USING TEACH-BACK TO IMPROVE PATIENT EDUCATION/SATISFACTION

1. Contrella-Nygo & Alexander stated that "80% of education material is not able to be immediately recalled after a teaching session," and "up to 50% of the retained information is incorrect."

Teach-back has been shown to help HF patients recall discharge information better than if it was not used. Shown to increase correct use of inhalers in COPD patients.

Nurses retained more information when nurses educated employed teach-back. Nurses reported a perceived lack of time as reason for not utilizing teach-back.

2. Bickel et al. found that Bickel-teachback when used with standard medication sheets resulted in increased HCAHPS scores from 55% to 73% and the result persisted for 3 calendar quarters. May work similarly for DC teaching?

3. Doppe et al. stated that WOMEN, NON-WHITES, & UNMARRIED, and older generally had lower levels of health literacy, self-efficacy, and Social Support. Had higher levels of stress & depressive symptoms than Counter Parts = Increased need for teach back to ensure retention of information and Safety.

4. Miller et al. stated that teach-back, also called "closing the loop," is a nursing responsibility. Recognized by the National Quality Forum as the Preferred Method for Verifying Understanding.

"Has great potential for improving patient understanding and reducing hospital readmissions."

20 cardio patients were studied. 12/20 understood their meds. 9 were readmitted 8 in 30 days. Of the 4 who did not have full understanding. Patients approximated time to ask questions/discuss concerns/clarify misconceptions. After implementation of teach back only 2 patients were readmitted 0 in 30 days.

5. Sizer, Hwang & D'Amaro evaluated active DC teaching in an ED. After implementation of teach back. Patients mean percent of info recall was 79.4%, an increase of 15 points. "Discharge provides clarity comprehension ≤ 25% of the time. Teach back has a positive association on short-term retention of DC instructions regardless of age or education. Patients have a false sense of confidence in their understanding or are not willing to discuss their lack of understanding." Teachback can uncover this. Viewed favorably if found in a administrative manual.

6. Tomarna-Lis mentioned teach-back as being able to have a significant impact on patient teaching, patient satisfaction, and patient safety, and leads to improved patient satisfaction. Instruct your nurses' the nurse has explained in terms the patient can comprehend. Communication was noted in ED-ED, at nursing 30 minutes, and even at discharge setting. The Joint Commission recommends opportunity to all patients present, patient involvement, in A-Z of your language, speak clearly, pausing, slow, and leave the patient with a final statement. Limit into 2-3 concepts per visit. Avoid overly rigorous questioning.