Measures for Reliable and Sustainable Use of Teach-back

Always Use Teach-back!

To build effective, reliable, and sustainable use of teach-back, establish measures, and collect and review data regularly. Following are examples of measures various organizations use for various purposes.

Patient and Client Measures

Experience Surveys

Patient and client measures show the perspectives of patients, family members, and clients to assess the effectiveness of organizational clear communication and teach-back practices, and their satisfaction with how these are carried out. Since they are often already being collected, patient experience surveys offer opportunities to do this not only for the overall organization but also for different clinical areas.
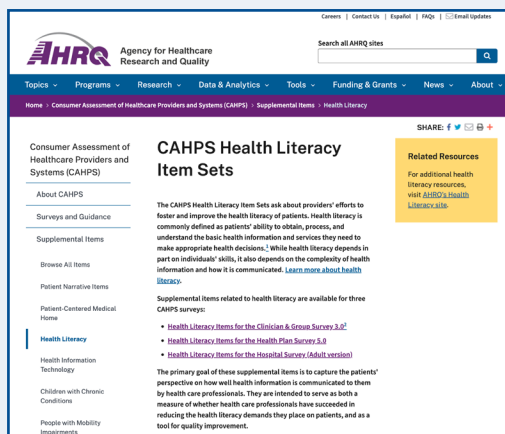
The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Literacy Item Sets

…ask about providers' efforts to foster and improve the health literacy of patients.

Supplemental items related to health literacy are available for three CAHPS surveys:

- Health Literacy Items for the Clinician & Group Survey 3.0
- Health Literacy Items for the Health Plan Survey 5.0
- Health Literacy Items for the Hospital Survey (Adult version)

The primary goal of these supplemental items is to capture the patients' perspective on how well health information is communicated to them by health care professionals. They are intended to serve as both a measure of whether health care professionals have succeeded in reducing the health literacy demands they place on patients, and as a tool for quality improvement.

Advancing Health Literacy FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Literacy Item Sets (continued)

Topics Addressed by the Health Literacy Item Sets

The items address the following five topic areas:

- Communication with providers
- Communication about self-management of diseases and conditions
- Communication about medicines
- Communication about tests and test results
- Communication about forms

Users of these item sets can report the results for individual items as well as a few composite measures.

Using These Items to Improve Health Literacy

Providers can use patients' responses to the Health Literacy Items to identify factors that may be affecting their scores on the survey's communication measure and to improve their health literacy practices. For example, based on their survey results, providers could do the following:

- Identify specific topic areas for quality improvement (e.g., communication about test results, medications, and forms).
- Recognize particular behaviors that inhibit effective communication (e.g., talking too fast, using medical jargon).
- Assist in designing a safer, shame-free environment where patients feel comfortable discussing their health care concerns (e.g., showing interest in questions, explaining forms).
- Measure the effect of behaviors that promote effective communication (e.g., confirming understanding through teach-back, using visual aids).

Improvement Initiative Indicators

Some teams use post-hospitalization follow-up phone calls with an improvement initiative to assess how well key information was conveyed and understood. For example, including use of teach-back can be part of a project to reduce unplanned readmissions or to improve heart failure self-management. The caller asks, "Now that you are back home, what are the five symptoms you should call the doctor about?" Striving for 100% of patients or caregivers being able to successfully teach back the five symptoms is ideal, but smaller goals are helpful at the outset. Tracking patient or family responses provides indicators for effective use of teach-back, and informs which concepts:

- are easier or harder to remember.

- may need adjustment when teaching.

- may require additional patient support.

Advancing Health Literacy
FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

Organizational Measures

Measures collected at the organizational level can be used to track improved use of teach-back processes and overall improvement. When processes are well-established, such measures can be used to monitor ongoing Reliability and Sustainability.

Documentation for Performance Improvement

Building teach-back into electronic medical records and care documentation systems to record its use and patients', families', or clients' responses to teach-back can yield data for multiple purposes, including serving as quality indicators for performance improvement. See Documentation and Interprofessional Collaboration. These systems can be used to:

- track the percentage of people with whom teach-back was used and their ability to teach back.

    – Such measures can be evaluated for certain areas, health conditions, or processes, and then used to drive improvement in teach-back use over time.

    – Focus on equity by examining these measures by race, ethnicity, language, age, gender, or other factors.

- track whether using teach-back significantly increases encounter length. (Health team members report that it may take additional time as they learn the new teach-back habit, but as they improve [in both their plain language explanations and using small teach-backs throughout the encounter] the additional time diminishes.)

- assess whether trained qualified health interpreters are included when using teach-back, to promote safe equitable care for those whose primary language is not English.

Small tests of change are used during improvement initiatives. See PDSA Example and PDSA Template. Paper-based tallies can be used to assess improvement as teach-back processes are developed and refined. Similarly, prior to electronic systems, data collection sheets were added to nursing notes or other relevant sections of paper-based charts or record systems. Tabulations were completed by nursing or other team members, or medical records or quality improvement staff. These methods can still be an important part of making teach-back an Always Event.

Advancing Health Literacy FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

Preparing the Workforce to Use Teach-back – Training, Observation, and Coaching

Managers and human resources departments can assess workforce preparation for using teach-back by collecting and reporting teach-back training data. Learning management systems can be used to efficiently collect and compile data like percent of staff trained in teach-back use. These data can be examined for:

- clinical or non-clinical areas.

- roles and professions.

- newly-hired and current staff.

- differences between mandatory and optional offerings.

- need for yearly updates. (Remember, all staff who interact with patients, families, or clients should use teach-back. For example, those making appointments may use it to ensure people understand what is required of them at the next encounter, like arrival time, insurance documentation, bringing medicines, fasting, or other details.)

By using the Conviction and Confidence Self-assessment before starting to use teach-back and then 1 and 3 months later, changes can be tracked to see if people increasingly believe teach-back is important and have confidence in using it.

The AHRQ Health Literacy Universal Precautions Toolkit includes a teach-back question on its Communication Observation Form. Results can be used to guide evaluation, coaching, and additional learning to establish consistent habits.

Advancing Health Literacy
FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

Preparing the Workforce to Use Teach-back – Training, Observation, and Coaching (continued)

Periodic manager or educator observations, skills fairs, and annual reviews can be used to track the percent of staff able to competently and reliably use teach-back. Measures may include:

- Percent of staff participating in periodic competency reviews, skills fairs, or refresh days.

- Percent of managers and/or educators who regularly observe teach-back use and provide coaching.

- Weekly percent of five random staff assessments conducted during walking rounds who can:

  – say why using teach-back is important and

  – correctly describe steps in the teach-back process.

  If one of five cannot do this fully, that is only 80% reliability; the target is 100%.

Designated observers can use the [Teach-back Observation Tool](#) to help people build their teach-back skills and confidence with teach-back and guide coaching. See [Coaching Teach-back](#). Teach-back champions may be identified among those with strong interest and skills.

Health Literacy-related Safety Events

Communication failures between the health team and patients and families are patient safety issues. Health care organizations should consider establishing methodology for identifying, categorizing, and quantifying health literacy-related safety events and then mitigate those with health literacy-informed practices, including teach-back. Measures can be established and goals set to reduce the frequency and severity of these events.

Advancing Health Literacy FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity

Ten Attributes of Health Literate Organizations and Measures

The Ten Attributes of Health Literate Health Care Organizations can be used to focus efforts to advance as a health literate organization. Attribute 6 addresses interpersonal communication and confirming understanding at all points of contact, and includes teach-back. Attribute 9 emphasizes the importance of using these skills in high-risk situations like care transitions and others. Attribute 2 focuses on integrating health literacy into planning, evaluation measures, patient safety, and quality improvement. And Attribute 3 addresses preparing the workforce to use health literacy-informed practices. These attributes can be used to guide selection and use of evaluation measures at the organizational level. There are tools that include teach-back-related items, such as the Enliven and the Primary Care Health Literacy Assessment in the AHRQ Health Literacy Universal Precautions Toolkit. These can provide measures for assessing progress at the overall organizational level and in specific clinical areas.

Advancing Health Literacy
FRANKLIN COUNTY

IHA Institute for Healthcare Advancement
Advancing Health Literacy toward Health Equity