

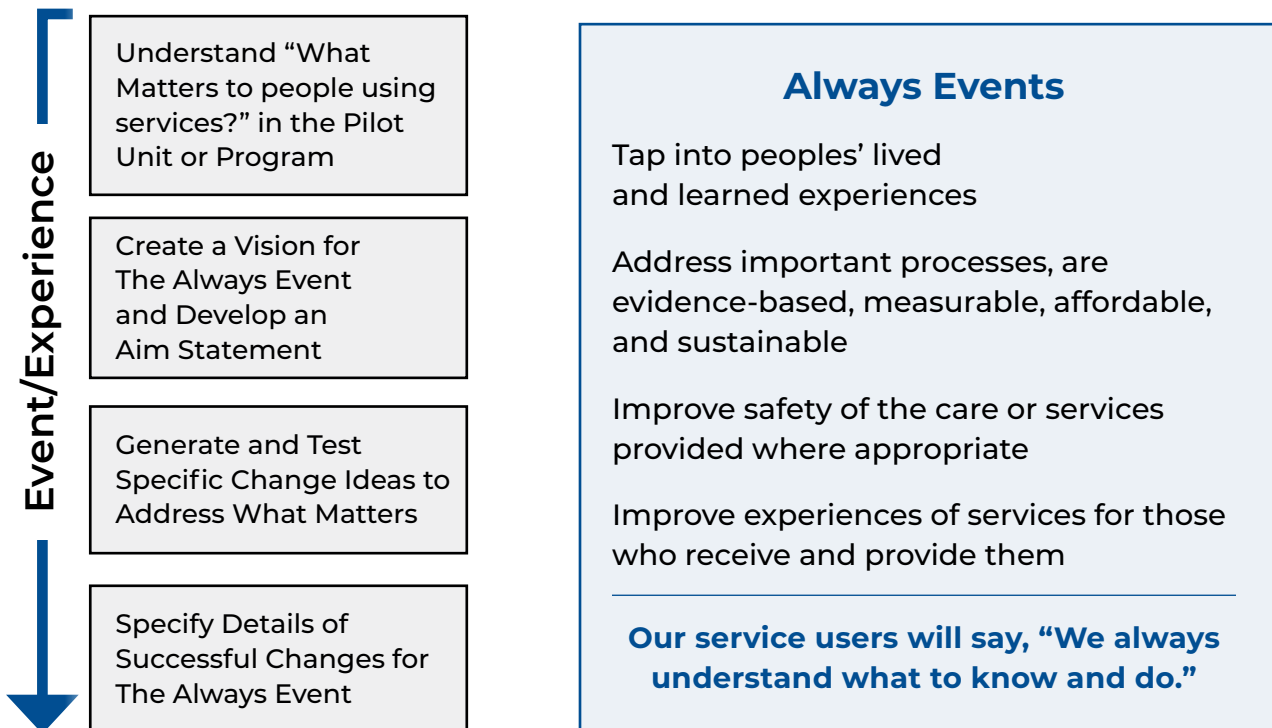
What is an Always Event?

Always Events® are “aspects of the patient and family experience that should always occur when patients interact with health care professionals and the delivery system.”

Never Events cause serious harm and should never happen in health organizations.

Always Events are processes and services that are effective, reliable, and sustainable. They should happen every time indicated. Teach-back Always Events demonstrate understanding what really matters to people using services, their families, and other support providers.

Designing an Always Event



Institute for Healthcare Improvement (IHI)

When beginning a teach-back initiative, use the Always Events methodology to engage people in understanding the experience of service users and staff in building effective, reliable, and sustainable processes.

Resources for Designing an Always Event

- [“ Always Events Toolkit NHS England and IHI’s Always Event Framework](#)
- [“ The Model for Improvement](#) - shows how to clarify the problem, specify how to know improvement is achieved, and test ideas for change.
- [“ How-to Guide: Sustainability and Spread, IHI 2008](#)

Designing and Implementing Teach-back Always Events

Key Steps to Designing Always Events

1. Clarify what you want to use teach-back for (e.g., asthma education).
2. Engage stakeholders to gather input about what matters to them throughout this process.
3. Create a vision for using teach-back as an Always Event in this process.
4. Develop an aim statement. See [Aims, Goals, and Objectives](#).
5. Generate change ideas to address what matters.
6. Test these ideas using small tests of change ([PDSA Template](#), [PDSA Example](#)).
7. Specify details of successful changes for your Always Event.
8. Continue to test for reliable and sustainable processes using staff and service user input.

Read on for Advice from Experienced Teams, Examples, and Stories from Clinical and Non-clinical Initiatives.

Advice from Experienced Teams:

- Don't assume you know what a person is experiencing or understanding.
- Be clear about what's in it for everyone, e.g., safer care, better experience of services, etc.
- Include people who will be using and receiving teach-back in identifying needs, and ideas for changes and testing them.
- Get to know stakeholders' experiences with teach-back while you are testing—ask what matters to them (See [Starting a Teach-back Initiative](#) and [Engaging Patients and Clients](#)).
- Find where improvement may be needed by observing processes where you want to use teach-back.
- Use small tests when starting. Learning through testing helps engage staff.
- Build a process to sustain the changes and continually improve.
- Assure effective communication across settings of care or services.

Examples for Engaging Service Users and Staff in Designing a Teach-back Always Event

- Ask staff what matters to them as they begin to use teach-back in their daily work. Their responses offer insight into what may get in the way of them building new habits for effective teaching and building reliable processes for using teach-back. See [Asking What Matters to You](#).
- Address difficulty in building new teach-back habits by testing different approaches to training. A [Job Aid](#) offers reminders and quick reviews of the teach-back process and why each step in the process is important.
- Ask a small group of service users about:
 - o Worries they have had in the past about remembering something a doctor, nurse, or service provider told them to do for their health, like taking medicines.
 - o What is hard about remembering what's most important to do when they go home.
 - o In early tests of teach-back, what will be hard about doing what they were told to do at home.
- Use stakeholder experiences to design tests of change for your teach-back processes. Ask:
 - o Staff about their experiences with what and how they teach, and how they communicate and document teach-back in care records.
 - o Service-users about how they learn; their experience with being taught important health information (how to improve teaching); and how staff communicate.

Story - Clinical

A cardiology unit in a medium-size hospital decided to begin testing use of teach-back with the aim of decreasing unplanned rehospitalizations within 30 days. Their question was whether teach-back of vital discharge instructions would enable a safer transition home for patients through better understanding of home-going instructions.

To gather input from patients about their worries and struggles with going home from the hospital, two nurses began having conversations with patients on their unit. Other nurses, experienced in congestive heart failure (CHF), visited monthly CHF clinic meetings. Hearing patients' questions and concerns led to involving patients in learning about the initiative and inviting them to test ideas patients and staff were offering. Repeated cycles of testing use of teach-back for home-going instructions with CHF clinic patients revealed major discoveries. First, they learned that patients struggled to understand or remember what was taught in the hospital. Second, they discovered that paper instruction reminders sent home with patients seldom served their purpose. Patients reported leaving them in purses, in cars, etc., where they were not easy to recover when new symptoms appeared.

With knowledge of the struggles of patients with CHF and data on their rehospitalization rates, five staff on one unit were trained in use of teach-back and began successfully using it daily. Once confidence increased and they were observed to be using teach-back effectively, more staff were engaged. Learning to use teach-back with all patients initially seemed like a burden, but diminished as staff discussed what they would want for their own family and loved ones and that ensuring patients were safe was foremost. Training, observations, and return demonstrations of how to do effective teach-back were subsequently initiated for all staff on the unit, beginning with the day shift.

Story - Clinical (continued)

Iterations of testing with patients became a regular feature of CHF clinic discussions which led to significant patient-centered changes and reduced rehospitalizations. Some of the best changes—inspired by patients—included: use of teach-back for the vital few things patients need to know or do at home; a refrigerator magnet with basic reminders, symptoms to look for, safety zones from “safe” to “need to watch,” and who and how to call when high-risk symptoms appeared. Follow-up phone calls to patients at home after discharge were continually used to check on their safety and learn about improvements still needed. Patients were asked the same teach-back question as in the hospital (what are the five most important things they should do to stay safe at home?) and the open-ended question, “What, if any, symptoms are you noticing since you returned home?”

Teach-back became an Always Event—“every patient, every time.” Data were collected, analyzed, and reviewed with team members monthly. Policies and procedures were finalized to include required use of teach-back, orientation, training, annual nurse return demonstration reviews, and monthly data reporting on the hospital scorecard. Success of this one unit led to spread of teach-back to all units and many other vital aspects of care related to what patients need to know and do to stay safe.

Story - Non-clinical

An after-school program set an aim to work with community partners to improve the lives of students by using teach-back to reduce school absence by 50% (from 20 days per month to 10).

Partnering with staff, schools, participating students, and parents, they used focus groups and interviews to discover common reasons why students missed school. Together they identified critical issues to work on with their student members to help them navigate their school responsibilities and attendance. Needs assessment input from teachers, social workers, students, and families helped the Program identify the first issue to address. Program staff would begin using teach-back with students to be sure they understood what they needed to do for their assignments, when they were due, and how to get help when needed.

Five key staff were trained in using teach-back using the Always Use Teach-back! Toolkit. Observations of their teach-back use helped improve confidence of staff in effectively using the 10 Elements of Competence for Using Teach-back Effectively. Program staff, teachers, and students helped design and test a process to gain continual feedback daily and weekly along with the tests of teach-back. Tests that began with five willing students began showing improvement in student understanding of assignments, deadlines, and confidence in asking for help. As missed school days began to decline, more students were engaged in the teach-back process. More students began asking for help; as a marker of engagement that impacts attendance, this was considered evidence of progress.

To keep the new process going and enable continued improvements, monthly review with Program staff and a new feedback process with teachers were implemented. Measurement of progress included monthly review of days of unplanned school absences among participating students. After six months, the absence data, recent progress, and new process improvement ideas continued to be reviewed with community stakeholders quarterly.