

**TEACH BACK METHOD:
IMPROVING HEART FAILURE PATIENT EDUCATION RETENTION
AND PREVENTING READMISSION**

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Purpose

The purpose of this evidence-based improvement project is to evaluate the effectiveness of teach back method in improving heart failure patient education retention and in preventing hospital readmission.

Background and Evidence Review

From July 1, 2010 to February 28, 2011, 174 heart failure patients were admitted in the Medical Short Stay Unit of Santa Clara Valley Medical Center. Only 40% (n=70) received heart failure teach back education. Readmission rate of <30 days was 18.3% in 2010. Literature review showed patients who did not recall the inpatient and discharge instructions had a greater risk of noncompliance with treatment regimen than patients who remembered the instructions.

Methods

A restructured heart failure teach back education was introduced in the unit which consists of three steps. Two heart failure unit champions were selected. The unit shared governance committee initiated the heart failure RN peer review using questionnaires. Emails, flyers and a one on one staff education during implementation helped sustain the project. Baseline data of heart failure patients admitted in the unit was collected from March 1, 2011 to May 31, 2011. Charts were reviewed to determine if teach back education was done. The hospital daily census was used to check for readmission data.

Results

Post implementation data showed a total of 67 English speaking patients with a diagnosis of heart failure were admitted. 84% (n=56) received teach back education. 16% (n=11) didn't receive the teach back education due to the following reasons: 4 went home against medical advice and refused to participate in the teach back education, 3 were transferred to ICU, 4 were taken care of float RNs. Lastly, there was a 0% < 30-day readmission rate during the 90-day implementation.

Conclusions

Preliminary results showed that the restructured heart failure teach back education was effective in improving patient education retention and preventing readmission. Some of the challenges encountered during implementation of the project include high percentage of float RNs working in the unit, fast paced environment, inadequate educational materials and economically challenged patient population. Continuation of the project in the unit will include patient referral to the ambulatory heart failure program and revision of the heart failure admission order set. The study is limited to English speaking patients with heart failure. Therefore, future studies should include a larger patient population with different primary languages. Lastly, preliminary results will be disseminated in other departments through presentation in the nursing grand rounds and shared governance meetings.

References

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Keywords

Evidence-based Practice, Heart Failure, Patient education, Teach Back, Readmission