Developing Reliable and Sustainable Use of Teach-back

Always Use Teach-back!

Always using teach-back means that every person—every time it should happen—can be helped to understand and know or do what is important for their care or well-being.

After learning new teach-back habits, the goal is to use them for *every* patient or client, every time it is appropriate, making teach-back an Always Event. To achieve and maintain that requires reliable and sustainable processes.

Reliability means the process—using teach-back—provides the best care for *every* person or client *every* time. Once a process is reliably implemented, steps must be taken to ensure it is sustained.

Sustainability means the process—using teach-back—does not change over time, and *only* varies when there is new context (like new or different need-to-know information or a better time or place to teach and use teach-back) and not because of variation in, for example, participants (e.g., new or part-time staff) or schedules (e.g., weekends, evenings, or holidays). Sustaining a process requires periodic review and improvement, since context naturally changes over time.

The guidance on the following pages describes how to approach achieving and maintaining reliable and sustainable teach-back processes.
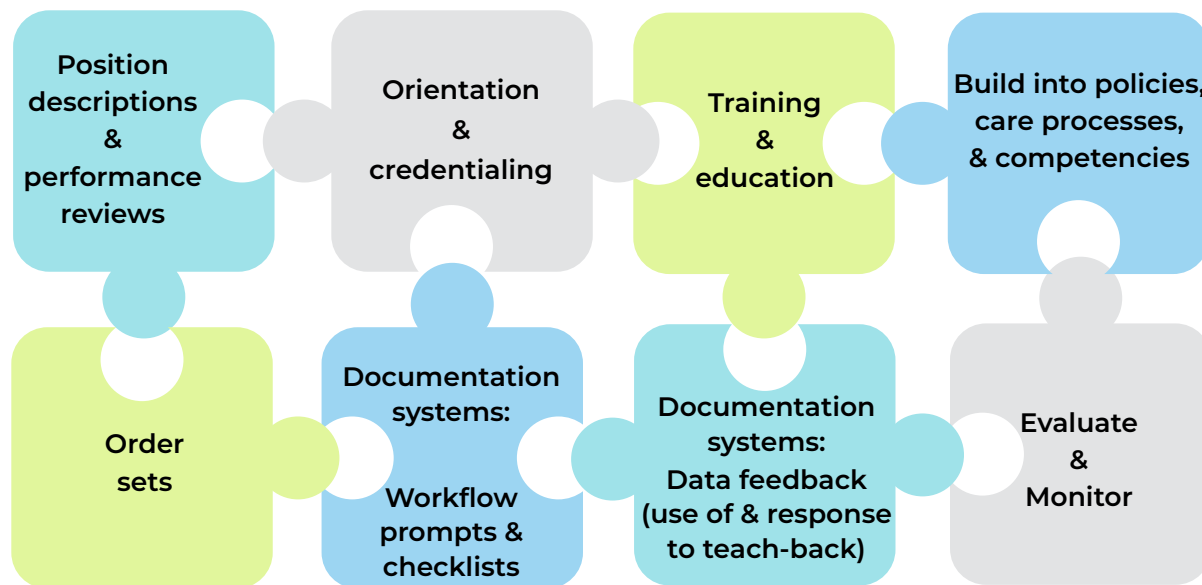
Advancing Health Literacy
FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

Implement Reliable Teach-back

- Seek input from staff, patients, families, clients, or other stakeholders.

- Use the Always Use Teach-back! Toolkit and its Interactive Learning Module to help achieve effective training; don't just train staff to use teach-back and assume they can and will use it reliably. Changing habits is hard!

  - Design your education processes with clearly specified steps.

  - Predict that "if we teach this content this way, staff can do it right every time." Then conduct observations and compare your predictions to your observation findings.

  - Teach, then observe a small group's use of teach-back using the Teach-back Observation Tool to discover whether they are doing it as they were taught.

    o A Job Aid can be offered as a reminder of steps in the teach-back process.

    o If multiple staff cannot use teach-back as they were taught, redesign the training, process, or both. For individual staff who struggle, discover their personal barriers and provide feedback. See Coaching Teach-back.

    o Use this learning to teach the next group, asking "Can they do it as they were taught?"

  - Use training guidelines to specify the steps for your teach-back process, including who will do it, when, where, how, with what, and why.

  - Once small tests of new teach-back training show that a small group can do the process as taught, you may adapt and test the Job Aid to clarify whether another small learning test group can use it to develop the new habit faster.

  - Observe newly-trained staff, using the Teach-back Observation Tool, and mentor them to help clarify difficulties with using teach-back effectively and reliably. If needed, refine your Job Aid with learning from observations, tests, and input.

  - Be sure staff know how to use teach-back when working with trained health interpreters. See Working with Interpreters.

Advancing Health Literacy FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

- *Go Ask 5* was developed to monitor and identify when a deeper look is needed to ensure ongoing reliability. Although observation is best, ongoing use of *Go Ask 5* can help discover how well teach-back has been learned and used.

  o Ask small samples of staff about teach-back on a regular basis over time; this helps assess reliability by clarifying what they know and identifying whether there is a need for more observations.

  o Randomly select five trained staff and ask them to share why teach-back is important and how they do it.

  o If only four of five can state it as taught, your reliability rate is only 80%. The goal should be 100%; set your goal and work toward achieving it.

  o The teach-back Job Aid is a good resource for training and a reference for what staff should be able to explain about the importance of and how to do teach-back.

- Instill accountability and build the will to use teach-back reliably.

  o State expectations in messaging, policies and procedures, position descriptions, and performance evaluations.

  o Patient and client safety and health equity are strong motivators. Connect the importance of teach-back to reducing disparities and improving safety, care or service, experiences, and outcomes.

  o Watch for practice variation, ambiguity, and examples of how the process failed or was too difficult to do as specified.

- See Coaching Teach-back for more on supporting reliable use of teach-back.

Advancing Health Literacy FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

Sustain Teach-back

Multiple intersecting components contribute to ensuring reliable, sustainable teach-back processes.

Position descriptions & performance reviews

Orientation & credentialing

Training & education

Build into policies, care processes, & competencies

Order sets

Documentation systems: Workflow prompts & checklists

Documentation systems: Data feedback (use of & response to teach-back)

Evaluate & Monitor

- Build infrastructure to sustain reliable use of teach-back.

  – Identify a senior leader or sponsor for the long haul to help with informing other stakeholders, assuring resources, removing barriers, and building infrastructure.

> **Story - Examples Shared by a Senior Leader while Coaching Her Managers on Advancing Use of Teach-back**
>
> "Connect teach-back to your organization's mission, vision, and key initiatives.
>
> Be creative when considering sustainability, e.g., use staff meetings to explain teach-back; include teach-back in annual reviews; present at 'lunch and learns' and grand rounds.
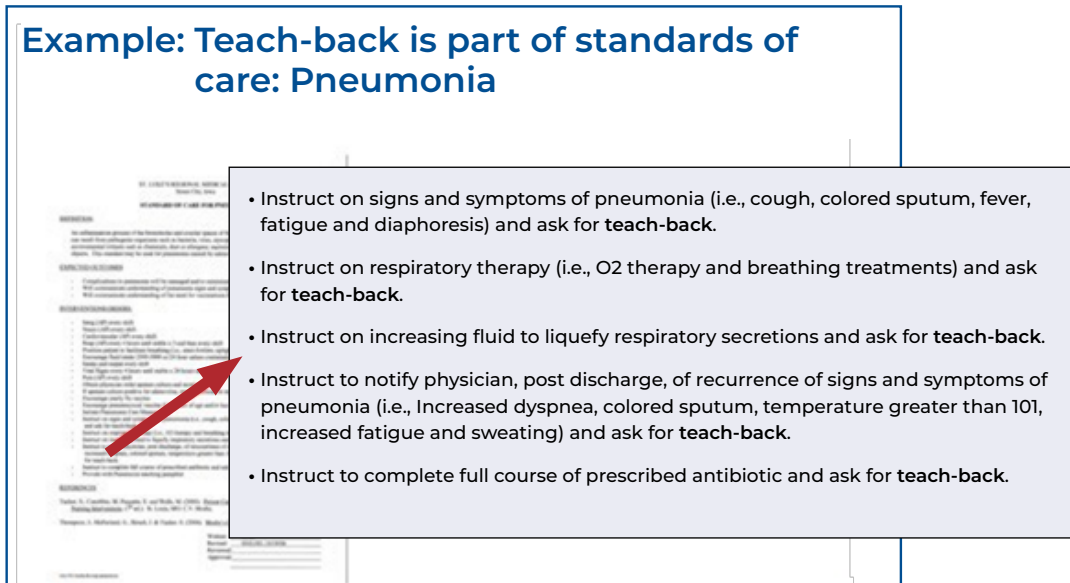>
> Share stories of success in newsletters.
>
> Hardwire teach-back into electronic health records; provide feedback from data reviews and audits."

Advancing Health Literacy FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

- Include teach-back in policies and procedures, orientation, competencies, career ladders, etc.

- Periodically review position descriptions and performance reviews to be sure they reflect most current processes for reliable use of teach-back.

- Annually, and as needed, review orientation, training and education, competency expectations, and language access services, followed by periodic observations, to be sure the reliable teach-back process remains unchanged without good reason.

- Support reliable teach-back use through standard care processes, clinical pathways, checklists, prompts, and order sets. (Figure 1)

- Recognize and watch for valid reasons to change the process if needed. Examples include changes in best practice or clinical content of care instructions; when or where teach-back is most effective; how teaching content is identified and specified across care or service settings; or number of times re-teaching and re-checking with teach-back are needed for a specific patient group.

- Identify super-users or experts who can help others build and maintain the teach-back habit.

- Measure progress. How do you know any change in a process is an improvement?
    - Establish measures; collect and review data regularly. See Measures.
    - Provide feedback, support teach-back quality improvement initiatives, and evaluate effectiveness of various interventions.
    - Use *Go Ask 5* to continue to spot check whether staff know teach-back as taught.
    - Regularly share your data over time and investigate when they show meaningful changes. Marked improvement may indicate a new idea to be shared and built into the reliable processes; deterioration indicates changes to the process are likely needed.

- See Documentation and Collaboration for the importance of sharing information about people's ability to teach-back with next providers, and examples of ways to document and collect data.

Advancing Health Literacy FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

Sustain Teach-back (continued)

Figure 1. Examples of Inclusion of Teach-back in Care Processes, Competencies, and Order Sets

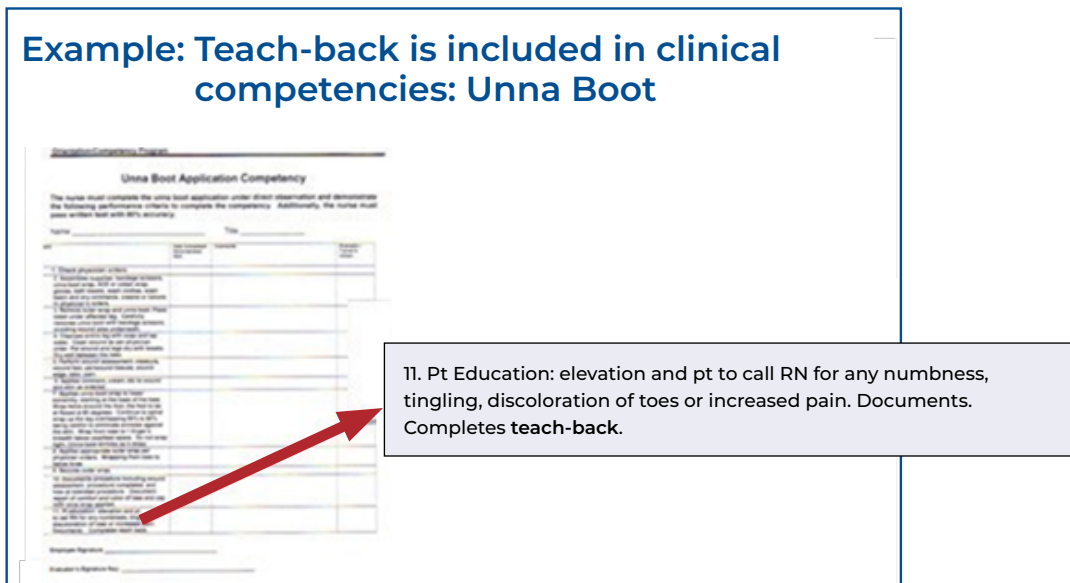### Example: Teach-back is part of standards of care: Pneumonia

- Instruct on signs and symptoms of pneumonia (i.e., cough, colored sputum, fever, fatigue and diaphoresis) and ask for **teach-back**.
- Instruct on respiratory therapy (i.e., O2 therapy and breathing treatments) and ask for **teach-back**.
- Instruct on increasing fluid to liquefy respiratory secretions and ask for **teach-back**.
- Instruct to notify physician, post discharge, of recurrence of signs and symptoms of pneumonia (i.e., Increased dyspnea, colored sputum, temperature greater than 101, increased fatigue and sweating) and ask for **teach-back**.
- Instruct to complete full course of prescribed antibiotic and ask for **teach-back**.

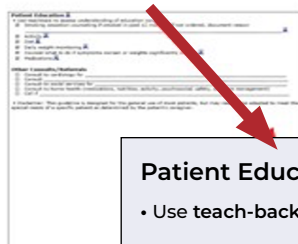### Example: Teach-back is included in clinical competencies: Unna Boot

11. Pt Education: elevation and pt to call RN for any numbness, tingling, discoloration of toes or increased pain. Documents. Completes **teach-back**.

Advancing Health Literacy FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

Sustain Teach-back (continued)

Example: Teach-back is part of standard order sets: Admission
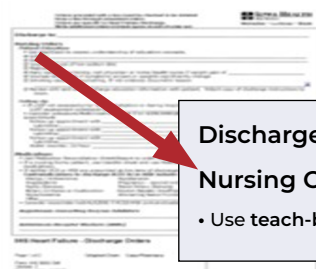
Patient Education

• Use **teach-back** to assess understanding of education concepts.

Example: Teach-back is part of standard order sets: Discharge

Discharge to:_____

Nursing Orders Patient Education

• Use **teach-back** to assess understanding of education concepts.