## Documentation and Interprofessional Collaboration

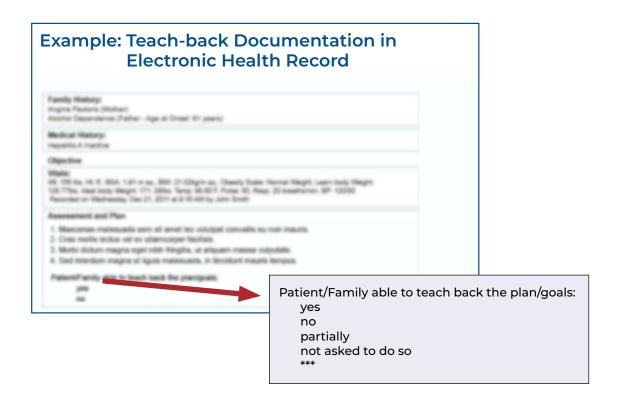


Everyone in the care continuum can further support patients, families, and clients in subsequent care delivery, plans, or settings if they know someone struggles to teach back. Examples may include a nurse on the next shift, home care agency, physical therapist, specialist referral, or social service provider.

## **Documentation**

To support safety, if a person struggles to teach back, notes should be made so the next source of care can provide more teaching, support, or alternative plans.

Use electronic health or other records to create efficient teach-back documentation templates. These can be simple but should be more than just clicking a yes/no teach-back button. Include, for example, the teach-back topic(s), and whether the patient was able to teach back (yes/no/partially or teach-back was not requested). In addition to patient-related documentation, these elements provide data for feedback, quality and process improvement, and evaluation.







## Documentation and Interprofessional Collaboration



## **Interprofessional Collaboration**

The health system is complex, and most people have one or more specialists. Hospitals, rehabilitation centers, home care, public health, community social services, and long-term care facilities are integral components of the health care system and are made up of multiple professionals and other members of the health team. Regardless of setting, each team member can further support patients, families, and clients if they know someone struggles to teach back.

The interprofessional collaboration focus of teach-back documentation refers to recording teach-back using a shared interprofessional place or process, rather than a separate profession-specific note. This can help ensure:

- Team members reinforce teaching done by colleagues or community partners.
- Referrals are made to other team member roles for teaching as needed.
- Teach-back is aligned with patient/client and care plan goals, rather than siloed by provider.
- Tailored information is provided based on patient/client needs.
- Handovers and transitions for longer term care needs are safer.

The interprofessional perspective is helpful because it specifically focuses on the benefits of coordination and planning across roles. Documenting in one shared place supports efficiency and clarity, especially where teams work closely together, for example, in a rehabilitation setting.

See <u>Teach-back With Transitions</u> for more information and stories about cross-continuum collaboration, and <u>Always Events</u> for an example of interprofessional collaboration in care transitions.



