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Improving patient outcomes through use of the teach-back method in the Post Anesthesia Care Unit

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CNL Project Summary

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Abstract

The setting for this Clinical Nurse Leader (CNL) project was the Post Anesthesia Care Unit (PACU) at a level I trauma center in the Bay Area. The goal was to improve the discharge education performed by the PACU nurses to improve patient safety and decrease the chance of complications or readmissions to this hospital. With no clear instructions for how discharge teaching should be done, the nurses have many differing styles which leaves room for gaps in discharge planning. This influenced the implementation of the teach-back method during discharge planning in order to ensure proper education and increased patient understanding. A literature review revealed that the teach-back method has helped to decrease hospital readmissions and prevents complications patients may experience during home self-care. The Joint Commission, Agency for Healthcare Research and Quality, and the Institute for Healthcare Improvement all state that the teach-back method for discharge planning is best practice. Project data was collected through observation, microsystem assessments and through nurse and patient surveys. Interventions included nurse education at staff meetings, one on one in-service educations and teach-back handouts. The pre-intervention nurse survey (n=26) showed that 80% of the nurses were familiar with the teach-back method while only 36% of nurses used teach-back during discharge planning regularly. The patient survey (n=25) revealed that patients were able to retain 68% of the information presented during discharge education. One on one in-service education on the teach-back method is still being conducted at this time, with high nurse satisfaction. Follow-up surveys will commence when 100% of the staff have completed the in-service. The expected final outcome of this project is the implementation of the teach-back method during discharge planning by all nurses and increased patient understanding of discharge education.

Statement of the Problem

With new advancements in healthcare and changes to our current system, patients are now more in control of their care than ever before. More attention is paid to preventative measures and more focus is spent on reducing the time and occurrence of inpatient hospital stays. With this movement towards shortened hospital stays, patients are now doing more care at home than ever before. This increased amount of self-care puts patients at risk for complications and readmission due to less time spent under the supervision of the educated health professionals.

This project is set in the Post Anesthesia Care Unit (PACU) of an urban level I trauma center. When patients are leaving the PACU, they are given a wealth of information on how to care for the surgical wound upon discharge. Typically, this information is given between 1.5 and 2 hours after leaving surgery while the patient is still feeling the effects of anesthesia and medications they received in or after surgery. The current discharge plan includes a review of a generic discharge plan that is used for all patients that undergo surgery with addendums attached for special procedures. The discharge instructions are reviewed once, often as the patient is packing up to leave the hospital. The problem in the current discharge plan is that the patients are only given the instructions one time, without much follow up to ensure they understand all the information. It has been shown that when patients do not understand discharge education, they are at an increased risk for readmission, medication errors and much more (Kornburger, Gibson, Sadowski, Maletta & Klingbeil, 2013). The National Quality Forum states that teach-back is one of 34 ‘safe practices’, therefore the implementation of the teach-back method during discharge planning can help reduce errors (Jager & Wynia, 2012). The teach-back method is also promoted as best-practice by the Joint Commission, Institute for Healthcare Improvement

and the Agency for Healthcare Research and Quality (Mahramus, Penoyer, Frewin, Chamberlain, Wilson & Sole, 2014).

Rationale

Upon initial observation of the unit, it was noticed that little time was spent on discharge teaching for patients who would be returning home the same day as surgery. The microsystem assessment showed that the average time spent in the 12-bed PACU is two hours, with twenty-five to forty patients coming through this unit daily. Due to the high volume of patients in this unit each day, the need for a quick turnover of each patient is increased. Patients are grouped into four categories: trauma, inpatient, come and stay, and come and go. This project focused on the come and go patients, as they will be performing home self-care of their surgical sites starting just a few hours post operatively. The trauma patients, inpatients, and come and stay patients all have a bed in the hospital where they will be cared for by the nursing staff of the unit, therefore we did not test the effectiveness of discharge teaching of these patients. The come and go patients account for at least half of the patients, leaving the nurses rushed for time for discharge teaching. The number of nurses on the floor varies from five to nine, with each nurse having an average of four patients each shift. On select days, a phase 2 nurse is available who solely does discharge planning for each of the come and go patients.

There is also no specified format for nurses to follow while completing discharge teaching, leaving some patients with more complete information than others. The lack of a structured discharge plan can contribute to patients returning to the hospital. There are several barriers the nurses encounter in the PACU which include, but are not limited to, a decreased level of consciousness due to anesthesia and/or pain medications, language barriers, time

constraints, noise levels, and a lack of clear instruction from the medical team who serviced this patient. These factors place the patients at a higher risk for misunderstanding or misinterpretation of the discharge instructions given to them. Therefore, it is imperative that there is a standard teaching method for giving discharge instructions as well as use of the teach-back method to verify patient understanding before they are discharged home.

Root Cause Analysis

A root cause analysis (Appendix A) was conducted to investigate the issues that nurses and patients encounter during discharge teaching. The findings showed that the patients are placed at a higher risk for infection, medication errors, falls, repeat surgeries, admission to hospital and missed follow up appointments due to ineffective discharge teaching. The root cause analysis led to using the teach-back method during discharge planning to help reduce the amount of complications encountered by the patients in the PACU.

Literature Review

Discharge teaching is becoming a more important aspect of the nursing field. With a current emphasis on patients spending less time in hospitals and more people practicing home self-care (Kornburger et al, 2013), it is imperative that nurses are able to effectively teach patients how to prevent further injury and promote healthy lifestyles during discharge teaching. Patient education has been shown to help successfully transition patients from the hospital to the community (Dantic, 2014). The American Medical Association has suggested that hospital personnel use plain language and visual aids, keep focus on the most important aspects of discharge teaching, then ask the patients to repeat the information, or teach-back what the staff has taught them to ensure understanding (Jager & Wynia, 2012). On a medical-surgical floor,

nurses can practice discharge teaching throughout the patients' entire stay. Efficient discharge planning time was discovered to take more than 60 minutes (McCarthy, 2012). However, the PACU nurses do not have as much time with the patients, so it becomes even more important to teach discharge plans effectively.

Studies show that patients comprehend only 50% of the information presented to them by physicians (Schillinger, Piette, Grumbach, Want, Wilson, Daher & Bindman, 2003). With that fact taken into consideration, nurses must also be aware of each individual's age, cognitive impairment, education, and literacy skills which can all affect a patient's ability to learn (Kripalani, Bengtzen, Henderson & Jacobson, 2008). Those patients who have poor health literacy may find discharge planning confusing and overwhelming, which leads to non-compliance with discharge teaching (Kornburger et al., 2013). It is especially important with these patients that the teach-back method is used to ensure understanding. The teach-to-goal method can also be utilized with these patients, where teaching is not complete until the patient clearly understands all aspects of their discharge planning (Kripalani et al., 2008).

Patient education should be completed in small blocks of time to prevent overwhelming the patient with information, and periodically checked for understanding (Kornburger et al., 2013). This may also be referred to as the 'chunk-and-check' method, where each subject is taught and patient understanding is verified before moving on to the next topic (Tamura-Lis, 2013). It is important that the correct language is used when implementing the teach-back method. Using non-shaming statements such as "I just want to make sure I explained your medications clearly" are vital in eliciting information from patients (Kornburger et al., 2013). All teach-back questions should also be open-ended, for example "what questions do you have for me?" (Kripalani et al., 2008)

Teach-back education times can vary from patient to patient. On a heart failure unit, it was found that patients needed between 15 and 120 minutes for discharge education, with an average time of 34 minutes spent on each patients discharge teaching (White, Garbez, Carroll, Brinker, & Howie-Esquivel, 2013). Education interventions utilizing the teach-back method for patients who use inhalers ranged from 28 to 45 minutes (Dantic, 2014). This increased length of time spent on discharge teaching positively correlates with patients correctly explaining their discharge goals (White et al., 2013). Teach-back is ideally provided during times of reduced stress and chaos (Haney & Shepherd, 2014). Each educational plan should also be catered to the individual to ensure understanding of their personal plan (Haney & Shepherd, 2014). Teach-back is not limited to patient understanding either. Some patients may have family members or caretakers that need to be considered when discharge planning is being taught since the patient is not always the primary caregiver (Tamura-Lis, 2013).

There have been successful implementations of the teach-back method in several hospitals nationwide. One study conducted at University of California, San Francisco medical center was conducted by two nurses on a heart failure unit. These nurses found that the teach-back method was already utilized by pharmacists during patient rounds and it was proving to be effective (McCarthy, 2012). The nurses created an educational plan about the teach-back method to introduce to their nurses, which included teaching the nursing staff and physicians how to utilize the teach-back method in discharge teaching (McCarthy, 2012). These nurses also found that patients did not often comprehend the seriousness of their disease, and therefore did not follow through on discharge planning. Therefore, the teach-back method was introduced to all clinical liaisons and home care agencies to ensure patient understanding throughout all stages of their care. (McCarthy, 2012)

Another study conducted at San Francisco General Hospital found that patients had an increased understanding of their discharge teaching if physicians took time to 'close the loop' in communication (Schillinger et al., 2003). Closed loop communication consists of verification that patient learning has taken place through asking questions about discharge planning (Schillinger et al., 2003). The patients who had been assessed on their ability to recall instructions given to them were more likely to be able to practice safe self-care at home (Schillinger et al., 2003). During the process of this study, Schillinger found that some physicians were resistant to changing their discharge teaching as they felt their current teaching style was effective. The physicians also felt that using closed loop communication may greatly increase the time spent with each patient, thus reducing the amount of patients seen daily (Schillinger et al., 2003). It is important to emphasize to medical personnel that the teach-back method may increase time spent with each patient, however, it will also increase patient safety.

The teach-back method can also assist in improving nursing knowledge and understanding of disease processes. 150 nurses were involved in a pretest and posttest teach-back educational program (Mahramus, 2014). Of the nurses involved, 97% stated that the education on teach-back helped to improve their personal understanding of heart failure self-care (Mahramus, 2014). The nurses had found that prior to implementation of the teach-back method, they had significant knowledge deficits in treating symptoms related to heart failure (Mahramus, 2014). Weekly reminders were sent to the nursing staff which included the five main teaching points they were expected to review with each patient: medications, diet, exercise, fluid and weight management, and signs and symptoms of worsening conditions. (Mahramus, 2014) This nursing education intervention helped to improve nursing knowledge of heart failure, which then helped to improve patient outcomes.

The Joint Commission has found that poor communication was the root cause in several sentinel events (Tamura-Lis, 2013). The teach-back method can help prevent sentinel events from occurring through patient education prior to discharge. Research has shown that the teach-back method is an effective tool to help reduce hospital readmissions (Hyde & Kautz, 2014). Patients should be able to explain in their own words what medical problems they have as well as what types of medications they are taking (Tamura-Lis, 2013). Through improvements in discharge teaching, such as translation of paperwork into the patient's primary language, further reductions of complications can occur.

Cost Analysis

The costs of implementing this project are insignificant. All PowerPoints and handouts that were distributed to the staff were printed at the hospital. The teach-back quick tip cards were printed and laminated, with the total under $100. All surveying and educational in-services were completed during the nurses scheduled shifts thus preventing any labor costs. These surveys and in-services were conducted by two students at no additional costs. A staff nurse or a Clinical Nurse Leader could have been chosen to take part in the surveying of staff and in-service education at a cost of $9,333.29 to $12,115.38 (Appendix B) thus saving the hospital thousands of dollars in labor costs.

Care transitions, or changes in patient environment such as hospital to home, are often poorly managed. It is estimated that inadequate coordination of care and transition of care was responsible for $25 to $45 billion in spending in 2011 through avoidable circumstances and hospital readmissions (Burton, 2012). While this estimate accounts for all hospitals, the PACU does have the potential to contribute to these costs if transitions home are not properly managed.

The Institute of Medicine has also stated that patients receive inadequate discharge information which results in diminished patient conditions and increased readmission rates, thus increasing healthcare costs (Burton, 2012).

Project Overview and Methodology

The focus of this project is to improve the discharge planning in the PACU before the unit moves to a new location next year. The reason for making changes in discharge planning is to help reduce the amount of complications experienced by patients who come through this PACU as well as reduce the readmissions of patients after surgery. A microsystem assessment of the unit, conducted through nurse interviews, patient interviews and observation, showed discharge education as an area of need for improvement. The data included the nurse perceptions of the current discharge plan as well as their thoughts on the teach-back method. Patient comprehension was assessed after discharge teaching took place to determine how much information was retained using the current discharge plan. The implementation of the teach-back method has been well-received by the nurses as they feel they are lacking formal guidelines for discharge education.

Other professionals beyond the nursing staff have not been involved at this time as discharge teaching is primarily done by the nursing staff. Doctors occasionally contribute to the discharge teaching, so they may be included in the future. Other departments that frequently collaborate with the PACU were consulted to discuss their ideal discharge plan. If more time was allotted for this project, it would have included all affiliated departments. The unit manager has been the primary resource for information and guidance during this project. He has provided

time, space, and staff to assist in the success of this project, and has continued to be an excellent resource throughout the project.

Lippitt's theory of change (Appendix C) modeled how this project would be best completed. This theory states that change is comprised of seven phases: diagnosing the problem, assessing the motivation and capacity for change, assessing the change agents motivation and resources, selecting progressive change objective, choosing the appropriate role of the change agent, maintaining the change and terminating the helping relationship (Mitchell, 2013). These seven phases help to direct how use of the teach-back method should be implemented to effectively make a change in the PACU. Lippitt's theory of change closely models the nursing process, which allows for an identification of the problem, planning for an intervention, implementing the change and evaluating the effects.

Pre-Intervention Surveys

The project is being completed in four phases; the pre-intervention surveys, in-services, post-intervention surveys and biannual audits. A timeline (Appendix D) was developed to estimate the time needed to be spent on each phase of the project. The pre-intervention surveys included a survey of the nurses (Appendix E) and a survey of the patients (Appendix F). These surveys were meant to analyze the current understanding of the teach-back method by the nursing staff as well as to determine how much information patients retained using the current discharge process.

The pre-intervention nursing survey contained seven questions related to the teach-back method and discharge planning. Of the 36 staff members presently working in the PACU, 26 nurses participated in the initial survey (Appendix G). The nurses were asked to rate their

familiarity with the teach-back method on a scale of 1 to 5, with 80% of the nurses stating a familiarity of a 4 or better. The nurses were asked how often they used the teach-back method on a scale of 1 to 5 and 36% of the staff stated a 4 or better. Nurses were then asked to select the best definition of the teach-back method given these three options: to determine patient understanding, to see how well information was presented, to reinforce what information has already been given. While all three answers are correct, the best answer is to see how well information is presented as teach-back is only effective if the teacher can present the information in a way the learner can understand. The results showed that 63% of the nurses believed teach-back was to determine patient understanding, 13% believed teach-back was to see how well the information was presented and 24% believed teach-back was to reinforce the information already given. The final portion of the survey asked the nurses to specify the amount of time needed for discharge teaching and the amount of time they have to adequately complete discharge teaching. While 59% of the nurses stated they need 8 or more minutes to complete discharge teaching, only 50% stated they spent 8 or more minutes on discharge teaching.

The patient survey assessed patient understanding of discharge planning prior to any intervention. Twenty-five come and go patients were asked by the students if they could state the name, purpose, and dosage of the medications that were prescribed, what their self-care needs were when they got home, what signs they should be aware of that would prompt them to call the hospital, and when their follow-up appointment was scheduled. Preliminary data (Appendix H) showed that 56% of patients could correctly explain their medication purpose, dosage, and time, 76% of patients correctly stated proper self-care at home which included cast care, diet, and activity restrictions, 68% of patients were aware of what would prompt them to call the hospital if they were experiencing complications post operatively, and 72% of patients

were able to correctly state when their follow-up appointment was scheduled. This totals to the patients being able to correctly state 68% of the information presented to them. The findings were not disappointing, however there is still room for improvement in discharge planning.

In-Service

The in-service included one PowerPoint presentation given to the entire staff during a monthly meeting to discuss the results of the pre-intervention surveys. The nurses were impressed by the results found and were willing to participate in improving upon the effectiveness of discharge teaching in the PACU. Then, each nurse was individually educated on the importance of using teach-back through one on one in-services, where the nurses were asked to role play one of four discharge plans using the teach-back method (Appendix I).

Post-Intervention Surveys and Biannual Audits

The post-intervention surveys will begin as of December 1st, 2014. These surveys cannot be conducted until 100% of the PACU staff has taken part in the in-service. This will also include a survey of the nursing staff (Appendix J) and a survey of the patients (Appendix K) as the pre-intervention survey had. After the post-intervention surveys, a nurse will be trained in conducting biannual audits (Appendix L) to ensure staff compliance with the teach-back method in the future.

Expected Results

Through the introduction of consistent use of the teach-back method in the PACU, it is expected that patients will retain more information pertaining to their discharge plans and home care. At the start of this project, 80% of nurses rated their familiarity with the teach-back

method at a 4 or greater while only 36% frequently utilized teach-back during the current discharge planning. Patients were retaining an average of 68% of the information provided, leaving room for improvement by the staff. Through improvement of patient understanding and retention of the discharge plans, the PACU nurses can help reduce the amount of readmissions and complications experienced by patients, thus improving both the patient satisfaction and quality of self-care.

Nursing Relevance

The teach-back method will help benefit the nursing profession through providing nurses with the appropriate language for discharge teaching as well as using the right questions to elicit information from the patients. Nurses will be able to determine which areas the patient lacks understanding and will be able to fill in the gaps before the patient returns home. It will also help reduce readmissions to the hospital for preventable complications. The nursing mission in the PACU is to ensure a safe recovery from anesthesia under expert supervision. These nurses are watching for any complications that can occur during recovery and to ensure the patients know how to care for themselves once they are discharged to home.

Evaluation

This project was meant to make a small change that would have a substantial positive impact on the patients that come through the PACU. Literature has shown that the teach-back method is both supported as best practice as well as effective in reducing hospital readmissions and complications after discharge. The project was well received by the nursing staff and they showed great appreciation for the educational handouts and in-services on the teach-back method.

Conclusions and Recommendations

Effectively changing the methods of nursing staff can be difficult, especially when working with staff who worked as floor nurses for over 20 years. The goal of this project was to improve the discharge planning done in the PACU through a change in the language used during discharge. Several nurses did find that the tips presented by the students were helpful, however, the language was not regularly used therefore it was difficult for the nurses to change old habits.

My recommendations are for more CNL led in-services to educate the staff on effective discharge teaching. The CNL can also offer the staff more time to practice using the language of the teach-back method, which would increase the effectiveness of this in-service education. Since data is still being collected, it is hard to draw conclusions on the complete effectiveness of the teach-back method in the PACU setting.

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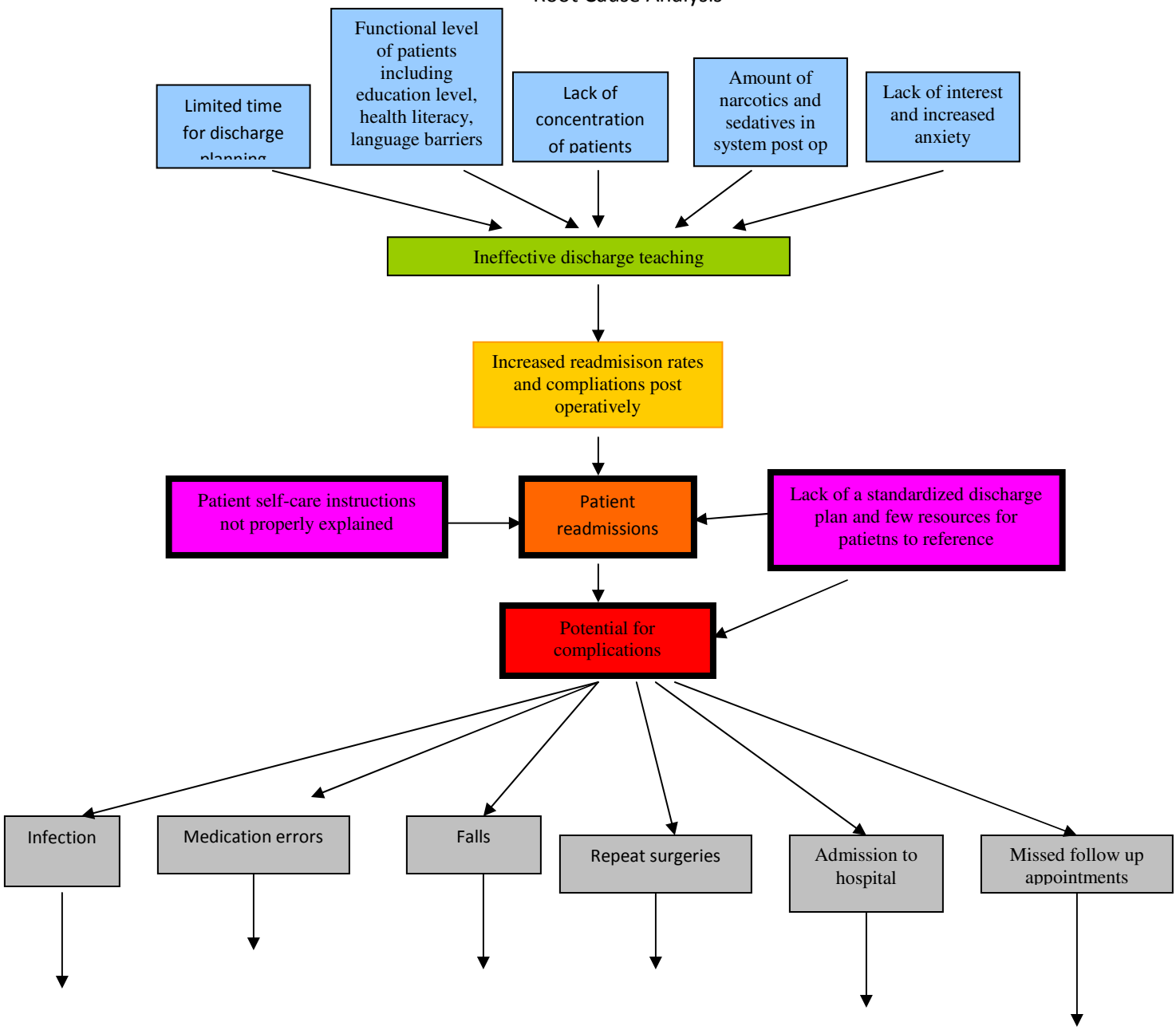
Appendix A

Root Cause Analysis



Potential for:	Infection
	Deficient knowledge
	Increased readmission rates
	Increased challenges to placement
	Self-neglect
	Increased noncompliance

Appendix B

A registered nurse average salary in May 2010 was $64,690. (“Nursing salaries by specialty,” n.d.)

A Clinical Nurse Leader average salary is $84,000. (“Nursing salaries by specialty,” n.d.)

To determine how many hours each staff member would get for 300 hours of work on this project, each salary was broken down into an estimated hourly rate.

40 hour work weeks X 52 weeks per year= 2080 hours worked yearly

RN Salary $64,690 / 2080 hours worked = $31.10 per hour

$31.10 per hour X 300 hours = $9,330.29

CNL Salary $84,000 / 2080 hours worked = $40.38 per hour

$40.38 per hour X 300 hours = $12,115.38

Appendix C

Lippitt's Theory of Change

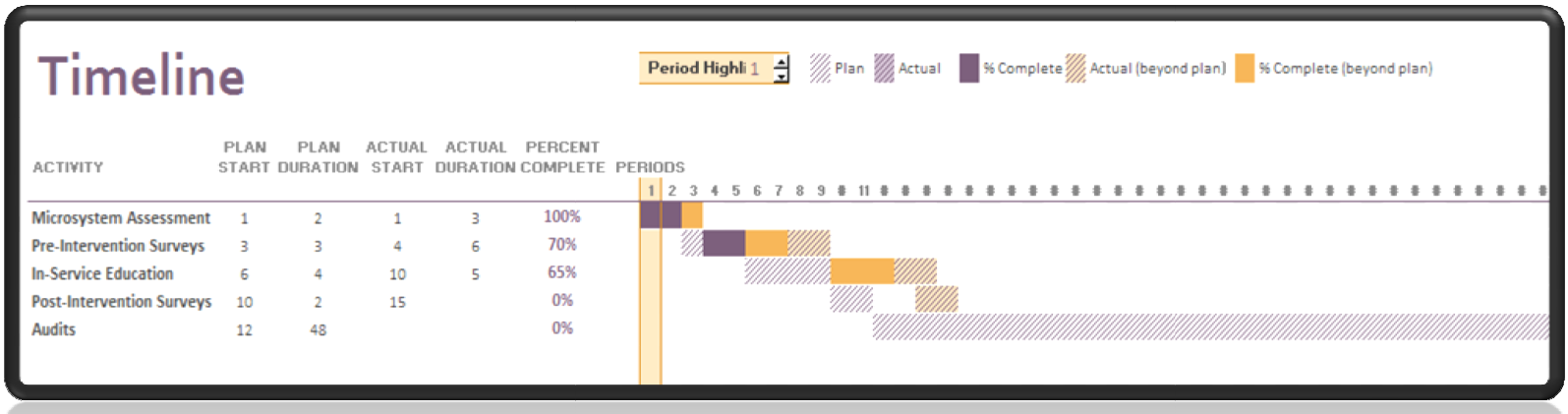
Box 2 Lippitt's theory compared with the nursing process

Nursing process elements	Lippitt's theory
Assessment*	*Phase 1*. Diagnose the problem
	Phase 2. Assess motivation/capacity for change
	Phase 3. Assess change agent's motivation and resources
Planning†	*Phase 4*. Select progressive change objective
	Phase 5. Choose appropriate role of the change agent
Implementation‡	*Phase 6*. Maintain change
Evaluation‡	*Phase 7*. Terminate the helping relationship

Key: * Assessment = Lewin's unfreezing stage
† Planning/implementation = Lewin's moving stage
‡ Implementation/evaluation = Lewin's refreezing stage

(Lewin 1951, Lippitt *et al* 1958, Pearson *et al* 2005)

Appendix D


Timeline
Period Highli 1
Plan
Actual
% Complete
Actual (beyond plan)
% Complete (beyond plan)
ACTIVITY
PLAN START
PLAN DURATION
ACTUAL START
ACTUAL DURATION
PERCENT COMPLETE
PERIODS
1 2 3 4 5 6 7 8 9 11
Microsystem Assessment 1 2 1 3 100%
Pre-Intervention Surveys 3 3 4 6 70%
In-Service Education 6 4 10 5 65%
Post-Intervention Surveys 10 2 15 0%
Audits 12 48 0%

Appendix E

Post Anesthetic Care Unit (PACU)
Discharge Education Survey

In an effort to improve discharge education, we are asking staff members to participate in a brief survey to gather information about current discharge practices. The goal is to utilize this data to create a more comprehensive discharge education plan. Data collected will be anonymous. We appreciate and value your feedback.

Please respond the following survey statements based on a scale of 1-5; 1 being the least amount and 5 being the greatest amount:

Survey Questions	1 Least	2	3	4	5 Greatest
Rate our familiarity with the "teach-back method".					
How often do you use the "teach-back method" during discharge education?					
What is the primary purpose of the "teach-back method"? ☐ To determine how much the patient understood ☐ To see how well the information was presented ☐ To reinforce what information has been given to the patient					
List 3 of the top challenges that surround discharge education. 1. 2. 3.					
How much time is required for adequate discharge teaching?			1-3 minutes	4-7 minutes	8 or more minutes
What is the average time you spend for patient's discharge education?			1-3 minutes	4-7 minutes	8 or more minutes

Appendix F

How much are the patients retaining from the current discharge teaching?

Can the patient state the name, purpose, and time they should take their medications? (e.g. I take Tylenol for pain every 6 hours)

Yes No

Can the patient state how to properly care for their surgical wound?

Yes No

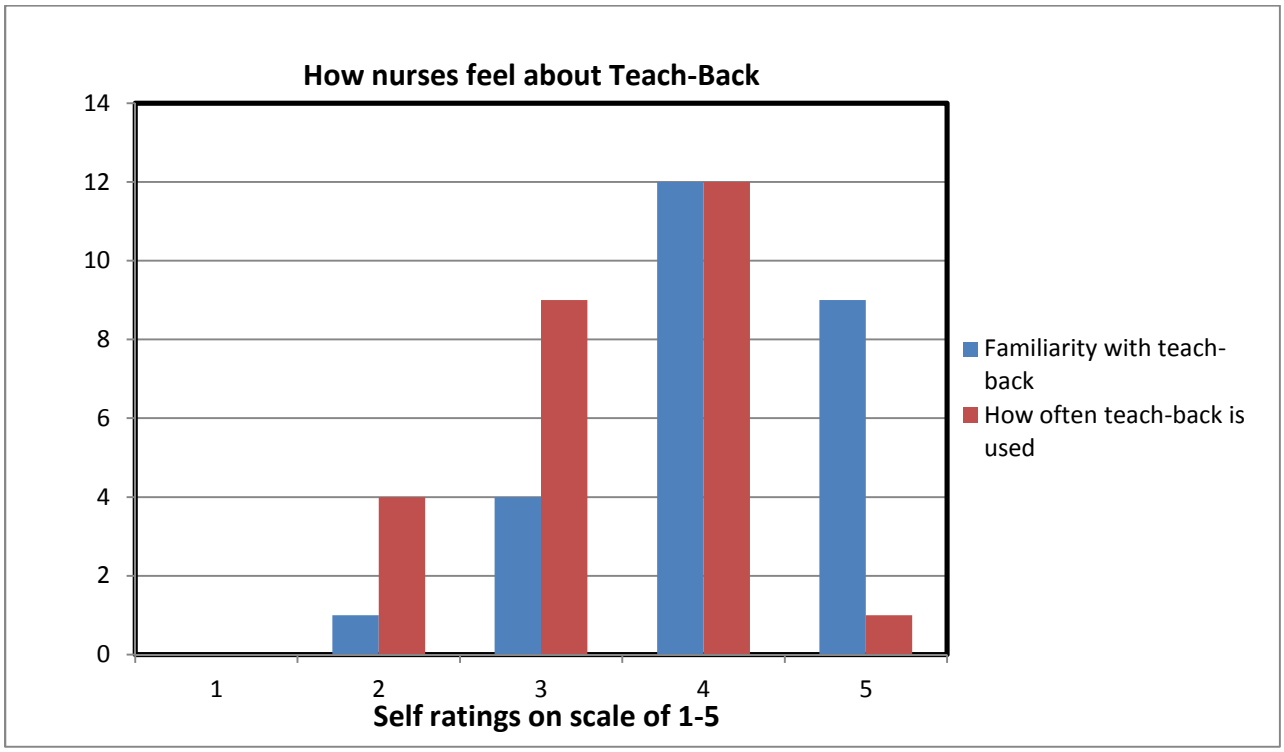
Do they know when they should call the hospital? (e.g. when a complication occurs)

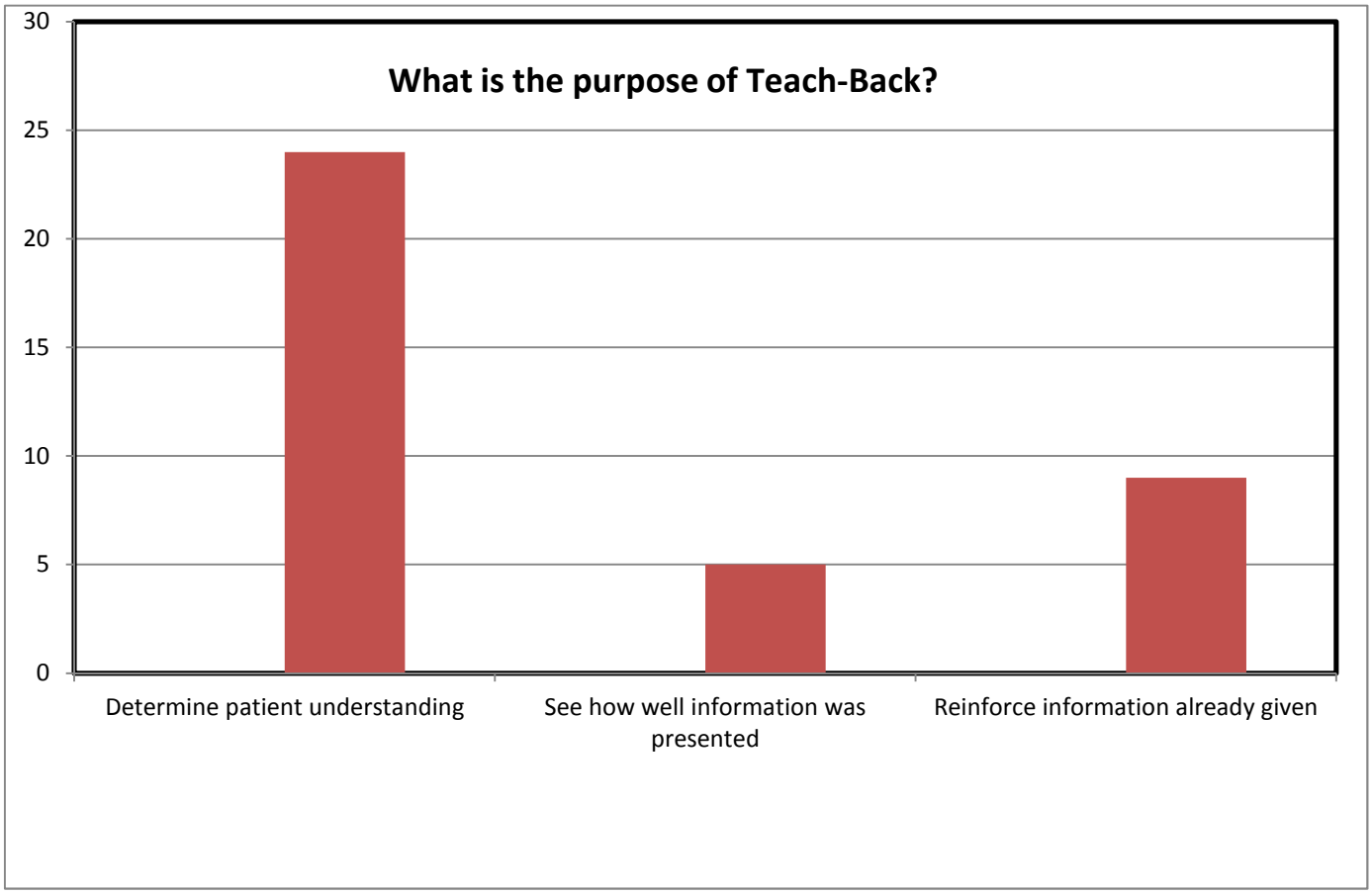
Yes No

Can they state when their follow up appointment is?

Yes No

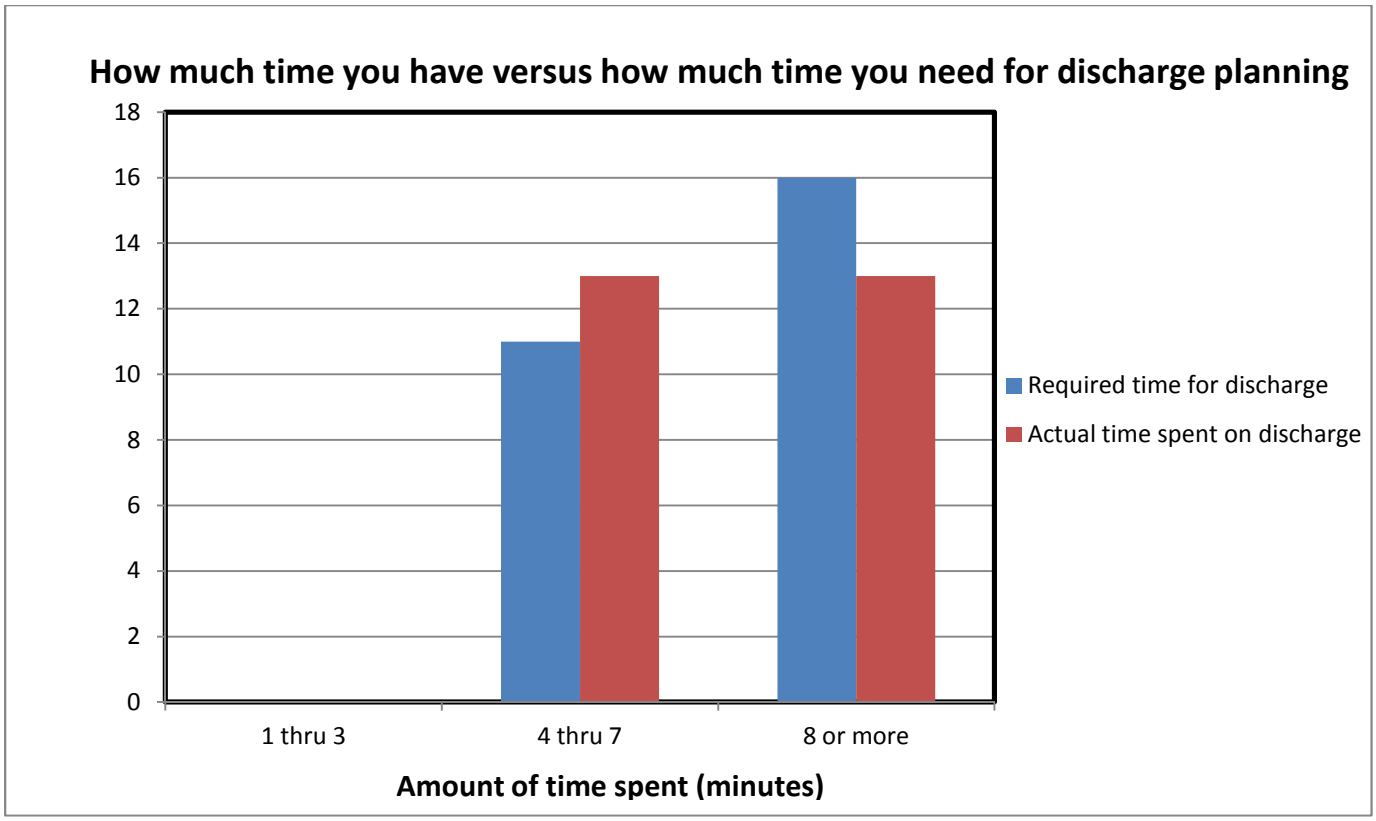
Appendix G


How nurses feel about Teach-Back
14
12
10
8
6
4
2
0
1
2
3
4
5
Self ratings on scale of 1-5
Familiarity with teach-back
How often teach-back is used

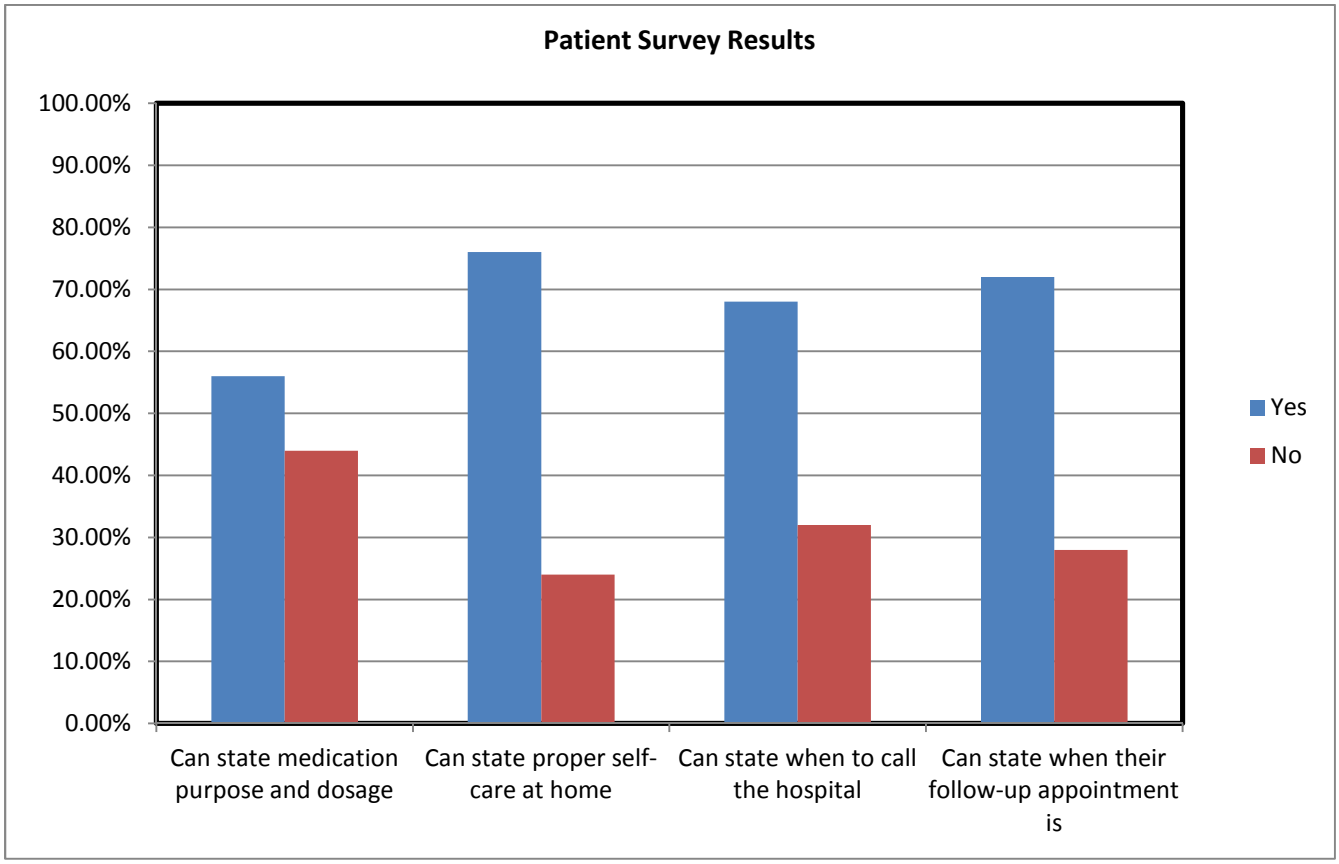

What is the purpose of Teach-Back?
30
25
20
15
10
5
0
Determine patient understanding
See how well information was presented
Reinforce information already given

Challenges of Discharge Education

Language Barrier	25
Willingness to learn/Disinterest	7
Education level	6
No clear instruction from service	5
Level of consciousness	3
Time	3
Instructions not in the appropriate language	3
Level of understanding	2
Medical terminology versus layman's terms (simplifying)	2
Family involvement	1
Difficult to determine how much information to give	1
Patients lack of a home	1
Lots of paperwork	1
Non-compliant	1
Patient incapable of understanding information	1
Anxiety (wanting to leave)	1
Education not begun preoperatively	1
Not being familiar with supplies	1
Making sure information is understood	1
Patient fears of being able to do self-care at home	1
Patient listening skills	1
Memory (meds can alter short term memory)	1
Receptiveness after anesthesia	1
Environment	1
Patient nodding without actually understanding	1


How much time you have versus how much time you need for discharge planning
18
16
14
12
10
8
6
4
2
0
1 thru 3
4 thru 7
8 or more
Amount of time spent (minutes)
Required time for discharge
Actual time spent on discharge

Appendix H


Patient Survey Results
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Can state medication purpose and dosage
Can state proper self-care at home
Can state when to call the hospital
Can state when their follow-up appointment is
Yes
No

Appendix I

Scenario 1: Mr. Carl Sellers

Procedure: Orthopedic Surgery (Open Reduction of the RIGHT Ankle)

Cast Care

Shower OK

NO getting cast wet (Cover thoroughly with plastic)

Activity

Use Crutches/No bearing weight on RIGHT foot

Diet

Light diet, nothing heavy (broth, soup, sandwich) for one day

No fried, spicy or greasy food

Regular diet resumed in 24 hours

Medications

Norco 325 mg for pain

1-2 tabs q6h (PRN) (With food)

Senna 15 mg for constipation

1 tab, twice a day

AM and PM

Call MD when…

Signs of infection

Fever, increased pain, warmth, swelling, oozing, pus

Come in when…

Pain unrelieved by medication

Follow up appointment is schedule for: Tuesday, November 25, 2014 at 1:00pm in the Orthopedic Department

Scenario 2: Ms. Pamela Brown

Procedure: Cataract Surgery (Left Eye)

Eye Care

DO NOT remove bandage

DO NOT get wet

No over the head showers

Activity

No driving or activity that requires use of full vision

Take it easy

No strenuous work

Diet

No restrictions/ Return to normal diet

Medications

NO Medications

Call MD when…

Signs of infection

Fever, increased pain, warmth, swelling, oozing, pus

Come in when…

Pain unrelieved by medication

Follow up appointment is schedule for: Tuesday, November 25, 2014 at 1:00pm here in the Ophthalmology Department

Scenario 3: Lesley Mann

Procedure: GI Colonoscopy

Wound Care

None

Shower OK

Activity

Take it easy

No strenuous work

Diet

No dietary restrictions/ Return to normal diet

Medications

NO Medications

Call MD when…

Signs of infection

Fever, increased pain, warmth, swelling, oozing, pus

Come in when…

Pain unrelieved by medication

Follow up appointment is schedule for: Tuesday, November 25, 2014 at 1:00pm in the GI Department

Scenario 4: Daniel Edwards

Procedure: GU Urology Kidney Stone Removal

Wound Care

Shower OK/ Keep bandage dry

Activity

No restrictions

Take it easy/ Nothing strenuous

Diet

No restrictions/ Return to normal diet

Medications

Norco 325 mg for pain

1-2 tabs q6h (PRN) (With food)

Senna 15 mg for constipation

1 tab, twice a day

AM and PM

Antibiotic penicillin 200mg for infection prevention

1 tablet 3 times a day (with or without meals)

Take till completely finished with regimen

Call MD when…

Signs of infection: Fever, increased pain, warmth, swelling, oozing, pus

Come in when…

Pain unrelieved by medication

Follow up appointment is schedule for: Tuesday, November 25, 2014 at 1:00pm in the Urology Department

Appendix J

Post Anesthetic Care Unit (PACU)
Post In-service Discharge Education Survey

In an effort to assess the effectiveness of the discharge education in-service, we are asking staff members to participate in a brief post in-service survey to gather information about the updated discharge practices. The goal is to utilize this data to assess the effectiveness of the in-service. Data collected will be anonymous. We appreciate and value your feedback.

Please respond the following survey statements based on a scale of 1-5; 1 being the least amount and 5 being the greatest amount:

Survey Questions	1 Least	2	3	4	5 Greatest
Rate your comfort with initiating the "teach-back method".					
How appropriate has the utilization of the "teach-back method" been for all of your patients?					
How effective do you feel the "teach-back" method has been at improving the overall understanding of discharge information for your patients?					
Approximately how much time do you feel you need to provide a quality discharge education plan using the "teach-back" method?			1-3 minutes	4-7 minutes	8 or more minutes
What is the average time you've spent with patient's discharge education using the "teach-back" method?			1-3 minutes	4-7 minutes	8 or more minutes

Appendix K

Post In-Service Patient Survey

Verification Statements	Patient	Support Person
The patient understands and is able to describe how to care for their dressing.	☐	☐
The patient understands and is able to describe the limitations of their activities.	☐	☐
The patient understands and is able to state their dietary restrictions.	☐	☐
The patient is able to list their medication, and understands when and how to take them.	☐	☐
The patient understands and is able to state the signs of infection and what other indications require them to call or come in to see the provider.	☐	☐
The patient is able to state the date, time and location of their follow-up appointment.	☐	☐

Appendix L

Teach-Back Discharge Education Audit

Nurse initiates patient's understanding of procedure done.	☐
Nurse assesses availability of support person.	☐
Nurse initiates discharge education with following tips:	
Use eye contact if culturally appropriate.	☐
Be at patient's level if possible.	☐
Use Layman's terms.	☐
Use short clear phrases.	☐
Assess engagement of patient.	☐
Nurse initiates teach-back method using appropriately phrased (open-ended) questions.	☐
Nurse provides time for patient questions.	☐

Patient Assessment

Verification Statements	Patient	Support Person
The patient understands and is able to describe how to care for their dressing.	☐	☐
The patient understands and is able to describe the limitations of their activities.	☐	☐
The patient understands and is able to state their dietary restrictions.	☐	☐
The patient is able to list their medication, and understands when and how to take them.	☐	☐
The patient understands and is able to state the signs of infection and what other indications require them to call or come in to see the provider.	☐	☐
The patient is able to state the date, time and location of their follow-up appointment.	☐	☐