

GETTING STARTED KIT



Always Events[®] Getting Started Kit

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Background

The patient and family experience has increasingly become a focus for health care organizations, in part because of novel reimbursement programs that tie payment to patient experience scores, but also because leading health care organizations note the research that indicates improved experiences lead to better outcomes and management of chronic conditions, safer care, fewer readmissions, greater trust in health care systems, and greater joy in work for those providing care.¹ A 2012 survey of health care leaders found that 85 percent indicated that they had invested additional time and resources over the past 12 months to improve the patient experience.² Despite this heightened awareness and increased efforts to make improvements, gaps continue to exist between the care patients desire and the care they receive. For example, hospital patients desire physical comfort, but on average only 71 percent of inpatients across the United States report that their pain is well controlled and that hospital staff members do everything they can to help manage the pain.³

An approach that may help your patient and family experience improvement efforts is IHI's Always Events® framework. The National Quality Forum's Serious Reportable Events in health care are often referred to as "never events." Few would disagree that incidents such as performing surgery on the wrong site or a death caused by a medication error are not only tragic and harmful, but they should never, ever happen. On the flip side, IHI's Always Events framework provides clarity about what should happen for every person, every time they encounter the health care system. Based on decades of research by The Picker Institute on the patient and family experience, an Always Event is a practice or set of behaviors that, when implemented reliably, will ensure an optimal patient and family experience and improved outcomes. The goal of the process is an "Always Experience"; the Always Event is a tool for achieving this goal.

Implementing individual actions for patients and families, even if thoughtful and well intentioned, is not enough to ensure an optimal care experience for every patient, every time. Instead, health care leaders and providers must take a proactive, disciplined, and systemic approach to identifying the actions that, when implemented reliably, translate into optimal care experiences for patients and families. A key distinction of the Always Event is that it is designed based on the patient's desires and preferences for care, rather than what providers think or assume patients and their families want and need.

The organizations initially involved in the Always Events initiative received grants from The Picker Institute to implement and study the use of Always Events. Although these projects reflect early efforts, many of them give indications of the potential of Always Events to positively transform the care experience. The innovative approaches used to implement Always Events are described in the [Always Events Healthcare Solutions Book](#).⁴ Although the work of translating patient and family preferences into reliably executed care processes is challenging, any degree of identifying and addressing patient and family concerns about care is an improvement on what has historically been a provider-centric rather than a patient-centric system.

Effectively identifying and implementing an Always Event has the power to revolutionize care. A suboptimal care experience can threaten the patient-provider connection, lead to poor outcomes, and result in unsafe care. It obstructs the full engagement of patients and families in their care. In contrast, enlisting proactive involvement by providing a positive care experience is a prerequisite for high-quality, safe, compassionate, person- and family-centered care.

Purpose of This Getting Started Kit

An Always Event is a practice or set of behaviors that, when implemented reliably, will ensure an optimal patient and family experience and improved outcomes.

Use of Always Events to improve the patient and family experience is an emerging field; there are few examples in health care of highly reliable (Always Event) processes and long-term improvement studies have not been conducted to evaluate their efficacy or inform care providers about best practices for implementing an Always Event initiative. Similarly, a comprehensive How-to Guide does not yet exist. However, we believe that the experience to date of organizations that have implemented Always Events strongly suggests their effectiveness as a foundation for optimizing the care experience.

In the belief that doing something positive with a high likelihood of success is preferable to delaying improvement while waiting for definitive results, IHI has created this Getting Started Kit. The purpose of the Kit is to help providers at the front lines of care understand what an Always Event is, how to select a set of practices for an Always Event initiative, and the steps for implementing the initiative. To help providers understand the process of implementation in the real world, this Kit includes two case studies of organizations that have successfully implemented Always Events initiatives.

Defining an Always Event

A key distinction of an Always Event is that it is designed based on the patient's desires and preferences for care, rather than what providers think or assume patients and their families want and need.

The IHI Always Events framework is a strategy to help health care leaders identify, develop, and achieve reliability in a person- and family-centered care delivery process. An Always Event is a clear, action-oriented, and pervasive practice or set of behaviors that provides the following:

- A foundation for partnering with patients and their families;
- Actions that will ensure optimal patient experience and improved outcomes; and
- A unifying force for all that demonstrates an ongoing commitment to person- and family-centered care.

Always Events are aspects of the patient experience that are so important to patients and families that health care providers must perform them consistently for every patient, every time. An Always Event meets four criteria — important, evidence-based, measurable, and affordable and sustainable — as described in more detail below.

Important: Patients and families have identified the experience as fundamental to their care. This specification is designed to ensure that any event that is successfully implemented will have a meaningful impact on improving the patient experience.

Evidence-based: The experience is known to be related to the optimal care of and respect for the patient.

Measurable: The experience is specific enough that it is possible to accurately and reliably determine whether or not it occurred. This specification is necessary to ensure that Always Events are not merely general aspirations, but are translated effectively into care processes.

Affordable and Sustainable: The experience can be achieved and consistently sustained by any organization without substantial renovations, capital expenditures, or the purchase of new equipment or technology. This specification acknowledges the financial challenges of many organizations and encourages organizations to focus on leveraging the many opportunities to improve the care experience that are based on changes in practice, not infusions of capital.

Examples of Always Events

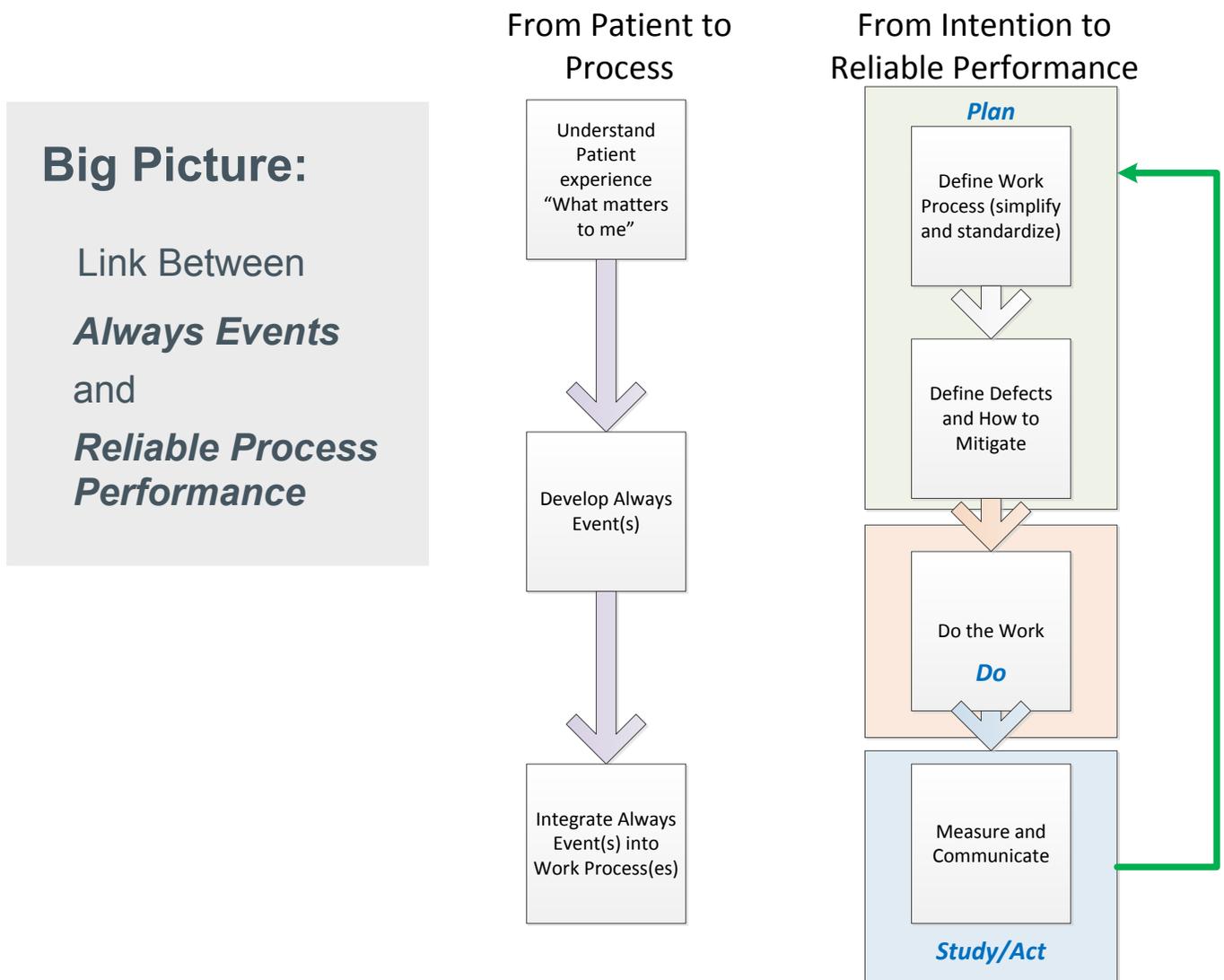
Examples of some of the Always Events implemented by organizations in The Picker Institute's pilot initiative include the following:

- UPMC's [Transplant Guardian Angel Always Event](#) provides patients and families in the organ transplant program with accurate, real-time updates and clinical information, reducing anxiety and increasing effective communication between care delivery teams.
- UCSF Medical Center's Partner with Me staff customize care provided to patients diagnosed with dementia, based on information obtained by communicating with family members about the patient's preferences and routines.
- Dartmouth-Hitchcock Medical Center uses the acronym "ALWAYS" as a framework for six observable, patient-centered communication behaviors: 1) **A**ddress and refer to patients by the name they choose, not their disease; 2) **L**et patients and families know who you are and your role in the patient's care; 3) **W**elcome and respect those defined by the patient as "family"; 4) **A**dvocate for patient and family involvement in decision making to the extent they choose; 5) **Y**our name badge, make sure patients can read it; and 6) **S**how patients and families the same respect you would expect from them.

See the case studies at the end of this Kit for additional examples of Always Events.

Implementing an Always Event Initiative

The approach used with Always Events is fundamentally different from many patient experience initiatives in that its genesis is a need or preference as expressed by patients and families. As illustrated in the left side of the figure below, the process for implementing an Always Event begins with listening to patients and families to capture their values and preferences — “What matters to me” — in their own words. The team then translates these words into actions — the Always Event — that can be reliably performed and measured. The final steps are implementation — making the actions and behaviors a reliable part of the daily work of the care team — and measurement.



The right side of the figure shows how teams can use Plan-Do-Study-Act (PDSA) cycles to move from intention (the care processes identified as exemplifying the chosen Always Event) to reliable performance of the relevant provider actions and behaviors to ensure optimal care experiences for patients and families, in every care interaction. As an example, a team starts with the patient's preference expressed in his or her own words — “I want to understand what to do after I am discharged from the hospital” — and translates these words into a series of actions for caregivers, such as the reliable use of Teach Back for educating patients and their families about discharge instructions, to ensure understanding of what to do after discharge. (Teach Back is a technique asking patients to repeat instructions using their own words, to ensure understanding.)

The team would then use PDSA cycles to ensure that reliable processes are in place such that the Teach Back occurs for 100 percent of patients before they are discharged from the hospital. When selecting metrics, the team should ensure that they assess both process measures (such as the percentage of patients who receive Teach Back at discharge) and outcomes measures (such as the percentage of patients who understood and could repeat back 75 percent of the discharge instructions content, and the percentage of patients who respond affirmatively to “Do you understand what to do after discharge?”). The team should also assess delayed outcomes, such as the degree of understanding at two days after discharge and the 30-day readmission rate.

The Fundamental Elements for Success

Although the use of Always Events to improve patient and family experience is relatively new, it is rooted in evidence-based principles of patient-centered care that The Picker Institute researched over many years. The data show that organizations that are successful at providing patient-centered care focus on four key elements that are critical to success: leadership, patient and family partnership, staff engagement, and measurement. It is reasonable to believe that these same elements will promote success in launching and maintaining an Always Event initiative. Organizations should consider how each of these four elements will be engaged or employed during implementation of an Always Event initiative (see the Table below from the *Blueprint for Action*⁵).

Fundamental Elements	Leadership	Patient and Family Partnership	Staff Engagement	Measurement
Phase 1: Identify an Always Event	<ul style="list-style-type: none"> Set positive tone Emphasize importance Provide focus, resources, sustained commitment Define scope and scale Consider building on others' tools 	<ul style="list-style-type: none"> Ask patients and families to identify what is important Validate that proposed Always Event addresses an unmet need 	<ul style="list-style-type: none"> Involve staff at all levels in identification of the Always Event 	<ul style="list-style-type: none"> Use data to identify and prioritize opportunities for improvement Begin to identify metrics to evaluate the Always Event initiative
Phase 2: Develop and Implement an Always Event	<ul style="list-style-type: none"> Align Always Event initiative with other organizational goals Identify leaders at all levels and incorporate opportunities for leadership development Model appropriate behaviors Put the right structure in place 	<ul style="list-style-type: none"> Include patients and family members on the team to design, refine, and evaluate the Always Event initiative Develop new roles for patients and family members in implementing the initiative (e.g., as faculty, mentors) and provide support 	<ul style="list-style-type: none"> Create a process/structure for the initiative Build an interdisciplinary team Incorporate real-world experience from all disciplines Provide targeted education, role modeling, support, and coaching Translate ideas into concrete, accountable behaviors Use patient and family stories to motivate and inspire Identify peer champions 	<ul style="list-style-type: none"> Select meaningful metrics Collect baseline data Develop evaluation tools Collect qualitative and quantitative information Respond to suggestions and concerns raised during implementation and adapt the initiative as necessary

Fundamental Elements	Leadership	Patient and Family Partnership	Staff Engagement	Measurement
Phase 3: Evaluate an Always Event Initiative	<p>Reinforce a culture of continuous organizational learning</p> <p>Learn from both successes and failures</p> <p>Set realistic expectations</p> <p>Provide resources to conduct a credible evaluation</p> <p>Recognize and reward both effort and achievement</p>	<p>Include patients and family members in the evaluation process</p> <p>Consider qualitative and quantitative feedback</p> <p>Consider using patients and family members as direct observational evaluators</p> <p>Involve patients and family members in interpreting the data</p>	<p>Include multidisciplinary staff in the evaluation process</p> <p>Consider qualitative and quantitative feedback</p> <p>Explore staff needs and implementation barriers</p> <p>Evaluate impact of educational interventions on changing attitudes and behavior</p>	<p>Report meaningful information</p> <p>Acknowledge the limitations of the metrics</p> <p>Integrate qualitative and quantitative metrics</p> <p>Measure consistency of implementation as well as impact</p>
Phase 4: Sustain and Spread the Always Event	<p>Transition the Always Event from an initiative to an integral part of the daily work/care processes</p> <p>Communicate the organization-level impact on improving patient experience</p> <p>Embed the Always Event into organizational systems and processes</p> <p>Apply for Always Event Recognition Program</p>	<p>Continue to use patient and family stories to motivate the team</p> <p>Bring patients and families affected by the Always Event to team meetings or all staff meetings to share their experiences</p> <p>Expand the role of the patient and family and recruit more participants</p>	<p>Discuss Always Event spread progress openly with all staff</p> <p>Build Always Events into technology (e.g., the electronic health record)</p> <p>Modify the Always Event initiative based on feedback</p>	<p>Continue to monitor and report on implementation and impact metrics</p>

Leadership: To be successful at implementing an Always Event initiative, organizational leaders must define the purpose of the initiative for their organization and model desired behaviors. Leaders need to set the right tone for identification of an Always Event, positioning the initiative as a positive way to enhance both the patient and staff experience rather than one more “flavor of the month” to-do list item.

Leaders need to ensure that the organization’s selected Always Event initiative is realistically designed and capable of being achieved within a defined time period. Tackling large core issues like patient-centered care can seem overwhelming if the issue is not broken down into achievable components. Carefully defining the scope and scale of the Always Event, as well as defining measures of success, helps to keep the initiative from becoming too broad and diffuse to have an

impact. Leaders also can encourage teams to think broadly about Always Event opportunities, including those that build on others' tools.

Framing of the Always Event initiative by leaders is essential for success. Without this clarity of purpose, organizations may pursue a variety of well-intentioned actions that fail to achieve positive patient experiences on a consistent basis. Instead, what results are “random acts of goodness.”⁶

During implementation, leaders are essential in sustaining the focus and commitment to the initiative, providing the necessary resources and aligning the initiative with other organizational priorities. During the evaluation phase, it is important for leaders to reinforce a culture of continuous organizational learning. Leaders should ensure that appropriate resources are made available for a credible evaluation of the Always Events initiative. To sustain the momentum, leaders can communicate the bigger picture impact of the initiative and can help put it in the context of achieving the broader goals of improving the patient experience, as well as advancing quality and patient safety.

Patient and Family Partnership: Both care providers and leaders must take steps to engage patients and families in the Always Event initiative. Without such participation, improvement efforts, no matter how successfully implemented, may not reflect the true needs and values of patients and their families, and what matters to them when it comes to their desired care experience. Their input is critical to ensure the relevance and ultimate success of the initiative.

Partnership with patients and family members can take many forms. Health care organizations with existing Patient and Family Advisors or Advisory Councils integrated into hospital operations can involve these advisors in designing, implementing, and refining their Always Events initiatives. Organizations also can seek patient and family involvement through other formal and informal mechanisms such as focus groups, surveys, and interviews.

Patients and family members also play a key role in evaluating an Always Event initiative. Providers should use both qualitative and quantitative feedback mechanisms to ask patients and families whether the Always Event occurred and, if so, what impact it had on the patient experience. To maintain the momentum of the initiative, providers can reinforce the impact of the Always Event on the patient experience through relaying patient stories.

Staff Engagement: When identifying an Always Event, leaders must engage staff at all levels in defining what important aspects of care they are able to commit to providing consistently. Leaders should identify an interdisciplinary team to lead implementation of the Always Event; the team should include members with a variety of perspectives and skills. Frontline staff participation is essential. Leaders should develop a process and structure for the initiative, such as a meeting schedule and division of responsibilities, including the designation of a team leader. Education of staff in the new behaviors and expectations is an important component of successful implementation of an Always Event.

During evaluation, invite staff to share their perspectives on the Always Event. In particular, ask staff what needs to be in place to enable them to consistently perform the Always Event for patients and what barriers, if any, are preventing them from achieving consistent performance. To maintain momentum, leaders should empower the team to modify the Always Event based on staff and patient and family feedback, and build the Always Event into the information technology system to help ensure reliable implementation.

Measurement: Successful Always Event initiatives use data and performance improvement techniques in a variety of ways throughout all stages of the initiative. Leaders should use data to identify opportunities for improvement that are likely to make Always Event initiatives successful and determine which metrics will be used to evaluate the initiative. Some organizations have implemented Always Events on selected units and compared performance to similar “control units” in which the Always Event was not implemented.

Health care organizations tend to rely heavily on quantitative information, but qualitative information provides important insights into whether an Always Event is having the intended effect of creating a positive Always Experience. Throughout the development and implementation phase, the team should refine the Always Event based on this qualitative feedback from patients and families. Maintaining open lines of communication during the implementation phase will help to ensure that any suggestions or concerns raised are addressed.

During the evaluation phase, it is important for leaders to put the data in perspective. Staff members who have been enthusiastically participating in an Always Event initiative may be expecting to see big improvements in quantitative performance and may be disappointed by small, incremental changes. Incremental improvement is an expected part of the PDSA process for testing and refining the Always Event, leading ultimately to its reliable implementation. It is helpful to integrate qualitative and quantitative data to gain a more complete perspective on an implemented Always Event.

Continued monitoring and reporting of performance metrics will help to keep an organization focused on sustaining an Always Event. Although the evaluations may be scheduled to take place less frequently, continued evaluation ensures that the organization is able to take action if performance becomes more variable or is no longer having the desired impact.

Conclusion

Always Events offer health care providers the opportunity to make improvements in care that really matter to patients and their families. A variety of practices can serve as the focus of an Always Event; what’s important is that the selection is driven by the preferences and needs of those at the center of care: patients and their family members. The first step is to listen to patients, to learn what matters to them. This Kit can help teams translate patient desires and preferences into meaningful improvements in care. For more help in getting started, see [Always Events](https://www.ihl.org/always-events) at [ihl.org](https://www.ihl.org).

The following two case studies are structured according to the fundamental elements for success of an Always Event initiative: leadership, patient and family partnership, staff engagement, and measurement (see [page 8](#) for more detail). Both organizations were recipients of Always Events grants from The Picker Institute.

Case Study: Anne Arundel Medical Center: SMART Discharge

Leadership

The chief nursing officer/chief operating officer (CNO/COO) and the chief medical officer (CMO) of Anne Arundel Medical Center (AAMC) in Annapolis, Maryland, recognized tremendous variation in the information given to patients and families upon discharge. With the input of several organizational leaders, including the chief informatics officer (CIO), director of nursing quality and research, physician chair of community integration, and executive director of marketing, they developed an Always Event initiative that addresses this information gap: [SMART Discharge](#).

“SMART” is an acronym for **S**ymptoms, **M**edications, **A**ppointments, **R**esults, and **T**alk with me. The leadership team envisioned SMART Discharge as a way to ensure that these five key areas were always addressed with patients and families during hospitalization and at discharge.

 Be Smart, Leave S.M.A.R.T.
This Discharge Journal Belongs to:

 **Signs** I should look for and who I should call when I leave:

 **Medication** notes:

 **Appointments** I will go to:

Appointments already scheduled: [Doctor/Practice/Location]	[Date/Time]
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Appointments I need to schedule: [Doctor/Timeframe for Visit]	[Date/Time]
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

 **Results** for follow-up:

 **Talk** with me more about at least three things:

Call askAAMC at **443-481-4000** for urgent health questions after you leave the hospital.

Soon after receiving an Always Events grant from The Picker Institute in the spring of 2011, AAMC convened a steering committee for the initiative. The steering committee consisted of all members of the leadership team, including the CNO/COO, CMO, SMART Discharge project coordinator, a consultant from the Institute for Patient- and Family-Centered Care, and four patient/family advisors. The committee met twice a month for the first year and every other month for the second year, with the CNO/COO or CMO present at the majority of the meetings. The steering committee was responsible for developing the SMART Discharge curriculum and tools, selecting the pilot units, and monitoring progress and outcomes.

During curriculum and tool development, committee members realized that significant alterations to the electronic medical record (EMR) were needed for SMART Discharge to succeed. The CNO/COO and CMO supported these changes by making SMART Discharge an organizational priority. They ensured that resources were allocated to the information systems department to complete the EMR-related changes and assigned champions to educate staff on the changes.

The CNO/COO and CMO believed that creating a more consistent approach to care during hospitalization would lead to a more consistent discharge process. Thus, over the course of the Always Event grant, leaders and the steering committee focused on the development of geographical rounding for physicians (i.e., hospital doctors are always near their patients and spend less time walking between floors, bedside shift report for nursing, and interdisciplinary rounds on all inpatient units).

Leadership appointed a senior unit charge nurse as the SMART Discharge project coordinator to assume responsibility for managing all aspects of the Always Event grant. The project coordinator recruited four patient/family advisors, led the steering committee meetings, and provided status reports to leadership. In addition, clinical nursing directors from three pilot areas were intimately involved with the implementation and monitoring of SMART Discharge on their respective units.

Patient and Family Partnership

The SMART Discharge project coordinator recruited four patient and family members to become advisors on the steering committee. Two advisors were former patients; the other two were a mother and wife of a patient, respectively. They represented diverse ages, sexual orientation, gender, diagnoses, and experiences. The four patient/family advisors (PFAs) were offered a small monetary stipend for their participation.

The PFAs selected the dates and times for the steering committee meetings and attended regularly. Over the course of the grant, the PFAs gave input on focus group questions, promotional signage, EMR changes, and all aspects of the SMART Discharge curriculum and tools.

Information gathered from former patients and family members during focus group sessions on the “ideal discharge” and SMART Discharge curriculum helped guide the actions of the steering committee throughout the year. The PFAs provided specific feedback, such as the need to improve physician attention to medication lists upon discharge, the need to better promote the “Ask a Nurse” service, and the observation that communication with patients and families varied drastically during hospitalization. In addition, the PFAs on the steering committee continually helped identify critical elements of the discharge process that needed to be evaluated and corrected from the perspective of the patient and family.

The PFAs on the steering committee were critical to the training and recruitment strategy. They served as faculty members at every staff training session and provided feedback to nurses and

physician champions. They also described their personal hospital discharge experiences for a training video, helping to emphasize the importance of the SMART Discharge program.

Staff Engagement

Once the steering committee selected the three pilot units for SMART Discharge, the group identified project champions from nursing, medical, pharmacy, and care management staff. Clinical nursing directors were responsible for recommending staff members whom they felt would best promote the new initiative. In addition, members of the informatics department were present whenever changes to the electronic medical record were discussed.

To determine the most appropriate method for educating staff about the initiative, the SMART Discharge project coordinator met with the staff champions of each unit prior to training and implementation. The champions identified the days and times that would be best for training and the types of media to be used and helped develop measurement strategies. In addition, unit champions trained staff members whenever possible and provided feedback to the project coordinator and steering committee members.

Once SMART Discharge was implemented on a pilot unit, the project coordinator met with the unit champions at least monthly to review progress, identify challenges, and celebrate successes. The coordinator monitored the percentage of staff members who completed training and the team used a variety of strategies to track compliance, including chart audits, charge nurse rounds with patients, weekly staff huddles, and post-discharge phone calls.

The project coordinator and unit champions discussed SMART Discharge progress during staff meetings and in notices on bulletin boards, in blog articles, and in email messages. In addition, they conducted presentations and webinars both internally and externally to promote SMART Discharge and describe the work completed to date.

Measurement

The Always Events grant proposal defined the outcomes measures that the team would monitor:

- 31-day readmission rate;
- 31-day post-hospitalization ED visit rate;
- Patient satisfaction scores related to discharge (from HCAHPS); and
- Percentage of patients who were aware of receiving SMART Discharge education.

Over the course of the grant, the team realized that the fourth outcome measure would be the most challenging. Initially, the team crafted a simple yes/no survey for use at the time of discharge to measure patient awareness of SMART Discharge education. However, patients and family members from the focus groups and the steering committee reported that they found the survey to be unnecessary and bothersome. The team ultimately removed this outcome measure and retained the other three.

The team anticipated that implementation of SMART Discharge would result in an increase in patient and family satisfaction with discharge and a decrease in 31-day readmission and 31-day post-hospitalization ED visit rates. The team engaged a biostatistician to analyze results in these areas for the first year of the Always Event grant.

In June 2013, staff in all inpatient units began providing SMART Discharge education to patients. Over the next year, the project coordinator will monitor patient satisfaction with discharge and 31-day readmission and 31-day post-hospitalization ED visit rates. In addition, the team will implement other measurement strategies to determine whether recent hospital initiatives have had a positive effect on the patient experience.

Receiving an Always Events grant allowed AAMC to examine gaps in the discharge process and initiate changes to increase safety and improve the patient experience. By working closely with patients and families, leaders and staff were able to implement SMART Discharge throughout the institution. The organization will continue to focus discharge education on the five key areas outlined by the SMART Discharge initiative — Symptoms, Medications, Appointments, Results, and Talk with me — with the hope that use of the tool will spread throughout the community.

Case Study: UnityPoint Health: Always Use Teach Back!

UnityPoint Health (formerly Iowa Health System) relied on principles of health literacy and behavior change to develop an Always Event called the [Always Use Teach Back! Toolkit](#). The toolkit is a free, online, interactive website that supports the use of Teach Back in the inpatient, home care, and office practice settings. The website (www.teachbacktraining.com) includes tools that help learners differentiate between effective and ineffective use of Teach Back. It also contains content that helps staff provide Teach Back to every patient, every time it is indicated.

Reliable Use of Teach-back

Making it easier to train everyone in all settings

- Free, online, interactive training for hospitals, home care and office practices
- For individuals, their managers and coaches

 **Always Use Teach-back! Toolkit**



 UnityPoint Health

www.teachbacktraining.com



Leadership

Leadership at the regional affiliates of UnityPoint Health and at the systemwide Center for Clinical Transformation enabled the participation of other leaders throughout the organization on the Always Use Teach Back! grant initiative. In addition, leaders partnered with community organizations such as Des Moines University and Health Literacy Iowa to access ideas and resources that enriched the initiative.

UnityPoint Health built on partnerships with patients and families spanning more than eight years to identify useful teaching methods and tools, design patient-friendly informed consent processes and documents, and implement extensive use of Teach Back in the hospital setting. When system and regional executives realized that the use of Teach Back was not reaching every patient, every time, they identified the Always Event initiative as a means for achieving this goal.

The regional nursing executive for the pilot area recorded a video message describing her convictions about the importance of Teach Back and providing directions to staff for learning to use Teach Back reliably. The organization now holds clinical supervisors accountable for ensuring the competent, reliable use of Teach Back on their units.

The corporate steering team developed key messages and communicated them to pilot organizations and testing sites, the quality committee of the health system's board of directors, the system-wide clinical council (which includes chief nurse and physician executive representatives from all system entities), systemwide reducing readmissions and health literacy teams, representatives from the CMS Pioneer ACO program, and external partners.

Systemwide chief nursing executives supported the initiative by keeping it in the forefront of the organizational agenda and ensured protected time for staff to participate. They continue to assist the spread and sustainability of the initiative. Executives from the clinic practices, home care facilities, and the hospitals identified pilot locations, enabled observations and testing in the three targeted care settings, and provided leadership for mid-level managers.

Leaders also directed resources for electronic medical record programming, which enabled the system's electronic capture of the use of Teach Back and patient responses. Additionally, www.teachbacktraining.com was incorporated into the systemwide learning management system (LMS) to enable tracking of every clinical caregiver and to enable tracks for both learners and coach-trainers. Coach-trainers recorded results of their staff observations in the LMS for data capture and reporting.

Based on participant input and to increase competence and consistent use of the toolkit, the team engaged instructional design experts to develop logic-based, interactive, online educational modules for the three sites of care. The team also developed a standard observation tool for gathering consistent baseline data on participants' use of Teach Back with patients (see www.teachbacktraining.com).

Senior executives supported the competent, consistent use of Teach Back by adding coaching responsibilities to the role of unit managers and overseeing the creation of a one-page project description communication tool for participating care sites.

Sustainment efforts include on-site coaching to support building the habit of patient teaching with use of Teach Back and helping providers to form new daily habits. Coach/peer training requirements include completing the online Teach Back modules in the LMS and attending a face-to-face roundtable meeting. Managers are held accountable for performing the frontline observations of their staff nurses.

Systemwide spread is being managed regionally and supervised by the chief nursing executives, with help from the regions' health literacy teams. Some regions expect completion of spread to all units in 2013, while others will finish in 2014.

Patient and Family Partnership

The ready availability of patient and family members to provide input for developing the Always Event greatly facilitated implementation. A number of activities during the previous years had reinforced the critical importance of partnering with patients and families at every step for all health literacy activities. The New Readers of Iowa and other community groups helped the grant team with language development and other elements of the online, interactive toolkit.

The Iowa New Readers have an established history of working with UnityPoint to discover new ways to gather information from patients and report back to the health literacy teams about patients' interactions with providers and staff.

The team used care-site-specific and cross-continuum observations to understand current practices and to see patient teaching from patient, family, and frontline clinician perspectives. Patient and family advisors helped staff understand patient and family needs and their responses to the Teach Back training development.

Chief nursing executives and the health literacy teams enable the ongoing dialogue and feedback to support the spread of the Always Event. In addition, some of the system entities have connected this initiative to their local and service-specific patient and family advisory councils, which has helped sustain the initiative.

Staff Engagement

Learning that Teach Back was not being used with every patient, despite this being a staff expectation, was a strong stimulus for staff engagement and change.

The involvement of frontline staff, including nurses, physicians, and mid-level providers in hospitals and the home care setting, was critical to the development and testing of the Always Event and gathering data on its consistent use. Frontline staff shared these observations with providers participating in the pilot. The team used feedback from clinical and patient participants on the draft toolkit to refine it and reinforce the need for interactive “how-to” scenarios and supplementary coaching support materials.

The team observed that practitioners wanted to learn more about improving their patient teaching. The team, assisted by an experienced Teach Back coach, worked with staff to problem solve and learn how to observe and give feedback in ways that engaged and honored the learners. Story sharing and reinforcement of leader-learner activities helped staff with problem solving and reinforced the attitude of “this is the way we do it here.” Long-standing personal habits regarding patient teaching can be difficult to change. Static, one-time education does not fully engage learners in practicing Teach Back skills and may explain why Teach Back is not used consistently.

The Always Events initiative reinforced a growing understanding of the need for a new way to teach new processes, one that involves teaching to competence at the frontlines of care and assisting staff in building daily habits. The team believes that interactive learning modules, along with coaching at the front lines for competence and habit building, are making a difference.

Leaders of the home care service line identified a program leader who began Phase 1 by training peer coach/trainers in the home care agency, including home care nursing staff, respiratory therapists, palliative care staff, hospice staff, and direct caregivers, such as nurses who provide telemonitoring services. Phase 2 training includes those who speak with patients and families but do not provide health care services, such as staff members who perform intake triage and billing personnel. The team modified the basic training Teach Back modules by adding additional scripting to help these staff members relate Teach Back to their own work. In Phase 3 the team will gather data through electronic medical record data capture to assess the reliability of the use of Teach Back for all patients.

Office practice spread began with the pilot physician, physician assistant, and the office manager. Roll-out for training of all staff across UnityPoint primary care and specialty clinics is being designed with a completion goal in 2014. Mechanisms for spreading this learning include use of the existing reducing readmissions initiative that uses the [IHI STAAR How-to Guide](#) for office practices and the deployment within the structure of primary care medical homes.

Measurement

At the outset, only 38 percent of pilot unit observations showed competent, reliable use of the Teach Back method, and 80 percent use of questions that yielded yes-or-no responses.

After observed staff used the Teach Back training interactive learning modules, 82 percent used competent, reliable Teach Back methods and the use of yes/no questions fell to 20 percent. The proportion of clinical encounters in which Teach Back was used increased significantly after the initiative ($p < .05$).

The team developed a process for online data collection through the electronic medical record to assess whether all patients or their family members received Teach Back and the degree to which the patient or family member was able to repeat back the instructions in their own words.

UnityPoint built process-sustaining learning activities into the organization's orientation programs, electronic medical records, and related written materials, as well as included the initiative in ongoing reporting throughout the system entities.

The team learned that many health care providers thought they were using Teach Back when, in fact, they were not. Instead, providers were delivering good patient education content and then asking if the patient/family had any questions or if they understood, but were not asking patients to explain back in their own words what they needed to know or do (i.e., the essence of the Teach Back method).

The health system's vision, Best Outcomes Every Patient Every Time, is an overarching support to achieving frontline process reliability. In addition, the system's Clinical Council and the health literacy teams, which have been actively working to implement health literacy principles, techniques, and tools for more than eight years, provided considerable support for the Always Use Teach Back! initiative.

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