Why Teach-back?

A large number of hospital readmissions can be avoided with simple communication about their after-hospital care instructions, including how to take their medicines and when to make follow-up appointments. Health care professionals should ask patients to explain in their own words the details of the plan (the teach-back technique). Teach back does take a little more time but studies show that the long term benefits far outweigh the efforts. Patients, who have a clear understanding at discharge, are 30 percent less likely to be readmitted or visit the emergency department than patients who lack this information, according to a study funded by the Agency for Healthcare Research and Quality (AHRQ) and published in the *Annals of Internal Medicine.*

Many studies have shown that 40-80 percent of the medical information patients receive is forgotten immediately and nearly half of the information retained is incorrect. One of the easiest ways to close the gap of communication between health care professional and patient is to employ the “teach-back” method, also known as the “show-me” method or “closing the loop.” Teach-back is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands. Patient understanding is confirmed when they explain it back to you.

Teach-back best practices

- **Not a test of the patient's knowledge:** Teach-back is a test of how well you explained the concept. Ask the patients to repeat in their own words what they need to know or do, in a non-shaming way. - Example: “We covered a lot today about your diabetes. I want to make sure that I explained things clearly. Let’s review what we discussed. What are three strategies that will help you control your diabetes?”
- **Used with all patients:** Use teach-back when you think the person understands and when you think someone is struggling with your directions. Some successful facilities have added teach-back questions to their standing orders.
- **Clarify:** If patients cannot remember or accurately repeat what you asked them, clarify your information or directions and allow them to teach it back again. Do this until the patient is able to correctly describe in their own words what they are going to do, without parroting back what you said.

What kind of information should I include during teach-back?

The following two tools have been well studied as excellent resources for discharge. The information in either can be used during teach-back.

HealthInsight is a private, non-profit, community-based organization dedicated to improving health and health care in Nevada, New Mexico and Utah. HealthInsight serves as the Medicare Quality Improvement Organization in Utah and leads an initiative to improve care coordination and reduce hospital readmissions across settings of care.

We invite you to become an active Care Transitions Community Partner by joining the Care Transitions Learning and Action Network. We need your support, expertise, and experience to identify weaknesses and strengths in existing care transitions processes and protocols. Together, as a community, we can improve patients’ outcomes.

Contact Larry Garrett at 801-892-9965 or lgarrett@healthinsight.org for information, training and event opportunities.

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This material was prepared by HealthInsight, the Medicare Quality Improvement Organization for Nevada and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 10SOW-UT-2012-CT-24.