Utilizing Teach-Back to Increase Patient Experience Scores

RUTGERS School of Nursing

Lori Sammartino, MSN, NP-C, OCN, DNP Student

DNP Chair: Aline M. Holmes, DNP, MSN, RN *DNP Team Member: Laura Mularz, DNP, MSN, APRN, NE-BC*

Introduction

- Safely transitioning adult patients from hospital to home requires educating them about their medications
- The teach-back method during hospitalization puts nurses in a unique position to help increase patient understanding of medications and their side effects
- Education should begin with the first dose of a new medication and continue through the day of discharge
- Hospital Consumer Assessment of Providers and Systems (HCAHPS) survey responses related to medications are below benchmark at the project site indicating discharged patients do not understand their medications.

Background and Significance

- Quality and safety in healthcare is an expectation of consumers and the goal of healthcare systems
- A patient home from the hospital, unaware of the purpose of prescribed medications, is at a risk for non-adherence
  - 69% of adult hospital readmissions are due to lack of medication adherence (ACC, 2020)
  - Lack of adherence contributes to poor clinical outcomes, increased morbidity and mortality due to chronic conditions, and increased health care costs (Neiman, et al, 2017)
- The Centers for Medicare and Medicaid Services (CMS) (2020) designed the 29-question HCAHPS survey to capture consumer opinions of their hospital experience.
  - Question 13: how often did the hospital staff tell you what a medication is for;
  - Question 14: how often did the hospital staff explain side effects in a way you could understand
- Low HCAHPS survey scores indicate poor quality care
  - Negative impact on the reputation of the organization
  - Poor consumer confidence and lower CMS reimbursement

Clinical Question

Will the use of a two-step approach to the teach-back method improve patient understanding of their medications measured as an increase in HCAHPS scores?

Aim and Objectives

Aim: The primary aim of this quality improvement project was to implement a standardized education practice using the evidence-based teach-back method to promote patient understanding of their medications and improve patient satisfaction scores.

Objectives:

- Created medication sheets of the most used categories of medications
- Educated the nursing staff on the use of the teach-back method
- Evaluated the knowledge of the nursing staff
- Created labels of the medication categories to be applied to reusable water bottles (purpose/side-effects)
- Evaluated staff nurses interactions with the patients using teach-back
- Distributed a questionnaire to patients prior to discharge
- Reviewed and shared HCAHPS scores on a weekly basis with the nursing staff

Methodology

Project Design

- Quality improvement project

Setting

- 17-bed inpatient, adult medical/surgical oncology unit

Study Subpopulations

- All admitted patients physically and cognitively able to participate
- Full roster of unit RNs

Intervention

- Creation of standard medication sheets and labels
- Training of staff RNs utilizing *Always Use Teach-Back Toolkit* (IHI, 2020)
- Implementation of the teach-back method with patients including distribution of medication sheets and reusable bottles with medication labels affixed
- Evaluation by project leader using *Teach-Back Observation Tool* (IHI, 2020)

Measurable Outcomes

- Patient responses to questionnaire
- HCAHPS scores shared weekly

Results

Pre- and Post-Intervention patient populations were convenience samplings which yielded similar distributions for age, gender, and ethnicity.

Pre-Intervention *n*=51		Post-Intervention *n*=50	
5	<31	4	<31
8	31-50	6	31-50
26	51-70	26	51-70
12	>70	15	>70

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	24	47.1	47.1	47.1
	female	27	52.9	52.9	100.0
	Total	51	100.0	100.0	

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	24	48.0	48.0	48.0
	female	26	52.0	52.0	100.0
	Total	50	100.0	100.0	

Ethnicity – Pre-Intervention

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	African American	11	21.6	21.6	21.6
	Asian	7	13.7	13.7	35.3
	Caucasian	25	49.0	49.0	84.3
	Hispanic	8	15.7	15.7	100.0
	Total	51	100.0	100.0	

Ethnicity – Post-Intervention

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	African American	14	28.0	28.0	28.0
	Asian	8	16.0	16.0	44.0
	Caucasian	18	36.0	36.0	80.0
	Hispanic	10	20.0	20.0	100.0
	Total	50	100.0	100.0	

As anticipated, scores for both questions improved post-intervention. Using "always" as the benchmark response, staff explaining medication purpose increased from 66.7% to 80%, and staff describing side effects rose from 47.1% to 70% post-intervention.

Question #13 – Purpose

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	never	3	5.9	5.9	5.9
	sometimes	10	19.6	19.6	25.5
	usually	4	7.8	7.8	33.3
	always	34	66.7	66.7	100.0
	Total	51	100.0	100.0	

Question #13 – Purpose

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	never	3	6.0	6.0	6.0
	sometimes	2	4.0	4.0	10.0
	usually	5	10.0	10.0	20.0
	always	40	80.0	80.0	100.0
	Total	50	100.0	100.0	

Question #14 – Side Effects

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	never	10	19.6	19.6	19.6
	sometimes	9	17.6	17.6	37.3
	usually	8	15.7	15.7	52.9
	always	24	47.1	47.1	100.0
	Total	51	100.0	100.0	

Question #14 – Side Effects

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	never	7	14.0	14.0	14.0
	sometimes	3	6.0	6.0	20.0
	usually	5	10.0	10.0	30.0
	always	35	70.0	70.0	100.0
	Total	50	100.0	100.0	

Conviction and confidence surveys done by the nursing staff pre-intervention and one month post-intervention revealed conviction was high for both phases and confidence increased after one month.

Implications

Clinical Practice

- Add teach-back to all nurses' annual performance reviews, policies and procedures, as well as new RN orientation
- Incorporate teach-back into order sets with the EMR

Quality/Safety

- Decreased morbidity
- Increased patient satisfaction/HCAHPS
- Increased CMS reimbursement

Healthcare Policy

- Update hospital policies to include the use of teach-back for patient education

Education

- Standardize all patient education to incorporate teach-back method when appropriate

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