

Improving Transitions of Care Through Teach Back Utilization and Readmission Risk Assessment

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INTRODUCTION

The University of California San Diego Health System implemented a transitions of care program aimed to decrease hospital readmissions through a readmission risk assessment and increased patient education.

40-80% of information provided to patients is forgotten immediately. The Teach back method is a technique used to help patients remember important information.

TOOLS

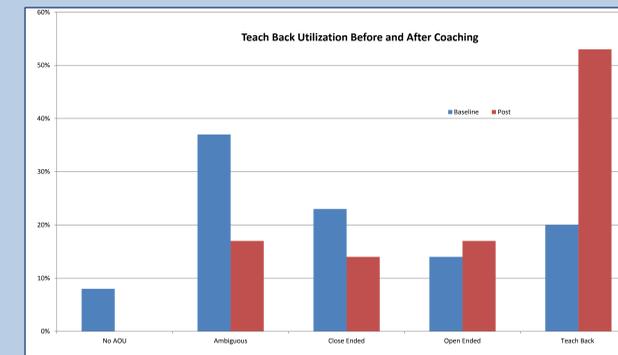
Type of AU	Tally	Day of Discharge Teaching (circle as many that apply)	Inpatient Teaching (circle as many that apply)
Request for Teachback: eg. "Could you please share with me the main points you got from our discussion?"		Reason for hospitalization Self Care (wounds, monitoring) Follow up care/appts. When to call care provider Discharge Medications Other	Diagnosis/Condition Procedure Self Care Inpatient Care Plan Inpatient Medications Other
Open Ended AU: eg. "What questions do you have?"		Reason for hospitalization Self Care (wounds, monitoring) Follow up care/appts. When to call care provider Medications Other	Diagnosis/Condition Procedure Self Care Inpatient Care Plan Inpatient Medications Other
Close Ended AU: answer is a yes or no eg. "Do you have any question?"		Reason for hospitalization Self Care (wounds, monitoring) Follow up care/appts. When to call care provider Medications Other	Diagnosis/Condition Procedure Self Care Inpatient Care Plan Inpatient Medications Other
OK? Question (ambiguous). Must include a rising voice pitch signifying an interrogative.		Reason for hospitalization Self Care (wounds, monitoring) Follow up care/appts. When to call care provider Medications Other	Diagnosis/Condition Procedure Self Care Inpatient Care Plan Inpatient Medications Other
No Assessment of Understanding		Reason for hospitalization Self Care (wounds, monitoring) Follow up care/appts. When to call care provider Medications Other	Diagnosis/Condition Procedure Self Care Inpatient Care Plan Inpatient Medications Other

Utilizing the 8 Ps (Risk Factors)

Prior hospitalization?	Refer to Case Management for planning
Poor health literacy?	Home health consult, post d/c appt. Individualize education.
Patient Support?	Patient meeting (MD/interdisciplinary).
High Risk diagnosis?	Diagnosis education with TEACH BACK.
Psych complications?	Assess psych meds continued inpatient. Psych consult. Plan for psych f/u.
Polypharmacy?	Assess pt knowledge, create education plan. Pharmacy consult for med action plan.
Problem meds?	Coumadin teaching by pharm. Lovenox teaching. DM/insulin ed. Pain consult.
Palliative Care?	Howell service consult.

TEACHBACK GUIDES

RESULTS



METHODS

- Transition Coaches were utilized as nurse educators and unit resources for process implementation while working to improve patient education delivery and resources.
- Observed discharge teaching and provided coaching to nurses on using teach-back method.
- Developed patient education tools including teach back guides for high risk diseases and medications.
- Implemented a daily interdisciplinary rounding process which included discussion of patient education needs and health literacy status.
- Risk for Readmission assessment tool was adapted from Project BOOST and integrated into daily rounds, including a health literacy screener question.

CONCLUSION

- Utilization of teach back during discharge increased significantly.
 - Gaps in the discharge process were identified and are continually being addressed.
 - The health literacy screening tool was incorporated into the Patient Admission Database in Epic EMR, which has increased awareness of the need for providing better health literacy resources.
 - Despite implementation of readmission risk assessment and interventions, there was no change in readmission rate on pilot units
- IMPLICATIONS FOR PRACTICE:** Every nurse should adopt Teach Back as standard practice for assessing patient learning. Nurses need to understand low health literacy in order to effectively educate their patients.

REFERENCES

- Project Boost, Society of Hospital Medicine, 2014. <http://www.hospitalmedicine.org/BOOST>
- Dedhia P., Kravat S. & Bulger J. et al. A Quality Improvement Intervention to Facilitate the Transition of Older Adults from Three Hospitals Back to Their Homes *Journal of the American Geriatrics Society*. 2009; 57 (9): 1540-6.
- Farrell, MH., Kuruvilla P. & Eskra, KL. et al. A method to quantify and compare clinician assessment of patient understanding. *Patient Education and Counseling*. 2009; 77: 128-135.
- Kessels RP. Patients' memory for medical information. *J R Soc Med*. May 2003; 96(5):219-22.