



Presents:

**Dramatically Reducing Hospitalization Rates:
“*What Works, What Doesn’t*”**

Audio Conference

Thursday, April 8, 2010

2:00 PM – 3:30 PM Eastern
1:00 PM – 2:30 PM Central
12:00 PM – 1:30 PM Mountain
11:00 AM – 12:30 PM Pacific

Presented By:

Merry Beth Rucker CEO

Karen Agahigian COO

Dramatically Reducing Re-hospitalization Rates: *“What Works & What Doesn’t”*

Merry Beth Rucker CEO

Karen Agahigian COO

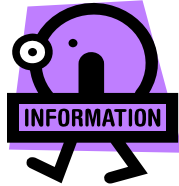
April 8, 2010



Objectives

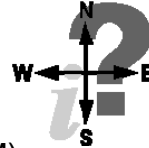
Participant will gain understanding of the following:

- How to develop a process to decrease unnecessary re-hospitalization through organizational change
- Clinical initiatives that facilitate improvement in patient outcomes=decreasing unnecessary inpatient admissions
- Importance of clinical & IT interface in reducing recidivism
- Pay for Performance (P4P) Demonstration Project



Presentation Overview

- The Beginning: Home Health Compare 2003
- Assessing Staff Involvement & Participation
- OASIS Data Collection & Recidivism
- Specifics of Disease Management Program (DM)
- Significance of Information Technology
- Pay for Performance Demonstration Project: 2008 results
- 15% and counting!



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November 2003:
"Shock & Awe"



- Medicare published specific patient outcomes in local newspapers
- VNA of Middlesex-East was not prepared for the publication or comparison of these outcomes
- Hospitalizations: 29%
- Oral Medication Improvement: 27%
- VNA of Middlesex-East management team response: Never again!

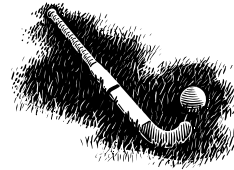
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The Carrot and the Stick “Evaluating Clinical Participation”

What do we want from clinicians?

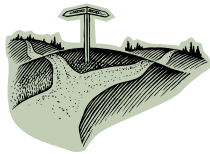
- Quality hands-on care
- In-depth OASIS product
- Superior documentation
- Competent clinical judgment



What do clinicians want to do?

- Provide quality clinical care in the home
- Receive solid administrative/managerial support
- Attend as few meetings as possible

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Crunch Time! “Choosing a Direction”

- Implementation is organization specific: each agency should decide who “owns” the project
- Management made decision to “shoulder” the responsibility of developing process and managing results
- Our clinical staff was not required to participate in the development stage
- 1st priority:

Identifying high risk patients: diagnoses & recidivism rate
OASIS retraining
High risk assessment process
Medication reconciliation & management



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Disease Management (DM)

“A system of coordinated healthcare interventions for medical conditions in which patient self-care efforts are significant”

- Development & delivery of innovative programs that substantially reduce exacerbations and recidivism
- Clinical practice that supports outcome based quality care by developing protocols based for complex diagnoses
- Based on case mix, agency defines patients with complex care and high costs
- Enfranchises patients to participate in their care
- High risk diagnoses: Heart Failure & COPD



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Disease Management Components

“Utilizing Untapped Resources”

- OASIS proficiency
- Patient disease-specific guidelines
- Front loading visits
- Medication management & medication cards
- Telehealth & telephony
- Case conference
- Disease-specific education booklets
- POC computer software
- Hospitalization audits



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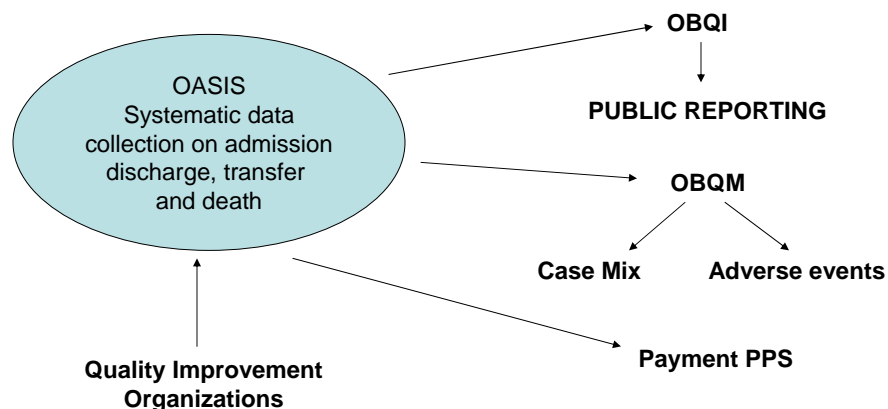
OASIS, OASIS, OASIS!

“Outcomes Begin and End with OASIS”

- Defining how clinicians viewed the assessment process
- News flash! managing outcomes=decreasing recidivism
- Defining OASIS product we expected from clinical staff
- How would the review process work?
- How would revisions happen when indicated?
- Reviewing re-hospitalizations: “closing the door after the horse is out of the barn”
- Continuous OASIS training with clinicians

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OASIS is the Key!



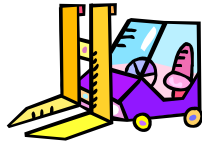


Disease Guidelines

“When to Call & Where to Go?”

- High risk patients deteriorate quickly
- Patients often confused about actions to take when becoming symptomatic: *Call the ambulance? Call the physician? What should be done in the middle of the night? At what stage call?*
- In response, we developed guidelines from educational resources including staff, acute care experts, and websites
- Reinforce to patients: call when symptoms begin!
- Given out at admission and utilized as teaching tool

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Front Loading Visits

“Care When Most Needed”

- High risk patients were in a hospital bed yesterday: *How much better can they be in 16 hours?*
- SOC visit heavy on assessment, light on teaching
- SOC teaching: make patient safe until next day visit
- Patient anxiety at its peak on day 1 after discharge: learning minimal on first visit
- Day after SOC visit, teaching should be priority 1!
- Teach back on 2nd visit after SOC
- Rehab on visit #3: important consolidation with nursing
- Possible telephone call the next day (day 4): revisit schedule according to POC
- “PRN” visits performed by clinician familiar with patient

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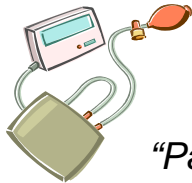


Medication Management

“Failure without Compliance”

- Obtain sliding scale dosing for diuretics at referral time
- Medication cassettes: pre-fills in first 1-3 weeks after hospital discharge
- Medication cards: specific categories for specific medications
- “Teach Back” competency for clinical staff
- Transition of Care team: multi-organizational team dedicated to easing patients’ transition from one level of care to another
- Medication reconciliation: process initiated with TOC team to receive accurate medication information at time of referral

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Telehealth & Telephonics

“Part of a Solution for High Risk Patients”

- Allows for preemptive care, supporting adjustments to treatment plan
- Facilitates patient and caregiver participation
- Utilize 100 units: integral to plan of care
- Installer is not a clinician!
- Telehealth nurse communicates with clinicians as needed
- Provide 7 day a week coverage
- Telephone calls to patients completed at specified times



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Case Conference

“Never Underestimate the Value of Face to Face Interaction”

- Interdisciplinary & team focused: *Admission nurse, rehab and “overflow” nurse assigned to each team*
- Scheduled every 2 weeks; participation mandatory
- Facilitated by Clinical Manager
- Discussion includes progress towards goals, discharge planning and consolidation of visits between disciplines
- Telehealth nurse attends conferences

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Patient Education Booklets

“Sensible, Engaging and Grownup”

- Completed by multi-disciplinary education team
- Written clearly, concisely in “laymen terms”
- Utilized as teaching tool as indicated on each visit: left in patient home
- Heart Failure, COPD, Cardiac Disease, Diabetes, Total Joint, Fall Prevention: received grants
- Well received by patients and caregivers



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Point of Care Technology “Beyond Face to Face”

- Timeliness: same day completion required= availability of all documentation
- Medications entered once become available in every part of the medical record
- Plan of care more specific and standardized
- Improved interdisciplinary communication
- Expanded teaching=improved compliance by patients
- IT reports provide data on what’s happening!



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Performance Improvement “And the Beat Goes On...and On and On”

- Our hospitalization committee determines review process: *What feedback do we need to institute improvement?*
- PI Department reviews the following:
 - Hospitalization documentation*
 - Concurrent review of high risk patients*
- Specifics to look for in documentation:
 - Using guidelines, teach back and booklets?*
 - Instituting telehealth appropriately?*
 - Does patient/caregiver express specific understanding of medications, disease process?*
- Nothing gets done easily!



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Pay for Performance Demonstration Project



“Proof is in the Outcomes”

- Aligning financial reward with improved outcomes
- Desired outcomes occur through changed behaviors
- 2008 & 2009
- Treatment & control group
- Bonus for achieving targets
- Budget neutral
- Nothing taken away for not reaching goals
- 166 agencies received \$15 million for 2008



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Conclusion: Getting to 15% is work!

“You Must Walk the Walk”

- Agency specific: what works for us may not always work for you, pick and choose
- However, the general principles are the same
- The key is follow through: creating a process around outcomes management has no value if someone isn't “watching the store”
- Vigilance is non-stop: do not simply implement and expect “results”
- Manage expectations: know what is happening when it is happening

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QUESTIONS

*Push *1 on your telephone key pad
to comment or ask your question*

OR

*Click on 'Q&A' on the menu bar. This will open the
Q&A panel.*

*Type your question in the upper section and then click
'Ask.' You'll receive confirmation that your question
was received and only you and the presenters will see
your question.*

*Submitted questions will be answered verbally as time
allows.*



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Cardiac Care Guidelines

Call the VNA if you experience:

- Tightness, palpitations or pain in your chest
- Increased heart rate;
100 to 120 beats/min.
- Decreased heart rate;
50 to 60 beats/min
- Dizziness
- Unusual shortness of breath
- Headache of more than 1 days duration
- Feet, ankles or stomach swell more than usual; shoes may be tight

**CALL 800-607-4299; press 0
and ask for a nurse.**

Call 911 if you experience:

- Sudden or severe chest pain or pressure
- Sudden onset of sweating
- Very rapid heart rate;
120 beats or more/min
- Very slow heart rate;
below 50 beats/min
- Severe shortness of breath/fainting
- Change in color of lips, fingernails or skin
to blue/gray

CALL 911 !

**If you go to the hospital for more than 24
hours, please notify us at 800-607-4299;
press 0 and ask for Intake.**



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Cardio-Pulmonary Guidelines

Call the VNA if you experience:

- Increased shortness of breath; "your breathing gets worse"
- Coughing that becomes worse or increased wheezing, even after taking medicine
- Sputum that increases in amount or color and thicker than usual
- Weight gain or loss of greater than 3 lbs. in 3 days
- Temperature between 99-101
- Less energy or it takes longer to do your daily activities; loss of appetite
- Feet, ankles swell more than usual; shoes may be tight
- Restlessness & agitation
- Tightness in your upper back when you breathe or cough

Call 800-607-4299; press 0 and ask for a nurse

Call 911 if you experience:

- Sudden, consistent sharp pain in chest or upper back; becomes worse when you breathe or cough
- Change in color of lips, fingernails, or skin to gray/blue
- Confusion
- You have trouble staying awake
- Temperature greater than 101

Call 911 !

If you stay in the hospital for more than 24 hours, please notify us at 800-607-4299



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Coumadin Guidelines

Call the VNA if you experience:

- Bleeding gums
- Unusual bruising noticed without an injury
- Oozing blood at wound site
- Excessive gas or bloating
- Temperature between 99-101
- Broken blood vessels under skin
- Vomiting or diarrhea
- Blood in your urine or stool

**Call 800-607-4299; press 0
& ask for a nurse**

Call 911 if you experience:

- Coughing up or vomiting blood
- Sudden onset of sharp headache
- Yellowing of skin or eyes
- Temperature greater than 101

Call 911 !

**If you stay in the hospital longer than
24 hours, notify us at 800-607-4299**



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

CVA Care Guidelines

Call the VNA if you experience:

- New numbness or tingling in arm/leg
- Increased generalized weakness
- Unusual dizziness
- Drowsiness or lethargy
- Mild headache
- Cold sweaty skin

**Call 800-607-4299; press 0 and ask
for a nurse**

Call 911 if you experience:

- New loss of feeling or motion
- Change or loss of vision
- New drooping of mouth or eye
- New slurring or loss of speech
- New swallowing difficulties/drooling
- Severe shortness of breath
- Sudden onset of severe headache
- Loss of consciousness or fainting

Call 911!

**If you stay in the hospital for more
than 24 hours, please notify us at
800-607-4299**



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Dementia Guidelines

Call the VNA if the patient experiences:

- Change in restlessness or increased agitation
- Loss of appetite; change in eating habits
- Wandering episodes
- Change in confusion level
- Lethargy
- Fall

**CALL 800-607-4299; press 0
and ask for a nurse**

Call 911 if the patient experiences:

- Sudden or severe chest pain or pressure
- Sudden onset of sweating
- Very rapid heart rate;
120 beats or more/min
- Very slow heart rate;
below 50 beats/min
- Severe shortness of breath/fainting
- Change in color of lips, fingernails or skin
to blue/gray

CALL 911 !

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more than 24 hours, please notify
us at 800-607-4299**



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Diabetes Guidelines

Call the VNA if you experience:

- Increased thirst & urination
- Abdominal pain, loss of appetite, nausea, vomiting, diarrhea
- Heavy labored breathing
- Headache
- Blurred vision
- Irritability or personality changes
- Pounding heart or trembling
- "Feeling bad" for 12 hours
- Temperature greater than 100
- Sweet or fruity smell on breath
- BS greater than _____
- BS less than _____

Call 800-607-4299; press 0 and ask for a nurse

Call 911 if you experience:

- Sudden or severe chest pain or pressure
- Confusion
- Trouble staying awake
- Excessive sweating or feeling faint
- BS greater than _____
- BS less than _____
- Vomiting or diarrhea for 6 or more hours

Call 911 !

If you stay in the hospital for more than 24 hours, please notify us at 800-607-4299



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Foley Catheter Guidelines

Call the VNA if you experience:

- No urine in bag for more than 4 hours
- Leaking at catheter site
- Burning or tenderness at catheter site
- Blood, odor or cloudiness in urine
- Low back pain
- Temperature between 99.4 -101.4
- Vomiting

Call 800-607-4299; press 0 and
ask for a nurse

Call 911 if you experience:

- Confusion or Disorientation
- Temperature is greater than 101

Call 911 !

If you stay in the hospital for more
than 24 hours, please notify us at
800-607-4299



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Heart Failure Guidelines

Call the VNA if you experience:

- Increase shortness of breath, especially when lying flat
- Weight gain of 3 to 5 lbs over 2 to 5 days
- Weight gain of 2 lbs overnight
- Coughing at night
- Dizziness
- Increased tiredness
- Feet, ankles or stomach swell more than usual; shoes may be tight
- Increased heart rate:
100 to 120 beats/min
- Decreased heart rate:
50 to 60 beats/min
- Cold sweaty skin

CALL 800-607-4299; press 0; ask for a nurse

Call 911 if you experience:

- Sudden or severe chest pain or pressure
- Severe shortness of breath
- Very rapid heart rate;
120 beats or more/min.
- Very slow heart rate;
below 50 beats/min.
- Fainting
- Change in color of lips, fingernails or skin to blue/gray

CALL 911!

If you stay in the hospital for more than 24 hours, please notify us at 800-607-4299



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

IV Care Guidelines

Call the VNA if you experience/observe:

- Redness/swelling near IV insertion site
- Drainage from IV insertion site
- Blood in IV tubing
- Temperature between 99-101
- Bandage or dressing comes off IV site
- IV tube moves out of place or falls out of insertion site; apply gauze pressure dressing and call us

Call 800-607-4299; press 0 and ask for a nurse

Call 911 if you experience:

- Sharp consistent pain at IV insertion site
- Profuse bleeding from IV insertion site
- IV tubing *breakage*; clamp off remaining inserted tube immediately
- Profuse sweating
- Temperature greater than 101

Call 911 !

If you stay in the hospital for more than 24 hours, please notify us at 800-607-4299



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Nursing Guidelines

Call the VNA if you experience:

- Dizziness
- Shortness of breath
- Fall
- Poor/unsteady balance
- Change in mobility status
- Feet, ankles or stomach swell more than usual; shoes may be tight
- Change in incision or wound site

**CALL 800-607-4299; press 0
and ask for a nurse.**

Call 911 if you experience:

- Sudden or severe chest pain or pressure
- Severe shortness of breath
- fainting
- Sudden onset of sweating
- Very rapid heart rate;
120 beats or more/min
- Very slow heart rate;
below 50 beats/min
- Change in color of lips, fingernails or skin
to blue/gray

CALL 911 !

**If you go to the hospital for more than 24
hours, please notify us at 800-607-4299;
press 0 and ask for Intake.**



**VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE**

Ostomy Care Guidelines

Call the VNA if you experience/observe:

- Redness near/around the ostomy site
- Skin breakdown or unusual redness, swelling or bleeding at ostomy site
- Unusual odor or bleeding noted in ostomy drainage
- Continuous itching at ostomy site
- Temperature between 99 - 101
- Drainage decreases or stops

Call 800-607-4299; press 0 and ask for a nurse

Call 911 if you experience:

- Sharp consistent pain at ostomy site
- Profuse sweating
- Temperature greater than 101

Call 911 !

If you stay in the hospital for more than 24 hours, please notify us at 800-607-4299



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Rehabilitation Guidelines

Call the VNA if you experience:

- Dizziness
- Unusual shortness of breath
- Fall
- Poor/unsteady balance
- Change in mobility status
- Feet, ankles or stomach swell more than usual; shoes may be tight
- Change in incision site
- Temp 99-100

**CALL 800-607-4299; press 0
and ask for a nurse**

Call 911 if you experience:

- Sudden or severe chest pain or pressure
- Sudden onset of sweating
- Very rapid heart rate;
120 beats or more/min
- Very slow heart rate;
below 50 beats/min
- Severe shortness of breath/fainting
- Change in color of lips, fingernails or skin
to blue/gray
- Temp greater than 100

CALL 911 !

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than 24 hours, please notify us at
800-607-4299**



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Renal Disease Guidelines

Call the VNA if you experience:

- Swelling of feet, ankles & hands
- Nausea or vomiting
- Change in urination
- Loss of appetite
- Itching of skin
- Headache
- Shortness of breath
- Decrease in energy level
- Temperature between 99-101

Call 800-607-4299; press 0 and ask for a nurse

Call 911 if you experience:

- Confusion
- Marked increase in restlessness and agitation
- Trouble staying awake
- Temperature is greater than 101

Call 911 !

If you stay in the hospital for more than 24 hours, notify us at 800-607-4299



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Surgical Cardiac Care Guidelines

Call the VNA if you experience:

- Increased heart rate;
100 to 120 beats/min.
- Decreased heart rate;
50 to 60 beats/min
- Shortness of breath
- Dizziness
- Increased redness, swelling or bleeding
at wound site
- Temperature between 99 - 101

**CALL 800-607-4299; press 0
and ask for a nurse**

Call 911 if you experience:

- Sudden or severe chest pain or pressure
- Very rapid heart rate;
120 beats or more/min
- Very slow heart rate;
below 50 beats/min
- Severe shortness of breath or fainting
- Pain or foul smelling drainage at wound
site; temperature over 101

CALL 911 !

**If you stay in the hospital for more
than 24 hours, please notify us at
800-607-4299**



VNA OF MIDDLESEX-EAST &
VISITING NURSE HOSPICE

Wound Care Guidelines

Call the VNA if you experience/observe:

- Redness around wound area
- Increase in the amount of drainage from wound
- Change in color or a foul odor from wound drainage
- Seeping or pain at wound site
- Swelling of the skin around wound site
- Temperature between 99-101
- Itching around wound
- Bandage or dressing falls off

Call 800-607-4299; press 0 and ask for a nurse

Call 911 if you experience:

- Sharp consistent pain at wound site
- Bleeding at wound site
- Profuse sweating
- Temperature greater than 101

Call 911 !

If you stay in the hospital for more than 24 hours, please notify us at 800-607-4299



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

ACE inhibitor

Medication: _____

Reason prescribed: heart failure

Purpose: heart healing

Possible side effects: cough, chest pain,
dizziness, headache, abdominal pain, rash,
vomiting



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Cardiac Drug (antiarrhythmic)

Medication: _____

Reason prescribed: rapid heart rate, irregular heart rate

Purpose: stabilize heart rate

Possible side effects: slow heart rate, dizziness, low blood pressure, shortness of breathe, nausea, visual disturbances, sensitivity to light



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Antibiotics

Medication: _____

Reason prescribed: bacterial infection

Purpose: kills the bacteria that causes the infection

Possible side effects: nausea, vomiting, headache, rash, allergic reaction, dizziness, diarrhea



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Anticoagulants (blood thinner)

Medication: _____

Reason prescribed: blood level is at risk for clotting

Purpose: decrease chance of developing a blood clot

Possible side effects: bleeding, blood in urine, bruising



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Antigout Agents

Medication: _____

Reason prescribed: pain in toe, fingers, ankles, knees wrist and elbows, resembling arthritis

Purpose: decrease the inflammation in these areas

Possible side effects: diarrhea, nausea, flushing, abdominal pain



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Antihistamine

Medication: _____

Reason prescribed: head cold, allergies

Purpose: decrease level of histamine that causes colds and allergic reactions

Possible side effects: drowsiness, dizziness, blurred vision, dry mouth, headache



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Antihypertensive (ACE inhibitor)

Medication: _____

Reason prescribed: high blood pressure

Purpose: decrease blood pressure

Possible side effects: cough, chest pain, dizziness, headache, abdominal pain, rash, vomiting



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Antihypertensive (beta-blockers)

Medication: _____

Reason prescribed: high blood pressure

Purpose: decrease blood pressure

Possible side effects: slow heart rate,
dizziness, headache, stomach pain, rash,
insomnia, depression, confusion



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Anti-Seizure Medication

Medication: _____

Reason prescribed: seizure activity

Purpose: prevent the onset of seizure activity

Possible side effects: mental confusion,
insomnia, slurred speech, GI upset, headaches,
shakiness



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Beta-Blockers

Medication: _____

Reason prescribed: heart failure

Purpose: heart healing

Possible side effects: slow heart rate,
dizziness, headache, stomach pain, rash,
insomnia, depression, confusion



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Cardiac Drug (channel blocker)

Medication: _____

Reason prescribed: high blood pressure, angina, irregular heart rate

Purpose: decrease blood pressure, stabilize heart rate

Possible side effects: blurred vision, constipation, dizziness, palpitations, nausea, rash, swelling hands/ feet



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Digoxin

Medication: _____

Reason prescribed: congestive heart failure,
irregular heart rate

Purpose: increase power of heart activity,
decrease pulse

Possible side effects: abdominal pain,
confusion, depression, dizziness, headache,
nausea, rapid heart rate, visual disturbances



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Insulin

Medication: _____

Reason prescribed: diabetes

Purpose: replaces the hormone insulin that the body no longer produces

Possible side effects: injection site reaction, hypoglycemia (low blood sugar), low potassium level



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Narcotics

Medication: _____

Reason prescribed: severe pain

Purpose: pain relief

Possible side effects: nausea, confusion,
constipation, drowsiness, decrease in
respirations



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Oral Diabetic Agents

Medication: _____

Reason prescribed: Type 2 diabetes; those with some insulin production

Purpose: lowers blood glucose

Possible side effects: nausea, vomiting, diarrhea, weight gain, coronary artery disease



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Steroids

Medication: _____

Reason prescribed: inflammation in any part of body

Purpose: decrease internal and external inflammation

Possible side effects: appetite change, headache, mood swings, moon face, increase risk for infection, flu-like symptoms



VNA OF MIDDLESEX-EAST & VISITING NURSE HOSPICE

Cardiac Drug (vasodilators)

Medication: _____

Reason prescribed: high blood pressure, angina, irregular heart rate

Purpose: stop angina, decrease blood pressure

Possible side effects: anxiety, irregular or rapid heart rate, dizziness, flushing, headache



Teach-Back Method Competency 2010



What is “Teach Back”?

- Simple mechanism by which patient’s understanding of a concept or topic may be assessed
- Clinician asks patient to repeat back in their own words what they need to do based, on clinician instructions
- Allows you to check your patients’ perception and understanding of your instructions

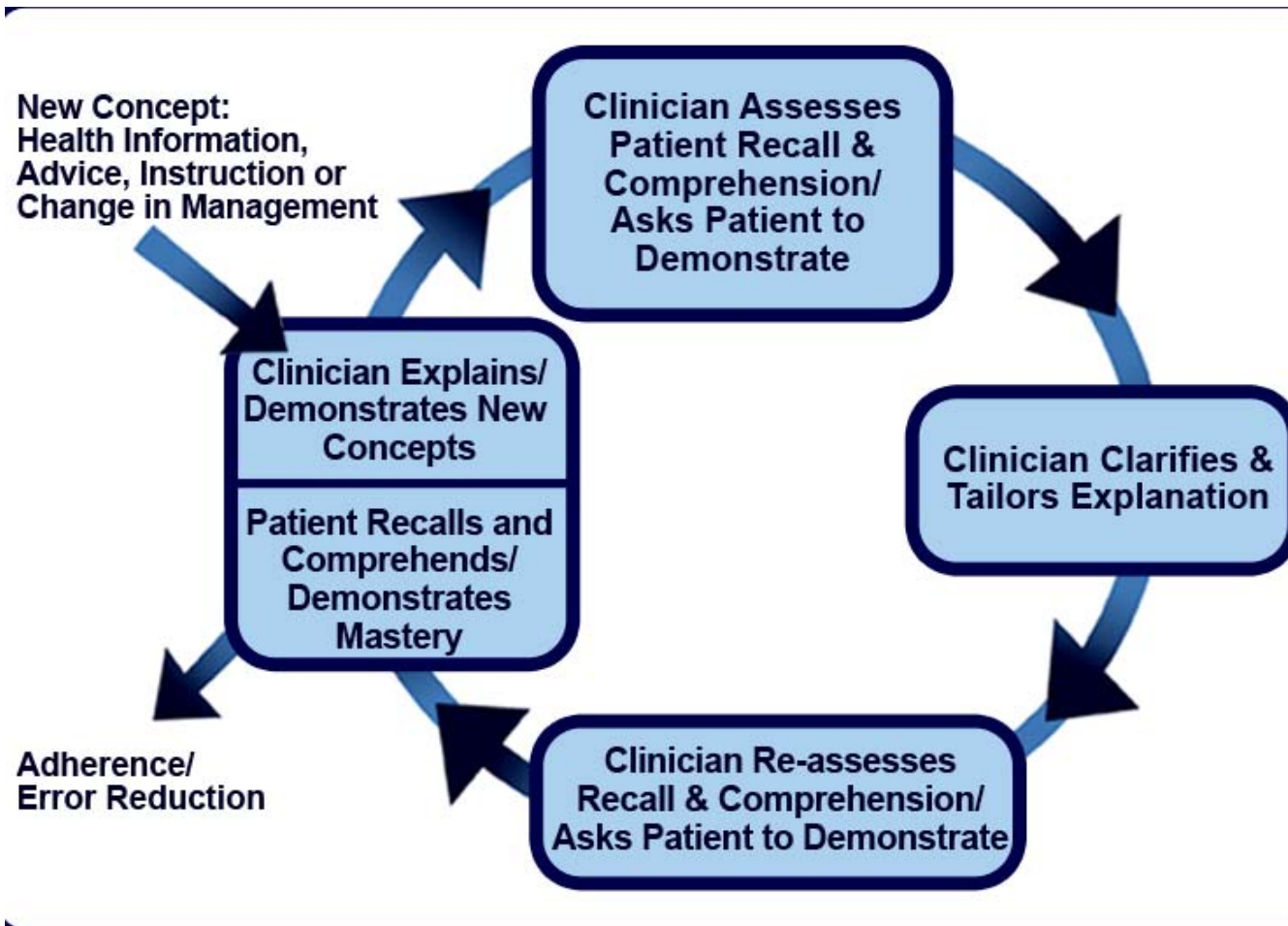


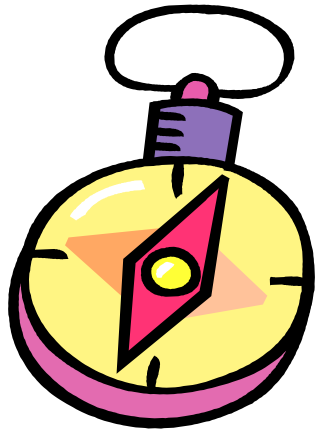
Effective “Teach Back”

- You do not want your patients to view “Teach Back” as a test
- How well did ***you*** explain the concept?
- The responsibility for the results lies with the clinician
- Uncovers misunderstanding and allows for correction and enhanced results



Confirming Your Message is Understood





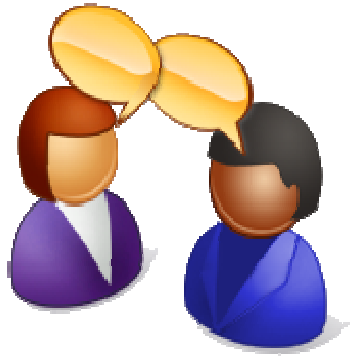
Methodology

- Phrase the request: “can you show me how you take your meds? I want to make sure I do a good job of teaching you.”
- Use an iterative manner; instruct in a step by step fashion
- When patient has difficulty repeating information back, try to rephrase rather than repeat over and over
- Ask open-ended questions to obtain patient understanding



Steps for Success

- 1) Explain the concept/demonstrate the process to the patient; technical terms should be avoided.
- 2) Ask the patient to repeat in their own words how they understand the concept.
- 3) Identify and correct misunderstandings by the patient.
- 4) Ask patient to demonstrate understanding again to ensure misunderstandings are corrected.
- 5) Repeat until the patient is comfortable in performing task accurately.



Phraseology is Important!

- “What is your understanding of why you were in the hospital?”
- “Do you know why are you are taking this medication?”
- “What do you understand about your diabetes?”
- “Tell me about what you understand about your current illness?”



Conclusion

- It is the health provider's responsibility to communicate in a clear and understanding manner
- This method helps identify areas of clarity and others of confusion; this gives the clinician the ability to focus on patient misunderstandings.
- Keep language simple, without being patronizing, is the key to a successful outcome

Interdisciplinary Case Conference Report

Patient Name: _____ Date: _____
 SOC Date: _____ Diagnosis: _____ Telehealth []

[] **Hospital Risk** [] CHF [] ROC [] Noncompliance
 [] COPD [] Multiple hospitalizations [] Lack of supports
Attribute: _____ [] Excessive Meds

Team Goal/Discharge plan: _____

Barriers to POC:
 [] Dementia [] Anxiety [] Depression [] Poor safety awareness
 [] Caregiver [] Fall Risk [] Noncompliance [] Financial concerns

Skilled Assessments/Interventions
 [] CP assess [] Diabetic management [] B12 injections
 [] IV management [] Labs [inc. PT/INR] [] Oxygen teaching
 [] Med management [] Wound care/management [] Nutrician teaching
 [] Pain management [] Ostomy management [] G-tube teaching
 [] Bladder/bowel mgmt [] Foley management [] Hydration teaching
 [] _____ [] _____

Functional Assessments/Interventions
 [] Ambulation training [] Transfer training [] Endurance training
 [] ROM [] HEP [] Ther ex
 [] Balance training [] Body mechanics [] Energy conservation
 [] Safety training [] Stair training [] Breathing tech teaching
 [] ADL training [] IADL training [] Modalities
 [] Dysphagia training [] Communication training [] _____

	Frequency	Anticipated d/c	Signature
Nursing	_____	_____	_____
PT	_____	_____	_____
OT	_____	_____	_____
ST	_____	_____	_____
HHA	_____	_____	_____
Telehealth	Yes []	No []	_____
MSW	_____	_____	_____