Improvement of Patient Education Practice in Home Health Care Using the Teach-Back Method

Joyce Della, DNP(c), BSN, RN

University of Hawaii at Hilo

200 West Kawili Street, Hilo, HI 96720

Committee Chair:
Jeanette Ayers-Kawakami, DNP

Committee Member:
Katharyn F. Daub, EdD
# Table of Contents

Abstract .................................................................................................................................................. 5

Chapter 1: Statement of the Problem, Project Aim and Objectives ................................................. 6  
  Statement of the Problem .................................................................................................................. 6  
  Background and Significance of the Project ..................................................................................... 7  
  Project Aims and Objectives ............................................................................................................. 8

Chapter 2: Review of Literature ......................................................................................................... 10  
  Review of The Literature ................................................................................................................ 10  
  Theoretical and Conceptual Framework ......................................................................................... 16

Chapter 3: Project Design and Implementation ............................................................................... 19  
  Project Design ................................................................................................................................. 19  
  Project Setting ................................................................................................................................. 19  
  Target Population ............................................................................................................................ 19  
  Project Implementation .................................................................................................................... 21  
  Protection of Human Subjects ........................................................................................................ 22

Chapter 4: Results .............................................................................................................................. 23

Chapter 5: Recommendations and Conclusions .............................................................................. 30  
  Discussion ........................................................................................................................................ 30  
  Project Strengths and Limitations .................................................................................................. 31
Recommendations and Implications for Practice ........................................... 31

Conclusion ............................................................................................................. 32

References .............................................................................................................. 33

Appendices ........................................................................................................... 37
List of Appendices

Appendix A .........................................................................................................................37
Appendix B .........................................................................................................................38
Appendix C .........................................................................................................................39
Appendix D .........................................................................................................................42
Appendix E .........................................................................................................................44
Appendix F .........................................................................................................................45
Appendix G .........................................................................................................................48
Appendix H .........................................................................................................................49
Abstract

Patient education is essential in promoting patient-empowerment. It empowers the patient to take ownership of their health and supports patient-centered care. Effective patient education improves engagement in self-care, compliance with medications and treatments, and optimal patient outcomes. Patient education is an essential aspect of home health care (HHC). The HHC providers consist of interdisciplinary healthcare professionals, including licensed nurses, physical therapists, occupational therapists, speech-language pathologists, and medical social workers. These professionals educate patients on how to manage their disease and illness in their home setting. It is fundamental for healthcare providers to utilize best practices in patient education. The teach-back method is an evidence-based strategy to ensure effective learning has been achieved. The primary goal of this quality improvement (QI) practice inquiry project (PIP) was to improve patient education practice in HHC through the integration of the teach-back method.
Chapter 1: Statement of the Problem, Project Aim and Objectives

Introduction to the Problem

Home health care (HHC) is a post-acute, community-based, intermittent skilled care service organization composed of multidisciplinary team members including nurses, physical, occupational, and speech therapists, medical social workers, and health aides under a physician’s direction. These clinicians provide care in the patients’ homes, which makes it unique and may be challenging. Patients referred to HHC include newly diagnosed patients with a medical condition and those experiencing a worsening illness. They also include patients recently discharged from a hospital or a skilled nursing facility. These patients are often referred to HHC for the education of their disease processes, disease and medication self-management, or for teaching and training of their caregivers. It is essential for HHC team members to assure patients and caregivers understand what they are educating them regarding. However, how can the HHC clinician ensure that the patient or caregiver was educated effectively? The teach-back method is an evidence-based strategy to assure effective learning has been achieved. This Practice Inquiry Project (PIP) developed, implemented, and evaluated a Quality Improvement (QI) project in a HHC setting, herein referred to as HHHM, to maintain the privacy of the organization.

Statement of the Problem

Patients receiving HHC are transitioning home after a hospitalization, or are recently diagnosed with a new or worsening medical condition whose medications or treatments changed. If the patient does not receive effective education for self-management regarding their disease or medication, there is potential for negative health outcomes. Outcomes include adverse events such as medication errors, ineffective disease self-management, and re-hospitalization. Patients can experience high levels of stress that can also negatively impact their health. Therefore, the
phenomenon of patient education was explored to ensure understanding and increase success in positive patient outcomes.

**Background and Significance of the Project**

Patient education is essential in promoting patient-empowerment. It empowers the patient to take ownership of their health and supports patient-centered care. Effective patient education improves engagement in self-care, compliance with medications and treatments, and optimal patient outcomes. Effective patient education can have short and long term impacts on patient healthcare outcomes. These include reduced medication errors, decreased adverse events, reduced hospitalization, and readmissions. It is fundamental for healthcare providers to utilize best practices in patient education. The teach-back method is an evidence-based practice to ensure patient’s understanding of the information clinicians taught them. Evaluation of patient understanding is a vital aspect of any patient education process.

The U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2010) launched the National Action Plan to Improve Health Literacy. The Action Plan “seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multisector effort to improve health literacy” (p. 1.). The Action Plan was developed based on two principles, which are that (1) everyone has the right to health information that helps them make informed decisions; and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life. The vision of the Action Plan is to provide everyone with access to accurate and actionable health information, deliver person-centered health information and services, and support lifelong learning and skills to promote good health (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2010).
When a patient understands what they were taught, it may improve their satisfaction. Patient satisfaction is one of the measures used in HHC as a quality indicator. In 2009, the Centers for Medicare and Medicaid Services (CMS) implemented the Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAPS) survey (CMS, 2014). It was the first national standardized and publicly reported survey of HHC patients’ perspectives of their skilled home care. Data results are publicly posted on Medicare Home Health Compare (CMS, 2014). The use of the teach-back method promotes patient-centered care, therefore increasing patient satisfaction. The use of the teach-back method is an evidence-based practice that can increase patient satisfaction, patient safety, and is universal regardless of the patient’s level of literacy.

**Project Aims and Objectives**

The primary goal of this quality improvement (QI) practice inquiry project (PIP) was to improve patient education practice in HHC through the integration of the teach-back method.

**Specific Aim 1:** Support the use of the teach-back method in patient education in sustaining a viable staff intervention for the HHHM organization.

**Objective 1:** Identify evidence-based recommendations for supporting and implementing the teach-back method in the HHC setting.

**Objective 2:** Assess current models using the teach-back method in patient education.

**Specific Aim 2:** Develop a teach-back educational intervention for the HHHM staff in the HHC setting.

**Objective 1:** Use the identified tools to develop a teach-back educational intervention.

**Objective 2:** Implement the educational intervention to the HHC staff at HHHM.
Specific Aim 3: Determine the potential for future adoption of the educational intervention at HHHM.

Objective 1: Using a pre and post-survey, evaluate the effectiveness of the educational intervention.

Objective 2: Based on the survey results, determine the needs and identify potential barriers and facilitators for potential adoption at HHHM.
Chapter 2: Review of Literature

Review of the Literature

Evidence-based research and articles were searched and retrieved from credible databases such as EBSCO, Google Scholar, Medline, and PubMed. Professional websites were also searched, including the Agency for Healthcare Research and Quality (AHRQ), and CMS. Some of the keywords and phrases used in the search fields include the teach-back method, home health care, home-based care, patient education, and patient teaching.

Home Health Care

Home health care consists of services provided by a skilled nurse, physical therapists (PT), occupational therapists (OT), speech-language pathologists (SLP), home health aide (HHA), and a medical social worker (MSW) under the order of a physician, including a Medical Doctor (MD), Doctor of Osteopathy (DO), or a podiatrist. Eligibility to receive HHC include medical necessity for a part-time or intermittent skilled care to treat their illness or injuries, and the patient must be homebound (U. S. Department of Health and Human Services, Centers for Medicare & Medicaid Services [CMS], 2017). These services include but are not limited to, wound care, education on medication or disease processes, infusion, medication administration, post joint replacement therapy, or maintenance exercise programs. It is a type of medically covered home-based care (Landers, Madigan, Leff, Rosati, McCann, Hornbake, & Breese, 2016). The HHC agency must be Medicare-certified (CMS, 2017) in order to provide services and obtain reimbursements for services rendered.

Health Literacy

As cited in U.S. Department of Health & Human Services Healthy People 2020 (2019), health literacy is defined as the “degree to which individuals have the capacity to obtain, process,
and understand basic health information needed to make appropriate health decisions” (para. 1). Health literacy also includes the individuals capacity to act on the information they received and the capacity to access or navigate the healthcare system (AHRQ, 2017).

A national survey showed that 88% of U. S. adults do not have literacy skills to manage all the demands of the current healthcare system (Brega, Barnard, Mabachi, Weiss, DeWalt…& West, 2015). The U.S. Department of Education conducted a national survey in 2003 titled the National Assessment of Adult Literacy (NAAL); there were 9,000 adult participants age 16 and older (Berkman, Sheridan, Donahue, Halpern, Viera…& Viswanathan, 2011). The score types were grouped into four categories: below basic, basic, intermediate, and proficient literacy level. Results showed that 36% of the sample size scored at the below basic and basic level, suggesting that approximately 80 million adults in the United States have limited health literacy (Berkman et al., 2011).

The systematic review conducted by Berkman et al. (2011) regarding the relationship between health literacy and health outcomes included 81 studies addressing health outcomes and 42 studies addressing interventions. Their research revealed differences in health literacy as associated with increased hospitalization and emergent care utilization, lower use of mammography, lower receipt of influenza vaccination, poorer ability to demonstrate taking medications appropriately, and poorer ability to interpret labels and health messages. They also found an association between health literacy and decreased overall health status and higher mortality among seniors. There was moderate evidence supporting the relationship between health literacy and health care service use, the effect of intensive self-management, and the effect of disease-management interventions. The evidence to support the association between health
literacy and other healthcare outcomes such as self-efficacy, adherence, quality of life, and costs were mixed and was deemed insufficient (Berkman et al., 2011).

In recent research conducted by Synnot, Tong, Bragge, Lowe, Nunn, O’Sullivan…& Hill (2019), a workshop was conducted in Australia to select and refine priority topics for systematic reviews in health communication and participation and identify the five priority foci of future Cochrane Consumers and Communication Group (CCCG) reviews. There were twenty-eight participants; 14 consumers and 14 health professionals/decision-makers. The top five priority topics that were identified were improving end-of-life care communication, patient/family involvement in patient safety, improving future physicians’ communication skills, consumer engagement strategies, and promoting patient-centered care (Synnot et al., 2019).

Teach-back Method

The teach-back method is endorsed by numerous health care organizations, including AHRQ, and the Institute for Healthcare Improvement (IHI). According to AHRQ (2015), the teach-back method confirms the clinician has explained things to the patient in a manner that the patient understands. It allows clinicians to assure patients can follow specific instructions. This method can help improve patient understanding and adherence, decrease callbacks and canceled appointments, and improve patient satisfaction and outcomes (AHRQ, 2015).

Tamura-Lis (2013) recommends teach-back to be utilized by any member of the health care team whenever a patient requires education. The teach-back method should be used whenever explaining important concepts to a patient including medicines, home care instructions, use of a new device, next steps or or any other education regarding their plan of care necessary for their success (AHRQ, n. d.). As cited in Ingadóttir & Zoëga (2017), the teach-back method is a strategy that healthcare professionals can quickly implement in their everyday
practice. It is a tool that can be used to evaluate if the healthcare professional has explained information sufficiently to the patient. Through teach-back, the clinician can ask the patient to explain, in their own words, what the healthcare professional has been teaching them, and the healthcare professional can assess for understanding, and provide re-education and teaching if required, and repeat as necessary (Ingadóttir & Zoëga, 2017).

In a systematic review conducted by Dinh, Bonner, Clark, Ramsbotham, & Hines (2016) regarding the use of the teach-back method in health education programs for improving adherence and self-management of people with chronic disease, twenty-one articles were reviewed but only twelve met the study’s inclusion criteria. The review revealed positive effects in a wide range of health care outcomes, including disease-specific knowledge, adherence, self-efficacy, and inhaler technique. They found a positive effect in improved self-care and reduction of hospital readmission rates; however, the evidence was inconsistent. The review also revealed limited evidence on improvement in the quality of life and disease-related knowledge retention. The authors recommend future studies are necessary to strengthen the evidence regarding the effectiveness of the teach-back method.

In a cohort study conducted by Peter, Robinson, Jordan, Lawrence, Casey, & Salas-Lopez (2015) in a tertiary Magnet facility in San Francisco, California, a disease-management intervention called the TEACH-HF program for heart failure patients was implemented and evaluated. The TEACH-HF program included “Teaching and Education, prompt follow-up Appointments, Consultation for supportive services, and Home follow-up phone calls” (Peter et al., 2015, p. 201). The teach-back method was utilized as the health literacy appropriate method of teaching their patients. The hospital staff involved in patient education learned the teach-back method through IHI. Patient education sessions occurred daily from admission until discharge.
using the teach-back method and included family members and caregivers. Patient handouts that correspond to the focus of the teach-back were provided to patient and family and were also provided to home health staff, nursing home staff, and community health care professionals involved in the patient’s care after discharge from the hospital to ensure patients received the same education throughout the continuum. Although teach-back by itself was not associated with the success of the study, the investigators reported that teach-back was associated with knowledge retention in HF patients. Overall, the study revealed the readmission rate for patients who received the TEACH-HF intervention was at 12% compared to those who did not receive the intervention who were at 19%. The study revealed an inpatient cost-savings of 641 bed days with a potential revenue of $640,000 (Peter et al., 2015).

In another systematic review conducted by Almkuist (2017) regarding the use of the teach-back method in the prevention of 30-day readmissions in patients with heart failure, five articles met the inclusion criteria. Four out of five studies showed improvement in disease-specific knowledge. Two out of five studies showed significant improvement in self-efficacy. One study provided evidence and a statistically significant improvement in medication adherence. One of the studies revealed the absence of the teach-back method resulted in HF patients’ inability to verbalize the importance of daily weight monitoring and the need to report weight gain to their primary care providers. Results showed that teach-back education sessions are cost and time efficient, and can have a positive impact on a patient’s life when the management of HF is understood (Almkuist, 2017).

Ghoneim & Fathalla (2018) conducted a randomized control trial to evaluate the effect of the teach-back method on self-efficacy and satisfaction among mothers of children with congenital heart defects (CHD). The study included 60 children with CHD and their mothers at
Menofia University Hospital. This study revealed the majority of the nurses were familiar with the teach-back method. The results reported mothers who received discharge instruction through the teach-back method had increased self-efficacy and high level of satisfaction. The researchers recommended the use of the teach-back method by pediatric nurses as a routine nursing intervention (Ghoneim & Fathalla, 2018).

Dantic (2014) conducted a systematic literature review to examine the evidence base behind the effectiveness of the teach-back technique on patients with chronic obstructive pulmonary disease (COPD) with their self-management using respiratory inhalers. Nine studies met the inclusion criteria, which provided strong evidence in the conversion of incorrect to correct inhaler use after using the teach-back method. The researcher also found a statistically significant increase in the proportion of correct inhaler use and recommended further research examining the long-term benefits of the teach-back method in the use of inhalers among COPD patients (Dantic, 2014).

**Always Use Teach-Back.** The Always Use Teach-Back! Toolkit is recommended by both two major professional organizations, AHRQ (2015) and IHI (2019). According to Abrams, Rita, Kurtz-Rossi, & Nielsen, 2012, “the purpose of the toolkit is to assist health care providers in learning to use teach-back, every time it is indicated, to support patients and families throughout the care continuum, especially during transitions between health care settings” (para. 1). It combines health literacy principles of plain language and using teach-back to confirm understanding. The toolkit includes a description of teach-back and the ten elements of competence for using teach-back effectively, an interactive teach-learning module, coaching tools, and additional readings, resources, and videos to educate regarding teach-back. The toolkit also includes a survey tool called the Conviction and Confidence Scale that is
recommended to be filled out by participants before starting to use teach-back, and at one and three month intervals thereafter (Abrams et al., 2012).

**Theoretical and Conceptual Framework**

**Orem’s Self-Care Deficit Theory**

According to Wagnild, Rodriguez, & Pritchett (1987), Dorothea Orem’s self-care deficit theory is based on the theory that all individuals are capable of self-care. “Self-care consists of actions that individuals freely and deliberately initiate and perform on their own behalf in maintaining life, health, and wellbeing” (cited in Wagnild et al., 1987, para. 2); and the “activities carried out by the individual to maintain their own health” (University of Tennessee at Chattanooga, 2016, p. 6). Afrasiabifar, Mehri, Sadat, & Shirazi (2016) wrote that Orem’s self-care model was introduced to enable patients and care agents to improve their self-care skills.

According to Orem’s theory, the goal of self-care can be achieved by a two-step process (Wagnild et al., 1987). The first step is to identify and prioritize the patient’s unmet self-care needs or their deficits. The second step includes selecting methods to assist the patient to compensate for or overcome the self-care deficit (Wagnild et al., 1987). Improved knowledge and health literacy can help in empowering patients to engage in self-care. Orem’s self-care deficit theory validates the utilization of the teach-back method in patient education to improve patients’ health outcomes.

**The Donabedian Model**

The Donabedian Model is a conceptual framework focusing on three main categories including structure, process, and outcomes (cited in Moran, Burson, & Conrad, 2017). The project structure includes the setting of the project and who will be involved in the project. The process includes what will be done and its delivery. The outcome includes what will be
measured, reviewed or assessed in this project (Moran et al., 2017). This framework aids in identifying the variables that affect the project and its categories. The structure of the project includes HHHM agency and staff. The process roots from the concept of patient education and the teach-back method. The process in this project includes the literature review, development and implementation of the educational in-service, and surveys. The outcome to be measured will include home health staff knowledge.

**The Iowa Model of EBP to Promote Quality Care**

The goal of this project is to promote the use of an EBP educational in-service to improve quality of care, patient safety, and promote positive patient outcomes. The Iowa Model of EBP to Promote Quality Care guides clinicians with the decision-making process about the clinical practice that affects patient outcomes (cited in Melnyk & Fineout-Overholt, 2015). The Iowa model emerges as another suitable conceptual framework for this project.

According to Reavy and Tavernier (2008), the Iowa Model of EBP begins from conception of a problem trigger and explores the need for practice change, and then making a safe clinical decision regarding the change in practice. Step two of the Iowa Model is the formation of a team to develop, implement, and evaluate the practice change (Melnyk & Fineout-Overholt, 2015). The team should consist of key organizational stakeholders and field staff as the end-users of the project. The next step is a comprehensive literature review to find relevant research and evidence. The team will then select, review, critique, and synthesize available research evidence.

The next step is piloting the practice change, an essential step in the process. The research evidence provides direction for the selection of process and outcome indicators for
baseline data measurement. A comparison of the pre-pilot and post-pilot data determines the success of the pilot, efficacy of the EBP, and the need for modification of the practice.

Afterward, the pilot should be evaluated to determine whether it is appropriate to adopt the pilot. If the pilot was successful, then the practice should be rolled out and integrated into the facility’s practice. Re-evaluation should be performed, and results disseminated to staff (Melnyk & Fineout-Overholt, 2015).

The push on promoting more patient-centered care in HHC has triggered the need for change in patient education practices. After several discussions with HHHM stakeholders including the agency Administrator, Clinical Manager, and Director of Rehab, it was determined that there is a need to improve patient education practice and to adopt evidence-based practice when educating patients to promote positive patient and agency outcomes. A comprehensive literature review has been conducted to identify the teach-back method as an evidence-based patient education strategy that has shown positive outcomes. Therefore, an educational intervention will be developed and implemented at HHHM to educate HH staff on the use of the teach-back method for patient education. Evaluation of the educational intervention will be conducted after the educational intervention is implemented.
Chapter 3: Project Design and Implementation

Project Design

This PIP is a quality improvement (QI) project. The Teach-Back Method educational modules from AHRQ and IHI was utilized for data collection, planning, implementation, and evaluation of the project. Permission was requested from AHRQ and IHI to use teach-back tools project. Requested permission to use Teach-Back tools was approved on June 10, 2019; from Dr. Mary Ann Abrams, MD, MPH, GME Quality Improvement Medical Director, Ambulatory Pediatrics, Nationwide Children’s, and David I. Lewin, M.Phil, Health Communications Specialist/Manager of Copyrights & Permissions, Office of Communications, Agency for Healthcare Research and Quality. Permission was also requested through IHI, and approval was received on June 9, 2019 from contact: Gail A. Nielsen, BSHCA, FAHRA, Director of Learning and Innovation, Unity Point Health.

Project Setting

This QI project was implemented in a non-profit HHC agency in Maui, Hawaii. This project was conducted at HHHM. Patients receiving HHC from HHHM are referred from hospitals, skilled nursing facilities, and community or private clinics.

Target Population

The target population was HHC staff, who performs patient education as part of their job roles. The sample size in this project was a convenience sample. All HHHM team members were invited to attend the teach-back educational intervention. Recruitment flyers were posted in the agency office, and were sent to all HHC employees electronically (refer to Appendix G). Participation was voluntary. Inclusion criteria included HHC professional team members who provide patient education as part of their job role including, registered nurses (RN), physical
therapists (PT), occupational therapists (OT), speech-language pathologists (SLP), and medical social workers (MSW). The exclusion criteria were paraprofessionals, any health care team member who is not involved in patient education processes, such as the agency administrator and aides.

**Data Collection Tools**

To support the objectives and design of this project, a comprehensive literature review was conducted by searching through credible databases such as EBSCO, Google Scholar, Medline, and PubMed. Professional websites were also searched, including the Agency for Healthcare Research and Quality (AHRQ), and CMS. The literature review assisted the DNP student in identifying Always Use Teach-back Toolkit including the Always Use Teach-Back: 10 Elements of Competence for Using Teach-back effectively, Teach-back Quick Guide, and Always Use Teach-Back Coaching (refer to Appendices A, B, and C) as tools to develop a teach-back educational intervention to educate the HHHM staff. Handouts were provided including a copy of the PowerPoint presentation, and the Always Use Teach-Back Toolkit handouts including the 10 Elements of Competence for Using Teach-back effectively, Teach-back Quick Guide, and Always Use Teach-Back Coaching (refer to Appendices A, B, and C).

**Data Analysis**

Quantitative data included pre and post surveys completed to demonstrate the number of participants in the intervention. The data collected from the pre and post surveys were entered into a spreadsheet manually using the provided answers in the Always Use Teach-Back Conviction and Confidence Scale and the 1 Week Follow-up Survey tools.

Qualitative data included comments from the pre and post surveys and were compiled in a spreadsheet. The scores from the pre-survey, post-survey, and 1-week post-survey were
graphed and compared. Simple statistical methods were utilized to analyze these data. A change in the score of the Always Use Teach-Back Conviction and Confidence Scale pre and post-survey was expected to indicate the effectiveness of the intervention. The scores were also utilized to identify areas of strength and weakness, the need for further intervention, and recommendations for the agency.

**Project Implementation**

A comprehensive literature review was conducted by searching through credible databases such as EBSCO, Google Scholar, Medline, and PubMed. Professional websites were also explored, including the Agency for Healthcare Research and Quality (AHRQ), and CMS. Some of the keywords and phrases used in research include the teach-back method, home health care, home-based care, patient education, and patient teaching. Current research and studies were searched, examined, and critiqued to identify evidence that supports the use of the teach-back method for patient education. A literature search was also conducted to define health literacy and identify the importance of why health care professionals should assess the patient’s health literacy before providing any education. Also, the concept of HHC was explored through a literature review to define and describe what HHC is. The literature review also assisted in identifying the Always Use Teach-back Toolkit as a current model used for the promotion of the use of the teach-back method in patient education. Based on the literature synthesis and the identified tools, the Always Use Teach-back Toolkit, the DNP student developed a teach-back educational intervention that consists of a PowerPoint presentation and handouts.

Components of the teach-back method in-service included a literature synthesis regarding health literacy and the teach-back method. It also included the discussion of the Always Use Teach-Back Toolkit Ten Elements of Competence for Using Teach-Back Effectively, Teach-
back Quick Guide, and Always Use Teach-Back Coaching (refer to Appendices A, B, and C). Handouts of the Always Use Teach-Back toolkit resources were provided to participants.

The student coordinated with the agency stakeholders to schedule the in-service date, time, and location of the implementation of the teach-back educational intervention. It was conducted on October 23rd, 2019 at 2:30-3:30 PM at the HHHM conference room. As part of the educational intervention, participants were also asked to practice using the teach-back method on a partner.

To evaluate the effectiveness of the teach-back educational intervention, a pre and post-survey was conducted on all participants using the Always Use Teach-Back Conviction and Confidence Scale, refer to Appendix D for the survey tool. This survey was conducted prior to the in-service. After the in-service, the same survey tool was used with the participants. The survey was again repeated one week after the in-service was conducted. During the 1-week follow up, the participants completed two survey tools, Always Use Teach-Back Conviction and Confidence Scale, and the 1 Week Follow-up Survey tool (refer to Appendix E). Data collected from the survey were analyzed and evaluated, and results are discussed in Chapter 4.

**Protection of Human Subjects**

A memorandum of agreement was in place between the University of Hawaii at Hilo and HHHM. The University of Hawaii at Hilo School of Nursing approved this project to proceed. The application for this project was submitted to the University of Hawaii Institutional Review Board (IRB) and was approved prior to its implementation. Each participant was informed of voluntary participation, provided with an informed consent, and signatures were obtained prior to the implementation of the project (refer to Appendix F).
Chapter 4: Results

Quantitative Findings

Participants

Total participants were 15 HHC professionals, consisting of 9 RNs, 2 PTs, 2 OTs, and 2 MSWs. Pre-surveys collected were 15 and post-surveys collected were 15 as well.

Of the question “On a scale from 1 to 10, how convinced are you that it is important to use teach-back (ask patients to explain key information back in their own words)?”, the above results showed that no participants answered a score of 5 or lower during any of the surveys. Twelve out of the 15 participants answered a conviction score of 10, and the rest answered 9, 8, and 6. Immediately after the educational intervention, the number of participants who answered 10 increased to 14, and 1 answered 9. One week after the educational intervention, those who answered 10 decreased from 14 to 13, and 2 participants answered 9. These data are graphed as seen in Figures 1 and 2.

Table 1 Conviction Score.

<table>
<thead>
<tr>
<th>Score</th>
<th>Pre-survey</th>
<th>Post-survey</th>
<th>1 Week Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>12</td>
<td>14</td>
<td>13</td>
</tr>
</tbody>
</table>
An increase in overall conviction score after the implementation of the teach-back educational intervention was revealed by the survey results.

**Figure 1 Conviction Score Graph**

![Conviction Score Graph](image)

**Figure 2 Conviction Score of 10.** Surveys revealed an overall increase in conviction score.
For question "On a scale from 1 to 10, how confident are you in your ability to use teach-back (ask patients to explain key information back in their own words)?", survey results revealed a significant increase in the confidence score of the participants as seen in Table 2. During the pre-survey, participants' confidence scores were scattered between the score of 6 to 10; only 4 participants answered a score of 10. Immediately after the educational intervention, there was a significant increase in the number of participants who answered higher scores. Participants who answered a score of 9 increased from 1 to 3. Those who answered a score of 10 increased from 4 to 9. Nine out of 15 participants answered a score of 10 at the 1-week follow up survey. Those who scored 9 increased to 4 participants. However, 1 participant responded to a score of 7 at the 1-week follow up survey. These data were graphed, as seen in Figures 3 and 4.

**Table 2 Confidence Score**

<table>
<thead>
<tr>
<th>Score</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-survey</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
</tr>
</tbody>
</table>
Figure 3 Confidence Score Graph

Figure 4 Confidence Score 10 & 9.

For the survey question, “Check all the elements of effective teach-back you have used more than half the time in the past work week.”, all 15 participants answered during the pre-
survey. One of the participants answered NA to this question during the 1-week post-survey because the participant did not have any patient contact between the educational intervention and post-survey.

Results from the pre-survey revealed that out of 15 participants, only 6 participants document use of and patient’s response to teach-back; only 7 participants use reader-friendly print materials to teach-back and avoid asking questions that can be answered with a yes or no; and there were 10 participants who explain and check again if the patient is unable to teach back, and ask the patient to explain, in their own words, what they were told. All participants answered that they display comfortable body language, make eye contact, and sit down, and use plain language. Results from the 1-week post-survey revealed a significant increase in the use of all, including the elements.

**Table 3 Use of 10 Elements of Effective Teach-Back**

<table>
<thead>
<tr>
<th>Check all the elements of effective teach-back you have used more than half the time in the past work week.</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use a caring tone of voice and attitude.</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Display comfortable body language, make eye contact, and sit down.</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Use plain language.</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Ask the patient to explain, in their own words, what they were told.</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Use non-shaming, open-ended questions.</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Avoid asking questions that can be answered with a yes or no.</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Take responsibility for making sure you were clear.</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Explain and check again if the patient is unable to teach back.</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Use reader-friendly print materials to support learning.</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Document use of and patient’s response to teach-back.</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Include family members/caregivers if they were present.</td>
<td>14</td>
<td>13</td>
</tr>
</tbody>
</table>
Among 15 participants, there was a total of 171 patients who received patient education with the use of the teach-back method. Out of 171 patients, 123 were able to provide a teach-back to the clinicians.

**Table 4 One Week Follow Up Survey**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past work week, how many times did you use the teach-back method in your patient education practice?</td>
<td>171</td>
</tr>
<tr>
<td>Out of the number of patients you answered Question #2, how many patients were able to provide a teach-back to you successfully?</td>
<td>123</td>
</tr>
<tr>
<td>Conversion rate</td>
<td>72%</td>
</tr>
</tbody>
</table>

**Qualitative Findings**

Each survey allowed participants to write a comment or provide feedback.

**Table 5 Pre-Survey Comments**

<table>
<thead>
<tr>
<th>Comment</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I have been doing this but not noting it/documenting it in the chart or using printed materials. I plan to do now&quot;.</td>
<td>RN</td>
</tr>
<tr>
<td>&quot;Use all (strategies) but not as much as I should for all patients&quot;.</td>
<td>PT</td>
</tr>
<tr>
<td>&quot;I know I need to be more consistent in using these tools. Definitely need to document better&quot;.</td>
<td>OT</td>
</tr>
</tbody>
</table>
Table 6 Post-Survey

"This made me more aware that I need to make sure I am explaining what I am teaching the patient on in the way they understand. We teach them so many things and not necessarily in a way they understand ". - MSW

"I’ve always taught them how I understand it and I forgot that they probably don’t speak my language as a nurse”. - RN

"This is so important with all the different barriers patients can have like their culture, language, and age”. – RN

“"I need to stir from asking yes or no question. Sometimes, they are probably just being polite so they’ll say yes. Especially certain cultures.” - PT

There is a noted difference in provider’s perception of the teach-back method based on the feedback on the 1-week post-survey. Provider’s perception of the teach-back method at this point is that it is more difficult than it seems. The staff also perceived themselves the need to further improving their skills of using teach-back method including documentation.

Table 7 One Week Post-Survey

"I noticed that it is harder than I thought to explain in short simple language and to explain to patient about why you want them to tell it back to you". - RN

"I have made changes and it's showing promising results". - RN

"Need to get out of habit of documenting verbalized understanding". - RN

"Need to improve not asking yes/no questions and documenting the teach-back". - OT
Chapter 5: Recommendations and Conclusions

Discussion

The purpose of this project aimed to support the use of the teach-back method in patient education in sustaining viable staff intervention in a HHC organization, develop a teach-back educational intervention for the HHC staff, and determine its potential for adoption. The literature supports the use of the teach-back method in all health care settings, including HHC. It is a recommended tool and strategy to be utilized by any member of the health care team whenever a patient requires education (Tamura-Lis, 2013); and a strategy that healthcare professionals can quickly implement in their everyday practice (cited in Ingadóttir & Zoëga, 2017).

In piloting this project, results revealed an increase in HHC staff skills and knowledge in the use of the teach-back method for effective patient education practice. Analysis of the surveys revealed an overall increase in the HHC staff’s conviction regarding the importance of using teach-back in patient education after the educational intervention was conducted. The analysis of the surveys also revealed a significant increase in HHC staff confidence in the use of the teach-back method after the educational intervention. The number of HHC using the elements of effective patient education also increased significantly.

The survey results revealed a need for further education and training of the HHC staff. A theme found in the comments written by participants was the awareness of the patient’s potential barriers from effective patient education. The participants recognized language and culture as potential barriers that can affect patient education. The qualitative findings also revealed a theme of participants recognizing the importance of teaching patients in a way that the patients can understand. Another theme in participants’ comments was the recognition of the need and
importance of using the elements of effective teach-back when educating patients. There was a staff report that using the teach-back method was more difficult than the staff thought it was going to be.

**Project Strengths and Limitations**

One of the strengths of this project includes strong literature that supported the project goal, aims, and objectives. The project was well received and supported by the administration at HHHM, thus allowing the project to access a multi-disciplinary health care team. One of the major strengths of this project is the increase in HHC professionals’ skills and knowledge of best practices in patient education. This project also promoted the integration of evidence-based practice in patient education practice.

The primary limitation of this project is time. Due to the time constraints on this PIP, the student was only able to implement a one-week follow up instead of the one month follow up recommended by the Always Use Teach-Back. There is potential for more robust findings if there was a longer period between the implementation of the educational intervention and the post-survey. The sample size may be considered as another limitation. However, the 15 participants represents 79% of HHHM staff census.

**Recommendations and Implications for Practice**

The literature presents evidence that the use of the teach-back method in patient education can improve patient’s engagement in self-care, compliance with medications and treatments, and optimal patient outcomes. Evidence also supports that the teach-back method can result in reduced medication errors, decreased adverse events, and reduced hospitalizations and readmissions. Eventually, the HHC organization anticipates improving patient outcomes and
patient satisfaction as a result of the teach-back educational intervention implemented at the organization.

This project presents evidence of an increase in HHC staff knowledge and skills they can continue to utilize for patient education. Therefore, there is a need to maintain continued education and training of HHC staff. Other future implications of this project for practice include the implementation of a similar project in different health care settings such as outpatient clinics, acute care, and rehabilitation facilities. The results of this project were shared with the administration of the HHC organization. The HHC administration had expressed plans to adopt the teach-back educational intervention for staff orientation and periodic training. The educational materials used in this project will be shared with HHHM.

**Conclusion**

This project developed, implemented, and evaluated a teach-back educational to promote improvement in patient education practice intervention in a HHC agency. Results showed increased staff conviction in the importance of using the teach-back method, increased staff confidence in the use of the teach-back method, and increased use of the elements of an effective teach-back method after the educational intervention was implemented. The adoption of EBP in the HHC setting will validate its performance in addressing and improving patient satisfaction and outcomes. Future studies should utilize a larger sample size to produce more robust results, and conclude with a 1-month follow-up survey. The results of this PIP were promising and serve as a foundation for HHC settings to adopt and implement a teach-back educational in-service.
References


https://cletus.uhh.hawaii.edu:4796/10.1097/NNA.0000000000000155


Appendices

Appendix A:

Always Use Teach-Back: Ten Elements of Competence For Using Teach-Back Effectively

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 non-shaming, 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 re-check.

What is Teach-back?

- A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.
- Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.

1 Schillinger, 2003
Appendix B:

Teach-Back Quick Guide

Use teach-back for ALL patients.
Start with most important message.
Limit to 2-4 key points.
Use plain language.
Rephrase message until patient demonstrates clear understanding.

Examples of Teach-Back Starters
→ “Just to be safe, I want to make sure we are on the same page. Can you tell me…”
→ “I want to make sure that I explained things clearly. Can you explain to me…”
→ “Can you show me how you would use your inhaler at home?”

Use Plain Language

<table>
<thead>
<tr>
<th>Use these words</th>
<th>Avoid these words</th>
<th>Use these words</th>
<th>Avoid these words</th>
</tr>
</thead>
<tbody>
<tr>
<td>reduces swelling</td>
<td>anti-inflammatory</td>
<td>heart doctor</td>
<td>cardiologist</td>
</tr>
<tr>
<td>blood thinner</td>
<td>anticoagulant</td>
<td>skin doctor</td>
<td>dermatologist</td>
</tr>
<tr>
<td>take before meals</td>
<td>take on an empty stomach</td>
<td>doctor who treats diabetes</td>
<td>endocrinologist</td>
</tr>
<tr>
<td>take after meals</td>
<td>take on a full stomach</td>
<td>stomach doctor; doctor for digestion problems</td>
<td>gastroenterologist</td>
</tr>
<tr>
<td>high (low) blood sugar</td>
<td>hyper(hyp-)glycemic</td>
<td>doctor for women</td>
<td>gynecologist</td>
</tr>
<tr>
<td>high (low) blood pressure</td>
<td>hyper(hyp-)tension</td>
<td>doctor for the brain, spine, and nervous system</td>
<td>neurologist</td>
</tr>
<tr>
<td>fats</td>
<td>lipids</td>
<td>cancer doctor</td>
<td>oncologist</td>
</tr>
<tr>
<td>overweight</td>
<td>obese</td>
<td>eye doctor</td>
<td>ophthalmologist</td>
</tr>
<tr>
<td>weak bone disease</td>
<td>osteoporosis</td>
<td>lung doctor</td>
<td>pulmonologist</td>
</tr>
<tr>
<td>not cancer</td>
<td>benign</td>
<td>joint, bone, and immune system doctor</td>
<td>rheumatologist</td>
</tr>
</tbody>
</table>
Appendix C:

Always Use Teach-Back: Coaching

**Coaching**

Giving staff knowledge on teach-back and its effectiveness is important. However, to change from a long-standing patient education habit of asking yes/no questions like “Do you have any questions?” to one of using teach-back to confirm understanding via the patient’s own words, takes coaching.

Changing providers’ behavior and building new habits also take time. Coaching can help staff be successful by enhancing their skills in moving away from long-standing habits and integrating new habits.

Here are tips to help you coach staff to the new habit of always using teach-back.

**Coaching Tips**

**Build motivation.**
- Encourage use of the new habit by focusing on patient-centered/ideal care.

**Honor the current work through observation.**
- Establish relationships through observing those seeking to build the new habit (teach-back).

**Understand that change is hard and uncomfortable.**
- Use active and reflective listening.
- Use open-ended what and how questions to determine individual barriers.
  - “What worries you about using teach-back?”
  - “How did using teach-back with your patient make you feel?”
  - “Tell me more about…”
**Coaching continued**

*Resistance to change is natural. Resistance comes from fear of change.*

- Confront the problem, not the person.
- Resistance is a signal to change the response and approach.

**Promote new skill development.**

- Promote each individual’s belief in their ability to change.
- Focus on previous successes.
- Focus on skill development.

  - Set goals: “I will use teach-back with every patient today.”
  - Develop a change plan. Habit change happens with conscious planning.
  - Mentally rehearse:
    - “What is the most important thing I want to be sure the patient understands?”
    - “How would I ask this question?”
  - Embed cues to use teach-back in already-established habits.
    - “After each interaction, I will ask an open-ended question to elicit understanding.”

**Build confidence to integrate the new habit into work patterns.**

- Rate your confidence in using teach-back on a scale of 1 to 5… “What might help you increase your confidence from a 3 to a 4?”
Coaching continued

Build reliability.
- Even when people have goals they often need reminders and support to be successful.
  - Create standard work: content, sequence, timing, and outcome.
  - Build in job aides and reminders.
  - Take advantage of pre-existing work and habits.
  - Make the desired action the default rather than the exception.
  - Create redundancy.
  - Group related tasks.

Manage relapses.
- Make a plan for follow-up coaching to reinforce the new habit.
- Share questions and problems. Develop program improvements.
- Recognize, reward, and celebrate!
Appendix D:

Always Use Teach-Back: Conviction and Confidence Scale

**Conviction and Confidence Scale**

Fill this out before you start using teach-back, and 1 and 3 months later.

Name: __________________________

Check one:  
- **Before** - Date: __________
- **1 month** - Date: __________
- **3 months** - Date: __________

1. On a scale from 1 to 10, how convinced are you that it is important to use teach-back (ask patients to explain key information back in their own words)?

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
</tr>
</tbody>
</table>

2. On a scale from 1 to 10, how confident are you in your ability to use teach-back (ask patients to explain key information back in their own words)?

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
</tr>
</tbody>
</table>

3. How often do you ask patients to explain back, in their own words, what they need to know or do to take care of themselves?
   - I have been doing this for 6 months or more.
   - I have been doing this for less than 6 months.
   - I do not do it now, but plan to do this in the next month.
   - I do not do it now, but plan to do this in the next 2 to 6 months.
   - I do not do it now and do not plan to do this.
Conviction and Confidence Scale continued

4. Check all the elements of effective teach-back you have used more than half the time in the past work week.
   - Use a caring tone of voice and attitude.
   - Display comfortable body language, make eye contact, and sit down.
   - Use plain language.
   - Ask the patient to explain, in their own words, what they were told.
   - Use non-shaming, open-ended questions.
   - Avoid asking questions that can be answered with a yes or no.
   - Take responsibility for making sure you were clear.
   - Explain and check again if the patient is unable to teach back.
   - Use reader-friendly print materials to support learning.
   - Document use of and patient's response to teach-back.
   - Include family members/caregivers if they were present.

Notes:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2
Appendix E:

1 Week Follow Up Survey

Improvement of Patient Education Practice in Home Health Care
Using the Teach-Back Method

Post-Survey for 1 Week Follow Up

1. What is your job title? Select all that apply:
   ___ Registered Nurse
   ___ Physical Therapist
   ___ Occupational therapist
   ___ Speech Therapist
   ___ Social Worker

2. In the past work week, how many times did you use the teach-back method in your patient education practice?
   Write number of patients: ________

3. Out of the number of patients you answered Question #2, how many patients was able to provide a teach-back to you successfully?
   Write number of patients: ________

Additional comment:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Aloha! You are being asked to participate in a Practice Inquiry Project (PIP) conducted by Joyce Della, DNP(c), BSN, RN from the School of Nursing Doctor of Nursing Practice at the University of Hawaii. The results may contribute to a standardized patient educational format for home health care staff to be adopted at the agency.

**What am I being asked to do?**
If you participate in this project, you will be asked to attend an educational in-service and complete a pre and post survey.

**Taking part in this project is your choice.**
You can choose to take part or you can choose not to take part in this project. You also can change your mind at any time. If you stop being in the project, there will be no penalty or loss to you.

**Why is this project being done?**
The purpose of my project is to improve patient education practice in home health care. I am asking you to participate because you are a home health care staff who performs patient education.

**What will happen if I decide to take part in this project?**
If you decide to participate in this project, you will be asked to do the following: First, you will complete a pre-survey prior to the in-service. Then you will be asked to participate in the education in-service, which will take about 30-60 minutes. Other home health care staff will be present at the in-service. Then, you will be asked to complete a post-survey after the in-service and one week after the in-service was conducted. All surveys will be kept anonymous.

**What are the risks and benefits of taking part in this project?**
If there are significant physical or psychological risks to participation that might cause the student to terminate the project, please describe them and the possibility that the student may terminate the project without prior notice to participants.

Participating in this project may improve your patient education practice. This project may also promote a standardized patient education practice to the agency.

**Results of Project:**
The results of this project will be disclosed to participants.

**Privacy and Confidentiality:**
Any information that is obtained in connection with this project and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of keeping all surveys anonymous.

Other agencies that have legal permission have the right to review project records. The University of Hawai‘i Human Studies Program has the right to review records for this project.
University of Hawai‘i
Consent to Participate in a Practice Improvement Project
Joyce Della, DNP(c), BSN, RN
Project title: Improvement of Patient Education Practice in Home Health Care
Using the Teach-Back Method

When I report the results of my project, I will not use your name. I will not use any other personal identifying information that can identify you. I will only use job titles, i.e. RN, PT, etc. and no other identifiers and report my findings in a way that protects your privacy and confidentiality to the extent allowed by law.

Future Projects:
Identifiers will be removed from your identifiable private information and after removal of identifiers, the results will provide a knowledge base regarding the teach-back method in the home health setting.

Compensation:
Participation in this project is voluntary and has no compensation. Your participation will add to the body of this project, providing an opportunity to .

Questions:
If you have any questions about this project, please call or email me at jadella@hawaii.edu.

You may also contact my advisor, Dr. Jeannette Ayers-Kawakami, DNP, at ayersjea@hawaii.edu.

You may contact the UH Human Studies Program at 808.956.5007 or uhirb@hawaii.edu to discuss problems, concerns and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific project. Please visit http://go.hawaii.edu/jRd for more information on your rights as a project participant.

If you agree to participate in this project, please sign and date the following signature page and return it to Joyce Della, DNP(c), BSN, RN.
University of Hawai‘i
Consent to Participate in a Practice Improvement Project
Joyce Della, DNP(c), BSN, RN
Project title: Improvement of Patient Education Practice in Home Health Care
Using the Teach-Back Method

Keep a copy of the informed consent for your records and reference.

Signature(s) for Consent:

I give permission to join the project entitled, Improvement of Patient Education Practice in Home Health Care Using the Teach-Back Method.

Name of Participant (Print): ________________________________

Participant’s Signature: _______________________________________

Signature of the Person Obtaining Consent: ______________________

Date: ____________________

Mahalo!
Appendix G:

Recruitment Flyer

University of Hawai‘i
Practice Inquiry Project

Project title: Improvement of Patient Education Practice
in Home Health Care Using the Teach-Back Method

Participants needed!!!

Are you a staff of Home Health by Hale Makua?

Do you practice patient education as part of your job?

If the answer is YES...

Joyce Della, DNP(c), BSN, RN, a student of UH Hilo, School Of Nursing
would like to invite you to participate in the project.

The purpose of this quality improvement practice inquiry project is to
improve patient education practice in one home health care (HHC) facility
through the integration of the teach-back method. The University of Hawai‘i
investigators will be collaborating with Home Health by Hale Makua to perform
this project.

To learn more about the study, contact:

Joyce Della, DNP(c), BSN, RN
Student, Doctor of Nursing Practice
University of Hawaii at Hilo, School of Nursing
Email: jadella@hawaii.edu
Appendix H:

IRB Approval

DATE: October 10, 2019
TO: Ayers-Kawakami, Jeanette, DNP, University of Hawaii at Hilo, School of Nursing
Daub, Katharyn, EdD, University of Hawaii at Hilo, School of Nursing, Della, Joyce
Angelie, BSN, University of Hawaii at Hilo, School of Nursing
FROM: Rivera, Victoria, Dir, Ofc of Rsch Compliance, Social&Behav Exempt

PROTOCOL TITLE: Improvement of Patient Education Practice in Home Health Care Using the Teach-Back Method
FUNDING SOURCE:
PROTOCOL NUMBER: 2019-00784
APPROVAL DATE: October 10, 2019

NOTICE OF APPROVAL FOR HUMAN RESEARCH

This letter is your record of the Human Studies Program approval of this study as exempt.

On October 10, 2019, the University of Hawaii (UH) Human Studies Program approved this study as exempt from federal regulations pertaining to the protection of human research participants. The authority for the exemption applicable to your study is documented in the Code of Federal Regulations at 45 CFR 46.101(b) 2.

Exempt studies are subject to the ethical principles articulated in The Belmont Report, found at the OHRP Website www.hhs.gov/ohrp/humansubjects/guidance/belmont.html.

Exempt studies do not require regular continuing review by the Human Studies Program. However, if you propose to modify your study, you must receive approval from the Human Studies Program prior to implementing any changes. You can submit your proposed changes via the UH eProtocol application. The Human Studies Program may review the exempt status at that time and request an application for approval as non-exempt research.

In order to protect the confidentiality of research participants, we encourage you to destroy private information which can be linked to the identities of individuals as soon as it is reasonable to do so. Signed consent forms, as applicable to your study, should be maintained for at least the duration of your project.

This approval does not expire. However, please notify the Human Studies Program when your study is complete. Upon notification, we will close our files pertaining to your study.

If you have any questions relating to the protection of human research participants, please contact the Human Studies Program by phone at 956-5007 or email uhirb@hawaii.edu. We wish you success in carrying out your research project.