

Teach-Back Method to Reduce CHF Readmissions: A Scoping Review

Bre'yocha Mays-Dewalt, BSN, RN, CCRN, Briyanna Evans, BSN, RN, Kailee Rowland Garrett, BSN, RN,

Jessica Mabry, BSN, RN, Crystal Stephens, BSN, RN

Faculty Advisor: Dr. Margret Harvey, PhD, APRN, ACNP-BC, CHFN

Purpose

The purpose of this Scoping Review is to evaluate the effectiveness of the teach-back method on education as it relates to congestive heart failure readmission rates.

- Objectives Reviewed
 - 30-day readmissions
 - Knowledge on heart failure
 - Self-management capability
 - Treatment adherence



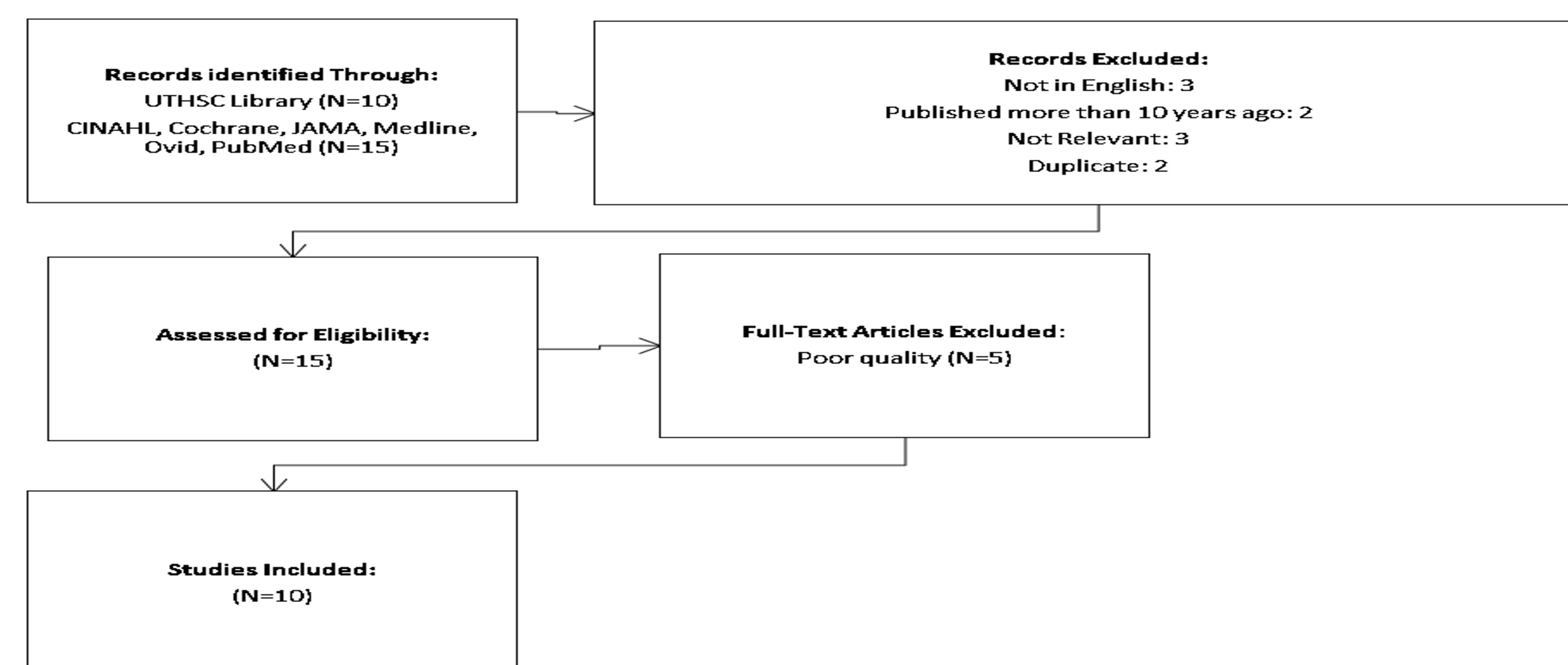
Background

- Congestive heart failure is the most common cause of hospitalization
 - Affects nearly 6 million adults ages 65 or older annually in the United States
 - 20% of patients admitted with chronic health conditions suffer readmission within one month
 - 60% of readmissions are preventable
 - Costly financial burden in the United States totaling about \$12 billion annually
- Correlation between high readmission rates and poor knowledge retention
 - Education is essential to reducing hospitalization and mortality
 - Insufficient knowledge and failure to comply with treatment plans increase readmission rates
 - Insufficient self-management and poor health literacy also increase readmission rates
 - Teach-back method is a cost-effective way to improve knowledge retention which reduces morbidity, mortality, and financial burden

Methods

- Scoping Review
 - Study Design- systematic reviews/meta-analyses, randomized control trials, case-control/cohort studies, and qualitative/descriptive studies
- Main themes used to conduct research
 - Diagnosis of heart failure
 - Human participants classified as adults (>18 years of age)
 - Educational resources using the teach-back method
 - 30-day hospital readmission rates
- Selection of sources of evidence
 - The search generated twenty-five results from the UTHSC library databases
 - Articles excluded had characteristics below:
 - Duplicates
 - Foreign language
 - Not within the last ten years
 - Irrelevant to current research
 - Remaining articles underwent the RCA tool, and five were excluded due to poor quality
 - Ten articles were chosen and included in the scoping review

Selection of Sources of Evidence Process



Results

- Teach-back reduces 30-day readmissions
- Secondary outcomes
 - Increased patient understanding
 - Improved self-management ability
 - Better treatment adherence

Outcomes Synthesis Table

T1, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	1	2	3	4	5	6	7	8	9	10
Outcome #1: 30DR after TBM	1*	1*	1*	1*	1*	1*	1*	—	1*	1*
Outcome #1: 30DR after CP	—	—	1*	NR	—	NE	NE	—	1*	1*
Outcome #2: CHF knowledge in patients	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
Outcome #3: SMA	1*	1*	1*	1*	1*	1*	1*	1*	1*	NR
Outcome #5: TA	NE	1*	—	1*	1*	1*	NE	1*	1*	1*

Symbol Key:

1= Dinh et al., 2019; 2=Rahmani et al., 2020; 3=Peter et al., 2015; 4=Almquist, 2017; 5=Mesbahi et al., 2020; 6=Salahodinkolah et al., 2019; 7=White et al., 2014; 8=Boyd et al., 2018; 9=Oh et al., 2019; 10=Tsuyuki et al., 2019
 * = increased, ↓ = decreased, — = No Change, NE = Not Examined, NR = Not Reported, ✓ = applicable or present

Implications for Practice

- Using teach-back method reduces 30-day readmission rates, improves patient outcomes, improves quality of life, and enhances self-efficacy in patients with congestive heart failure
- Evaluate the current education used in the hospital setting and recognize where teach-back can be incorporated in place of the current method
- Encourage members of the healthcare team to implement teach-back method when providing education. Offer training on this method of education and assure that the healthcare team is comfortable and confident using teach-back.
- Begin educating CHF patients on admission, stay consistent with daily education using teach-back method, and assure teach-back method is used upon discharge

References

Almquist, K. D. (2017). Using teach-back method to prevent 30-day readmissions in patients with heart failure: A systematic review. *CNE*, 26(5), 309-311.

Bamforth, R.J., Chhibba, R., Ferguson, T.W., Sabourin, J., Pieroni, D., Askin, N., Tangri, N., Komenda, P., & Rigatto, C. (2021). Strategies to prevent hospital readmission and death in patients with chronic heart failure, chronic obstructive pulmonary disease, and chronic kidney disease: A systematic review and meta-analysis. *PLoS ONE*, 16(4). <https://doi.org/10.1371/journal.pone.0249542>

Boyd, M., Peters, R., New, N., Hwang, R., Ha, T., & Korczyk, D. (2018). Self-care educational intervention to reduce hospitalizations in heart failure: A randomized controlled trial. *European Journal of Cardiovascular Nursing*, 17(2), 178-185. <https://doi.org/10.1177/1474515117727740>

Centers for Medicare & Medicaid Services. (2022). Hospital readmissions reduction program (HRRP). <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program>

Dinh, H. T. T., Bonner, A., Ramsbotham, J., & Clark, R. (2019). Cluster randomized controlled trial testing the effectiveness of a self-management intervention using the teach-back method for people with heart failure. *Nursing & Health Sciences*, 21(4), 436-444. <https://doi.org/10.1111/nhs.12616>

Medicare.gov. (2022). Baptist Memorial Hospital: Overall star rating details. <https://www.medicare.gov/care-compare/details/hospital/440048?state=TN&measure=hospital-overall-rating>

Mesbahi, H., Kermansaravi, F., & Kiyani, F. (2020). The effect of teach-back training on self-care and readmission of patients with heart failure. *Medical-Surgical Nursing Journal*, 9(3). <https://doi.org/10.5812/msnj.111465>

Nair, R., Lak, H., Hasan, S., Gunasekaran, D., Babar, A., & Gopalakrishna, K. V. (2020). Reducing all-cause 30-day hospital readmissions for patients presenting with acute heart failure exacerbations: A quality improvement initiative. *Cureus*, 12(3), e7420. <https://doi.org/10.7759/cureus.7420>

Oh, E.G., Lee, H.J., Yang, Y.L., & Kim, Y.M. (2019). Effectiveness of discharge education with the teach-back method on 30-Day readmission: A systematic review. *Journal of Patient Safety*, 17(4), 305-310. <https://doi.org/10.1097/pts.0000000000000596>

Peter, D., Robinson, P., Jordan, M., Lawrence, S., Casey, K., & Salas-Lopez, D. (2015). Reducing readmissions using teach-back: Enhancing patient and family education. *The Journal of Nursing Administration*, 45(1), 35-42. doi: 10.1097/NNA.0000000000000155

Rahmani, A., Vahedian-Azimi, A., Sirati-Nir, M., Norouzzadeh, R., Rozdar, H., & Sahebkar, A. (2020). The effect of the teach-back method on knowledge, performance, readmission, and quality of life in heart failure patients. *Cardiology Research and Practice*, 2020, 1-13. <https://doi.org/10.1155/2020/8897881>

Salahodinkolah, M., Ganji, J., Moghadam, S., Shafipour, V., Jafari, H., Salari, S. (2019). Educational intervention for improving self-care behaviors in patients with heart failure: A narrative review. *Journal of Nursing and Midwifery Sciences*, 7(1), 61-68. https://doi.org/10.4103/JNMS.JNMS_19_19

Tsuyuki, R.T., Lockwood, E.E., Shibata, M.C., Simpson, S.H., Tweden, K.L., Gutierrez, R., Reddy, M.C., Rowe, B.H., Villa-Roel, C., & Fradette, M. (2019). A randomized trial of video-based education in patients with heart failure: The congestive heart failure outreach program of education (COPE). *CJC Open*, 1(2), 62-68. <https://doi.org/10.1016/j.cjco.2018.12.001>

White, M., Garbez, R., Carroll, M., Brinker, E., & Howie-Esquivel, J. (2013). Is "teach-back" associated with knowledge retention and hospital readmission in hospitalized heart failure patients? *Journal of Cardiovascular Nursing*, 28(2), 137-146. doi: 10.1097/JCN.0b013e31824987bd