



# Issue Brief

TRIPLE AIM ACHIEVEMENT ISSUE BRIEF • MARCH 2015

The Strategic Quality Initiatives division of the Missouri Hospital Association will periodically release tips and tools to assist hospitals in achieving the Triple Aim – better health, better care, lower costs. These resources, and many more, can be accessed online at [www.mhanet.com/strategic-quality](http://www.mhanet.com/strategic-quality)

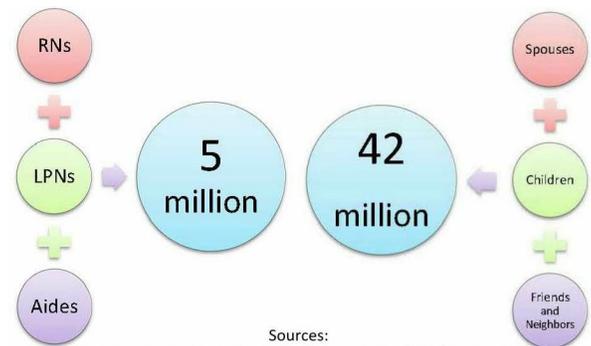
## Teach-Back: Closing the Loop With Patients and Families

Recent studies from [Kessel](#) and [Anderson](#) and others, have shown that even independent, cognitively intact adults retain *less than half* of the instructions they receive in the hospital, and nearly half of the information retained is incorrect. Essential information, such as changed medication regimens, follow-up appointments and modified diets can be misunderstood, ineffective or fully lost.

Staff cannot assume that patients fully understand what they have been told or shown. The stress of a hospital stay can compromise a patient's ability to process information about their disease process and instructions for care at home — regardless of education level or language. It is important that staff thoroughly assess patients' understanding of important information to successfully transition out of the hospital.

Many patients may not be the person cooking meals or managing their medications after discharge. Untrained, unpaid and unsupported, family members often take on increasingly complex tasks, including medication management, monitoring vital signs and care coordination. Incorporating family caregivers in education, training, discharge planning and post-discharge care is

critical to ensuring a smooth transition. An informed, involved family caregiver can document, supplement and reinforce the patient's understanding, which may be reduced due to illness and/or stress. This method is effective, partially due to the large number of spouses, children, friends and neighbors available to most patients, as demonstrated in the graphic below.



### TEACH-BACK

One of the easiest ways to close the gap between what the clinician *says* and *expects* with what the patient *hears* and *understands* is to employ the “Teach-back” method, also known as the “Show-Me” method or “Closing the Loop.”

Teach-back is a method of communication that engages patients and families by creating opportunities for meaningful dialogue and demonstrations. With the

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“It is neither just, nor fair, to expect a patient to make appropriate health decisions and safely manage his/her care without first understanding the information needed to do so.”

— Reducing the Risk by Designing a Safer, Shame-Free Health Care Environment. American Medical Association, 2007

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“Asking that patients recall and restate what they have been told is one of 11 top patient safety practices based on the strength of scientific evidence.”

— Agency for Healthcare Research and Quality, 2001 Report, Making Health Care Safer

Teach-back method, staff shares information and verifies whether patients and families understood what was taught. This is done by asking them to explain the information staff provided in their own words or by demonstrating the care or treatment. Teach-back, combined with materials written in plain language that are relevant to the patient’s treatment plan, and including take home resources and contact information, is the gold standard for improving patient outcomes. Below are a few examples of ways to begin the Teach-back conversation.

- “I want to be sure I explained everything clearly. Will you repeat what you heard?”
- “What will you tell your husband about the changes we made to your blood pressure medicines today?”
- “We’ve gone over a lot of information including what you can do to include more exercise in your day. In your own words, please review what we talked about. How will you make it work at home?”

## 10 ELEMENTS FOR EFFECTIVELY USING TEACH-BACK

[\(printable version\)](#)

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use nonshaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple “yes” or “no.”
7. Emphasize that the responsibility to explain clearly is on you, the provider.

8. If the patient is not able to Teach-back correctly, explain again and recheck.
9. Use reader-friendly print materials to support learning.
10. Document use of, and patient response to, Teach-back.

\* Schillinger, D., Piette, J., Grumbach, K., Wang, F., Wilson, C., Daher, C., Leong-Grotz, K., Castro, C., and Bindman, A. B. “Closing the Loop: Physician Communication With Diabetic Patients Who Have Low Health Literacy.” *Archives of Internal Medicine* (January 13, 2003); 163 (1): 83–90.

## RESOURCES: TEACH-BACK

The Always Use Teach-back! Training Toolkit, available at <http://www.teach-backtraining.org/> includes elements of competence for effectively using Teach-back, coaching tips, and an observation tool.

The Society for Hospital Medicine’s Teach-back Process Overview, available at [http://www.hospitalmedicine.org/Web/Quality\\_Innovation/Implementation\\_Toolkit/Boost/Boost\\_Intervention/Tools/Teach\\_Back.aspx](http://www.hospitalmedicine.org/Web/Quality_Innovation/Implementation_Toolkit/Boost/Boost_Intervention/Tools/Teach_Back.aspx).

United Hospital Fund’s *Next Step in Care Toolkit for Working with Family Caregivers* includes information on how to use Teach-back to review discharge instructions with the family caregivers and is available at [http://www.nextstepincare.org/Provider\\_Home/](http://www.nextstepincare.org/Provider_Home/).

New York State Partnership for Patients *Readmission Resource Guide* includes information on ways to use Teach-back, [https://www.nyspfp.org/materials/nyspfp\\_readmissions\\_resource\\_guide.pdf](https://www.nyspfp.org/materials/nyspfp_readmissions_resource_guide.pdf).

The SHARE Approach to Teach-back, Agency for Healthcare Research and Quality <http://www.ahrq.gov/professionals/education/curriculum-tools/shared-decisionmaking/tools/tool-6/share-tool6.pdf>

