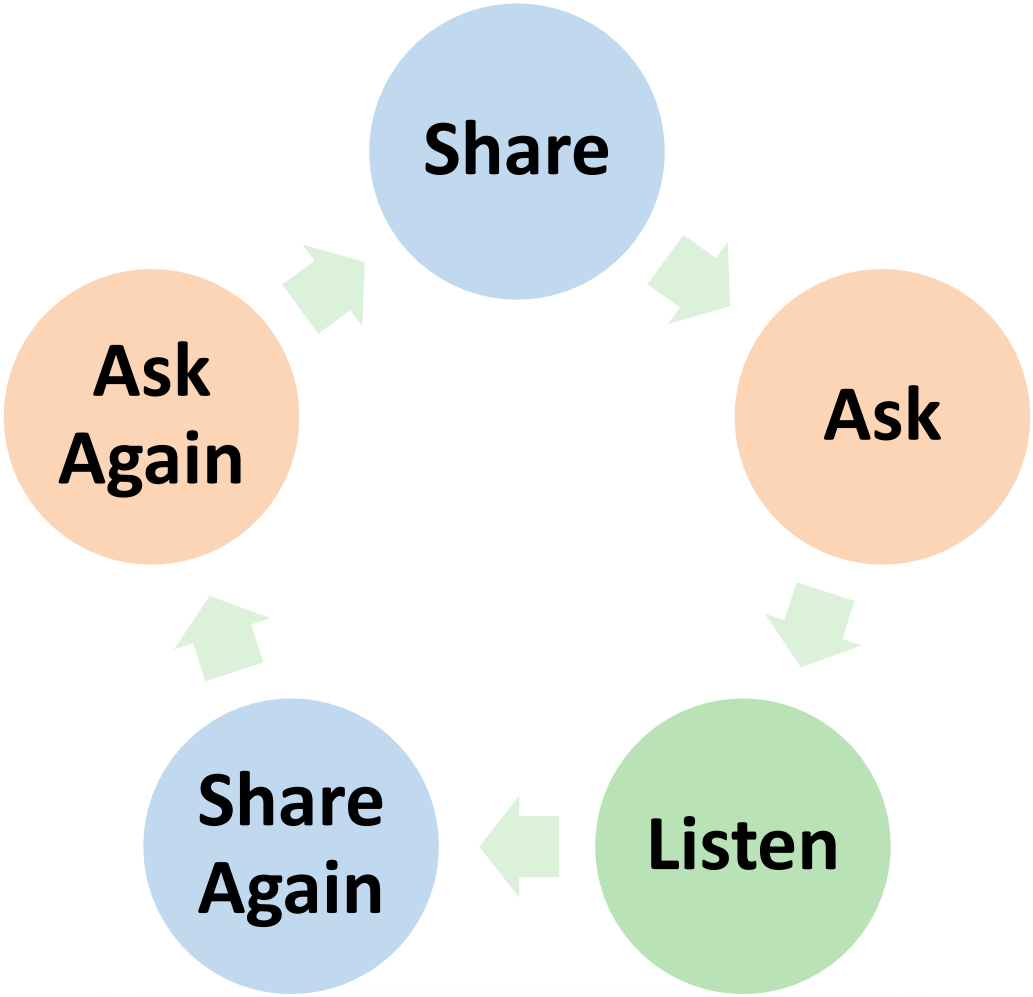


Sources: Dale, Edgar. Cone of Experience. 1946. Treichler, DG. *Film and Audio-Visual Communications*. 1967. Glaser, R. (1983, June). Education and Thinking: The Role of Knowledge. Technical Report No. PDS-6. Pittsburgh, PA: University of Pittsburgh, Learning and Development Center. Thalheimer, Will. Will at Work Learning. May 1, 2016. www.willatworklearning.com/2006/05/people_remember.html

How Can Teach-Back Help?

- Improves patient understanding and adherence
- Improves discharge planning
- Increases patient satisfaction
- Improves patient outcomes
- Reduces readmissions

Teach-Back Process



Patient and Family Engagement in Primary Care. Content last reviewed November 2016. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/patient-safety/patients-families/index.html

Care Transitions Assessment: Teach-Back

Assessment Items	Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
d. Availability of family/friends to assist resident at time of discharge.	☐	☐	☐	☐	☐
6. Your facility provides residents with medication-specific education (i.e., purpose, frequency, administration, and potential side effects) for high-risk medications: [vi]					
a. Anticoagulants	☐	☐	☐	☐	☐
b. Opioids	☐	☐	☐	☐	☐
c. Antidiabetics	☐	☐	☐	☐	☐
d. Antipsychotics	☐	☐	☐	☐	☐
7. Your facility has a process in place to validate staff proficiency using evidence-based education methodology (e.g., teach-back) during discharge instruction.[vii]	☐	☐	☐	☐	☐

Post-Discharge, Evidence-Based Strategies to Reduce Readmissions

- **Comprehensive discharge planning**
  - Use teach-back
  - Ensure follow-up appointments are scheduled prior to discharge
- **Medication Management**
  - Ensure ability to pay for/access medications
- **Resident and Family Engagement**
  - Use teach-back
  - Apply principles of health literacy in discharge materials (reading level/font size, etc.)
  - Involve patient/resident and family in care plan decision-making
- **Transitional Supportive Care**
  - Ensure home health and DME are available
  - Ensure physician follow-up visits are scheduled
  - Use telehealth services
- **Effective Transitional Communication**
  - Complete follow-up phone calls 48–72 hours post-discharge
  - Schedule follow-up appointments within 7 days post-discharge

DME = durable medical equipment

Tips to Get Started With Teach-Back

- It is not a test of the patient's knowledge.
  - You are testing how well you explained information.
- For more than one concept use "chunk and check."
  - Teach the 2 or 3 main points for the first concept and check for understanding using teach-back.
  - Then go to the next concept.
- Use the show-me method.
- Use handouts along with teach-back.

Practice Experiences

"I decided to do teach-back with 5 patients. I concluded the visit by saying *so tell me what you are going to do when you get home*. One patient could not tell me what instructions I had just given her.

"I explained the instructions again, and then she was able to teach them back to me. I had no idea she did not understand—I was so wrapped up in delivering the message that I did not realize it wasn't being received."

Teach-Back Resources

Nursing Home Admission Flyer

What to Do When You're Admitted to a Nursing Home

Quality Improvement Organizations

HSAG

You have many things to think about when you are admitted from a hospital to a nursing home. Use this checklist to help you keep track of important details regarding your stay and recovery.

First Things First

- ☐ Ask nursing home staff to explain anything that you may not understand.
- ☐ Tell the nursing home what you would want to be done if you should stop breathing or your heart should stop (if you have Do Not Resuscitate wishes).
- ☐ Make sure the nursing home has a copy of your Advance Directives/Living Will.
  - If you do not have one, information can be provided.
- ☐ Provide a person's name (family member/Power of Attorney) and contact information who can discuss your care and condition.

Medications

- ☐ Ask the nurse to review your list of medications you are taking.
- ☐ Tell the nurse if you have any allergies to medications or food.
- ☐ If you are given a new medication(s), ask:
  - What it is for and how it will help you.
  - How often you take it.
  - What the side effects are.

Mobility

Even though you may not be feeling well, getting you moving as soon as possible will help decrease the chance of your muscles getting weak and you developing blood clots or bed sores.

Tell or ask the nurse:

- ☐ How you have been getting around prior to being hospitalized and now.
- ☐ If you use anything to help you walk.
- ☐ If you can get out of bed and go to the bathroom on your own, or if you should call for help first.
- ☐ If you can get out of bed to eat your meals.
- ☐ To show you how you can prevent getting blood clots by doing exercises, such as ankle pumps.

To prevent bed sores, tell or ask the nurse:

- ☐ To look at your skin.
- ☐ Where skin injury can happen to you.
- ☐ If you see any changes on your skin.
- ☐ If you have trouble controlling your urine or stool. This can cause irritation to your skin.
- ☐ How you or your caregiver can safely change your position in bed.
- ☐ To tell you about rubbing or friction on the skin and ways to prevent it.

Nutrition

A healthy diet is necessary to heal wounds, control illnesses, and build or maintain strength.

Tell or ask the nurse:

- ☐ How you have been eating and drinking before you were hospitalized and now.
- ☐ If you needed help with your meals before you were hospitalized and now.
- ☐ If you have trouble swallowing food or liquids.
- ☐ What kind of foods you like.

Mental State

Sometimes being in a nursing home can cause confusion because of changes in your surroundings.

Tell or ask the nurse:

- ☐ How your thinking can be affected during your nursing home stay.
- ☐ If you have trouble sleeping.

For family members/Power of Attorney, tell or ask the nursing home staff:

- ☐ If your loved one is acting different.
- ☐ If anything causes confusion for your loved one at home.
- ☐ If your loved one gets confused during the night.

Discharge Planning

Discuss what you may need when you are released from the nursing home.

- ☐ Talk to your doctor and nurse about your plan of care.
- ☐ Tell the nurse if you have trouble getting your medications.
- ☐ Discuss how you will get your meals.

Created by Patients for Patients

www.hsag.com/medicare-providers/patients

HSAG Health Services Advisory Group

HSAG Teach-Back Tools

Nursing Home Care Coordination Toolkit

1 Journey to Success

2 Gap Analysis

3 Tools to Support Gap Analysis

4 Preparing for Change

5 Readmission Prevention

6 Teach-Back

About Teach-Back (PDF)

1. Plain Language Terms (PDF)
2. Teach-Back Sentence Starters (PDF)
3. Teach-Back Flyers for Self-Training (PDF)
4. Reminder to Use Teach-Back (posters) (PDF)
5. Teach-Back Training Flyer (template) (PDF)
6. Teach-Back Employee Compentency Validation (PDF)

7 Patient Education - Zone Tools

www.hsag.com/cc-toolkit

Teach-Back Sentence Starters

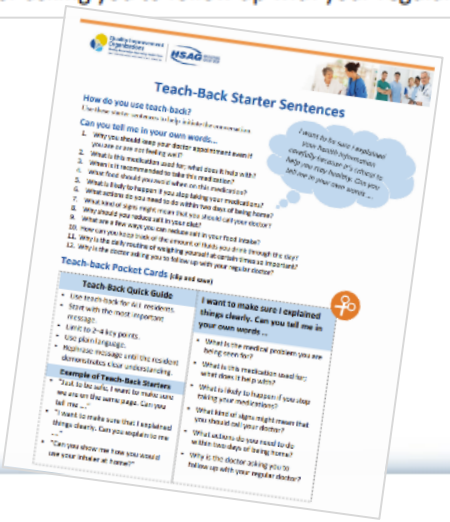
How do you use teach-back?

Use these starter sentences to help initiate the conversation.

Can you tell me in your own words…

1. Why you should keep your doctor appointment even if you are or are not feeling well?
2. What is this medication used for; what does it help with?
3. When is it recommended to take this medication?
4. What food should you avoid when on this medication?
5. What is likely to happen if you stop taking your medications?
6. What actions do you need to do within two days of being home?
7. What kind of signs might mean that you should call your doctor?
8. Why should you reduce salt in your diet?
9. What are a few ways you can reduce salt in your food intake?
10. How can you keep track of the amount of fluids you drink through the day?
11. Why is the daily routine of weighing yourself at certain times so important?
12. Why is the doctor asking you to follow up with your regular doctor?

I want to be sure I explained your health information carefully because it's critical to help you stay healthy. Can you tell me in your own words ….



Teach-back Pocket Cards (clip and save)

Teach-Back Quick Guide

- Use teach-back for ALL residents.
- Start with the most important message.
- Limit to 2–4 key points.
- Use plain language.
- Rephrase message until the resident demonstrates clear understanding.

Example of Teach-Back Starters

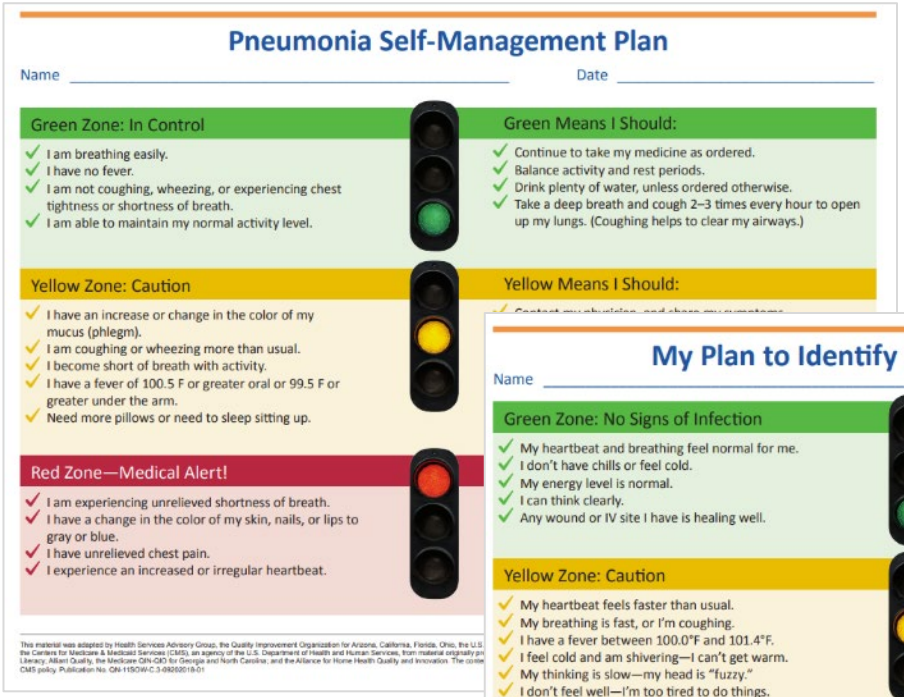
- "Just to be safe, I want to make sure we are on the same page. Can you tell me …."
- "I want to make sure that I explained things clearly. Can you explain to me …."
- "Can you show me how you would use your inhaler at home?"

I want to make sure I explained things clearly. Can you tell me in your own words …

- What is the medical problem you are being seen for?
- What is this medication used for; what does it help with?
- What is likely to happen if you stop taking your medications?
- What kind of signs might mean that you should call your doctor?
- What actions do you need to do within two days of being home?
- Why is the doctor asking you to follow up with your regular doctor?

www.hsag.com/cc-toolkit#_TeachBack

Zone Tools



Pneumonia Self-Management Plan

Name _____ Date _____

Green Zone: In Control

- I am breathing easily.
- I have no fever.
- I am not coughing, wheezing, or experiencing chest tightness or shortness of breath.
- I am able to maintain my normal activity level.

Green Means I Should:

- Continue to take my medicine as ordered.
- Balance activity and rest periods.
- Drink plenty of water, unless ordered otherwise.
- Take a deep breath and cough 2–3 times every hour to open up my lungs. (Coughing helps to clear my airways.)

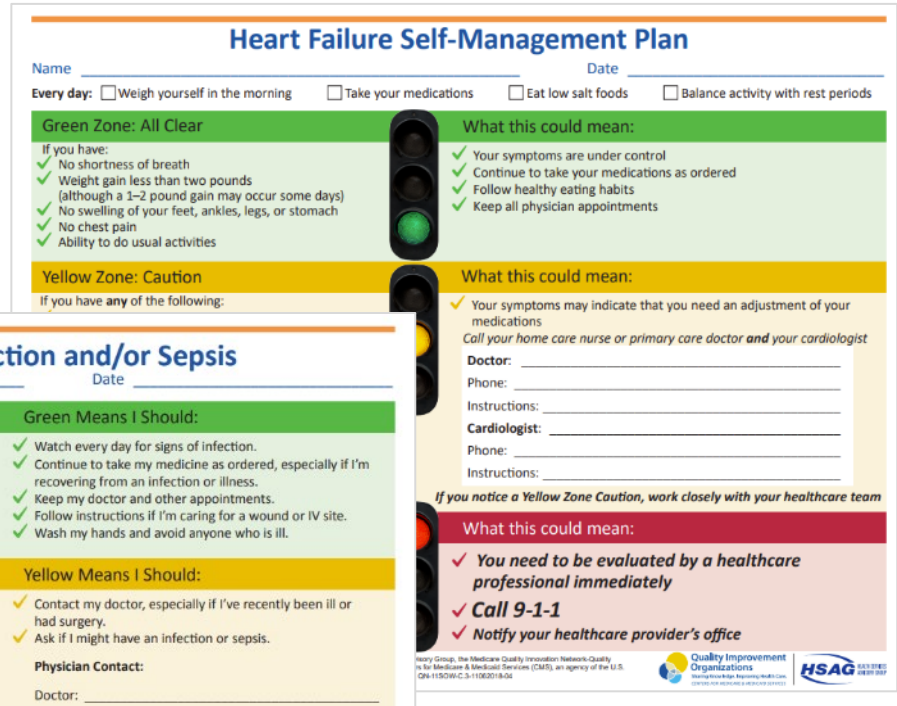
Yellow Zone: Caution

- I have an increase or change in the color of my mucus (phlegm).
- I am coughing or wheezing more than usual.
- I become short of breath with activity.
- I have a fever of 100.5 F or greater oral or 99.5 F or greater under the arm.
- Need more pillows or need to sleep sitting up.

Yellow Means I Should:

Red Zone—Medical Alert!

- I am experiencing unrelieved shortness of breath.
- I have a change in the color of my skin, nails, or lips to gray or blue.
- I have unrelieved chest pain.
- I experience an increased or irregular heartbeat.



Heart Failure Self-Management Plan

Name _____ Date _____

Every day: ☐ Weigh yourself in the morning ☐ Take your medications ☐ Eat low salt foods ☐ Balance activity with rest periods

Green Zone: All Clear

If you have:

- No shortness of breath
- Weight gain less than two pounds (although a 1–2 pound gain may occur some days)
- No swelling of your feet, ankles, legs, or stomach
- No chest pain
- Ability to do usual activities

What this could mean:

- Your symptoms are under control
- Continue to take your medications as ordered
- Follow healthy eating habits
- Keep all physician appointments

Yellow Zone: Caution

If you have **any** of the following:

What this could mean:

- Your symptoms may indicate that you need an adjustment of your medications

*Call your home care nurse or primary care doctor **and** your cardiologist*

Doctor: _____

Phone: _____

Instructions: _____

Cardiologist: _____

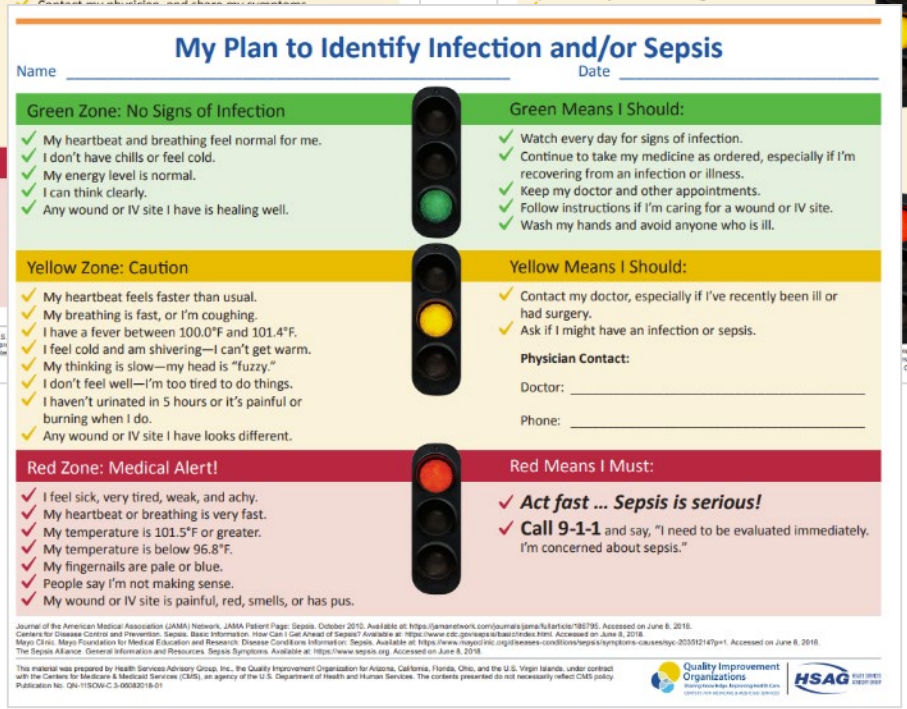
Phone: _____

Instructions: _____

If you notice a Yellow Zone Caution, work closely with your healthcare team

What this could mean:

- ***You need to be evaluated by a healthcare professional immediately***
- ***Call 9-1-1***
- ***Notify your healthcare provider's office***



My Plan to Identify Infection and/or Sepsis

Name _____ Date _____

Green Zone: No Signs of Infection

- My heartbeat and breathing feel normal for me.
- I don't have chills or feel cold.
- My energy level is normal.
- I can think clearly.
- Any wound or IV site I have is healing well.

Green Means I Should:

- Watch every day for signs of infection.
- Continue to take my medicine as ordered, especially if I'm recovering from an infection or illness.
- Keep my doctor and other appointments.
- Follow instructions if I'm caring for a wound or IV site.
- Wash my hands and avoid anyone who is ill.

Yellow Zone: Caution

- My heartbeat feels faster than usual.
- My breathing is fast, or I'm coughing.
- I have a fever between 100.0°F and 101.4°F.
- I feel cold and am shivering—I can't get warm.
- My thinking is slow—my head is "fuzzy."
- I don't feel well—I'm too tired to do things.
- I haven't urinated in 5 hours or it's painful or burning when I do.
- Any wound or IV site I have looks different.

Yellow Means I Should:

- Contact my doctor, especially if I've recently been ill or had surgery.
- Ask if I might have an infection or sepsis.

Physician Contact:

Doctor: _____

Phone: _____

Red Zone: Medical Alert!

- I feel sick, very tired, weak, and achy.
- My heartbeat or breathing is very fast.
- My temperature is 101.5°F or greater.
- My temperature is below 96.8°F.
- My fingernails are pale or blue.
- People say I'm not making sense.
- My wound or IV site is painful, red, smells, or has pus.

Red Means I Must:

- ***Act fast … Sepsis is serious!***
- **Call 9-1-1** and say, "I need to be evaluated immediately. I'm concerned about sepsis."

www.hsag.com/zone-tools

AHRQ Quick Start Guide

Implementation Quick Start Guide

Teach-Back

1 Review intervention and training materials

- Understand the purpose, use, and benefits of teach-back.
- Review the training toolkit.
- Complete the interactive learning module.

2 Make decisions for your implementation

Set scope

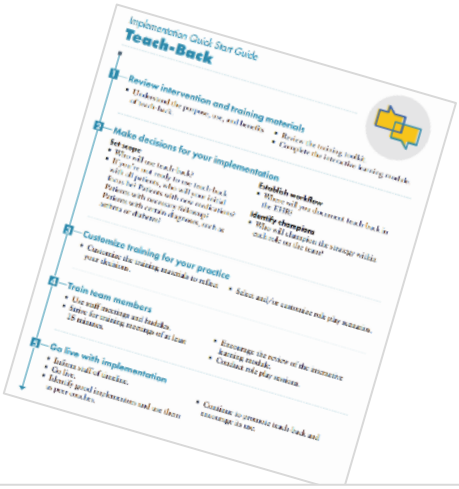
- Who will use teach-back?
- If you're not ready to use teach-back with all patients, who will your initial focus be? Patients with new medications? Patients with necessary followup? Patients with certain diagnoses, such as asthma or diabetes?

Establish workflow

- Where will you document teach-back in the EHR?

Identify champions

- Who will champion the strat
  each role on the team?



3 Customize training for your practice

- Customize the training materials to reflect your decisions.
- Select and/or customize role play scenarios.

4 Train team members

- Use staff meetings and huddles.
- Strive for training meetings of at least 15 minutes.
- Encourage the review of the interactive learning module.
- Conduct role play sessions.

5 Go live with implementation

- Inform staff of timeline.
- Go live.
- Identify good implementors and use them as peer coaches.
- Continue to promote teach-back and encourage its use.

Agency for Healthcare Research and Quality (AHRQ). Implementation Quick Start Guide: Teach-Back. www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/teach-back-quickstart-final508.pdf

HSAG HEALTH SERVICES ADVISORY GROUP

Always Use Teach-Back!

- Toolkit
  - Principles of plain language, coaching, and changes needed to promote use of teach-back
- Learning Module
  - 45-minute, self-directed, interactive training

The purpose of this toolkit is to help all health care providers learn to use teach-back—every time it is indicated—to support patients and families throughout the care continuum, especially during transitions between health care settings.
The toolkit combines health literacy principles of plain language and using teach-back to confirm understanding, with behavior change principles of coaching to new habits and adapting systems to promote consistent use of key practices.

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 promotes adherence, quality, and patient safety.

Click here for 10 Elements of Competence for Using Teach-back Effectively (PDF).

What Is In This Toolkit?

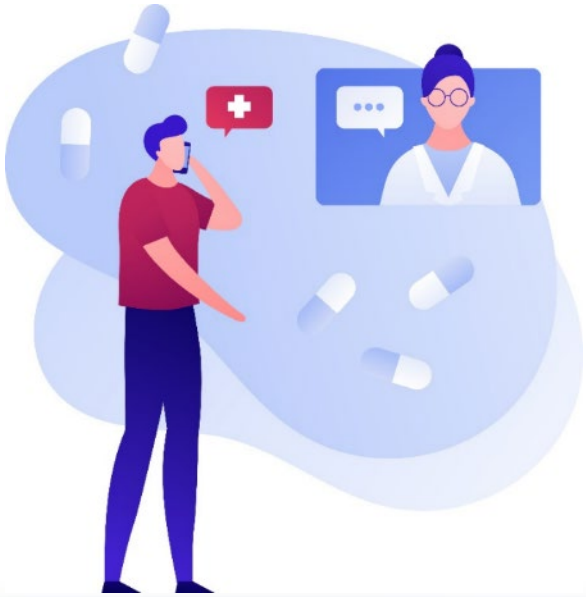
This toolkit includes:

- An introduction on Using the Teach-back Toolkit.
- An Interactive Teach-back Learning Module enabling learners to identify and use key aspects of plain language and teach-back throughout the care continuum, by following a patient's experience during hospital discharge through the home health and primary care settings.
- Coaching to Always Use Teach-back with tips and tools to help managers and supervisors empower staff to always use teach-back.
- Readings, resources, and videos To Learn More.

Our Next Care Coordination Quickinar

SNF 2.0 INTERACT, Using Stop-and-Watch and SBAR

Tuesday, August 1, 2023 | 11 a.m. PT



www.hsag.com/cc-quickinars

Care Coordination Quickinar Series Extended—Register Today!

Register for Phase 3: Continuation of the Care Coordination Series
August 2023–May 2024 (Sessions 21–28).
bit.ly/cc-quickinars3

- 21. SNF 2.0 INTERACT, Using Stop and Watch, and SBAR
- 22. Sepsis Readmission Prevention
- 23. Preventing Pneumonia Readmissions
- 24. Preventing UTI Readmissions
- 25. Readmission Incentive and Penalty Programs, HRRP, WQIP, VBP
- 26. Readmissions Performance Improvement Project (PIP)
- 27. Readmissions and End-of-Life
- 28. Readmissions and Post-Discharge Follow Up

www.hsag.com/cc-quickinars

HSAG HEALTH SERVICES ADVISORY GROUP

Questions?

Please Take 5 Seconds and Let Us Know

We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing care coordination practices.

Thank you!

Lindsay Holland
818.813.2665
lholland@hsag.com

Michelle Pastrano
818.731.2325
mpastrano@hsag.com




Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

Disclaimer

This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. QN-12SOW-XC-07072023