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Bedside Nurses' Influence on Patients' Continuum of Care Through Effective Discharge Teaching

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Project Submitted in Partial Fulfillment

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Abstract

The evolution of person-centered healthcare reinforces the need for nursing to provide effective patient education. Literature suggests nurses desire to provide strong discharge education to patients, but are challenged by knowledge gaps and other barriers. This DNP project developed a plan for integrating teach-back on a 30-bed cardiac unit, focusing on heart failure patients. Following a logic model, the process improvement plan to implement teach-back includes education on teach-back, empowerment of unit champions to support the project and evaluation of effectiveness of the education plan and impact on heart failure patients. The sample size of 15 cardiac nurses provides a group representative of other cardiac units and allows for testing and data collection to support spread of the project. Collaboration with the unit leadership to sequence the implementation of the project will direct the timeline for execution and minimize competing priorities that could impede the success. Evaluation of the project takes into account the implementation processes that focus on resources such as education hours needed to implement and heart failure patient outcomes related to readmission rates. Pre- and post-implementation heart failure patient readmission rates as supplied by the site quality improvement team will be analyzed using *t*test to correlate the education intervention on heart failure readmission rates. Nursing will drive improved patient outcomes and promote positive social change by using an evidence-based teaching methodology that allows for better patient understanding of how to manage their health. Empowered and better prepared heart failure patients enjoy autonomy with their health management and with reduced readmissions, decrease health care costs.

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Dedication

Without the support and guidance of two outstanding mentors, Dr. Mary Beth Kean and Dr. Robert Walsh, this level of achievement would not have been possible. I dedicate this work to their commitment to promoting excellence in nursing practice.

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I would like to recognize and thank the Walden doctorate faculty who guided and supported my journey, especially Dr. M. Terese Verklan. Dr. Verklan's encouragement and support motivated my continued growth.

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Section 1: Nature of the Project

Introduction

Nursing is responsible for providing patient discharge education; however, changes in healthcare delivery models in acute care settings have created challenges in effective execution. Shortened length of stays, decreasing nursing resources, competing priorities, increasing nurse/patient ratios, complex patient problems, and diverse patient populations with variable levels of health literacy create barriers to the delivery of impactful patient education. Effective discharge teaching should occur early in a patient's stay and based on the nursing process should include an assessment that evaluates each patient's level of health literacy, any cultural or language implications, the intervention or education needed, and the evaluation of the effectiveness of the education provided ("A proactive approach," 2013). My DNP project involved developing an implementation plan for a new patient education model called teach-back for nurses on a cardiac unit who manage heart failure patients. Teach-back addresses the complexity and health literacy of today's patients. Measuring unit readmission rates for heart failure patients prior to and following implementation of the model will provide a means of determining if there is a relationship between the education strategy and unit heart failure patient readmission rate. Empowering nurses and patients by improving education delivery promotes positive social change within the healthcare and individual's communities through healthcare promotion. In this chapter, I will discuss the project planning to include the mission statement, objectives, significance of the project towards

nursing practice, evidence supporting the proposed project, and limitations and assumptions.

Problem Statement

Heart failure is considered a cardiovascular disease diagnosis with over 1 million patients admitted annually to hospitals (Hines, Yu, & Randall, 2010). Focusing on the Medicare population, Centers for Medicare and Medicaid Services (CMS) reported that 27% of heart failure diagnosed patients are readmitted within 30 days of hospital discharge (Hines et al., 2010). Mandatory reporting of 30-day readmission rates for heart failure patients by hospitals is a means CMS has employed to improve patient outcomes (Butler & Kalogeropoulos, 2012). With an additional financial incentive to hospitals by CMS imposing penalties for readmissions within 30 days, hospitals are actively seeking means of preventing readmissions (Butler & Kalogeropoulos, 2012). Preparing hospitalized patients for home care management is important for all patients. In the current healthcare environment where readmission rates for heart failure patients are monitored and reported, effective discharge education is extremely significant.

Without effective education, heart failure patients are at risk for poor symptom management and subsequent hospital readmissions. Bedside nurses are challenged with providing effective discharge education to diverse patient populations with various levels of health literacy. Recognizing the challenges associated with delivery of effective discharge education, this project focused on providing nurses a tool to partner with patients in the education process.

Purpose Statement and Problem Objectives

Nurses are not well prepared to educate patients effectively or assess for health literacy (Tamura-Lis, 2013). The purpose of the project was to improve the quality of discharge education by using a new nurse-driven methodology. The purpose of introducing teach-back to acute care nurses managing heart failure patients is to provide a means of engaging patients in self-care management education. Patients and family members remember or comprehend less than half of material healthcare providers teach (Tamura-Lis, 2013). Therefore, teach-back methodology provides a means for the nurse to assess the learner's health literacy and partner with the patient to ensure understanding of the material introduced (Tamura-Lis, 2013).

Based on the question, if I provide teach-back education to cardiac nurses who manage heart failure patients, will the patient population readmission rates decrease; process and program objectives were developed. Process objectives describe the steps to completion of the project and outcome objectives focus on quantifiable measures of program completion.

Process objectives for this program include the following:

1. Develop a teach-back education program for cardiac nurses managing heart failure patients on the telemetry unit.
2. Collect data on unit heart failure 30-day readmission rates for the 3 months prior to initiation of education plan.
3. Create teach-back champion roles, expectations, and activities.
4. Identify teach-back champions for the telemetry units.

5. Develop an orientation program for teach-back champions and implement.
6. Complete teach-back education program.
7. Collect data on heart failure patient 30-day readmission rates for the 3 months following implementation of the education.

The outcome objectives of the teach-back program include the following:

1. Ninety percent of the nurses working on the SMCH telemetry unit will attend teach-back education programs.
2. Ninety percent of the acute care nurses on the SMCH cardiac unit will use teach-back for heart failure patient discharge education at the end of the education program.
3. After 3 months, the readmission rates for heart failure patients discharged from the SMCH telemetry unit will decrease from the 3 months prior to teach-back education implementation.

Project Question

With thoughts toward measuring the impact of incorporating teach-back into this unit's nursing practice, the project question focused on discovering if there was any relationship between this patient education methodology and the 30-day readmission rate of heart failure patients treated on this unit. With consideration to the patient target population and the nursing education intervention, the following was the project question: What is the impact of providing teach-back education to SMCH cardiac nurses in relation to unit 30-day readmission rates for heart failure patients?

Evidence-based Significance of the Project and Relevance to Practice

With the changes in healthcare reform and financial incentives for efficient and effective care, more active patient participation in health-promotion, health decision-making, and health management is essential, making patient education more important than any time previously (Friberg, Granum, & Bergh, 2012). Given the expectations that nurses fill the role of patient educators, effective and efficient patient discharge teaching must be completed, even in times of reduced hospital stays and increased patient complexity (Friberg et al., 2012). The impact of not delivering effective patient education can negatively affect patient outcomes and increase health care costs. Carolinas' Sanger Heart & Vascular Institute addressed an increasing heart failure readmission rate by integrating a patient education strategy (Evans, 2013). The program incorporated an education intervention that transitioned heart failure patients from the hospital to home and resulted in a reduction of 30-day heart failure readmission rates from 17.5% to 10.1% (Evans, 2013). The program included home education to supplement that received during the hospitalization (Evans, 2013).

The importance of patient education has been well documented with impetus on the nurses' role in providing this education. Studies published in the 1980s and 1990s regarding the nurse's role in patient education established the importance of providing effective education. At that time, identified barriers to the delivery of patient education included organizational processes, patient literacy concerns, and nurses' inability to perform adequate teaching (Lindeman, 1988; Tiley, Gregor, & Thiessen, 1987; Turner, Willard, & Bethune, 1999). Despite having the desire to provide effective education,

nurses are challenged in the delivery by barriers created through changes in the current healthcare environment.

With changes in the hospital setting, more current studies of nurses and their role in patient education were reviewed, and similar themes emerged. Friberg et al. (2012) conducted an integrative review of research articles published between 1998 and 2011 to determine factors that impacted hospital-based nurses' ability to provide effective patient education. The results indicated nurses had a strong desire to provide impactful education but perceived many barriers to actual delivery. These barriers included lack of time to develop a relationship, heavy workloads, lack of patient friendly teaching aids, confusion about the ownership of the "patient-education role" (nursing or physician) and lack of teaching experience (Friberg et al., 2012, p. 181). Furthermore, Taggart (2009) studied emergency room nurses' perceptions (n = 223) of the importance of patient education and perceived barriers to delivery. Results indicated nurses valued patient education, but identified time constraints and a lack of educators and support systems to follow up with patients as barriers (Taggart, 2009).

Recommendations found in the literature to provide effective patient education included assessment of the patient's learning needs and individualized education plans that incorporated patient-centered learning materials (Buchko, Gutshall, & Jordan, 2012). After reviewing research articles about nurses' perceived barriers to providing effective patient education, Friberg et.al (2012) recommended strategies such as increased leadership support, adequate staffing levels, interprofessional teamwork in delivery of education, and improved teaching tools as means of improving patient education. One

quality improvement project addressed oncology patient education across the continuum of care. Using an interdisciplinary team approach that partnered inpatient and outpatient providers, the project outcomes indicated improved communication and patient outcomes (Negley, Ness, Fee-Schroeder, Kokal, & Voll, 2009).

Nursing is accountable for providing effective patient discharge education. With higher acuity patients experiencing more complex health issues, decreased time, and increased workloads, nurses are challenged to deliver education that meets patient needs. Strategies to improve patient education must focus on individualized education plans that address patient needs and health literacy, improved communication, and an interdisciplinary approach to education delivery. Teach-back is a strategy that has the potential of supporting nurses on their quest to meet patient education needs.

Multiple examples in the literature suggest teach-back methodologies have significantly decreased heart failure readmissions due to better patient understanding of their disease process and collaborative health management strategies (Hain & Sandy, 2013; "Readmission rates," 2010; "Teach-back," 2011; Wilson et al., 2008). Teach-back for patient education warrants further study when considering the lack of research on teach-back and the need for effective education to prepare patients to transition home. The identified need for effective discharge teaching and evidence validating the effectiveness of using teach-back methodology with heart failure patient education provided the rationale for my DNP project.

Based on the expectation that nurses provide effective education, integrating teach-back provides a means of delivering content so the patient is able to explain the

meaning in their terms rather than merely repeating what was said ("Teach-back," 2011). Teach-back provides the nurse an opportunity to evaluate the patient's understanding of the content and explain using other means if the patient does not comprehend. This practice provides the nurse an opportunity to address patient health literacy and ensure understanding of care prior to transition home.

Definitions of Terms

For the purposes of this project, *readmission* will apply to heart failure patients only. In this context, readmission was defined as a patient being readmitted to the facility within 30 days of discharge. This measurement is being used by CMS, and the direction health care organizations are focusing resources (Hines et al., 2010).

Teach-back has been identified as a nursing intervention that is beneficial in assessing and supporting patient understanding of health education ("Teach-back," 2011; Wilson, Baker, Nordstrom, & Legwand, 2008). Teach-back methodology focuses on teaching patients so they are able to articulate in their own words what they were taught (Wilson et al., 2008). The steps in using teach back include using plain language, limiting the amount of information provided with each encounter, speaking slowly and clearly, and then checking for understanding by having the patient or family member explain what was taught using their own words (Tamura-Lis, 2013). If the patient has difficulty explaining the concept, the nurse can rephrase the information and repeat the process (Tamura-Lis, 2013). This methodology provides the nurse an opportunity to assess the patient's comprehension of content taught prior to their discharge home.

Assumptions and Limitations

After meeting with the hospital nursing director, permission to work with the cardiac unit was obtained with the assumption unit leadership and staff will continue to support the project financially and sequence the project implementation. As reducing patient readmission rates is a high priority with senior leadership due to the financial consequences when heart failure patients are readmitted within 30 days, the assumption that nurses' time to receive education will be allowed was made (D. Krause, personal communication, March 6, 2014). Based on conversations with the unit leadership, assumptions were made that the current discharge education efforts by unit nurses needed improvement.

The ability to collect data before and after program implementation is needed to assess any relationships. The availability of data currently being collected on heart failure readmission rates for this unit is needed for 3 months prior to implementation of the education program and 3 months postimplementation. The assumption is that the 3 months of data collection are representative of the true rates of readmission for the heart failure patients on this unit. The chief nursing officer indicated data on readmission rates would be made available for this project.

Limitations to implementing this project may be related to the availability of indirect time for staff education due to staffing or budgetary issues. Indirect time will also be needed for unit champions to support the project by monitoring nurses using teach-back and completing the Teach-back Observation Tool. Providing education to all nurses on all shifts may be a limitation depending on census, staffing, and scheduled time

off. By using unit champions to provide just in time education, hopefully this issue will be negated.

Even though providing teach-back education is being done to reduce heart failure readmission rates, other initiatives may impact the rates and could be a limitation to this project. These projects and any external projects could impact the readmission rates for this patient population. Education alone cannot ensure patients follow an appropriate diet, exercise, or medication plan, and external factors impacting heart failure patient readmissions could be a limitation to this project.

Summary

With changes in healthcare delivery motivated by reform efforts, the need for engagement of patients in their health management is strong. Nursing has a responsibility to provide effective patient education, and with the current hospital environment, new strategies must be considered for delivery of discharge or transition teaching. My project, implementing teach-back as a nursing intervention on a cardiac unit, is a means of engaging patients and preparing them for self-care once they leave the hospital. This strategy not only provides nurses with a tool to evaluate the effectiveness of discharge teaching delivered but ultimately impacts our patients' ability to manage their health. Reduction of readmission rate supports the hospital's goals and ultimately the organization's financial sustainability.

Section 2: Review of Literature and Theoretical and Conceptual Framework

Nursing has enjoyed the responsibility of providing patient education, and in today's healthcare environment, it faces many challenges. Teach-back methodology has

been identified as a nursing intervention that is beneficial in assessing and supporting patient understanding of health education ("Teach-back," 2011; Wilson et al., 2008). In this section, I will explore the evidence supporting the use of teach-back for patient education, especially in the heart failure patient population. Nursing databases used included CINAHL and MEDLINE with search terms of *patient education, teach-back, discharge teaching, patient teaching*, and *heart failure patient education*. The search was limited to scholarly publications in English between the years of 1994 to 2014.

Specific Literature

Teach-back methodology focuses on teaching patients so they can articulate in their own words what they were taught (Wilson et al., 2008). Multiple examples in the literature suggest teach-back methodologies have significantly decreased heart failure readmissions due to better patient understanding of their disease process and health management strategies (Hain & Sandy, 2013; "Readmission rates," 2010; "Teach-back," 2011; Wilson et al., 2008). By ensuring patients can explain in their own words how to manage their care, they are better prepared in the home environment (Butler & Kalogeropoulos, 2012).

Good Samaritan Hospital Medical Center in West Islip New York implemented a strategy to reduce heart failure patients' readmissions that involved teach-back ("Multi-faceted program," 2012). After researching best practices related to reducing readmissions, their team used a two approach strategy: changing the patient education practices and creating an improved transition between levels of care ("Multi-faceted program," 2012). As part of the education plan, the entire staff was educated on teach-

back methodology, and this became the standard or practice for all patient education ("Multi-faceted program," 2012). This program dropped heart failure readmission rates from 21.1% to 15.3% within the first few months ("Multi-faceted program," 2012).

In addition to the examples provided, The Joint Commission, Institute for Healthcare Improvement , National Quality Forum , and the Agency for Healthcare Research and Quality acknowledged that teach-back is a best practice in provision of patient education (as cited in Kornburger, Gibson, Sadowski, Maletta, & Klingbeil, 2013; Mahramus, Penoyer, Frewin, Chamberlain, & Sole, 2014;). Evidence has demonstrated that patients who can repeat back information in their own words have a better comprehension and retention of the discharge instructions (Kornburger et al., 2013). Therefore, using teach-back methodology for patient education supports the transition from hospital to home care (Kornburger et al., 2013).

In an era of providing patient-centered care, assessing patients' level of health literacy is needed to provide effective education (Jager & Wynia, 2012; Kripalani, Bengtzen, Henderson, & Jacobson, 2008). Low health literacy is associated with poorer outcomes and increased health care costs (Jager & Wynia, 2012); however, many factors impact health literacy. Even though low health literacy may be associated with lower education and income levels, cultural diversity, and minorities, even well educated individuals may be challenged during the stress of medical encounters (Jager & Wynia, 2012). Evidence suggests using teach-back in the consent process improves patients' understanding of the consent information no matter their level of health literacy (Flowers, 2006; Kripalani et al., 2008). A study by Jager and Wynia (2012) that included patients

with diverse levels of health literacy suggested that patients who experienced teach-back in their doctor's office perceived they understood instructions better and the physician spent more time with them. Teach-back has been used effectively in multiple settings, and it is suggested as a means of addressing any level of health literacy when performing patient education.

General Literature

Heart failure is a common health issue associated with high health care costs due to the chronic management of the disease as well as hospital readmissions. Discharging heart failure patients so they are able to better manage their disease process requires consideration of many patient aspects. One review of reasons for patient readmissions discovered the predominant reasons included patients not understanding their disease process, the rationale for following a treatment plan, or not having the equipment needed to follow the treatment plan ("Re-engineered discharge," 2012). Recognizing each patient has specific needs, education must be individualized with consideration to the patient's age, educational background, cultural beliefs, technology knowledge, and level of stress (Weiss, 2010). Patients' demographics and current mental and physical status are considerations, no matter the patient's disease process, and need to be addressed for effective delivery of education.

Many avenues are being explored to address heart failure readmissions with a focus on effectiveness and efficiency (Black et al., 2014). One example is the Better Effectiveness After Transition-Heart Failure (BEAT-HF) study that is being conducted to assess the efficacy of a care transition intervention for heart failure patients that includes

predischarge education about heart failure, follow up coaching, and home telemonitoring (Black et al., 2014). Patients in the intervention group's education will be delivered using teach-back strategy (Black et al., 2014).

With more hospital systems focusing efforts on reducing their financial risks through reducing readmissions of heart failure patients, interventions are being implemented that impact patient outcomes (Hines et al., 2010). Interventions include enhanced admission assessment for risk, better handoff communication internally and externally, enhanced education using methods that ensure the patient understanding, and using a multidisciplinary approach to follow-ups (Hines et al., 2010). The enhanced education includes frequent checking using teach-back to validate patient comprehension of information provided (Hines et al., 2010; Nielsen et al., 2008; Smith et al., 2010).

Conceptual Models and Theoretical Frameworks

This project was developed using a logic model that allowed a better understanding of the relationships between factors impacting the project and outcomes (Kettner, Moroney, & Martin, 2013). Using the logic model allowed the project planner to focus on the teach-back education purpose and the relationships between the inputs, processes, outputs, outcomes, and the project impact (Kettner et al., 2013). This approach provided a conceptual framework to define the elements and activities planned for the project, their relationship with the outcomes, and the final impact of teach-back on the patient (Hodges & Videto, 2011).

As the intent of the project was to provide a means of improving patient outcomes and support organizational goals, using the logic model allowed senior leadership to see

the resources and processes needed to spread this practice and how they related to the outcomes and impact on the patient and organization. Once the project is implemented, inputs will be the time needed to educate nurses and unit champions to support the project. Processes will include the delivery of education and monitoring of bedside nurses using teach-back. Outputs will include the evaluation of the didactic program and actual numbers of nurses educated. Outcomes will be the self reported number of nurses using teach-back on a routine basis for patient education. Impact will be measured by the reduction in readmissions for heart failure patients to the cardiac unit. Please refer to Appendix A for a graphic of the logic model.

Summary

Evidence strongly supports the use of teach-back for patient education and the reduction of heart failure readmission rates. Using this evidence to support the implementation of the teach-back education initiative was a means of gaining stakeholder support. The logic model guided the development and planned implementation of this project and provided a structure for validation of the project's projected impact and eventually gains support to spread to other patient populations within the organization.

Section 3: Methodology

Focusing on the project question, "What is the impact of providing teach-back education for nurses on a cardiac unit in relation to unit readmission rates for heart failure patients," I will discuss the project design and evidence-based practice model used to frame the development and projected implementation of the intervention of teach-back education on a cardiac unit. A logic model approach was used to outline this project and

explain the planned sequence of events, identify resources needed, and determine measure results (Kettner et al., 2013). Inputs, activities needed to achieve objectives, measurements, outcomes, and impact will be described in this section (Kettner et al., 2013).

Project Design/Methods

Being a process improvement venture, the logic model approach was used to design the project. The intervention or input, new patient education model, and teach-back provides nurses with the knowledge and skills to address patient health literacy issues and evaluate the effectiveness of the discharge teaching as the patient explains their understanding ("Teach-back," 2011). Process objectives focus on developing and implementing teach-back education with the assistance of unit champions. Activities necessary to achieve objectives focused on the development of the education and operationalization of the activities. Following an evidence-based curriculum design and using validated assessment tools, an education plan was developed to describe the didactic portion of the program and competence assessment of beside nurses using teach-back by unit champions.

The education plan included objectives, content specific to the objectives, teaching methodologies, a time frame, and an evaluation plan (Billings & Halstead, 2009). Education strategies included a standardized curriculum on teach-back that includes health literacy information and teach-back practice scenarios. To support the education plan and for the purpose of evaluation, tools developed by Unity Point Health, Picker Institute, and Des Moines University for the Institute for Healthcare Improvement

were included in the education plan (Always Use Teach-Back!, 2015). These organizations collaborated to develop education tools to be used to support teach-back education and created a website called "Always use Teach-back!" Permission (see Appendix B) from the Institute for Healthcare Improvement was gained to use the "Teach-back Observation Tool" (Appendix C) and "Conviction and Confidence Scale" (Appendix D; Always Use Teach-Back!, 2015 p. 1). Elements of competence are included in the didactic education for nurses, and the Teach-back Observation Tool is used by unit champions to assess competence of the bedside nurse performing teach-back. The Conviction and Confidence Scale serves the purpose of measuring how comfortable the bedside nurse is using teach-back and their commitment to using the strategy (Always Use Teach-Back!, 2015).

This initiative will be implemented on a medical surgical unit that specializes in managing patients with a cardiac diagnosis. The cardiac unit is within a suburban hospital, has 30 patient beds, and employs 35 registered nurses and 10 clinical assistants (D. Krause, personal communication, March 6, 2014). The normal staffing pattern for the day shift is four patients to one nurse with one clinical assistant assigned to two nurses (D. Krause, personal communication, March 6, 2014). The patient population has either a cardiac diagnosis or comorbidity and is described as having varied ages, genders, and ethnicities (D. Krause, personal communication, March 6, 2014). The hospital chief nursing officer reported a concern with the readmission rates of the heart failure population on this unit and supports the sequenced implementation of teach-back strategy (D. Krause, personal communication, March 6, 2014).

As part of the actual implementation, unit champions will be chosen, and the education will be assessed to determine if the needs of the nurses were met and if it was engaging, effective, and efficient. With the intent that unit champions become the experts and support for bedside nurses, they will be required to complete the "Interactive Learning Module" on the "Always Use Teach-back!" website prior to attending the classroom instruction. Unit champion education will also include the role and responsibilities and instruction on use of the Teach-back Observation Tool for validating each nurse's competency with teach-back. Following teach-back education of the bedside nurses, unit champions will observe individual nurses providing patient education. The Teach-back Observation Tool, which contains expected behaviors and actions to measure each nurse's competency, will be used to ensure standardization (Billings & Halstead, 2009). Prior to observing the bedside nurses, each unit champion's competency in using teach-back will be assessed and validated by the project lead. Unit champions will be educated on the use of the Teach-back Observation Tool, and interrater reliability will be gained prior to initiation of observations (Billings & Halstead, 2009).

Unit leadership, project champions, and the project lead will provide ongoing support for the bedside nurses during the implementation phase. Nurses will be encouraged to share what works or not and collaborate on strategies for individual patients. Unit champions will be key resources for the nurses and be available on all shifts. The project lead will round in the unit and also be a resource.

Population and Sampling

This education-based project is directed at providing a new patient teaching method to the nurses on a cardiac unit with a focus on heart failure patients. The needs assessment identified the target audience based on who currently provides discharge education and the patients at greatest risk. The results determined the need to change how patient education is delivered. This assessment was further validated by looking at patient needs and organizational goals. Another factor driving the use of this particular nursing population was accessibility of a pool of nurses working in a cardiac unit that is routinely monitored and measured for 30-day heart failure patient readmissions (Polit & Beck, 2004).

Identifying a sample from the group of interest allows for gathering of appropriate information that will represent the entire group of bedside nurses (Hodges & Videto, 2011). The nurses on this cardiac unit are representative of most hospital based nurses who provide transition/discharge education to patients and have been identified as the sample of interest for this project (Hodges & Videto, 2011). Having this representative sample is important when sharing results with stakeholders and administrators when considering spread of the project to other areas (Polit & Beck, 2006).

Data Collection

Data collection for this teach-back project focuses on the identified process and outcome objectives and occurs with implementation. Elements to be collected for each area of evaluation will be guided by questions related to the program purpose (Kettner et al., 2013). Identification of data elements will focus on the nurses receiving education,

effectiveness and efficiency of the education delivered, competency of the nurses using teach-back, resources needed to provide the education, and data on heart failure patient readmission rates.

Prior to delivery of the education on teach-back, unit heart failure 30-day readmission rates will be collected for the previous 3 months. These data are available from the site quality improvement department (D. Krause, personal communication, July 7, 2014). The next steps in data collection center on the education delivery to the unit champions.

Demographic surveys (Appendix E) will be completed by all nurses, including the unit champions, prior to attending the teach-back program. Each participant in the program will complete a demographics questionnaire that will include age, sex, race and ethnicity, educational background, number of years as a registered nurse, number of years working on the current unit, and previous experience with teach-back. This information will provide a summary of the characteristics of the target population.

Post education evaluations (Appendix F) using a Likert scale (1 = *Not at all*, 2 = *Somewhat*, 3 = *Almost completely*, 4 = *Completely*) will be completed by all nurses to measure their perception of the education offering and determine if the education objectives were met, value of the education program, and teaching effectiveness (Billings & Halstead, 2009). The evaluation, developed by the program lead, will address each education objective, usefulness of activities during the class, teaching strategies, effectiveness of the instructor, and overall program value. The accuracy and reliability of the education evaluation tool will be determined through the measurement of the

education objectives and be validated as measuring the objectives accurately by the unit champions prior to delivery to the bedside nurses (Billings & Halstead, 2009).

As part of the didactic program, information will be gleaned that describes the participants and their perceptions of the education program. Demographic information will be collected to describe the nurses receiving the education. After delivery of the teach-back education to the remaining nurses, outputs will be measured. Process evaluation will measure the number of education activities delivered, number of nurses receiving the education, number of education hours offered, number of unit champions, and the quality of the education activities as measured by the posteducation evaluations completed by the nurses (Kettner et al., 2013). Evaluation of the didactic program completed at the end of each offering will provide the perceptions of the attendees related to the value and effectiveness of the offerings.

After the delivery of the education, unit champions will be responsible for the observation of the nurses demonstrating the use of teach-back. Collection of data on the number of nurses using teach-back will be done through the use of the Teach-back Observation Tool completed by the unit champions (Always Use Teach-Back!, 2015.). Unit champions will validate each nurse's ability to deliver teach-back education effectively using the previously described observation tool that includes each component that must be met.

Self-reporting of the use and planned use of teach-back by the bedside nurses will be measured with the Conviction and Confidence Scale (Always Use Teach-Back!, 2015). This tool is to be completed by each nurse after the education and again within 1

month of the education. Attempts were made to locate the Cronbach alpha data for both the Teach-back Observation Tool and Conviction and Confidence Scale. The primary investigator for the teach-back project, Gail A. Nielsen, stated the data is unavailable (G. A. Nielsen, personal communication, July 11, 2014). Both tools are well represented on multiple credible websites to include the Institute for Healthcare Improvement and Iowa Health Literacy Coalition.

After delivery of the teach-back education, the unit's 30-day heart failure patient readmission rates will to be collected. The site quality team will be queried for the readmission rates for the 3 months after the education is delivered. These data will be compared to the preceding 3 months. Please refer to Appendix G for a project overview and Appendix H for the project timeline. The evaluative data collection for this project will be happening under the oversight of Seton Healthcare Family outside of the DNP project (instead of being done by the student as part of her DNP program, under the oversight of the Walden IRB).

Data Analysis

Data interpretation will be done with consideration to the context of data, "frame of reference, objectivity, and legal and ethical issues" (Billings & Halstead, 2009, p. 403). To answer the project questions, data analysis will be conducted in two phases using Statistical Package for the Social Sciences (SPSS) software and analyzed using *t* test. *t* test will be performed to determine a difference between the pre- and post-intervention heart failure readmission rates (Terry, 2012). The first phase of data analysis

will assess the effectiveness of the education plan. The second phase will analyze the trends in unit heart failure readmission rates by comparing pre- and post-education rates.

Collected data will be stored in a protected database and results analyzed in collaboration with the organization's quality improvement statistician. Descriptive statistics will be used to compare unit heart failure patient readmissions pre- and post-teach-back implementation. Demographic data from the nurses on the unit will be securely saved in an excel data base. This program was chosen because it provides a means of presenting data in a format that allows for easy comparisons and trends (Hodges & Videto, 2011). The ability to format results into visual graphs will assist in disseminating the outcomes to interested stakeholders, assessing relationships, and gaining a bigger picture of the project impact and costs (Hodges & Videto, 2011). Data collected for comparisons will include the results of the demographics survey, education program evaluations, results of the observation tool, Conviction and Confidence Scale results, and the unit's heart failure patient readmission rates pre- and post-nursing teach-back education. In addition, the program costs to include instructor hours, unit champion hours, nurse education hours, and materials for education will be collected. Comparing the 30-day heart failure readmission rates prior to the teach-back education and postimplementation will provide a means of analyzing the impact of the intervention in the cardiac unit.

Being a quality improvement project that involves the collection of individuals' data, this project received academic Institutional Review Board (approval number 12-02-14-0128040) approval in December 2014 based on the stipulation that data would not be

collected prior to graduation (White & Zaccagnini, 2011). Prior to implementation, the organization's Institutional Review Board will be queried for their approval to move forward. When the project is implemented, the intent is by completing the demographics information form, nurses are providing consent to participate in the project. The assurance that all demographics information provided by participants will be kept confidential and only be used for general descriptive purposes will be made orally and in writing and provided prior to each education offering (White & Zaccagnini, 2011).

At the end of each didactic program, the participants will complete the Post-Education Evaluation that measures their perception of the level objectives were met and their level of confidence in using teach-back at the bedside (Billings & Halstead, 2009). The data collected from the evaluation tool of the didactic portion of the education program will be compared to the competency validation data collected by unit champions to analyze the effectiveness of the education. Scores from the didactic evaluations will be compared to the scores from the observation tools completed by the unit champions to see if they correlate.

Outcomes will be demonstrated by determining if the three objectives were met (Kettner et al., 2013). The outcome objectives to be met include the following:

1. Ninety percent of the nurses on the cardiac unit received teach-back education;
2. The nurses use teach-back for discharge education as measured through self-report; and

3. Determining the impact of teach-back education on readmission rates for heart failure patients.

Measuring the number of nurses attending the education offerings compared to the number of nurses on the unit will determine if the 90% mark was met. One month after implementing the education portion of the project, each nurse will complete the "Conviction and Confidence Scale" to measure their current comfort level with using teach-back and measure their self reported actual use of the tool.

Looking at impact will address the project question: What is the relevance of providing teach-back education for nurses on a cardiac unit in relation to unit readmission rates for heart failure patients?. Measuring the pre- and post-intervention heart failure patient readmissions will provide information about the impact of using teach-back on this heart failure patient population (Kettner et al., 2013). Decreases in the readmission rates are anticipated and will suggest teach-back strategies result in improved patient outcomes.

Quantitative data specific to the unit's heart failure patient readmission rates is currently being collected. Because of the current process of collection and reporting, this data are available and should be objective, precise, and easily analyzed (Hodges & Videto, 2011). By comparing readmission rates prior to the education initiative, to the data following the education, the project question can be addressed. The results will provide a means of determining if there is any relationship between initiating the teach-back program, and heart failure patient readmission rates.

Project Evaluation Plan

Development of the evaluation plan for this teach-back education project integrated measures that are significant to stakeholders (CDC, 2011). Evaluation of this project focuses on the teach-back education delivered to the cardiac nurses. The impact on patients will be assessed by comparing pre- and post-teach-back education heart failure patient readmissions, to see if any relationship can be gleamed with the implementation of the education intervention. Based on the data needed, two evaluation processes are planned to assess the program effectiveness: process, and outcome evaluations.

Process evaluation will monitor, and assess the education plan implementation and process objectives (Hodges & Videto, 2011). Through assessment of the program activities, data will be gathered to determine the effectiveness of that area of the plan, and assess the need for any changes in the program structure (CDC, 2011; Hodges & Videto, 2011). Data collected will include, the number of nurses being taught teach-back, the number of educational offerings provided, satisfaction of the attendees with the education program, and the total cost of education delivery (CDC, 2011). The results of the process evaluation will provide a means of monitoring the project operation, and ultimately explain the program outcomes as measured with goals and objectives (Hodges & Videto, 2011; Stavropoulou & Stroubouki, 2014). Results of this evaluation will determine if the target number of nurses received the education, and are integrating teach-back into their practice. Evaluation of the program costs weighed against the outcomes will be used to gain support of the program spread outside the one unit.

To determine if there is a relationship between the implementation of teach-back on the cardiac unit, and heart failure patient readmission rates, outcome evaluation will be performed. Outcome evaluation will determine if the program accomplished the long range goals, or impacted changes in patient health status (Hodges & Videto, 2011). For this program, the main focus is providing an evidence-based patient education model for nurses to use for heart failure patient discharge teaching. By assessing for any relationship between this new teaching model implementation and patient outcomes as measured by unit readmission rates, program value can be implied (Haji, Morin, & Parker, 2013). A comparison of the unit pre- and post-implementation heart failure patient readmission rates will address the question related to any relationship between factors (CDC, 2011).

Program evaluation for this project will assess the implementation of the education, and determine if there is any relationship between the use of teach-back for patient education, and heart failure patient readmissions (Kettner et al., 2013). An effective evaluation plan will assess both the effectiveness of the education program for nurses, and the use of teach-back to appraise any relationship with heart failure patient readmissions (Kettner et al., 2013). A decrease in hospital readmission rates of the heart failure patient will demonstrate the need for sustainability of the initiative and support spread to other units and disciplines (Kettner et al., 2013).

Summary

With changes in healthcare delivery motivated by reform efforts, the need for engagement of patients in their health management is strong. Nursing is responsible for

providing effective patient education, and with the current hospital environment, new strategies must be considered for delivery of discharge teaching. My project, developing an implementation plan for teach-back as a nursing intervention on a cardiac unit, meets this gap, and provides a plan for implementation that will result in empowered patients that are prepared for self management on discharge. Once this plan is implemented, this strategy not only provides nurses with a tool to evaluate the effectiveness of discharge teaching delivered, but ultimately impacts our patients; ability to manage their health. With the potential of reducing readmission rates, the healthcare organization's financial sustainability and goals will be promoted.

Section 4: Findings, Discussion, and Implications

The development of a plan to implement teach-back on a cardiac unit was the basis for my DNP project. Even though this project will not be implemented during the DNP program, the actual implementation of teach-back on the unit will occur at the discretion of the site and unit leadership. The teach-back project plan was presented to the hospital leadership in November 2014 and discussion occurred related to the appropriate time to implement and the projected outcomes related to the project. The plan was discussed along with the project question that addresses the relationship between using teach-back for heart failure patient discharge education and heart failure patient readmissions and the resources needed to implement the plan. In this chapter, I will reflect on the projected findings of the project, implications for practice and patient outcomes, project strengths and limitations, and a self analysis in relation to the development of the project.

Summary and Evaluation of Findings

As stated, this project will be implemented at a later date in collaboration with the hospital leadership and unit nurses. Based on the feedback from the site leadership, the need for teach-back is great with far reaching patient implications. The leadership was impressed with the data supporting the use of teach-back as well as the implementation plan. Allowing the implementation to occur with fewer competing priorities will support the significance of the project and ultimately promote success. The education plan will involve the bedside nurses, empower unit champions, and provide a framework to sustain the change. Unit champions will be invested in the project and will promote teach-back, monitor implementation, and provide continued support. This detailed plan allows for nurse buy in to the plan and aligns with the nursing shared governance model currently in place within the organization. By gaining leadership support and engaging the bedside nurses in the planning and implementation, teach-back will become the patient education standard.

The evaluation plan discussed with, and supported by the site leadership includes process evaluation and determination of patient impact through outcome evaluation. Process evaluation will measure the effectiveness of the education plan and resources needed to implement teach-back. Components of the process evaluation include evaluation of the class instruction, number of classes needed to educate unit champions and nurses, competency of nurses conducting teach-back, and their intent to use teach-back. The process findings will provide a framework to design a plan to spread this practice within the healthcare organization. Evaluation of the project in relation to the

resources necessary to implement on one unit will assist in quantifying the resources needed to spread this practice to other areas in the organization. This information will assist in developing future budgets and support integration of teach-back into the patient education policy.

Outcome evaluation for the project focuses on the impact of using teach-back for discharge education on heart failure patients. When the relationship between teach-back and reduced heart failure patient readmissions is established within the organization, leadership support for the spread of the practice will be gained. Measuring the readmission rates for heart failure patients for the 3 months prior to the implementation of teach-back and then again for the 3 months following implementation will illustrate the benefit of using teach-back for discharge education. Patients who are better prepared for discharge through an understanding of how to manage their health enjoy improved quality of life and reduced unplanned readmissions for heart failure (Hines et al., 2010).

Discussion of Findings in the Context of Literature and Frameworks

The literature strongly supported the relationship between teach-back and reduced readmissions of heart failure patients (Kornburger et al., 2013; Mahramus et al., 2014). The project stakeholders voiced support of the project value when the findings from the literature review were presented. The chief nursing officer explained the evidence presented was strong enough to be presented to the nursing and medical executive councils in preparation for the spread of teach-back beyond the one unit (D. Krause, personal communication, November 4, 2014). Due to the increased vigilance around reducing heart failure patient readmissions, the site leadership views this project as a

means of not only improving the organization's financial bottom line but predicts a major impact on patient outcomes (D. Krause, personal communication, March 6, 2014).

The teach-back plan's details were presented using a logic model of the project. The logic model allowed for better understanding of relationships and outcomes of the project by the stakeholders (Kettner et al., 2013). The visual presentation of the plan clearly presented the project inputs, outputs, and outcomes in a format that was understood by the site leadership. With the current financial atmosphere, all aspects of the plan were scrutinized to ensure resources would be available to implement the education. Inputs to include the cost to educate unit champions and bedside nurses, time needed by champions to provide monitoring, and support and data collection received attention to ensure resources would be available. Collaboration with the site quality improvement team ensured resources will be available to evaluate the outputs and outcomes of the project once implemented. Outputs include the number of nurses using teach-back and outcomes focus on reduction of heart failure patients' readmission rates. Stakeholders at the network level will make decisions about additional resources based on the outcomes of this project and the cost of implementation.

The presentation of this project was strongly enhanced due to the plethora of evidence demonstrating positive patient outcomes related to nurses using teach-back. The logic model framed the plan in a manner that promoted comprehension by the site stakeholders. Based on the evidence, quality of the implementation plan, and anticipated positive impact on patients, stakeholders voiced strong support for implementing teach-

back on the cardiac unit and then spreading the practice to other units within the organization.

Implications

From discussions with the site leadership and the nursing practice department of my organization, implementing teach-back has significant implications for the organization and patients. With healthcare reform influencing changes in care delivery and the need for strong patient engagement, teach-back meets many needs of both the patient and the organization. Organizations are being driven by regulatory and financial incentives to reduce patient readmissions. Teach-back methodology allows the nurse to evaluate the patient's understanding of the material taught before patient discharge, which improves their ability to manage home care. Assessment can be conducted prior to discharge to ensure heart failure patients understand aspects of their disease process and management that can include the purpose and administration of medications, monitoring of weight for management of fluid balance, and perhaps significant changes in their condition that should be addressed early by their doctor. Better prepared patients are more successful in managing their disease process, enjoy better quality of life and stay out of the hospital (Hines, et al, 2010). Using teach-back with discharge education engages patients, provides immediate feedback of their understanding of the material taught, and opens communication to ensure clarity (Hain & Sandy, 2013).

The financial impact of using teach-back expands beyond just the benefits to the organization. Hospital readmissions are costly to the organization and patients. Copayments, loss of wages, expenses related to the hospitalization, and stress related to

being hospitalized can negatively impact patients. Every healthcare dollar not spent on hospital readmissions has the potential of being applied to meet the health needs of other individuals. For example, my organization spends millions of dollars on charity care annually, and reducing penalties from readmissions would allow more patients to receive health care. Sustaining the organization's mission to be the premier health care provider for the area depends on financial stability. Reducing heart failure patient readmissions improves the financial performance of the organization and allows for more patients to receive needed care.

Discussions with the site leadership elevated another avenue to measure success. Teach-back has the potential of improving patient satisfaction scores as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems. In theory, patients can choose which facilities they are admitted to and will lean towards those organizations that have higher scores. The suggestion was made for future research with a focus on patient satisfaction and the perception of the effectiveness of education provided when teach-back methodology was employed. As this model is centered on better understanding by the patient, focusing on the patient's perceptions of the effectiveness would be another avenue to study. The drive towards person-centric care requires effective patient education that addresses individual needs. Teach-back is an education strategy that is person-centered and addresses the diverse populations seen in today's hospitals. Recognizing teach-back addresses individual patient needs related to health literacy and cultural diversity and provides an impetus to promote this model as best practice for patient education.

Project Strengths and Limitations

Strengths of this project are the improved delivery of patient education through the active engagement of nurses and the positive impact on patient outcomes. Nurses will be leading this project and will see the immediate impact of providing teach back education. The evidence supporting teach-back provides a strong foundation for nurses to understand the value of using this strategy, as nurses are motivated to implement practices that benefit patients. Because of their involvement in the development of the education plan, bedside nurses have been engaged in the project at all levels and are invested in the project. Active participation of the bedside nurses and the development of the unit champions will strengthen the implementation and ultimately the sustainability of the project.

With the ever changing healthcare environment that pushes organizations to make immediate changes, a limitation to this project is implementation of other initiatives that could impact heart failure patient's readmission rates. The implementation of teach-back cannot be done in silo of other organization-led initiatives; thus, the outcome results may not reflect just this one initiative. For example, one project that is currently being implemented is patient call backs that are done after a patient is discharged. Another limitation is related to patient census at the time of implementation. If the number of heart failure patients admitted before and after the implementation of teach-back vary greatly, the outcome data may be skewed.

Financial resources for implementation of this project could pose a limitation if competing projects override the budgeted dollars. A recommendation to enhance the

success of the project is to apply for a grant to support the implementation on the unit. Sigma Theta Tau International/American Nurses Credentialing Center supports the implementation of evidence based projects through a grant program that aligns with possible implementation timelines with a March 2015 deadline. External funding would mitigate the impact of internal funding conflicts. Funding to support the education plan would reduce one barrier related to resources and promote the successful implementation. Beyond the financial benefits, receiving a grant would demonstrate the importance and significance of the project to future stakeholders.

Analysis of Self

This project development and dissemination within the organization has elevated my visibility and credibility within my organization. Opportunities to share my learnings have been presented based on being viewed as the expert on teach-back. DNP essentials have provided a strong foundation and are confirmed by my current practice and the development of my DNP project (AACN, 2006). This section will provide a self analysis of myself in relation to being a scholar, practitioner, project developer and discuss the implications of this project toward future professional development.

As Scholar

Boyer (1996) presented four aspects of scholarship: discovery, integration, teaching, and application. As a doctorate prepared nurse, integration and application of new knowledge and best practices are demonstrated with my practice as a network educator and the development of my DNP project. As a scholar, my confidence has grown as well as my contributions to the practice of nursing within my organization.

Being involved in many interdisciplinary network teams, my leadership skills have supported collaboration and driven the team's direction based on the data and evidence. For example, one interdisciplinary quality improvement team is changing the enteral tube insertion policy, and my leadership has elevated questions and addressed the use of data to drive the practice. Being a change agent, I am trying to ensure the enteral tube insertion procedure addresses patient safety and can be operationalized by the bedside nurse. The building of relationships has promoted the effectiveness of this team through trust and respect. As my organization evolves with the development of increased interdisciplinary teams, my contributions will continue to grow.

As Practitioner

The complexity of health care today elevates the need for nurses with advanced education. From implementation of an electronic medical record to the education of graduate nurses, my practice must be flexible and adjust to frequent changes. As a practioner, my skills have been beneficial as I helped implement the electronic medical record at several sites. Recognizing practice issues that have been illuminated with the implementation of the electronic medical record, and elevating the concerns to leadership has been instrumental in improving nursing practice and enhancing patient safety. Working with graduate nurses, one of their biggest learnings is recognizing what they do not know. One of my biggest learnings as a doctorate student was accepting that I do not need to know everything. From a practitioner's perspective, this means I am comfortable learning from others and am open to new ideas and concepts. Humility has taken many years to achieve but is needed to move forward.

As Project Developer

Skills gained during the DNP project development can be translated into many activities within the organization. Being able to grasp the big picture while defining the steps needed to make changes within the organization is extremely valuable and sought after. One area that continues to challenge changes within my organization is not identifying all stakeholders early in project development. A huge nugget gleamed during the development of my project was ensuring the appropriate stakeholders were identified and engaged in a timely fashion.

What This Project Means for Future Professional Development

The knowledge gained with the development of my DNP project will serve me well in future endeavors. Being recognized for my work on my DNP project has increased my visibility in my organization and provided opportunities to join strategic network teams. From the skills gained in developing this project and knowledge from my doctorate studies, my future professional development will include involvement in the building of a new medical school and the opening of a new teaching hospital. Being involved in these projects will require collegial relationships that are enhanced by the results of my work on my DNP program and project.

Summary and Conclusions

Even though my project will not be implemented during my DNP program, the knowledge gained through the development serves me well for future roles. The support to implement is present, and by collaborating with the site and unit leadership, an appropriate timeline will be developed that will ensure success and provide a meaningful

outcome for the patients and nurses. The DNP program prepared me to move into the world of advanced practice nursing and skills gained are demonstrated through the development of my DNP project. The development of my DNP project and the expertise I gained through my research on teach-back has provided a sound foundation to launch future endeavors and build professional relationships. I am well prepared to take on the role of scholar and practitioner.

Section 5: Scholarly Product

Two purposes of sharing the project results are to provide a report to the stakeholders and share the results with other healthcare professionals (White & Zaccagnini, 2011). For my teach-back project, dissemination will be two-fold. The first step is the development of a grant proposal, and once the project is implemented, the findings will be presented as a manuscript for publication.

Grant Proposal

A grant proposal for the teach-back project pilot will be submitted to Sigma Theta Tau International/American Nurses Credentialing Center Evidence-Based Practice Implementation Grant program. Requests are accepted starting in March 2015. A grant will provide the resources needed to implement the project without putting undo financial pressure on the individual unit. Additionally, by submitting to these two prestigious organizations, the project will be reviewed and then the outcomes will be disseminated at an international level. Please see Appendix I for the grant proposal.

Manuscript

A manuscript for publication will be submitted to the Journal for Nurses in Professional Development once my DNP project is implemented. This journal was chosen as a forum because of the typical articles currently being published and the target audience of nurse educators. Being an education initiative, my DNP project will be well received by nurse educators who are leaders, scholars, change agents and practitioners. Please see Appendix J for a draft of the article based on the current stage of the project.

Summary

Teach-back education methodology is well documented as a means of improving patient outcomes. Disseminating the results of my DNP project will add to the current body of knowledge related to using teach-back by providing an implementation plan that can be used as a template for other organizations. As I have benefited from the wisdom and experience of others using teach-back, my hopes are others will find my project beneficial.

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Appendix A: Logic Model

Situation: Nursing has historically taken the lead on patient teaching, but the current hospital environment poses barriers to providing effective discharge education to heart failure patients.

Inputs	**Outputs**		**Outcomes -- Impact**		
	Activities	*Participation*	***Short***	***Medium***	***Long***
• Nurses' time • Educator time • Classroom resources • Handouts • Unit champion time	• Develop project implementation plan that includes: o Educate unit champions on teach-back and their role in education plan o Educate staff nurses on teach-back o Observe staff nurses performing patient education with teach-back o Collect data on pre and post heart failure readmission rates for unit o Collect evaluation data on education delivery	• Unit champions • Telemetry Nurses • Patients and families	• Develop teach-back implementation plan for SMCH cardiac unit to implement	• 90% of staff nurses are educated on teach-back. • 90% of staff nurses use teach-back to provide discharge education.	Heart failure patient readmission rates decrease.

Assumptions

- Non-productive time will be allowed for unit champions to receive education on teach-back, their role and then for observation of staff nurses performing teach-back.
- Space will be provided for education offerings.

External Factors

- Other initiatives directed at reducing readmission rates.
- Financial incentives driving initiatives to reduce readmission rates.
- Environmental factors that impact patient's readmission rates such as inability to perform daily weights.

Appendix B: Permission to Use Tools

Received June 30, 2014

Hi again, Mary Ann. Thanks for sending the URLs for the Teach Back tools you're interested in using in your student project.

**Note that the URLs you sent below are not on IHI's website; however, we do also have these two Teach Back tools posted on IHI.org:

http://www.ihi.org/resources/Pages/Tools/AlwaysUseTeachBack!.aspx

IHI is happy to give you permission to use these two Teach Back tools in your nursing project, provided that you please:

1) Retain all existing copyrights and acknowledgements to the creator(s) of the original content (including the logos of the organizations that appear within these documents):

UnityPoint Health (formerly Iowa Health System)

Des Moines, Iowa, USA

2) Acknowledge IHI as the source of the content by including a link to the original content on our website:

Source: Institute for Healthcare Improvement

http://www.ihi.org/resources/Pages/Tools/AlwaysUseTeachBack!.aspx

3) You may not repackage the content for commercial purposes or otherwise offer it for sale.

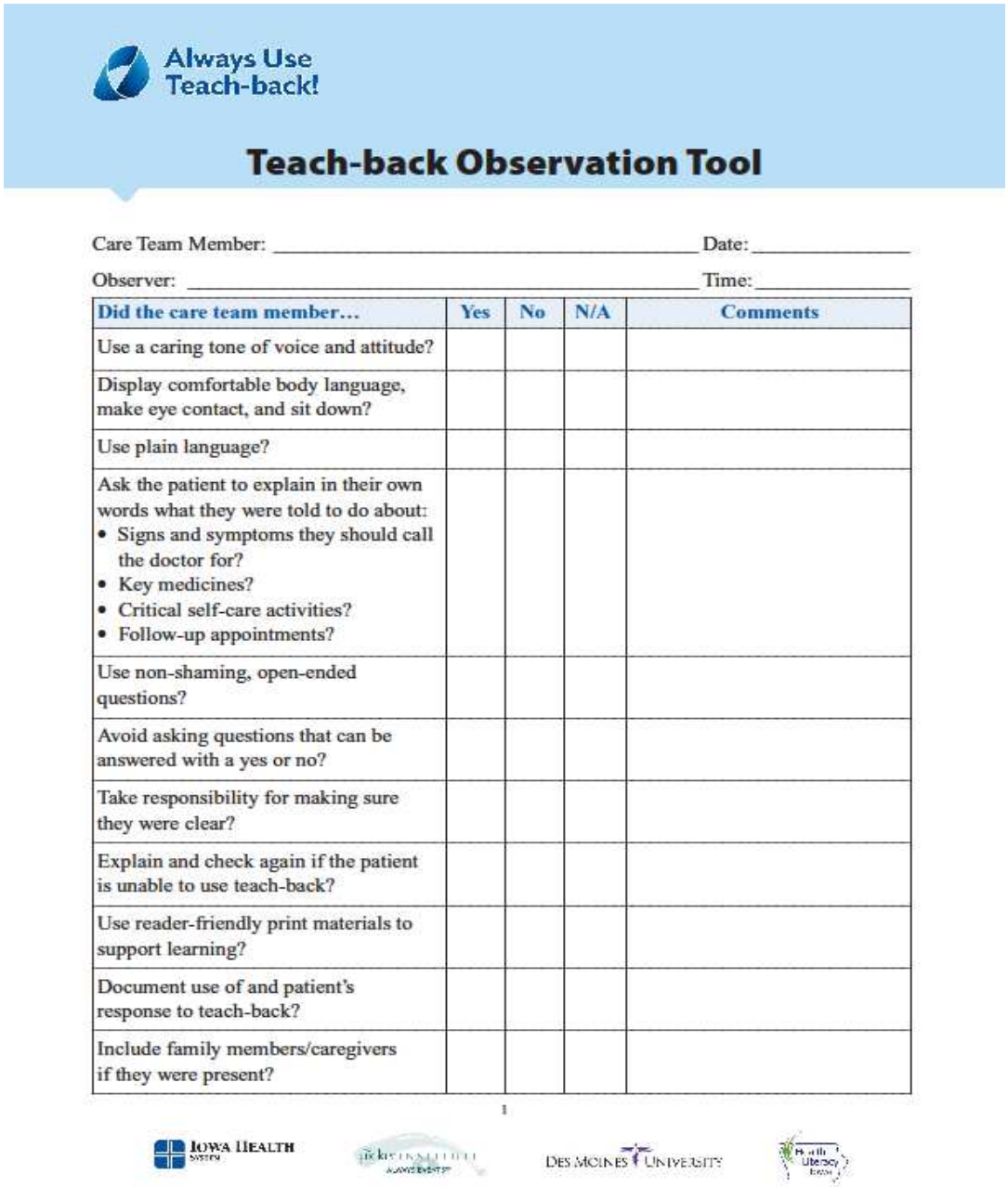
Best of luck with your project!

Thanks,

--Val

Valerie Weber
Institute for Healthcare Improvement
20 University Road, 7th Floor
Cambridge, MA 02138
Tel (617) 301-4811 | www.ihi.org

Appendix C: Teach-back Observation Tool



Always Use Teach-back!

Teach-back Observation Tool

Care Team Member: _____ Date: _____

Observer: _____ Time: _____

Did the care team member…	Yes	No	N/A	Comments
Use a caring tone of voice and attitude?				
Display comfortable body language, make eye contact, and sit down?				
Use plain language?				
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?				
Use non-shaming, open-ended questions?				
Avoid asking questions that can be answered with a yes or no?				
Take responsibility for making sure they were clear?				
Explain and check again if the patient is unable to use teach-back?				
Use reader-friendly print materials to support learning?				
Document use of and patient's response to teach-back?				
Include family members/caregivers if they were present?				

1

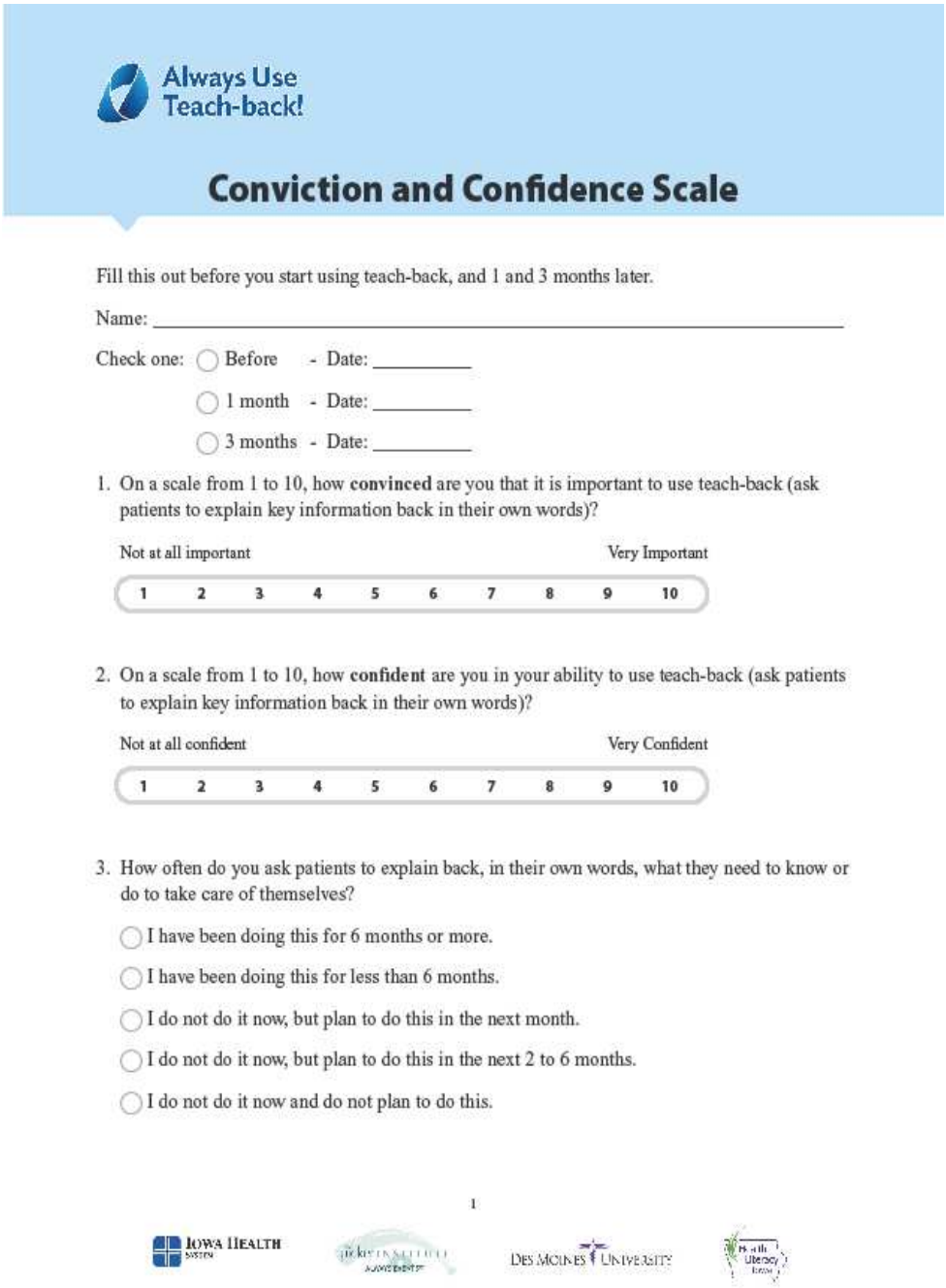
IOWA HEALTH SYSTEM

DES MOINES UNIVERSITY

Source: Institute for Healthcare Improvement

http://www.ihi.org/resources/Pages/Tools/AlwaysUseTeachBack!.aspx

Appendix D: Conviction and Confidence Scale



Always Use Teach-back!

Conviction and Confidence Scale

Fill this out before you start using teach-back, and 1 and 3 months later.

Name: _____

Check one: ◯ Before - Date: _____

◯ 1 month - Date: _____

◯ 3 months - Date: _____

1. On a scale from 1 to 10, how **convinced** are you that it is important to use teach-back (ask patients to explain key information back in their own words)?

Not at all important ... Very Important

1 2 3 4 5 6 7 8 9 10

2. On a scale from 1 to 10, how **confident** are you in your ability to use teach-back (ask patients to explain key information back in their own words)?

Not at all confident ... Very Confident

1 2 3 4 5 6 7 8 9 10

3. How often do you ask patients to explain back, in their own words, what they need to know or do to take care of themselves?

◯ I have been doing this for 6 months or more.

◯ I have been doing this for less than 6 months.

◯ I do not do it now, but plan to do this in the next month.

◯ I do not do it now, but plan to do this in the next 2 to 6 months.

◯ I do not do it now and do not plan to do this.

1

Iowa Health System · Des Moines University

Source: Institute for Healthcare Improvement

http://www.ihi.org/resources/Pages/Tools/AlwaysUseTeachBack!.aspx

Appendix E: Demographics Survey

Elements
Age
Sex
Level of Education Achieved
Primary Language
Certification
Number of years as RN
Number of years on Unit
Have you ever used teach-back?

Appendix F: Post-education Evaluation

	Strongly Disagree				Strongly Agree
1. The program objectives were met.					
A. Objective #1 Discuss teach-back strategies.	1	2	3	4	5
B. Objective #2 Define the elements of teach-back education.	1	2	3	4	5
C. Objective #3 Demonstrate how to use teach-back for discharge patient education.	1	2	3	4	5
2. Accuracy and utility of content were discussed.	1	2	3	4	5
3. Content was appropriate	1	2	3	4	5
4. Instruction at a level appropriate to audience	1	2	3	4	5
5. Teaching methods were effective.	1	2	3	4	5
6. Visual aids, handouts, and oral presentations clarified content	1	2	3	4	5

Instructor 1: **Name: _____**					
	Strongly Disagree				Strongly Agree
1. Knew the subject matter	1	2	3	4	5
2. Taught the subject completely	1	2	3	4	5
3. Elaborated upon the stated objectives	1	2	3	4	5
4. Presented content in an organized manner	1	2	3	4	5
5. Maintained my interest	1	2	3	4	5
6. Answered questions effectively	1	2	3	4	5
7. Was responsive to questions, comments, and opinions	1	2	3	4	5

Appendix G: Project Overview

Program Mission Statement

The mission of this program is to promote patient engagement in self care by empowering cardiac nurses to provide heart failure patients discharge teaching using teach-back methodology.

Program Outcome Goals	**Process Objectives**	**Activities to Meet Objectives**	**Evaluation Elements**
By the completion of the program:	*Process objectives include:*		
Ninety percent of the nurses working on the SMCH telemetry unit will attend teach-back education programs and demonstrate use of teach-back.	Collect data on unit heart failure thirty day readmission rates for 3 months prior to intervention.	Conduct education needs assessment	Collect pre-readmission rates
	Develop a teach-back education program for cardiac nurses managing heart failure patients on the SMCH telemetry unit	Develop didactic education to include evaluation forms.	
Ninety percent of the acute care nurses on the SMCH cardiac unit will use teach-back for heart failure patient discharge education at the end of the education program.	Create teach-back champion roles expectations and activities	Develop formal champion role expectations and share with unit leadership and prospective champions.	
	Identify teach-back champions for the SMCH telemetry unit	Determine unit champions	
	Develop an orientation program for teach-back champions and implement	Educate Unit champions	Evaluate pilot education program
	Complete teach-back education program	Schedule classes and provide education.	Evaluate education program
		Unit champions validate nurses teach-back competency	
		Provide support and resources for bedside nurses.	
Determine the impact of teach-back education on readmission rates for heart failure patients.	Collect data on heart failure patient thirty day readmission rates for 3 months post intervention.	Collect program data and analyze to see if there is any relationship between teach-back and heart failure patient readmission rates.	Collect post – readmission rates

Appendix H: Projected Project Time Line

Activities	Apr 15	May 15	June 15	July 15	Aug 15	Sept 15	Oct 15	Nov 15
Conduct needs assessment								
Collect pre-readmission rates								
Develop didactic education								
Determine unit champions								
Educate Unit champions								
Evaluate pilot education program								
Educate unit nurses								
Evaluate education program								
Unit champions validate teach-back competency								
Support unit nurses								
Collect post – readmission rates								

Appendix I: Grant Proposal

Cover Letter

Dear _____,

I am excited to present this grant proposal for your consideration. We look forward to working with you in spreading an evidence-based intervention that will improve patient outcomes. The project is the pilot of an education program that implements teach-back for patient education on a cardiac unit. Teach-back is an education strategy that provides nurses a means of partnering with patients to ensure an effective education experience. This method is patient-centered, addresses individual's health literacy and provides a means for the nurse to immediately evaluate the effectiveness of the education provided. In our complex health environment, patients must be involved in their health management and with shorter hospital stays and increased complexity of care, be better prepared to understand their disease process and how to manage on a day to day basis. The objective of implementing teach-back for the cardiac nurses is to better prepare our patients so when discharged from the hospital they are able to manage their health and not require hospital readmissions.

Evidence strongly suggests that teach-back improves patient understanding of discharge instructions and with the heart failure population reduces readmission rates. The purpose of the grant request is to seek funds to pilot this program on one cardiac unit and then seek funds from the organization to spread throughout the hospital system. An effective pilot will demonstrate the value of the program.

With strong evidence supporting this strategy, we are requesting $6260 to fund this pilot program for one cardiac unit. This would cover salaries, education material and space for the educational offerings and analytical support. These funds would cover the pilot phase of the program.

I appreciate Sigma Theta Tau International's support of the spread of evidence-based practice and providing an opportunity to support this evidence-based intervention. Please call me if you require additional information or if you have questions related to the proposal. Thank you for your consideration for this important project.

Thank you,
Mary Ann Whicker, MSN, RN-BC

Executive Summary

Healthy People 2020 goals support increased availability and effectiveness of educational programs designed to improve individuals health and enhance quality of life (Healthypeople2020.gov). Improving the delivery of patient discharge education in the hospital setting can be accomplished with the use of teach-back. This grant request is targeted towards the allocation of resources to educate all nurses on a cardiac unit on teach-back as a pilot. Improved patient discharge education has demonstrated reduction in unplanned readmissions and better self-management of multiple patient populations to include heart failure and diabetes (Friberg, Granum, & Bergh, 2012).

Need Statement

Nurses are expected to deliver effective patient discharge education but are ill prepared as educators. Challenges faced by nurses include patients with diverse levels of health literacy and few easy tools to assess each patient's level of health literacy (Taggart, 2009). Teach-back is a tool that addresses the issue of health literacy and provides the nurse information to evaluate the patient's grasp of what is being educated. By educating the patient and then having them explain the information in their own words, the nurse is able to assess if the patient understood the concepts and re-address if needed (Butler & Kalogeropoulos, 2012). The impetus of ensuring understanding is on the nurse. Studies have shown the use of teach-back improves patient understanding and engagement in their health management (Butler & Kalogeropoulos, 2012).

Improving how discharge education is delivered will positively impact our patient's ability to manage their health after discharge. Improved knowledge about their disease process and understanding how to manage their disease has been demonstrated to decrease hospitalizations and ultimately reduce healthcare costs (Friberg et al., 2012). Patients enjoy a better quality of life through engagement and ownership of their health.

Goals and Objectives

To address the problem of poor discharge education delivery, promotion of teach-back as the only way of delivering discharge education is the goal of this initiative. The goal of this pilot program is to educate all patient care nurses on a cardiac unit on how to perform teach-back and ensure compliance through the use of champions to monitor and support the implementation and post implementation. The objectives to accomplish this goal include the following steps.

1. Design the teach-back champion role.
2. Develop an education plan for champions and associates.
3. Educate the teach-back champions on their role and teach-back.
4. Educate associates on teach-back to include return demonstration.
5. Teach-back champions observe associates doing teach-back.
6. Teach-back champions audit the use of teach-back and report results.

The goal of the pilot project is to demonstrate the effectiveness of using teach-back as demonstrated by the reduction in heart failure patient readmission rates. By demonstrating a correlation, additional funds can be requested from the organization to spread this best practice.

Methods, Strategies or Program Design

The didactic program will include the education, implementation and evaluation plans. An education team will be developed to create the education, implement and evaluate. One month will be allotted for the implementation of the education plan on the pilot unit. Data collection on heart failure patient readmission rates will be conducted the three months prior and three months post implementation of the education.

The education plan includes:

1. Development of a sound plan to educate the bedside nurses.
2. Education planning includes didactic as well as hands-on strategies
    a. Unit teach-back champions will be developed to support the implementation.
        i. Teach-back champions will support the education by
            1. Providing just in time education
            2. Observing nurses using teach-back
            3. Providing ongoing support for sustainability
3. After implementation of the education, unit champions will continue support and audit compliance using teach-back

Implementation plan includes:

1. Delivery of education
2. Monitoring of nurses using teach-back
3. Evaluation of education delivered
4. Ongoing support of nurses by leadership and unit champions

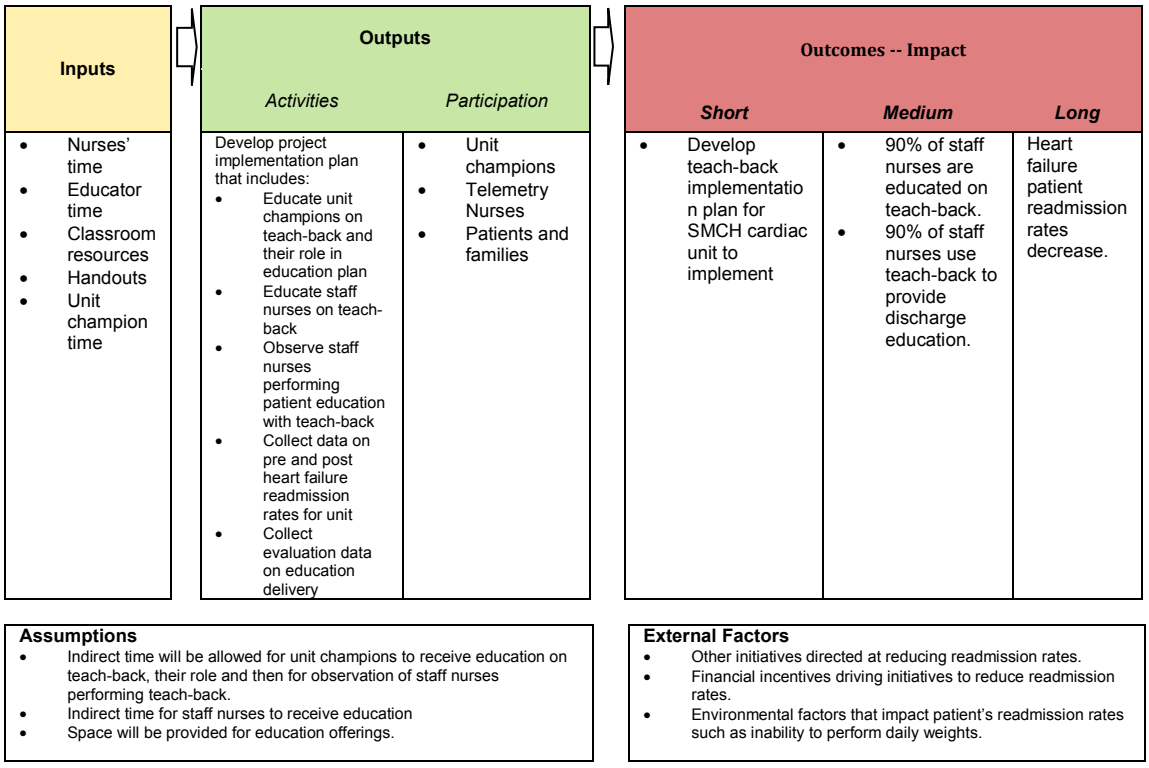
5. One month will be allotted for delivery of education and monitoring of compliance by education team

Evaluation plan includes:

1. Collect data on heart failure patient readmission rates three months prior to implementation of project
2. Collect data on the implementation of the education plan to include the number of offerings, required, perceptions of effectiveness of the education and compliance of the nurses using teach-back
3. Collect data on heart failure patient readmission rates three months post-implementation of the education plan.
4. Pre and post implementation heart failure rates will be analyzed to determine the change.

Logic Model

Situation: Nursing has historically taken the lead on patient teaching, but the current hospital environment poses barriers to providing effective discharge education to heart failure patients.



Evaluation Section

Evaluation of this initiative will be two pronged. The first area evaluates the didactic program with the focus of determining if the education delivered was effective and prepared nurses to use teach-back. The second area focuses on the impact of teach-back on patients by measuring the cardiac unit's heart failure patient readmission rates three months prior to the education the then three months after implementation. This will determine the effectiveness of teach-back as a strategy in preventing patient readmissions when the readmission rate declines. Data collection for the first part will be conducted

using a standard evaluation tool that measures the attendees' perception of the education delivered. An observation tool will be used by the unit champions to assess the competency of each nurse in using teach-back for discharge education. Readmission rates are currently being measured by the site quality improvement team for reporting to CMS so this data will be available from that team.

Other Funding or Sustainability

This project is a pilot on one unit within the system. By demonstrating teach-back reduces heart failure patient readmission rates, the organization leadership will be asked to provide resources to spread this best practice. The ultimate goal is to ensure teach-back is the method for providing all patient education.

Organizational Information

Seton Healthcare Family (SHF) is a not for profit healthcare system which is a ministry under Ascension Health. The eleven hospitals serve an eleven county population of 1.9 million (Seton.net). The Mission of SHF is:

> Our mission inspires us to care for and improve the health of those we serve with a special concern for the poor and the vulnerable. We are called to be a sign of God's unconditional love for all and believe that all persons by their creation are endowed with dignity. Seton continues the Catholic tradition of service established by our founders: *Vincent de Paul*, *Louise de Marillac* and *Elizabeth Ann Seton*.

Seton follows three dictates, “healthcare that is works, healthcare that is and healthcare safe leaves no one behind” (Seton.net). With this philosophy, Seton is striving to provide care for Central Texas residents far into the future (Seton.net). Based on the mission and values of Seton, care is person-centered and focuses on meeting the needs of each patient.

Budget

Teach-back Pilot Budget

Budget Topic	Line items	Estimated Expenses
Salaries	Key Personnel	
	• Unit Educator	$ 200
	• Unit Champions	$ 2560
	• Cardiac Nurses	$ 2450
	• Data analysis	$ 400
Space	Room Rental	$ 150
Supplies	Education handouts	$ 500
Total		$ 6260

Appendix J: Manuscript

Bedside Nurses' Influence on Patients' Continuum of Care Through Effective Discharge Teaching

Manuscript

MaryAnn Whicker, MSN, RN-BC

Dr. M. Terese Verklan, PhD, CCNS, RNC, FAAN

Dr. Jennifer Nixon, PhD

Abstract

Purpose – Develop and implement teach-back as the methodology for providing patient discharge education on a cardiac unit. The project's focus was to improve discharge instruction provided by nurses for heart failure patients on a cardiac unit.

Method – The process improvement project was developed using a logic model to frame the inputs, outputs and outcomes related to the teach-back project. Patient impact from the project was measured by analyzing the unit's pre and post intervention heart failure patient readmission rates to determine the relationship to using teach-back.

Findings –

Conclusion

Nurses have held the responsibility for providing patient discharge teaching, but in the face of changing healthcare, are challenged to meet the patient needs. Healthcare reform has driven changes in acute care settings that have resulted in decreased patient length of stay, fewer nursing resources, increased requirements to meet regulatory demands, culturally diverse patient populations with complex medical issues and levels of health literacy. This changing environment has created barriers for the delivery of effective discharge education. This paper will discuss the implementation of teach-back as an education strategy for providing discharge education on a cardiac unit and include the planning, implementation process, challenges and outcomes.

Problem Background

Over one million patients are admitted annually to hospitals with a diagnosis of heart failure (Hines, Yu & Randall, 2010). According to Medicare and Medicaid Services (CMS) reports, 27 percent of CMS patients admitted with a heart failure diagnosis are readmitted within 30 days of hospital discharge (Hines, Yu & Randall, 2010). Based on CMS penalties imposed on hospitals when heart failure patients are readmitted within 30 days, organizations are seeking means of preventing unscheduled readmissions (Butler & Kalogeropoulos, 2012). The challenge of providing effective discharge education to diverse patient populations with varying degrees of health literacy falls on the bedside nurse. The risks associated with not providing education that is comprehended by the patient are great and can lead to poor disease management and hospital readmissions.

Despite having a desire to provide effective patient education, hospital-based nurses are challenged by the many changes to healthcare delivery. An integrative review of research articles published between 1998 and 2011 examined the issues that impacted hospital-based nurses' ability to deliver effective patient education and demonstrated similar concerns faced by previous generations of nurses (Friberg, Granum & Bergh, 2012). Barriers to delivering effective patient education by nurses included shorter patient stays, heavy workloads, time constraints, lack of patient friendly teaching materials and lack of teaching experience (Friberg, et al, 2012; Taggart, 2009). Nurses are faced with a dilemma of valuing patient education but challenged to provide effective education to meet individual patient's needs prior to discharge.

Project Purpose

The purpose of this DNP project was to develop a program to implement teach-back education methodology on a cardiac unit. Teach-back Methodology provides a means for the nurse to address individual patient's degree of health literacy and engage the patient in the education process. Teach-back requires the nurse instruct the patient using language they understand and then have the patient explain what was taught in their own words. This provides the nurse a means of immediately evaluating the patient's comprehension and remediate if needed. The purpose of introducing teach-back to this unit's nurses is to provide a means of supporting the nurses in providing effective patient education and ensuring they have the tools needed to meet patient needs. Studies have demonstrated nurses are not well prepared to assess for patient health literacy or provide effective patient education (Tamura-Lis, 2013). Teach-back is an education strategy that

will address the issue of patient's and family members remembering or comprehending less than half of the material taught by healthcare providers (Tamura-Lis, 2013).

This project addressed the concern around poor discharge education by assessing the relationship between using teach-back and heart failure patient readmissions on one cardiac unit. Evaluation of the project focused on the implementation resources needed and the outcomes in relation to the heart failure patient population. The project's aim was to answer the following question:

1. What is the impact of providing teach-back education to SMCH cardiac nurses in relation to unit 30-day readmission rates for heart failure patients?

An extensive literature review produced many examples of the positive impact of using teach-back for discharge education with heart failure patients (Evans, 2013; Friberg, Granum, & Bergh, 2012; Hain & Sandy, 2013; Negley, Ness, Fee-Schroeder, Kokal, & Voll, 2009; "Readmission rates," 2010; "Teach-back," 2011; Wilson et al., 2008). This process improvement project's outcome adds to this extensive body of works on the benefits of using teach-back for patient education. Heart failure patients that understand how to manage their health enjoy a higher perceived quality of life with fewer hospital readmissions (Hain & Sandy, 2013).

Project Design

The DNP project to develop and implement a plan to implement teach-back on a cardiac unit was framed using a logic model. This model allowed stakeholders to better understand the performance improvement project components and expected outcomes. Evaluation of the implementation was in two phases which looked at process and the

outcomes in relation to reduced heart failure readmissions post implementation. The education plan engaged the bedside nurses by recruiting unit champions to support the implementation and ongoing monitoring of the use of teach back. Two champions from each shift, day and night were recruited and trained to provide support and encouragement, observe the bedside nurses performing teach-back education and provide remedial education as needed. Tools developed by Unity Point Health, Picker Institute and Des Moines University for the Institute of Healthcare Improvement were used with the permission of the Institute of Healthcare Improvement for unit champion education, bedside nurse competency assessment and ongoing commitment to using teach-back (Always Use Teach-Back!, 2015). The education of the bedside nurse included didactic, classroom practice, return demonstration and observation by unit champions to validate competency.

Evaluation of the project included process evaluation and outcome evaluation. Process evaluation included data related to the number of nurses educated, classes provided, participants perception of the education methodology and instructor and financial resources needed to implement. Outcome evaluation focused on the impact to heart failure patients and was measured by analyzing pre and post implementation unit heart failure patient readmission rates.

Population and Sampling

For this DNP project, a high profile patient population and the nurses who were representative of nurses typically providing discharge teaching were selected. This 30 bed medical surgical/cardiac unit is staffed by 35 registered nurses and ten clinical

assistants and serves a diverse cardiac population that includes heart failure patients. The organization is focused on reducing heart failure patient readmission rates and the cardiac unit chosen provided a forum for implementing a program that would reduce readmission rates. The needs assessment validated the need of implementing teach-back to this unit nurses as well as providing a means of aligning with the organizational goals. Beyond the needs assessment, these nurses were accessible, representative of hospital based nurses that routinely provide patient discharge education and were identified as a sample of interest for the project (Hodges & Videto, 2011; Polit & Beck, 2006). Having a representative sample was important to the project stakeholders and administrators with consideration to the spread of teach-back to other units within the organization (Polit & Beck, 2006).

Data Analysis

Discussion

Conclusion

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Curriculum Vitae

Mary Ann Whicker, MSN, RN-BC

Education (highest level first)

Degree	Institution (location)	Date
DNP	Walden University Minneapolis, Minnesota	Expected 2015
MSN	Walden University Minneapolis, Minnesota	2009
BSN	Kaplan University Chicago, Illinois	2007
Diploma in Nursing	Brackenridge Hospital School of Nursing Austin, Texas	1973

Professional Experience

Network Nursing Educator 2007 to present
Seton Healthcare Family, Austin, Texas.
Responsibilities include leader, facilitator, educator, consultant, change agent, coordinator of critical care specialty education and mentoring critical care educators and providing opportunities for their professional development. Management of multidisciplinary committees and network projects has been my focus for the past four years. I created an education plan for the opening of the newest hospital in the Seton network.

Specialty Education Coordinator 2002 to 2007
Seton Family of Hospitals, Austin, Texas
Responsibilities included the coordination of education for the critical care specialty.

ICU staff nurse, charge nurse and educator 1987 to 2002
Seton Medical Center, Austin, Texas
Responsibilities included daily unit management, evaluation of staff, clinical expertise and providing unit education.

ICU Staff nurse 1985 to 1987
Merced Community Medical Center, Merced California
Responsibilities included management of complex critical care patients

ICU Staff Nurse 1983 to 1985
St. Mary's Dessert Hospital, Apple Valley California
Responsibilities included managing complex critical care patients.

Clinic nurse 1981
to 1983
Northrop Clinic Saudi Arabia
Responsibilities included managing the clinic for all Northrop employees.

Licenses and Certification

State	Texas	Active
Certification	**Certifying Body**	**Inclusive Date**
Nursing Professional Development	American Nurses Credentialing Center	2011-present

Publications

Whicker, M and Huebner, M. (2012). Orientation without walls: Opening an acute care hospital. *Journal for Nurses in Staff Development, 28(3),* 99-102.

Professional Presentations

Whicker, M. (2014). Applying *Contextual Learning to Critical Care Medication Administration* A poster presentation at the QSEN conference, Baltimore Maryland, May, 2014.

Whicker, M. (2010). *Promoting Team Collaboration through Interdisciplinary Skills Lab.* A podium presentation at the Versant Client Conference, Las Vegas, Nevada, September 2010.

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Whicker, M. and Trott, L. (2005*). A Picture is Worth a Thousand Words*. A podium presentation at Professional Nursing Education Group Conference, Houston, Texas. November 2005

Whicker, M and Shaffer, F. (2004). *Temporary Workers: Orientation Can Be Cost Effective*. A podium presentation at the Forum on Health Care Leadership in Nashville, Tennessee. August 2004.

Honors and Awards

Pulmonary and Critical Care Nursing Award 2001

Nurse of the Year 1996
American Association Critical-Care Nurses, Greater Austin Area Chapter

Professional Affiliations

American Association of Critical Care Nurses

Greater Austin Area Chapter of AACN

Association for Nursing Professional Development

The Honor Society of Nursing, Sigma Theta Tau.

Golden Key International Honour Society

Service

Support community outreach through health fairs for blood glucose monitoring and blood pressure screening as a member of the local chapter of AACN.

Mentor nurses in graduate programs seeking MSN credentials.