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Evaluation of an Individualized Patient Education Checklist and Teach-Back Method in Postpartum Education

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Presentation Objectives

1. Participant will be able discuss how improved education contributes to maternal-infant health promotion and reduction of complications in the postpartum period.
2. Participant will be able to identify the need for a quality, evidenced-based method for delivering postpartum patient education.
3. Participant will be able to recognize an Individualized Patient Education Checklist combined with the teach-back method as an evidenced-based approach to delivering postpartum patient education and improving patient satisfaction.

Introduction

The quality of postpartum education that a new mother receives is critical to the knowledge and skills that she will have in caring for her infant and herself after discharge.

Postpartum education impacts:

- A mother's confidence and ability to care for herself and her infant.
- Maternal-infant health outcomes.^{1,4,16,24}
- The mother's perception of the quality of care provided.²⁴
- Patient satisfaction scores.¹²

Specific to this DNP project site:

- The HCAHPS scores suggested that women perceived inadequate postpartum education.
- Unit Shared Governance requested enhanced, patient-centered postpartum education.

Literature Review

- Minimal studies on specific methods for teaching postpartum education.
- Mothers report that they are getting a lot of content but not what they feel they need or want, leaving them with the perception of unmet learning needs.^{2,5}
- Teaching needs to be individualized to each mother's needs and desires.^{10,15,21,26}
- Current teaching is fragmented and inconsistent.^{10,22,23, 24}
- Quality teaching requires quality materials and nurses skilled in content delivery.^{5,9,21,22}
- The use of multiple modalities of delivery is effective for patient learning.^{2,3,21}
- Education needs to be efficient.¹⁶
- Studies support the teach-back method however, none were specific to postpartum education.^{7,14,15,24}

Problem Statement

There is insufficient evidence that clearly defines an effective teaching method for delivering postpartum education.

Purpose Statement

The purpose of this project was to evaluate the effectiveness of an individualized patient education checklist combined with teach-back as a method for delivering postpartum education.

PICO

For nurses on a mother-baby unit who provide postpartum education, does training in use of teach-back and a postpartum education checklist improve delivery of individualized postpartum education as evaluated by comparing pre-intervention baseline and post-intervention HCAHPS scores and nurse teach-back observation scores?

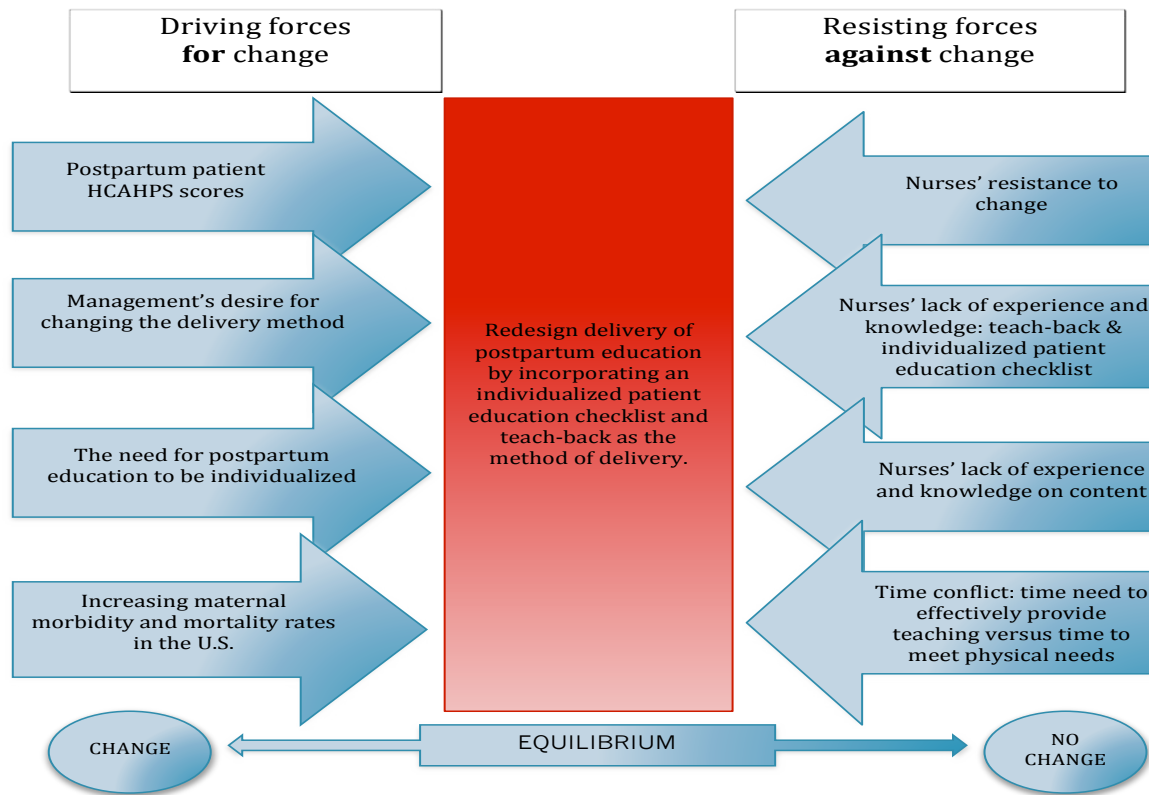
Project Objectives

1. Integration of an Individualized Patient Education Checklist and teach-back into the current method of delivering postpartum education.
2. Evaluate the effectiveness of computer-based learning (CBL) training sessions on the inclusion of the checklist and teach-back method in delivery of postpartum education.
3. Evaluate the impact of using the Individualized Patient Education Checklist and the incorporation of the teach-back method on HCAHPS scores.

Conceptual Framework

Lewin's Theory of Planned Change

Force Field Analysis



Design and Methods

Design: Quasi-experimental design with a pretest-posttest evaluation.

Setting: Obstetrical unit in a rural, southeastern Ohio hospital.

- Average 120 births a month.
- Employs approximately 55 nurses who have a role in the delivery of postpartum care and education.

Incentive: Completion of learning modules earned 1 ONA approved CEU.

Sample

Sample: Convenience sample of 20 nurses from the obstetrical unit.

Inclusion criteria:

- At least 18 years of age.
- Educational background in nursing including Licensed Practical Nurses (LPN), Associate Degree Nursing (ADN) and Bachelor of Science in Nursing (BSN).
- Have a role in the delivery of postpartum care and education.
- Voluntarily consent to participate in the project and to being observed during postpartum teaching both pre- and post-intervention.

Exclusion criteria

- Nurses from the hospital float-pool team.

Data Collection

✧ Pre-intervention:

- Observed nurses' delivery of postpartum education using the Teach-Back Debrief Evaluation over 10 weeks.
- Reviewed the 6 HCAHPS scores related to postpartum education over a 1-month period.
- Demographic data: nurse level, education level, years of experience as a nurse on the obstetrics unit; and the unit the participant was primarily assigned.

✧ Post-intervention:

- Re-observed the same nurses' delivery of postpartum education using the Teach-Back Debrief Evaluation over 8 weeks.
- Reviewed the 6 HCAHPS scores related to postpartum education over 1-month period.

Data Collection Tools

Teach-Back Debrief Evaluation Form

Postpartum Education

Rating Scale: 5=Very Well; 3=Fairly Well; 1=Need Improvement

How Well Did this Nurse:	5	4	3	2	1
1. Transition into the education session using the individualized patient checklist	5	4	3	2	1
2. Clearly states the purpose and information	5	4	3	2	1
3. Explain or clarify information in a clear and concise manner- use plain language	5	4	3	2	1
4. Encourage and validate behavior demonstration	5	4	3	2	1
5. Reframe, clarify, and emphasize comments and questions	5	4	3	2	1
6. Display good time management skills and remains on task	5	4	3	2	1
7. Keep personal opinions/biases in check	5	4	3	2	1
8. Cover the key points of each topic	5	4	3	2	1
9. Summarize and/or transition to the next topic	5	4	3	2	1

How would you rate the overall learning experience?

What did this nurse do well?

Are there areas that need improvement?

Additional comments:

Adapted with permission from RMC Health Professional Development Partnership

6 HCAHPS Questions

During this hospital stay, how often did nurses explain things in a way you could understand?

Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

When I left the hospital, I clearly understood the purpose for taking each of my medications.

Intervention

Phase 1

- ✧ All unit nurses completed the computer-based learning module.

Phase 2

- ✧ Implementation of the Individualized Patient Education Checklist for postpartum patients.
- ✧ Implementation of the teach-back method into current methods of postpartum education delivery.

Individualized Patient Education Checklist

Individualized Patient Education Needs Checklist

Here at Genesis we recognize every new mother as an individual with her own postpartum and newborn teaching needs. This checklist will assist us in meeting your expectations and needs. For each topic area, please initial what you feel are your education needs. There are some areas that will be marked that every mother will receive, you do not need to initial in those areas.

*Nurse Initials indicate that education has been provided and patient understanding has been evaluated using the teach-back method.

Topic	Patient Individualized Need of Content		
Postpartum Care of Self video Nurse Initials _____	_____ Never viewed, need to watch.	_____ Have viewed with previous births but would like to watch.	_____ Have viewed with previous births, do not need to watch.
Postpartum care of the newborn video Nurse Initials _____	_____ Never viewed, need to watch.	_____ Have viewed with previous births but would like to watch.	_____ Have viewed with previous births, do not need to watch.
Shaken Baby Syndrome Video Nurse Initials _____	All mothers will receive this.	All mothers will receive this.	All mothers will receive this.
Mother's Self Care			
Danger signs- mother/ when to contact a healthcare provider Nurse Initials _____	All mothers will receive this.	All mothers will receive this.	All mothers will receive this.
Medication purposes and potential side effects. Nurse Initials _____	All mothers will receive this.	All mothers will receive this.	All mothers will receive this.
Managing postpartum pain Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Urine and bowel elimination Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Swelling in my legs or hands Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Episiotomy and/or laceration care <input type="checkbox"/> Mark if have no episiotomy Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.

Infant vitamins purpose and administration instructions. Nurse Initials _____	All mothers will receive this.	All mothers will receive this.	All mothers will receive this.
"Back to Sleep" (Positioning the baby for sleeping) Nurse Initials _____	All mothers will receive this.	All mothers will receive this.	All mothers will receive this.
Bulb syringe Nurse Initials _____	All mothers will receive this.	All mothers will receive this.	All mothers will receive this.
Changing a diaper, skin care, and diaper rash Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Bathing Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Taking a temperature Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Circumcision and care <input type="checkbox"/> NA baby is a female Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Different Feeding Methods Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Bottle feeding Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Feeding schedule Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Formula preparation Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Sterilization of bottles and nipples Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Breastfeeding Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.
Feeding schedule Nurse Initials _____	_____ Need education.	_____ I have had this education previously but would like refreshed.	_____ I have had this education and do not feel that I need further teaching.

Data Analysis

- Data analysis performed using Excel and SPSS.
- Descriptive statistics using:
 - Frequencies of all variables
 - Mean of continuous variables
 - Median and modes for categorical variables and observation Likert scale scores.
- Observation and HCAHPS data: Non-parametric Wilcoxon Signed Rank test.

Results: Demographics

- 20 nurses observed.
- Years of experience: mean 12 years (range 0.5-38.5)
- Types of nurses:
 - LPN 10% (n= 2)
 - ADN 25% (n=5)
 - BSN 65% (n=13)
- Primary unit:
 - L&D 70% (n= 14)
 - Mother-baby 30% (n= 6)

Spearman's rho correlational tests showed no significant relationship between the demographics variables and the pre- or post-intervention scores.

Results: Observations

Wilcoxon Signed Rank tests showed that median scores significantly increased after the intervention compared to baseline ($p < 0.001$), indicating that nurses' delivery of postpartum education significantly improved after the intervention.

Wilcoxon Signed Ranks Test: Observation Results

Observations	Median	Z	P Value ($p < 0.001$)
Pretest ($n = 20$)	3.78	-3.926	.000
Posttest ($n = 20$)	4.89	-3.926	.000

Results: Observations

- **Evaluation of patient understanding**
 - Pre- “Do you have any questions?”
 - Post- Having the patient repeat back and twice, return demonstration was utilized.
- **Pace and clarity of delivery**
 - No difference noted in the responses.
 - Majority of nurses spoke clear and slow, at least six spoke clear but fast.
- **Distractions during education delivery** (TV, baby crying, siblings, etc.)
 - Noted more frequently in post-intervention.
- **Nurses’ comments:**
 - “A multiparous mother does not need education, this mom is a gravida five, she does not need any teaching”
 - “...surprised that it really did not take any longer”
 - “...felt like the teaching checklist helped direct and organize my teaching better” and she felt like it would “better meet each patient’s specific needs”.

Results: HCAHPS

Using Wilcoxon Signed Rank test, there was an improvement in combined median HCAHPS scores, although not statistically significant:

- One month pre-intervention= **77.8** (did not meet the set desired target benchmark of 80.95)
- One month post-intervention= **81.9** (exceeded the desired target benchmark of 74.1)

Discussion

- Findings suggest that an evidence-based postpartum education program with teach-back and an individualized patient education checklist improves the delivery of the education by nurses.
- Overall acceptance and adherence by nurses indicates a positive change in the nursing care and education given to postpartum women and supports the effectiveness of the CBL for training nurses.
- Though not statistically significant, the increase in HCAHP response median scores suggests improved delivery of education for postpartum women preparing for hospital discharge.
- There were 2 areas for improvement identified through the project but not addressed by the intervention:
 - Minimal education provided on postpartum warning signs and complications.
 - Distractions in the environment could have limited the mother from hearing or concentrating on the information being provided.

Clinical Implications

- Results of this project indicate that the utilization of an individualized patient education checklist combined with the teach-back method may be one evidenced-based approach to delivering quality postpartum education.
- Quality postpartum education has the potential to promote maternal and infant health and positively impact patient satisfaction ratings.

Limitations

Findings are not generalizable

- Only tested on one obstetrics unit.
- Small sample size.

Findings do not reflect delivery of postpartum education by all the nurses

- Less than 50% of target population sampled.

Short period of tracking HCHAPS scores

- May explain the lack of significant differences in the scores before and after the intervention.

Future Direction

- Incorporation of AWHONN's POSTBIRTH Warning Signs and education into PP discharge instructions.⁴
- Revision of documentation of postpartum hourly rounds in EPIC in an effort to allow nurses more time to educate patients.
- Proposal and cost: benefit analysis for a new patient educator position.
- Request to present as a Magnet QI project.
- **Sustainability of practice changes:**
 - Interventions have been adopted into current practice.
 - Continued monitoring of project implementation through chart reviews and HCAHP reports.
 - Incorporate interventions into unit orientation and annual competency materials.
 - Continued staff education on postpartum education content and practices.
 - Follow-up at unit meetings to solicit feedback on what is working and what is not, make changes accordingly.

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911 if you have:	<input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or your baby
Call your healthcare provider if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small>	<input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I had a baby on _____ and I am having _____"
(Date) (Specific warning signs)

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or your baby may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy or C-section site may mean you have an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge may mean you have an infection
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post birth preeclampsia

GET HELP My Healthcare Provider/Clinic: _____ Phone Number: _____
Hospital Closest To Me: _____



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Questions



References

1. Agency for Healthcare Research and Quality. (2017). *About the National Quality Strategy*. Retrieved from <https://www.ahrq.gov/workingforquality/about/index.html>
2. Almalik, M. (2017). Understanding maternal postpartum needs: A descriptive survey of current maternal health services. *Journal of Clinical Nursing*, doi:10.1111/jocn.13812
3. American College of Obstetricians and Gynecologists. (2016). Optimizing postpartum care (Committee Opinion No. 666). *Obstetrics and Gynecology*, 127(6), 1192-1193. doi:10.1097/AOG.0000000000001481
4. Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). (2018). POST-BIRTH education program. Retrieved from <https://www.awhonn.org/page/POSTBIRTH>
5. Buchko, B.L., Gutshall, C.H., & Jordan, E.T. (2012). Improving quality and efficiency of postpartum hospital education. *The Journal of Perinatal Education*, 21(4), 238-247. <http://doi.org/10.1891/1058-1243.21.4.238>
6. Centers for Disease Control and Prevention. (2017). *Pregnancy mortality surveillance system*. Retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>
7. Centrella-Nigro, A., & Alexander, C. (2017). Using the teach-back method in patient education to improve patient satisfaction. *The Journal of Continuing Education in Nursing*, 48(1), 47-52. doi:<http://dx.doi.org.proxy.library.ohio.edu/10.3928/00220124-20170110-10>
8. Creanga, A.A., Berg, C.J., Syverson, C., Seed, K., Bruce, F.C., & Callaghan, W.M. (2015). Pregnancy-related mortality in the United States, 2006-2010. *Obstetrics & Gynecology*, 125(1), 5-12. doi:10.1097/AOG.0000000000000564
9. CY Chan, Z., Wong, K.S., Lam, W.M., Wong, K.Y., & Kwok, Y.C. (2014). An exploration of postpartum women's perspective on desired obstetric nursing qualities. *Journal of Clinical Nursing*, 23(1-2), 103-112.
10. Day, D.M. & Edson, W.N. (2017). Postpartum patient teaching success. *JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing*, 6(3): S48-S49. doi:10.1016/j.jogn.2017.04.094
11. Declercq, E.R., Sakala, C., Corry, M.P., Applebaum, S., & Herrlich, A. (2013). *Listening to mothers III: New mothers speak out*. New York, NY: Childbirth Connection.
12. Declercq, E.R., Sakala, C., Corry, M.P., Applebaum, S., & Herrlich, A. (2014). Major survey findings of listening to mothers(SM) III: Pregnancy and Birth: Report of the Third National U.S. Survey of Women's Childbearing Experiences. *The Journal of Perinatal Education*, 23(1), 9-16. doi:10.1891/1058-1243.23.1.9
13. Farahani, M.A., Mohammadi, E., Ahmadi, F., & Mohammadi, N. (2013). Factors influencing the patient education: A qualitative research. *Iranian Journal of Nursing and Midwifery Research*, 18(2), 133-139.
14. Fidyk, L., Ventura, K., & Green, K. (2014). Teaching nurses how to teach: Strategies to enhance the quality of patient education. *Journal for Nurses in Professional Development*, 30(5), 248-253. doi:10.1097/NND.0000000000000074
15. Ghiasvand, F., Riazzi, H., Hajian, S., Kazemi, E., & Firoozi, A. (2017). The effect of a self-care program based on the teach-back method on the postpartum quality of life. *Electronic Physician*, 9(4), 4180-4189. <http://doi.org/10.19082/4180>
16. Honan, S., Krsnak, G., Petersen, D., & Torkelson, R. (1988). The nurse as patient educator: perceived responsibilities and factors enhancing role development. *Journal of Continuing Education in Nursing*, 19(1), 33-37.
17. Kassebaum, N.J., Bertozzi-Villa, A., Coggeshall, M.S., Shackelford, K.A., Steiner, C., Heuton, K.R., ... Lozano, R. (2014). Global, regional, and national levels and causes of maternal mortality during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*, 384(9947), 980-1004. doi.org/10.1016/S0140-6736(14)60696-6
18. Kleppel, L., Suplee, P., Stuebe, A., & Bingham, D. (2016). National initiatives to improve systems for postpartum care. *Maternal & Child Health Journal*, 20, 66-70. <https://doi-org.proxy.library.ohio.edu/10.1007/s10995-016-2171-1>
19. Kornburger, C., Gibson, C., Sadowski, S., Maletta, K., & Klingbeil, C. (2013). Using "Teach-Back" to promote a safe transition from hospital to home: An evidence-based approach to improving the discharge process. *Journal of Pediatric Nursing*, 28(3), 282-291.
20. Lewin, K. (1997). *Resolving social conflicts and field theory in social sciences*. Washington, DC: American Psychological Association.
21. Malagon-Maldonado, G., Connelly, C.D., & Bush, R.A. (2017). Predictors of readiness for hospital discharge after birth: Building evidence for practice. *Worldviews on Evidence-Based Nursing*, (2), 118. doi:10.1111/wvn.12208
22. Rodrigues, D.P., Dodou, H.D., do Lago, P.N., Mesquita, N.S., de Melo, L.T., & de Souza, A.S. (2014). Care for both mother and child immediately after childbirth: a descriptive study. *Online Brazilian Journal of Nursing*, (2), 227.
23. Suplee, P.D., Kleppel, L., & Bingham, D. (2016). Discharge education on maternal morbidity and mortality provided by nurses to women in the postpartum period. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 45(6), 894-904. doi:10.1016/j.jogn.2016.07.006
24. Suplee, P.D., Kleppel, L., Santa-Donato, A., & Bingham, D. (2017). Improving postpartum education about warning signs of maternal morbidity and mortality. *Nursing for Women's Health*, 20(6), 552-567. doi:10.1016/j.nwh.2016.10.009
25. Wagner, D.L., & Washington, C. (2016). Patient satisfaction with postpartum teaching methods. *The Journal of Perinatal Education*, 25(2), 129-136. <http://doi.org/10.1891/1058-1244.pdf>