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Effectiveness of teach-back in the emergency department

Submission date	Recruitment status	[_] Prospectively registered
27/05/2020	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
05/06/2020	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
04/03/2022	Other	

Plain English summary of protocol

Background and study aims:
Providing patients with adequate discharge instructions is an important task of healthcare professionals to ensure a safe discharge from hospital to home. If patients are not able to understand the information given to them on leaving the hospital they may risk becoming unwell and returning to the Emergency Department (ED). Multiple revisits to the ED by patients can put increased strains and costs on health services.

With the 'teach-back' method patients or proxies (such as caregivers), repeat back what they understand so that professionals can confirm that the patient has understood the information given and can correct any misunderstandings.

This study aims to test if using the teach-back method will reduce ED revisits, and if it increases patient knowledge retention of discharge instructions, improves self-management at home, and increases satisfaction with the provision of discharge instructions.

Who can participate?
All patients discharged from the ED to their home/residence (including assisted living facilities such as a senior home or an outpatient rehabilitation center)

What does the study involve?
The study involves the collection of data from patients discharged from the ED for four months before the introduction of the use of the teach-back method by healthcare staff. This will be compared to data collected over four months of the method being used. The investigators will look at how often patients have to return to the ED after they are discharged. Older adults (aged ≥70 years) who participate in the study will be invited to answer some further questions via telephone within 72 hours after ED discharge to collect information on how well they can recall instructions and self-manage at home, and how satisfied they were with the discharge instructions.

What are the possible benefits and risks of participating?
Possible benefits for the participants, particularly those receiving teach-back, are a better recall /comprehension of ED discharge instructions, a higher level of self-management post-discharge, and a reduced risk for an unplanned ED-revisit.

Where is the study run from?
Radboud University Medical Center Nijmegen (Netherlands)

When is the study starting and how long is it expected to run for?
March 2019 to December 2019

Who is funding the study?
This study was funded by the 'Affordable Better' (in Dutch: 'Betaalbaar Beter') quality improvement program of the Radboud University Medical Center (Netherlands) and the Dutch health insurer VGZ (Netherlands).

Who is the main contact?
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Contact information

Type(s)
Public

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
Nil known

Study information

Scientific Title
Pre-post evaluation of the effects of teach-back of discharge instructions for patients in the ED on ED-revisits and patient-related outcomes

Study objectives
Teach-back of discharge instructions for patients in the ED might reduce ED revisits, and improve patient knowledge retention of discharge instructions, self-management at home and satisfaction with the provision of discharge instructions.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 11/02/2019, the local medical ethical commission of the Radboud University Nijmegen Medical Centre (CMO region Arnhem-Nijmegen (Routenr 629), p/a Radboudumc, house post 628, P.O. box 9101,
6500 HB Nijmegen, The Netherlands; +31 24 361 3154;
commissiemensgebondenonderzoek@radboudumc.nl), ref: 2019-5166

Study design
Single-center, single-arm, pre-post pilot interventional study

Primary study design
Interventional

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Emergency Department (ED) visits

Interventions
Application of the teach-back method by Emergency Department (ED) professionals during the discharge conversation with patients or proxies (such as caregivers) in the ED.

Teach-back is a method whereby patients or proxies are asked to repeat back, in their own words or in demonstrations, the instructions that professionals provided them, so that comprehension of instructions can be confirmed, misunderstandings can be corrected and additional information can be provided if needed. The intervention lasts approximately 2-5 mins per patient. For a group of older participants aged over 75, there will be follow up via a structured telephone interview within 72 hours after ED discharge.

Intervention Type
Behavioural

Primary outcome(s)
Emergency Department (ED) revisits within 7 days and within 8 to 30 days post-index visit assessed from the electronic medical record at 7 and 30 days

Key secondary outcome(s))
1. Older patient's knowledge retention of discharge instructions across five information domains assessed by comparing the written and observed ED discharge instructions at discharge to patient responses in a structured telephone interview within 72 h after ED discharge
2. Older patient's self-reported self-management of patients at home assessed by a structured telephone interview within 72 h after ED discharge
3. Older patient satisfaction with discharge instructions provided by professionals in the ED assessed by a structured telephone interview within 72 h after ED discharge

Completion date
01/12/2019

Eligibility

Key inclusion criteria
Discharged from the Emergency Department (ED) to home (home including outpatient assisted living facilities such as a senior home or a rehabilitation center)

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Mixed

Sex
All

Total final enrolment
648

Key exclusion criteria
1. Unable to speak the Dutch language
2. Discharged to another medical facility or ward
3. Severe mental/cognitive impairment (e.g. advanced dementia) without being accompanied by a caregiver at the ED

Date of first enrolment
01/03/2019

Date of final enrolment
31/10/2019

Locations

Countries of recruitment
Netherlands

Study participating centre
Radboud University Medical Center Nijmegen
Emergency Department
Geert Grooteplein Zuid 22
Nijmegen
Netherlands
6525 GA

Sponsor information

Organisation
Radboud University Nijmegen Medical Centre

ROR
https://ror.org/05wg1m734

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
Radboud Universitair Medisch Centrum

Alternative Name(s)
Radboudumc, Radboud University Medical Center, Radboud University Nijmegen Medical Center, RUNMC

Funding Body Type
Private sector organisation

Funding Body Subtype
Universities (academic only)

Location
Netherlands

Funder Name
VGZ

Results and Publications

Individual participant data (IPD) sharing plan

The original quantitative SPSS datasets generated during and/or analysed during the current study are available upon reasonable request from Gijs Hesselink (gijs.hesselink@radboudumc.nl). Datasets will contain individual de-identified data of participants who gave written consent.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		17/06/2021	04/03/2022	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes