

# **Transitions Between Hospital and Home**

# Throughout the Hospital Stay and Transition Process: Use Teach Back when Building Caregiver and Patient Capacity

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Patients who have multiple conditions and complex needs may require care across different health care settings (e.g., hospitals, family physicians, specialists etc.), which could potentially pose serious risks to their safety and quality of their care. Incomplete or inaccurate transfer of information, lack of comprehensive follow up care, and/or medication errors at the time of transition could be very dangerous and cause serious, preventable harm to patients. Furthermore, the impact of these risks may be intensified by patients and families who feel unprepared for self-management, and are unsure of how to access appropriate health care providers for follow-up.

**Figure 1** is an outline of **innovative practices and evidence-informed best practices** that are designed to improve transitions between hospital and home.

The use of these practices varies significantly across the province. Teams are encouraged to prioritize the implementation of evidence-informed best practices before adoption of the innovative practices.

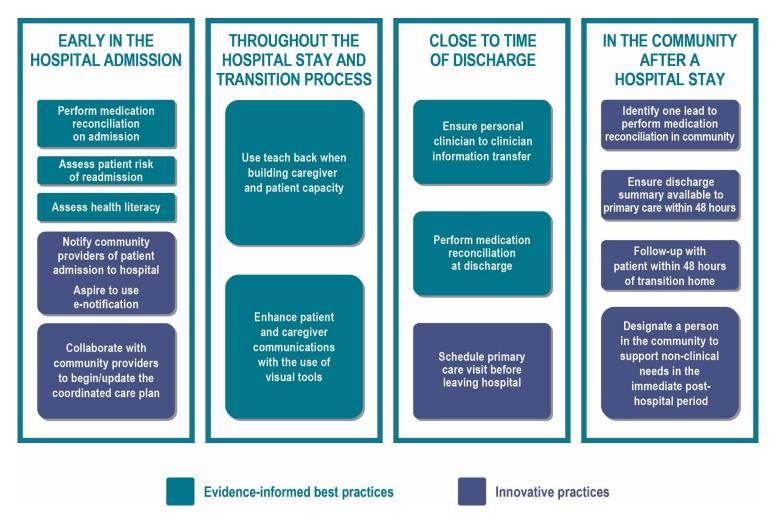


Figure 1: Practices to Improve Transitions Between Hospital and Home

## **Description of this Evidence-Informed Best Practice**

Teach Back is a technique used to check the level of a patients' understanding by asking them to state in their own words what they need to know or do about their health. It is a way to confirm that providers have explained things in a manner the patient or caregiver understands.<sup>1</sup>

### **Tools and Resources**

In an environmental scan and literature review, the following tools were found to be highly effective and commonly used to improving provider-patient communication. The decision to implement or administer one of these tools must be considered alongside other locally contextually relevant information.

Use Teach Back when Building Caregiver and Patient Capacity		
Name of Tool	Overview	Considerations/Links
Closing the Loop	Closing the Loop means asking your patient to repeat in their own words the instructions or information that you have provided.  It is a way for providers to confirm that what they have explained to the patient was clear and understood.  It also provides the opportunity to provide further clarification or to re-teach as needed. Patient understanding is confirmed when the patient accurately explains information back to the provider.	<ul> <li>Closing the Loop can be found on the following website: http://www.ethics.va.gov/docs/infocus/InFocus_20060 401 Teach_Back.pdf</li> <li>HQO's Quality Compass has more information available to "Promote self-management and provide effective education to the patient and the caregiver" at the following link: http://qualitycompass.hqontario.ca/portal/plans-hospital/Patient-Experience?extra=print#.V5YXEY-cGcx</li> <li>The North Carolina Health Literacy website has the following toolkit on the teach back method available: http://www.nchealthliteracy.org/toolkit/tool5.pdf</li> <li>The Registered Nurses' Association of Ontario (RNAO) has a Facilitating Client Centered Learning Guideline available on their website: http://rnao.ca/sites/rnao-ca/files/BPG_CCL_2012_FA.pdf (Appendix F)</li> </ul>
Ask Me 3	Ask Me 3 is an educational program provided by the Partnership for Clear Health Communication  – a coalition of national organizations that are working together to promote awareness and solutions around the issue of low health literacy and its effect on health outcomes.  Three(3) simple but essential questions that patients should ask their providers in every health care interaction:  1. What is my main problem? 2. What do I need to do? 3. Why is it important for me to do this?	The National Patient Safety Foundation (NPSF) has a worksheet available on the following website: <a href="http://www.scriptyourfuture.org/hcp/download/worksheet/Ask%20Me%203%20-%20Tool%20for%20Patient%20Engagement%20.pdf">http://www.scriptyourfuture.org/hcp/download/worksheet/Ask%20Me%203%20-%20Tool%20for%20Patient%20Engagement%20.pdf</a> The National Patient Safety Foundation (NPSF) has a "Words to Watch – Fact Sheet" that outlines common words that may be misunderstood by patients. <a href="http://www.npsf.org/resource/resmgr/AskMe3/Words-to-Watch_dwnld.pdf?hhSearchTerms=%22words+and+watch%22">http://www.npsf.org/resource/resmgr/AskMe3/Words-to-Watch_dwnld.pdf?hhSearchTerms=%22words+and+watch%22</a>

<sup>&</sup>lt;sup>1</sup> Dinh HT, Bonner A, Clark R, Ramsbotham J, Hines S. The effectiveness of the teach-back method on adherence and self-management in health education for people with chronic disease: a systematic review. JBI Database System Rev Implement Rep. 2016;14(1):210-247.

#### **Additional Resources**

For additional information on Quality Improvement, please visit: http://qualitycompass.hqontario.ca/portal/getting-started.

For additional information on using Teach Back to build caregiver and patient capacity, please refer to:

- Health Quality Transformation 2013 Health Literacy and its Effect on Health Outcomes
   http://www.hqontario.ca/Portals/0/Documents/events/hqt/hqt2013-session-10-en.pdf
   (includes Teach Back video from Hamilton Niagara Haldimand Brant LHIN and Hamilton Health Sciences)
- IHI Open School
   http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/ConnieDavis-WhatIsTeachBack.aspx
- HQO's How-to Guide: Creating an Ideal Transition Home (Refer to Worksheet E: Check Patient Understanding Using Teach Back)
   http://www.hqontario.ca/portals/0/Modals/qi/en/processmap pdfs/tools/ihi how to guide creating an ideal transition home.
   pdf
- A Support for Health Links best PATH Evidence Informed Improvement Package (Refer to section 4.5 "Strengthen health literacy" http://www.hqontario.ca/Portals/0/documents/qi/health-links/bp-improve-package-transitions-en.pdf

#### References

- Dinh HT, Bonner A, Clark R, Ramsbotham J, Hines S. The effectiveness of the teach-back method on adherence and self-management in health education for people with chronic disease: a systematic review. JBI Database System Rev Implement Rep. 2016;14(1):210-247.
- 2. Giosa JL, Stolee P, Dupuis SL, Mock SE, Santi SM. An Examination of Family Caregiver experiences during Care Transitions of Older Adults. Can J Aging. 2014;33(2):137-153.
- 3. Shermont H, Pignataro S, Humphrey K, Bukoye B. Reducing Pediatric Readmissions: Using a Discharge Bundle Combined With Teach-back Methodology. J Nurs Car Qual. 2016;31(3):224-32.