Provide Effective Teaching and Facilitate Enhanced Learning

Peg Bradke and Gail A. Nielsen

February 3, 2011

These presenters have nothing to disclose.

Session Objectives

Participants will be able to:

- Provide an overview of this key change.
- Discuss strategies for testing and implementing this key change.
- Provide an introduction to action planning for this key change, including designing reliable processes as well as testing and using process measures.

Provide Effective Teaching and Facilitate Learning

- Clinicians readily embrace Ask Me 3 and Teach Back techniques to enhance patient and family caregiver education
  - Many hospitals have spread the Ask me 3 and Teach Back competencies to all nursing staff and include these competencies in the yearly competency certification process
- There is value in planning multiple teaching sessions with patients and family caregivers
- There is a need for uniform and patient-friendly teaching materials in all clinical settings for the common clinical conditions

Provide Effective Teaching and Facilitate Enhanced Learning

Typical Failures:

- Assuming the patient is the key learner
- Providing written discharge instructions that are confusing, contradictory to other instructions, or not tailored to a patient's level of health literacy or current health status
- Failure to ask clarifying question about instructions and plan of care
- Non-adherence of patients regarding self-care, diet medications, therapies, daily weights, follow-up and testing due to patient and family confusion

Provide Effective Teaching and Facilitate Enhanced Learning

Changes:

A. Customize the patient education materials and processes for patients and family caregivers

B. Identify all learners on admission

C. Use teach-back regularly throughout the hospital stay to assess the patient's and family caregivers' understanding of discharge instructions and ability to perform self-care

The Patient's Voice

Toni Cordell

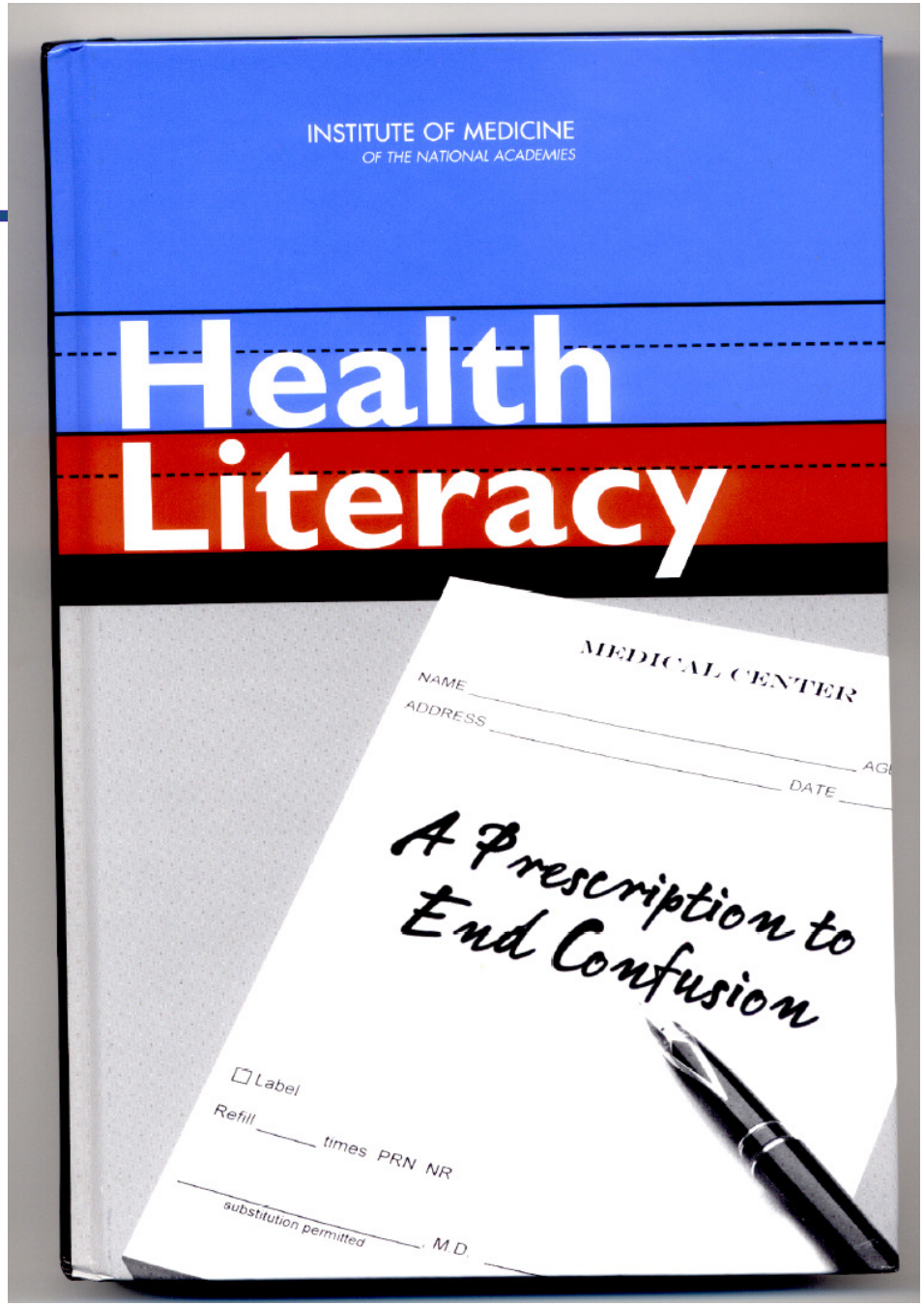
IOM, 2004:

Health Literacy…

"is fundamental to quality care…"

Relates to 3 of the 6 aims in IOM *Quality Chasm* Report:

- Safety
- Patient-centered care
- Equitable treatment



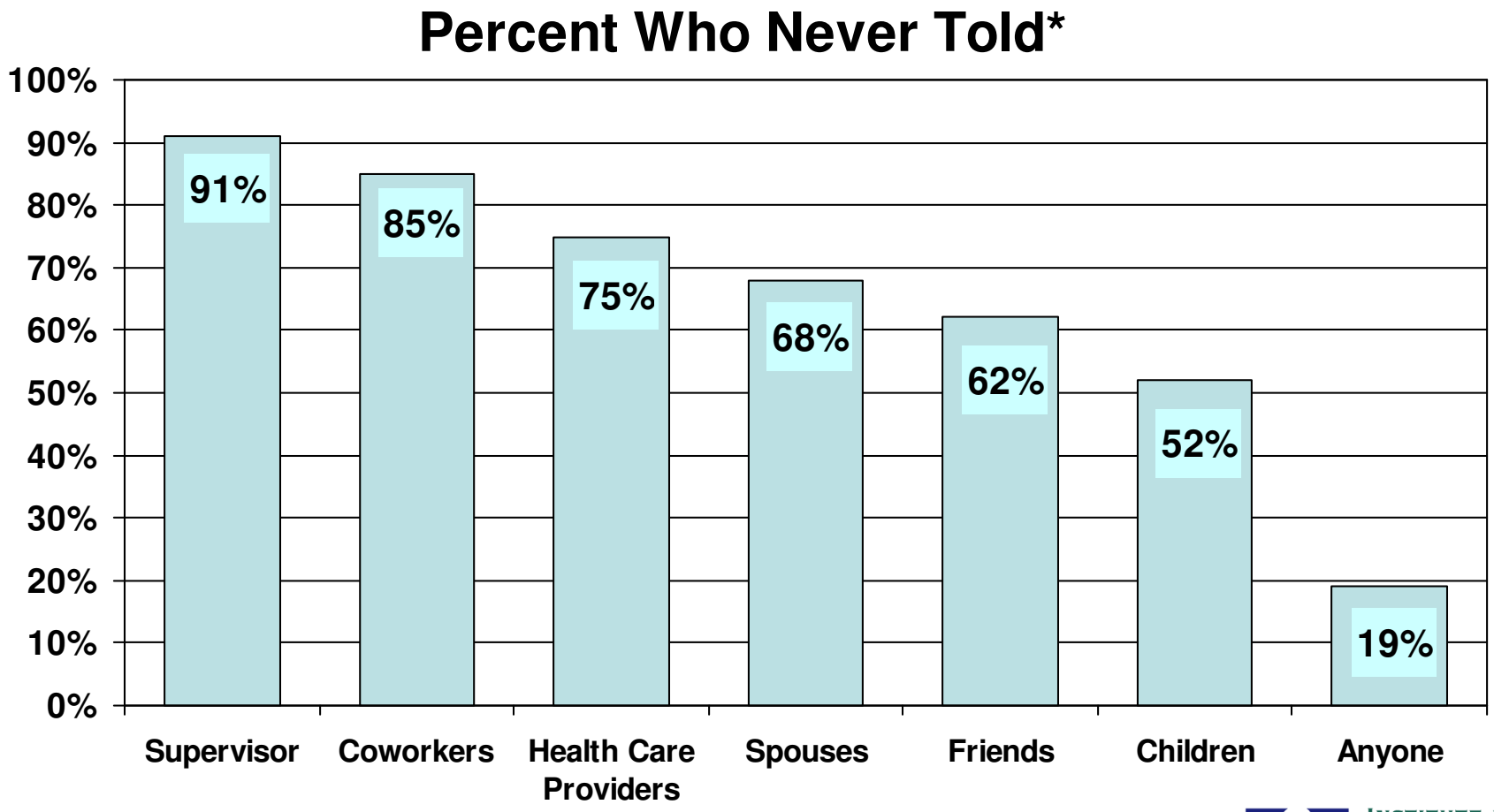
Living with Low Health Literacy

What people may feel about their limited reading ability

- Ashamed, embarrassed
- Less of a person
- Stupid
- Angry
- Anxious, fearful, suspicious
- “Something is wrong with me”

*Parikh N Pt Education and Counseling 1996

People may hide their limited reading ability



*Parikh N Pt Education and Counseling 1996

INSTITUTE FOR HEALTHCARE IMPROVEMENT

Inadequate Health Literacy

- Literacy is a predictor of health status.
- Literacy is a stronger predictor than age, income, employment status, educational level or racial or ethnic group.

Baker DW, et al. *Am J of Public Health*, 2002.
Schillinger et al. *JAMA*, 2002.

Inadequate Health Literacy

- Half of the US population may be at risk
- Lower receipt of preventive services
- Poorer knowledge of chronic conditions
- Higher utilization of services (including hospitalizations)
- Worse health outcomes

Williams MV, Baker DW, Parker RM, et al. Relationship of functional health literacy to patient's knowledge of their chronic disease. *Arch Intern Med.* 1998; 158:166-172.

Scott TL, Gazmararian JA, Williams MV, et al. Health literacy and preventive health care use among Medicare enrollees in a managed care organization. *Medical Care*. 2002; 40(5):395-404.

Provide Effective Teaching and Facilitate Enhanced Learning

Changes:

A. Customize the patient education materials and processes for patients and family caregivers

B. Identify all learners on admission

C. Use teach-back regularly throughout the hospital stay to assess the patient's and family caregivers' understanding of discharge instructions and ability to perform self-care

Provide Effective Teaching and Facilitate Enhanced Learning

A. Customize the patient education materials and processes for patients and family caregivers

- Redesign written materials using Health Literacy principles
- Redesign teaching methods
- Engage all the learners

Patient Education Material
St Luke's Hospital, Cedar Rapids, Iowa

Changes

- Reviewed content of educational materials utilizing health literacy concepts
- Outpatient Heart Failure class utilized as focus group for content
- Family member on team, along with her siblings, reviewed content for understanding Health Literacy

Provide Effective Teaching and Facilitate Enhanced Learning

- Redesign patient teaching materials
- During acute care hospitalizations for HF, only essential education is recommended
  - —Reinforce within 1-2 weeks after discharge
  - —Continue for 3-6 months

Adams, KF et al: HFSA 2006 Comprehensive Heart Failure Practice Guideline. Journal of Cardiac Failure Vol. 12, No. 1, pg 61 February 2006

Universal Communication Principles

- **Everyone** benefits from clear information.
- Many patients are at risk of misunderstanding but it is difficult to identify them.
- Assessing reading levels in the clinical setting does not ensure patient understanding.

Universal Communication Principles

- Focus on key points
- Need to know vs. nice to know
- Emphasize what patient should do
- Avoid duplicating paperwork

Reader-friendly Print Materials

- Consider use of terms e.g. ‘Heart Failure’ rather than ‘Congestive Heart Failure’ or ‘Chronic HF’
- Remove ranges
- Increase font size
- Two word explanations e.g. ‘water pill’ or ‘blood pressure pill’
- On all written materials, match terminology to what is taught or provided in classes

Reader-friendly Print Materials

- User-friendly written materials use:
  - Simple words (1-2 syllables)
  - Short sentences (4-6 words)
  - Short paragraphs (2-3 sentences)
  - No medical jargon
  - Headings and bullets
  - Highlighted or circled key information
  - Lots of white space
  - Use visual aids
  - Be careful with color

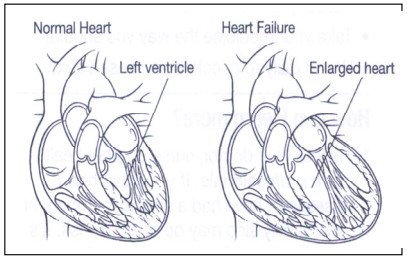
Heart Failure Magnet

Heart Failure Zones

EVERY DAY	**Every day**: • Weigh yourself in the morning before breakfast and write it down. • Take your medicine the way you should. • Check for swelling in your feet, ankles, legs and stomach • Eat low salt food • Balance activity and rest periods **Which Heart Failure Zone are you today? Green, Yellow or Red**
GREEN ZONE	**All Clear** **This zone is your goal** Your symptoms are under control You have: • No shortness of breath • No weight gain more than 2 pounds (it may change 1 or 2 pounds some days) • No swelling of your feet, ankles, legs or stomach • No chest pain
YELLOW ZONE	**Caution** **This zone is a warning** Call your doctor's office if: • You have a weight gain of 3 pounds in 1 day or a weight gain of 5 pounds or more in 1 week • More shortness of breath • More swelling of your feet, ankles, legs, or stomach • Feeling more tired. No energy • Dry hacky cough • Dizziness • Feeling uneasy, you know something is not right • It is harder for you to breathe when lying down. You are needing to sleep sitting up in a chair
RED ZONE	**EMERGENCY** **Go to the emergency room or call 911 if you have any of the following:** • Struggling to breathe. Unrelieved shortness of breath while sitting still • Have chest pain • Have confusion or can't think clearly

Heart Failure

Heart failure means your heart is not pumping well. Symptoms of heart failure may develop over weeks or months. Your heart becomes weaker over time and not able to pump the amount of blood your body needs. Over time your heart may enlarge or get bigger.



Your heart

When you have heart failure, it does not mean that your heart has stopped beating. Your heart keeps working, but it can't keep up with what your body needs for blood and oxygen. Your heart is not able to pump as forcefully or as hard as it should to move the blood to all parts of your body.
Heart failure can get worse if it is not treated. Do what your doctor tells you to do. Make healthy choices to feel better.

Changes that can happen when you have heart failure

- Blood backs up in your veins
- Your body holds on to extra fluid
- Fluid builds up, causing swelling in feet, ankles, legs or stomach
  This build up is called edema
- Fluid builds up in your lungs
  This is called congestion
- Your body does not get enough blood, food or oxygen

Signs of heart failure

- Shortness of breath
- Weight gain from fluid build up
- Swelling in feet, ankles, legs or stomach
- Feeling more tired. No energy
- Dry hacky cough
- It's harder for you to breathe when lying down

Some causes of heart failure

- Heart attack damage to your heart muscle
- Blockages in the heart's arteries which doesn't let enough blood flow to the heart
- High blood pressure
- Heart valve problems
- Cardiomyopathy
- Infection of the heart or heart valves

Ejection Fraction

- One measurement your doctor may use to see how well your heart is working is called **ejection fraction** or EF
- The ejection fraction (EF) is the amount of blood your heart pumps with each heart beat
- The normal EF of the pumping heart is 50% to 60%
- Heart failure may happen if the EF is less than 40%

Treatment for heart failure

- Eat less salt and salty type foods
- Take medicines to strengthen your heart and water pills to help your body get rid of extra fluid
- Balance your activity with rest. Be as active as you can each day, but take rest periods also
- Do not smoke

Medicines you might take

- **Diuretic "water pills"-** these help your body get rid of extra fluid
- **Beta blocker**- lowers blood pressure, slows your heart rate
- **Ace Inhibitor**-decreases the work for your heart, lowers blood pressure
- **Digoxin**-helps your heart pump better

Things for you to do to feel better each day

- Follow the guidelines on the St. Luke's Heart Failure Zone paper
- Check yourself each day-Which heart failure zone are you today?
- Watch for warning signs and symptoms, call your doctor if you are in the yellow zone. Catch the signs early, rather than late
- Do not eat foods high in salt
- Do what your doctor tells you to

To learn more about heart failure

- Attend St. Luke's FREE heart failure class
  Phone (319) 369-7736 for more information
- Visit the following web sites

www.americanheart.org	**American Heart Association**
www.abouthf.org	**Heart Failure Society of America**
www.heartfailure.org	**Heart Failure Online**

ST. LUKE'S HOSPITAL
IOWA HEALTH SYSTEM
A better place to be

Adapted from American Heart Association 7/2006

ST. LUKE'S HOSPITAL
IOWA HEALTH SYSTEM

If you have questions, please contact the
St. Luke's Dietitian's at 319/369-7777

Low Sodium Eating Plan

2000mg Sodium

ST. LUKE'S HOSPITAL
IOWA HEALTH SYSTEM

Low Sodium Eating Plan

2,000mg Sodium

Salt is also called "sodium" and is found in most foods you eat.

Why do you need to limit sodium in your diet?

Sodium acts like a sponge and makes your body hold onto water. Eating too much sodium can cause you to gain weight, make your legs swell, and cause water to collect in your lungs.

How much sodium can you have each day?

Doctors recommend that you eat less than 2000mg of sodium each day. This means taking the salt shaker off of your table and paying attention to the types of foods you eat.

The First Steps…

1. Do not add salt to foods when you cook or at the table
2. Use herbs and seasonings like Mrs. Dash that are sodium free
3. Start with fresh foods
4. Do not use instant foods that come in a can, bag, or box

Eat Less Added Salt

Choose this:

Mrs. Dash
Spices
Herbs
Lemon Juice
Hot Sauce
Fresh Garlic, Onion, Green Pepper
Ketchup labeled **"No Salt Added"**
Onion Powder
Garlic Powder
Oil and Vinegar
Pepper

Do not choose this:

Salt
Seasoning Salts
Meat tenderizer
Soy Sauce
Garlic Salt
Bottled Salad Dressing
Olives
Relishes
Cheese Sauce
Sea Salt
Mustard
Ketchup
BBQ Sauce
Onion Salt
Bouillon
Sauerkraut
Pickles
Onion Soup Mix

Example of Calendar

June 2010

Heart Failure Workshop
June 26

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 My Weight	2 My Weight	3 My Weight	4 My Weight	5 My Weight
6 My Weight	7 My Weight	8 My Weight	9 My Weight	10 My Weight	11 My Weight	12 My Weight
13 My Weight	14 My Weight	15 My Weight	16 My Weight	17 My Weight	18 My Weight	19 My Weight
20 My Weight	21 My Weight	22 My Weight	23 My Weight	24 My Weight	25 My Weight	26 My Weight
27 My Weight	28 My Weight	29 My Weight	30 My Weight			

Have you taken a walk yet today?

Find the local farmer's market to get fresh vegetables. At picnics have fresh

hamburger instead of bratwurst or hot dogs.

Heart Failure Workshop
9:00 a.m. to 12:00 p.m.
FREE
Heart Center
Classrooms-3rd Floor

ST. LUKE'S HOSPITAL
IOWA HEALTH System
A better place to be

ST. LUKE'S HOSPITAL
IOWA HEALTH SYSTEM
A better place to be

COPD Action Plan

Which zone are you in today? Green, Yellow or Red		For You to Do
Green Zone	**All Clear - You are feeling well** ▪ Your breathing is normal for you ▪ The color of your phlegm is clear or white ▪ You can do your normal activities without unusual tiredness or shortness of breath ▪ Your appetite is good ▪ You are sleeping like you normally do ▪ You can think clearly	▪ Take your daily medicines as prescribed by your doctor, even if you are feeling good ▪ Eat healthy foods. ▪ Be active every day (get up and do things) Include some exercise, like walking, in your daily routine ▪ Balance your activity with some rest periods ▪ **Use Pursed Lip Breathing** ▪ Do not smoke. Make your home and car smoke free. Stay away from smoke areas.
Yellow Zone	**Caution - You are feeling worse** ▪ You are more short of breath. You are wheezing or coughing more than usual ▪ You have unexplained changes in your weight ▪ You have more swelling in your feet, legs or ankles ▪ You notice changes in your phlegm (thicker, color, amount) ▪ You are using your rescue inhaler(the fast acting one) or your nebulizer more often than usual ▪ You are more tired and can not do your usual activities ▪ You have a fever and chills ▪ You are sleeping poorly. Your symptoms wake you up.	▪ Limit your activities ▪ Check your oxygen system to make sure it is working correctly ▪ Make sure you have been taking your medicines Have you forgotten any today? ▪ **Use Pursed Lip Breathing** ▪ Call your doctor if your weight gain is 3 pounds in one day OR if you have a weight gain of 5 pounds or more in 1 week. ▪ Eat smaller meals more often during the day rather than 3 big meals in a day. ▪ Use your nebulizer or rescue inhaler (fast acting one), as prescribed by your doctor. ▪ **Call your doctor if your symptoms don't improve. Don't wait longer than 2 days**
Red Zone	**Emergency - You feel you are in danger** ▪ You have severe shortness of breath (You feel like you cannot breathe or catch your breath while resting) ▪ You have chest pain ▪ You feel faint ▪ You are more sleepy and have difficulty staying awake ▪ You feel confused or are very drowsy. ▪ Your speech is slurred ▪ You have bluish color to your lips or fingernails.	**Call 911 or go the hospital Emergency Room**

Evaluation of New Patient Education Material

Results from 15 follow-up phone calls:

- “Information very helpful.”
- Able to state where information was and reported that they were referring to it.
- Understood content.

St Luke’s Hospital, Cedar Rapids, Iowa

Evaluation of New Patient Education Material

- Successfully answered teach-back questions related to “water pill,” diet and weight.
- Improvement opportunity – patients were often unclear when they had multiple physicians which one to call for the symptoms (magnet revised).

St Luke’s Hospital, Cedar Rapids, Iowa

Provide Effective Teaching and Facilitate Enhanced Learning

B. Identify all learners on admission

- Identify the appropriate family caregivers who will assist the patient with self-care after discharge
- Be sure that the right learners are involved in all critical self-care education
- List the names of the key learners on the whiteboard and care plan

Identify Key Learners

- Caregiver and/or patient may not be the “key learner”.
- Who helps the patient with:
  - Understanding what’s being said
  - Self-care activities at home
  - Setting up or taking medications
  - Getting to appointments
  - Navigating care and treatments
- Ask key learners how they prefer their education, e.g. written, verbal, video

Provide Effective Teaching and Facilitate Enhanced Learning

C. Use teach-back regularly throughout the hospital stay to assess the patient's and family caregivers' understanding of discharge instructions and ability to perform self-care
   - Include all the learners
   - Assess patient's ability to understand and
     - Do critical self care activities
     - Take medications
     - Access care: next appointments, medications, etc
   - Close the gap in understanding or develop a new plan of care

Redesign Patient Teaching

- Stop and check for understanding using teach-back after teaching each segment of the information.
- If there is a gap, review again.
- If your patient is not able to repeat the information accurately, try to re-phrase the information rather than just repeat it. Then, ask the patient to repeat again until you fee comfortable that the patient understood.

Using “Teach-back”

- Explain needed information to the patient or family caregiver.
- Patients should not feel teach-back is a test, but rather about how well you explained the concept. You can place the responsibility on yourself.
- Can be both a diagnostic and teaching tool.

Using “Teach-back”

- Ask in a non-shaming way for the individual to explain in his or her own words what was understood.
- Example: “I want to be sure that I did a good job of teaching you today about how to stay safe after you go home. Could you please tell me in your own words the reasons you should call the doctor?”

Redesign Patient Teaching

- Slow down when speaking to the patient and family and break messages into short statements.
- Take a pause.
- Be an active listener.
- Use plain language, breaking content into short statements.
- Segment education to allow for mastery.

Heart Failure Teach-back Questions

- What is the name of your water pill? How are you going to take your water pill?
- What weight gain should you report to your doctor?
- What foods should you avoid?
- What symptoms to report to your doctor?

COPD Teach-back Questions

- What should you do first if you are having more trouble with your breathing?
  - What is the name of your fast-acting/rescue inhaler?
  - How often do you use it?
- If your shortness of breath continues, without getting better, what should you do?
- What are the warning signs for you that would indicate that you should call your doctor?
- What should you do to prevent from having a flare-up (getting worse) with your breathing and lungs?

Teach-back with Discharge Instructions

- Is there anything on these instructions that could be difficult for you to do?

- Have we missed anything?

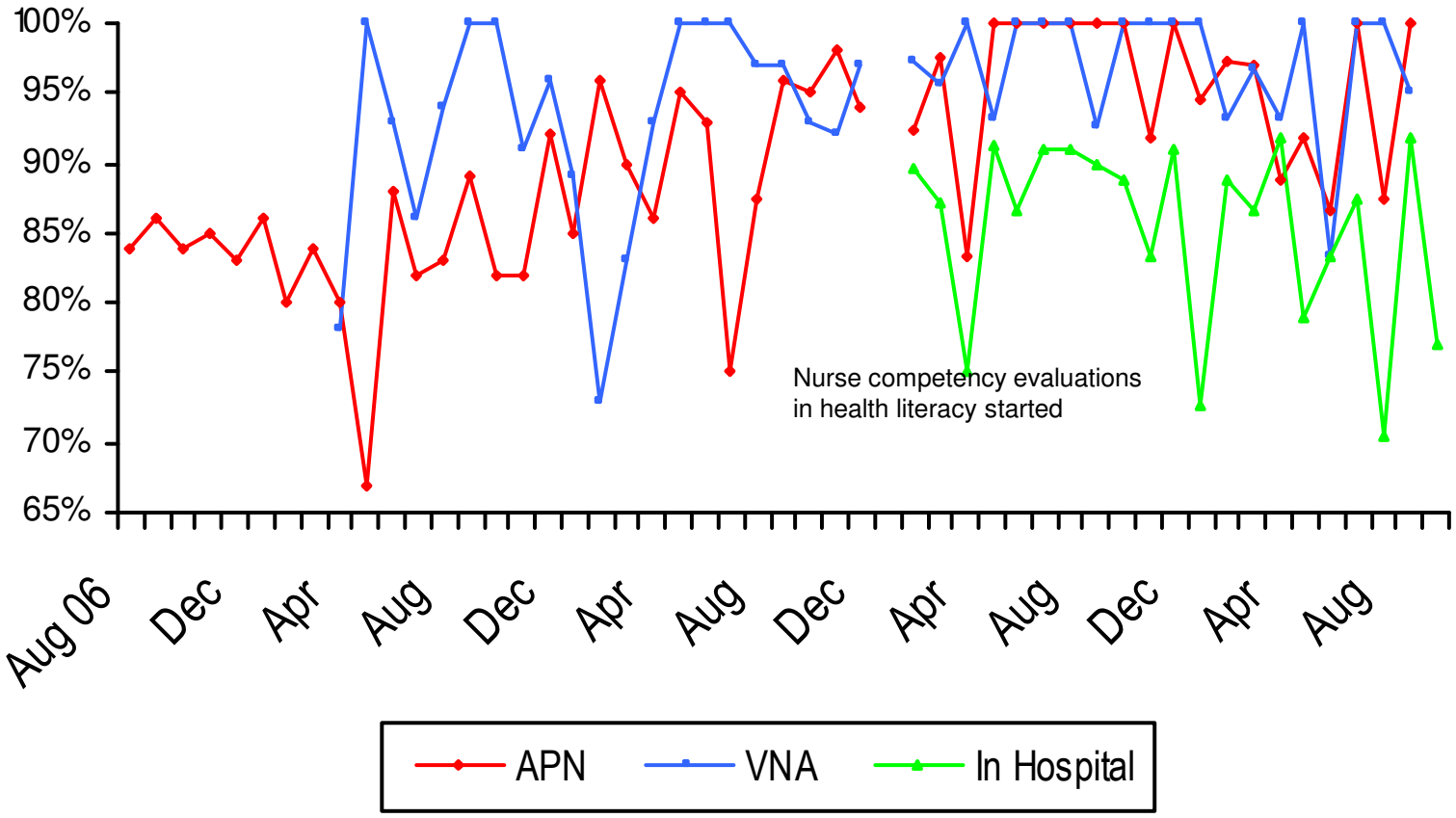
Use Teach-back Daily

- In the hospital
- During home visits and follow-up phone calls
- To assess the patient's and family caregivers' understanding of discharge instructions and ability to do self-care
- To close understanding gaps between:
  - —Caregivers and patients
  - —Professional caregivers and family caregivers

Teach-back Success

- Percent of time patients can teach-back 75% or more of content taught related to the transition to home utilizing the four questions related to self management of heart failure.
- Assess patient's, family's or caregiver's ability and confidence.

Successful Teachback Rate
Aug 06 – Sep 10



INSTITUTE FOR HEALTHCARE IMPROVEMENT

Go Observe: “Be a patient”

Gather the current state of patient teaching and learning

- Identify a staff member to observe while teaching a patient
- Get permission from the patient
- Observe from the patient and family perspective
- What went well and what could improve?

Go Observe: “Be a patient”

What can you learn about the current state of patient teaching and learning?

- For patients being taught self-care, e.g., reasons to call the physician after discharge
  - —Look for teaching and teach-back: staff tone of voice, attitude, non-shaming language, body language, plain terminology, request for teach-back in the patient’s own words, and no “do you understand?” questions

Process Measures

Enhanced Teaching and Learning

- Percent of observations of nurses teaching patient or other identified learner where teach-back is used to assess understanding

- Percent of observations of doctors teaching patient or other identified learner where teach-back is used to assess understanding

What We Know: Enhanced Teaching and Facilitation of Learning

- Team members generally have readily embraced teach-back to enhance patient teaching. Team members on medical and surgical units can immediately test this approach to enhance patient education.
- At times, identifying all of the learners is a cumbersome process.
- There is value in multiple teaching sessions with patients and family caregivers.
- Many hospitals have spread teach-back competencies to all nursing staff and include these competencies in the yearly competency certification process.
- There is a need for uniform and patient-friendly teaching materials in all clinical settings for the common clinical conditions.

Your Turn to Plan

- Plan your next steps for going home on the ACTION PLANNING FORM
- Document plans for your first test using the PDSA Form

Hospital: _____ Pilot Unit: _____ ACTION PLANNING FORM

INSTITUTE FOR HEALTHCARE IMPROVEMENT

Aim Statement: _____

Key Changes	Processes	Status of Change	Ideas for Testing & Designing Reliable Processes	Process Measures	Who will lead? Timeline?
II. Provide Effective and Teaching & Facilitate Enhanced Learning	a. Customize the patient education materials and processes for patients and family caregivers.				
	b. Identify all learners on admission.				
	c. Use Teach Back regularly throughout the hospital stay to assess the patient's and family caregivers' understanding of discharge instructions and ability to perform self-care.				
	d.				
	e.				

Preparing to Test: Your team is collecting baseline data; meeting with key informants or team members and constituents; flowcharting or observing the process.
Testing: Your team is trying a change to see if the change results in improvement; there is no assumption that the change tested is permanent yet. A test of change involves complete Plan-Do-Study-Act cycles[1]:
Implementing: Your team is making a successful change permanent. Implementation will often require changing documentation, written policy, hiring, training, and organizational infrastructure - activities usually not required in the testing phase. Implementation, like testing, will requires the use of multiple Plan-Do-Study-Act cycles for continued learning.
Standard Work in Place (with >90% reliability): Your team has developed a highly specified process which is currently in use; documentation exists that indicates the process is followed at least 90% of the time.

PDSA Worksheet

Team Name:_____

Cycle start date:_____ **Cycle end date:**_____

PLAN: Area to work on:

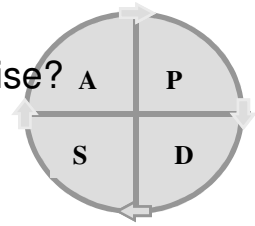
Describe the change you are testing and state the question you want this test to answer (If I do x will y happen?)

What do you predict the result will be?

What measure will you use to learn if this test is successful or has promise?

Plan for change or test: who, what, when, where

Data collection plan: who, what, when, where



DO: Report what happened when you carried out the test. Describe observations, findings, problems encountered, special circumstances.

STUDY: Compare your results to your predictions. What did you learn? Any surprises?

ACT: Modifications or refinements for the next cycle; what will you do next?