Practice Change

- Using the IOWA model, our EBP team reviewed the evidence and selected the Teach Back method to improve our patient education process.
- We participated on a multidisciplinary team to develop new patient education materials that used the HF Zone Tool and developed a new book centered on 5 key messages for HF self-care.
- Learning assessment and Teach Back questions were developed and added to the book.
- Staff-led mandatory training on the new content and Teach Back process included nurses, nurse technicians and student nurses.
- Further hardwiring of the practice change included review of patient education as part of daily interdisciplinary rounds and charge nurse documentation review.
- Based on the success of the practice change, key EBP Team members participated in the pilot for a system wide roll-out of Teach Back, serving as trainers and competency validators for their peers.

Results

- Our improved patient education process is positively impacting the quality of care for our HF patients.
- Patients are better equipped to manage their self care, thereby improving quality of life and avoiding unnecessary readmissions.
- Offering critical information using a patient friendly approach helps our patients Live Better with Heart Failure.
- This innovative approach to HF patient education empowers the nurse to effectively prepare our HF patients for discharge.
- Our efforts around patient education have significantly reduced our readmission rate; enabling Cone Health to avoid CMS penalties for the second year in a row.
- Out of 66 hospitals in NC, Cone Health is one of the 27 facilities that avoided a 2% readmission penalty for 2013; saving as much as $2.7 million in penalties, while receiving up to $500,000 in incentives.

Evidence

- Society of Cardiovascular Patient Care Clinical Practice Guidelines support patient education as a key factor in preventing HF readmissions.
- Low dietary sodium knowledge was an independent predictor of 90 day HF readmissions (Kollipara et al., 2008).
- Systematic review of best practices included:
  1. Individualized education, caregiver involvement, assessment of learning needs and preferences, and a multidisciplinary team approach (Vreeland et al., 2011).
  2. Use of the Teach Back Method is associated with improved knowledge of self care and reduced HF readmission rates (Teach Back, 2011).
  3. Use of the HF Zone Tool is a best practice to improve symptom recognition and early intervention (www.ihi.org).

What Should We Teach?

Teach the patient the 5 Key messages found in our HF booklet: "Living Better with Heart Failure!"

1. Dietary sodium
2. Signs of fluid overload
3. Team of care providers
4. Good continued care
5. HF self management

Evaluation

- The use of the teach back method and new patient education materials has improved the quality of our patient education program.
- Nurses are consistently providing more comprehensive discharge instructions.
- Patients are reporting improved readiness for discharge.
- These process improvements are contributing to reduced LOS and HF readmission rates.
- A key reason for the success of this program was the level of staff buy-in.
- Staff initiated the EBP project and embraced the evidence to support their practice change.

Nursing Implications

- Our improved patient education process is positively impacting the quality of care for our HF patients.
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References

5. www.ihi.org

Acknowledgements

- Special thanks to all of our staff on 4700 for a successful program.
- EBP team: Nellie Buck, BSN, RN, Juanita Futrell, BSN, RN, Ana Marie Magbitang, BSN, RN, CCRN, Santana Photh, ADN, RN, Tasha Upham, ADN, RN, PCCN
- Special Recognition to our Teach Back Leaders: Lauren Mueller, BSN, RN, PCCN, Laurie Freeman, ADN, RN

Burning Clinical Question

Will Implementing a new patient education process for Heart Failure (HF) inpatients reduce 30 day readmission rates, Length of Stay (LOS) and improve readiness for discharge?