## Teach-Back Guidelines for Heart Failure

**Purpose:** Provide an individualized program for all key learners related to essential concepts in the self-care and management skills of heart failure. After the educational sessions, the key learner will:

<table>
<thead>
<tr>
<th>Learning Needs</th>
<th>Expected Outcomes After Teaching</th>
<th>Methods and Resources</th>
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</table>
| Restate how heart failure limits your activity. | Discuss how the patient/family feel about the diagnosis. Elicit how diagnosis affects lifestyle. | Discussion:  
1. What does heart failure mean to you?  
2. What would you like to know about heart failure?  
3. Explain what causes heart failure. |
| Demonstrate how to take medication. | Emphasize how heart failure can be controlled, not cured. | Suggested Educational Resources:  
1. Heart Failure Home Advisor  
2. Video: TPC Heart Failure: Beating the Odds  
3. Krames Health Sheets (individualize for patient) |
| Rephrase the importance of limiting sodium in your diet. | **Patient/Key Learner will state that heart failure is controlled by**  
• Taking medications as directed.  
• Following a low NA diet.  
• Weighing yourself every day. Remember to ask the patient if they have a scale.  
• Balancing activity with periods of rest. | Setting the Stage for Teach Back:  
What is Heart Failure?  
• Heart Failure is a common condition.  
• The information in the Home Advisor will help you to understand how to control your symptoms.  
• Having heart failure means that your heart does not work as it should—the heart may have less pumping power. |
| Explain the importance of monitoring daily weight. | Identify Symptoms of Heart Failure and Relate to Cause and Treatment:  
Encourage patient/key learner to discuss symptoms and the situations that precipitate symptoms. | Medications:  
• It is important to take your medicine(s) even if you are feeling better.  
• Are you on a water pill? This type of medicine(s) will help your body to get rid of extra water and NA that may collect in your lungs or settle in your feet and ankles. |
| List the signs and symptoms for which you should call your doctor or 911. | Reinforce that similar info can be found on the Refrigerator Sheet (Home Advisor)  
• Fatigue, weakness.  
• Changes in ability to concentrate and/or confusion.  
• Shortness of breath (made worse by activity), wake up at night short of breath or gasping for breath.  
• Cough may be dry or productive with pink frothy fluid.  
• Edema of legs, ankles, abdomen.  
• Sudden weight gain of more than 2 lbs. in one day or 3-5 lbs in 5 days.  
• **Report a weight gain of 3 or more pounds in 1 week to the doctor.** | Nutrition:  
• It is important to lower the amount of sodium (salt) in your diet.  
• NA causes extra fluid to build up in your body—making your heart work harder.  
• A low-sodium diet has 2,000 mg of sodium per day.  
• Common foods high in NA include canned soups, deli meats, ham, processed foods, and fast food (McDonalds). |
| Discuss your plan for follow-up care and why it is important. | **Daily Weight:**  
• Weigh yourself the same time every day (before breakfast and after passing urine). |
| **Determine need for referrals if appropriate:**  
• Cardiac Rehab  
• Case Management I ADL  
• Rehab Services  
• Clinical Nutrition  
• Pharmacy  
• Tobacco Cessation  
• OASIS Palliative Care  
• Home Care | | |
Lehigh Valley Health Network
Teach-Back Questions for Patients with Heart Failure

• During your hospital stay you will be asked the following questions. All of these questions are very important for you to understand and answer correctly if you or someone you care for has heart failure. Your answers to the questions will help us make sure that we did a good job explaining the important facts about your condition.

• Answer the questions using your own words. Do not worry about repeating what you have read or what your health care team has shared with you. We want to make sure that you understand what the questions mean and that you know what to do or who to call after you leave the hospital.

Day One Questions:

1. What is the name of your water pill?
2. What weight gain should you call your doctor about? Do you have a scale at home?
3. What foods should you avoid when you have heart failure?
4. What are your symptoms of heart failure?

Day Two Questions:

1. Why is it important to take your medicine for heart failure every day?
2. Why is it important to avoid foods with sodium (salt)?
3. Why is it important to watch for the symptoms of heart failure?
4. Why is it important to watch for weight gain?

Day Three Questions:

1. How will you remember to take your water pill every day?
2. How do you plan to change to a low-sodium (salt) diet?
3. How will you check for heart failure symptoms every day?
4. How will you weigh yourself every day?
Lehigh Valley Health Network
Teach-Back Questions for Stroke Prevention

- During your hospital stay you will be asked the following questions. All of these questions are very important for you to understand and answer correctly if you or someone you care for has had a stroke or may be at risk for having a stroke. Your answers to the questions will help us make sure that we did a good job explaining the important facts about your condition.

- Answer the questions using your own words. Do not worry about repeating what you have read or what your health care team has shared with you. We want to make sure that you understand what the questions mean and that you know what to do or who to call after you leave the hospital.

Day One Questions:

1. What are the signs that you may be having a stroke and what would you do?
2. What are your own risk factors for stroke?
3. What can you do to prevent having a stroke?
4. What is the name of the medication your doctor ordered to help prevent a stroke?

Day Two Questions:

1. Why is it important to know the signs of having a stroke?
2. Why is it important to call 911 if you think you are having a stroke?
3. Why is it important to take the medicine the way it was ordered by a doctor?
4. Why is it important to stop smoking?

Day Three Questions:

1. How will you remember to take your medicine every day?
2. How will you know when to call 911 or when to tell others to call 911 for you?
3. How do you plan to change your lifestyle to prevent the risk of having a stroke in the future?
Lehigh Valley Health Network
Teach-Back Questions for Patients With
Community-Acquired Pneumonia

• During your hospital stay you will be asked the following questions. All of these questions are very important for you to understand and answer correctly if you or someone you care for has pneumonia. Your answers to the questions will help us make sure that we did a good job explaining the important facts about your condition.

• Answer the questions using your own words. Do not worry about repeating what you have read or what your health care team has shared with you. We want to make sure that you understand what the questions mean and that you know what to do or who to call after you leave the hospital.

Day One Questions:

1. What is the name of your antibiotic?
2. Can you tell me what signs you would report to your doctor?
3. What three things will you do to relieve your discomfort?

Day Two Questions:

1. Why is it important to take your antibiotics as ordered by your doctor?
2. Why is it important to call your doctor if you have difficulty breathing or a fever lasting longer than two days?
3. Why is it important to have a flu vaccine every year?

Day Three Questions:

1. How will you remember to take your antibiotic?
2. How will you check for signs that your pneumonia is not improving once you are home?
3. How do you plan to change your lifestyle now that you have had pneumonia?
Lehigh Valley Health Network
Teach-Back Questions for Understanding
Low Blood Sugar (Hypoglycemia)

- During your hospital stay you will be asked the following questions. All of these questions are very important for you to understand and answer correctly if you or someone you care for has diabetes. Your answers to the questions will help us make sure that we did a good job explaining the important facts about your condition.

- Answer the questions using your own words. Do not worry about repeating what you have read or what your health care team has shared with you. We want to make sure that you understand what the questions mean and that you know what to do or who to call after you leave the hospital.

Day One Questions:

1. What blood sugar result is considered a low blood sugar?
2. What are the signs of low blood sugar?
3. What steps would you take if your blood sugar is low?
4. What is the name of your diabetes medicine and how does it work?

Day Two Questions:

1. Why is it important to carry something with you to treat a low blood sugar?
2. Why is it important to learn how to check (monitor) your blood sugar at home?
3. Why is it important to know your safe (target blood sugar) range?
4. Why is it important to know how your diabetes medicine works?

Day Three Questions:

1. How will you remember to take your diabetes medicine at home?
2. How will you check for signs that your blood sugar is low?
3. How can you prevent a low blood sugar?
4. How will you be prepared to treat a low blood sugar once you are home?
Lehigh Valley Health Network
Clinical Services

TEACH-BACK PERFORMANCE CHECKLIST

NAME: ____________________________ POSITION: ____________________________
UNIT: ____________________________

☐ The above named health care provider has met all performance criteria (critical behaviors) identified below as of ____________, validated by: ____________________________ ____________________________.

   Date                  Signature                  Printed Name

☐ The above named health care provider has not met the performance criteria (critical behaviors) identified below with a checkmark ☐ in “has not met” box. Refer to action plan.

   Date                  Signature of Evaluator                  Printed Name

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<tr>
<th>CRITICAL BEHAVIORS</th>
<th>NOT MET</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>1. Identifies the key learner(s) who will be responsible and accountable to the learning process during the patient’s stay.</td>
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<td>2. Determines the key learner’s learning style and plans the education based on their preferred method of learning.</td>
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<td>3. Identifies the opportunity to use teach back.</td>
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<td>4. Enters the teach back order set in the LastWord application, when appropriate.</td>
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<td>5. Provides the key learner(s) with the appropriate educational content and verbally reviews key concepts.</td>
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<td>6. Uses teach back to evaluate the key learner’s knowledge, attitude and/or likelihood of behavior/lifestyle change related to the content reviewed.</td>
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<td>7. Documents ‘&amp; reviewed’ on the PCM screen addressing the teach back order set, when appropriate.</td>
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<td>8. Documents core measure teaching communication on the patient’s Report Card, when appropriate.</td>
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<td>9. Documents teaching strategies and content on the Patient Assessment screen and records the patient’s ability to learn.</td>
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<td>10. Documents the effectiveness of teach back strategies in the progress note of the Record Writer.</td>
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<td>11. Continues to document ongoing education and learning outcomes in the Record Writer progress note throughout the patient’s hospital stay.</td>
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Source: Lehigh Valley Health Network, Allentown, PA; Advisory Board interviews and analysis.
Lehigh Valley Health Network
Clinical Services

TEACH-BACK PERFORMANCE CHECKLIST (CONT.)

ACTION PLAN
1. Review of the following learning resource to assist healthcare provider meet performance criteria:
   ___ ‘Teach Back Strategies’ eLearning education
   ___ Teach Back Standard Work Process
   ___ Patient Education Teach Back Questions and User Guidelines to Assist Clinical Staff in designing, implementing, and evaluating individualized educational programs for all key learners.

2. Other: ______________________________________________________
   __________________________________________________________
   __________________________________________________________
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   __________________________________________________________

Date Action plan to be completed by: ________________ Date Revalidation to be completed by: ________________

Employee Signature: ____________________________

Supervisor/Designee Signature: ____________________________ Title: ____________________________