

# Using Teach-back with Transitions in Care or Services



Transitions between care or service providers and settings are times of increased risk when patients, clients, or family caregivers find it difficult to understand or use information. Lack of clarity, continuity of, or inconsistent teaching across settings, can be a source of adverse events. The health team can use health literacy-informed practices, including teach-back, to anticipate and mitigate these risks.

The guidance below can also be applied or adapted for transfers within hospitals or long-term care facilities since communication in these settings can also contribute to confusion with the potential for harm. Concerns include making sure the receiving unit has access to what patients and families understand, how well and completely they can teach back, and what to do when they struggle to teach back. One example is whether a patient on walking assistance requirements is able to show back how to use the call light to go to the bathroom and say why it is important to ask for help.

Below are descriptions of how teach-back can be used throughout the hospital-outpatient follow-up-home care continuum.

## Commonalities in Using Teach-back during Transitions across Care Settings or Services

Collaboration and shared teaching materials across the care continuum improve patient safety and care experience. To prevent confusion, teaching in follow-up settings should match that at hospital discharge, unless there is reason for a change. The following practices have been used in successful initiatives for improving understanding and supporting self-care.

## Commonalities in Using Teach-back during Transitions across Care Settings or Services (continued)

As you prepare:

- Remember, teach-back should be used to assess understanding of what is most important for the person to know or do.
- Identify the most important information to focus on. See [Need-to-Know Need-to-Do Concepts](#), [Need-to-Know Need-to-Do Worksheet](#), and [Need-to-Know Need-to-Do Worksheet – Example - Public Health](#). See [Need-to-Know Need-to-Do Worksheet - Example - Clinical](#).
  - Consider critical information patients should know to stay safe after leaving the hospital:
    - Signs and symptoms to watch for.
    - Who and how to call about important symptoms.
    - Who to call or where to go for other questions.
    - When and where their follow-up visit is.
  - Problems they may have getting there or keeping that appointment.
  - Tailor the need-to-know information for the patient's specific needs, for example:
    - Foods they should eat or not eat and worries about how hard it may be to get or avoid those foods.
    - Services they may need, like home care or physical therapy.
    - What might be hard about doing \_\_\_\_\_ after leaving the hospital.

## Commonalities in Using Teach-back during Transitions across Care Settings or Services (continued)

### Supporting Materials

Provide patients and caregivers supporting hand-outs about homegoing or after visit activity and resources. Point out and highlight where important information can be found so they can refer to it later.

Provide reader-friendly plain language materials and electronic discharge instructions. See [Reader-friendly Materials with Teach-back](#). Include:

- Critical things to know and do.
- All medicines (new and existing) with generic and brand names, highlighting those with dosing changes.
  - Use an easy-to-read visual medicine dosing chart. See [How To Create a My Medicines List | Agency for Healthcare Research and Quality \(ahrq.gov\)](#). See [Teach-back with Medicines](#).
- Information about follow-up calls they will receive.
- Address, phone, website, and time and date of follow-up and other upcoming visit(s).
- Who and how to call for questions and urgent needs at any time of day.
- How to know whether to go to the emergency department or urgent care, rather than calling the provider.

Use the [10 Elements of Using Teach-back Effectively-Detail](#) as a guide to make sure your key teaching points are understood.

## Hospital Discharge

- Begin discharge teaching early in the hospital stay so learning occurs, and understanding is assessed and reinforced or supplemented over multiple days.
- Think about whether various interactions during the stay, e.g., personal care assistance, serve as opportunities—teachable moments—to discuss or reinforce important homegoing information, like reminders for taking medicines.
- Strive to include family caregivers who will be part of a patient's post-discharge support system in discharge and medication teaching.
- Be sure social work, care or case managers, home care, or others who are involved have the discharge or transfer instructions and are aware of any difficulties the patient or caregiver(s) had teaching back or understanding or remembering important information.

### Story

A small group interested in reducing unplanned rehospitalizations gathered the best evidence and local data, along with patient stories, and met with their senior leader. A plan emerged with a goal of reducing rehospitalizations by 20% with teach-back as one intervention.

They designed a small project to test using teach-back with patients with heart failure. Learning from this small project was used to design an initiative for the coming year; within four months, the team was convinced they should use teach-back with every patient. After the unit was reliably using teach-back to make sure patients with heart failure could remember and operationalize their discharge instructions, a small, yet significant, decrease in rehospitalizations was achieved.

The senior leader added the teach-back initiative for all hospital units for the coming year and set up a cross-continuum team (CCT) representing the hospital, office practices, and home care agencies. New ways to interconnect discharge planning with teach-back and improve communication between care sites were developed.

## Outpatient Follow-up

- During follow-up visits or calls, ask for teach-back of any need-to-know information or activities. Examples:
  - All medicines, with generic and brand names; pharmacy the person uses.
  - The most important activities to do to stay safe after the visit or hospital stay.
  - Instructions for wound or other care.
  - It is most important to use teach-back for any changes made during the visit.

### Story

The physician office on the CCT decided to begin testing teach-back for patients with heart failure who were recently discharged from the hospital and coming for follow-up. They wanted to assure continuity of the critical action steps patients and caregivers needed to follow. Learning from this small project, with one volunteer physician in one office, was used to design an initiative for the coming year.

Within a month of the larger project's start and increasing the physician's teach-back use to 65% of encounters, lessons learned included the physician's and clinical staffs' belief that teach-back must be used with every patient. The senior leader then added the teach-back initiative for all physicians and clinical staff practices in the coming year.

Each week a new volunteer physician and their clinic staff were trained in teach-back and supported by an instructor-coach. Teams learned that starting with the last patient of the day and incorporating ideas for time management from experienced participants helped everyone.

*Urgency for other physicians to begin using teach-back arose from patients' stories about what they hadn't understood before use of teach-back and sharing how useful it was for them to better understand critical actions they needed to know and do.*

The senior leader then observed that staff were using teach-back with referrals and with each other when discussing vital information. Patients' success or struggles with teaching back accurately then became part of referral information when transitioning to other care sites, like hospital, home care, skilled nursing facilities, and nursing homes.

## Home Care

Since people returning home will be resuming most of their care—alone or with family caregiver support—this is an especially important time to ensure understanding of information needed for them to stay safe. While they are returning to their home, their health status has likely changed. They may need assistance with doing things they previously did on their own. They need to set up medicine reminders that work for them. They may need to understand how to take care of a healing process. They want to know who, when, and why various people will be coming to their home.

Teaching and teach-back in this setting may include reviewing and reinforcing previous knowledge, and then confirming understanding of new content and identifying where additional support may be needed. Since there are multiple topics, it is important to use Chunk and Check—teaching and using teach-back with one subject before moving on to the next. Various members of the home health team may focus on these different points as well.

- Ask what they understand about critical information taught in the previous setting.
- Ask what the primary concerns are about returning home.
  - This may be different for the patient and caregivers.
- Assess patient or family caregiver understanding of:
  - The current medicine list:
    - New medicines with generic and brand name.
    - What has been changed or stopped.
    - Side effects to report and how to do so.
    - Dose, timing, and how to take medicines.
    - Reminder processes or devices.
  - Wound care timing and how-to or other care needs.
  - Nutrition guidance where indicated.
  - Activities of daily living modifications or restrictions; need for assistance; fall prevention and other safety guidance; exercise regimens; meal preparation.
  - Other services that may be starting like physical therapy, occupational therapy, nurse aids, or meal delivery.

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## Story

After hearing the hospital and office practice successes during CCT meetings, the participating home care agency asked for help to begin training for use of teach-back and information-sharing across settings. They started small with three interested home care nurses.

After training, the nurses began using teach-back with patients with heart failure following hospital discharge. Arranging a bit more time in their schedules until the process was well-tested, each nurse started with one patient per day for one week. Teach-back and heart failure teaching materials were standardized throughout the CCT. Documentation and protocols for calls to the hospital or office practice were standardized so everyone knew who to call with questions or alerts when a patient or caregiver struggled to teach back.

## Nursing Home, Skilled Nursing, and Rehab

- Ask for teach-back on critical information taught in the previous setting.
  - If a resident was recently hospitalized, teach-back helps clarify the person's understanding of the differences between guidance from hospital, nursing home, skilled nursing, or rehab and hospital staff.
- Use teach-back to assess clarity and understanding during conversations with recently-arrived residents and families. Examples:
  - o Care plans.
  - o Personal goals, values, and religious or cultural beliefs.
  - o How to stay safe in the residential or rehabilitation setting, e.g., practices for fall and injury prevention, and infection control.

### Story

When the hospital's, physician offices', and home care agency's teach-back successes became known to a nearby nursing home, their CEO reached out to learn more and ask for help getting started. Since avoidable 30-day rehospitalizations are an important quality indicator for both hospitals and nursing homes, the hospital was eager to help.

Learning from the hospital that first implemented teach-back and engaged patients and staff in the process, the nursing home started with one volunteer nurse from one unit. The nurse reviewed the unit's residents to assess their ability to participate in the teach-back initiative. This included reviewing transfer hospital nurse documentation of the results when using teach-back with those residents and/or caregiver(s).

The unit then began small tests to see how teach-back could be useful with five residents identified as most likely able to participate. Their first successes included agreement on personal goal activities, and the importance of using the call light for walking assistance.