

SSI Prevention Using the Teach-Back Method During Discharge Teaching



Timothy Yu, BSN, RN - Quality Nurse Consultant;
 Trang Pham, MSN, RN, NI-BC, CPAN – Nursing Professional Development Specialist, Perianesthesia Care;
 Sienna Tango, MSN, RN – Staff Nurse III, Main Operating Room;
 Harmeet Brar, MSN, MHA, RN – Staff Nurse IV, Perianesthesia Care;
 Rebecca Christman, MSN, RN – Staff Nurse IV, Perianesthesia Care

Kaiser Fremont Medical Center

INTRODUCTION

Background

For 2024 year-to-date, a significant portion of surgical site infections (SSIs) at the Hospital have originated from General Surgery cases. Out of 22 total SSIs reported at the facility, 10 were from General Surgery, with 8 of these being superficial infections.

Many of these infections occurred weeks after surgery, and the inferential notion was that patients and their family members may not fully understand surgical wound care instructions provided to them at discharge. This lack of understanding may contribute to improper wound care and an increased risk of superficial SSIs (Tobiano, et. al., 2022).

Upon observing the discharge education process in the Post-Anesthesia Care Unit (PACU) of patients who underwent General Surgeries, it was identified that the teach-back method was not being implemented. Tobiano, et. al., 2022 study reported that patients who received education fostering patient participation in decision-making and pain-management discussions, strengthened patients' ability to care for their wounds after discharge. These were all elements that makes up teach-back method.

The Agency of Healthcare Research and Quality (AHRQ, n.d.) highly recommends Teach-back method in all healthcare setting as it provides clear understanding of information given to patients and promotes proper managing of self-care. In the setting of PACU, it would improve patient comprehension of discharge instructions and wound care management.

Purpose

This process improvement project aimed to improve patients and their caregivers understanding and management of patients' surgical wound care upon discharged from PACU to reduce the occurrence of SSI.

METHODS

Plan-Do-Study-Act (PDSA) Implementation



Plan:

- Enhance the discharge education process by validating patient understanding using the teach-back method.
- Ensure patients can accurately state/demonstrate/communicate:
 1. Signs and symptoms of infection.
 2. Proper surgical site and wound dressing care.
 3. Who to contact and how, in case of concerns.

Do:

- Utilized a standardized teach-back script with three guided open-ended questions:
 - "Please repeat back to me the signs and symptoms of infection you will look for."
 - "Please teach back how will you care for your surgical site and/or dressings after discharge."
 - "Please confirm who you will contact and how to reach them if you have any concerns."

Study:

- After 30 days, patient charts were reviewed for signs of early/developing infections.
- SSI occurrence were tracked for General Surgery and cross referenced to the data up until October 2024.

Act:

Based on evaluation of intervention, modified discharge teaching practices was implemented to reinforce comprehension and reduce SSIs.

RESULTS or CONCLUSION

Findings from the teach-back method Pilot Implementation:

- **50** patients participated in the PDSA Pilot Implementation.
- **49 out of 50 patients (98%)** met all three validating components of teach-back information.
- 1 patient struggled with recalling the correct contact information, possibly due to post-surgical grogginess. This patient was provided with a reinforced handout containing the necessary information
- **0 superficial General Surgery SSIs** noted in Nov 2024 (month of PDSA implementation) and Dec 2024
- Patients expressed feeling more confident and well-equipped to care for their surgical sites after discharge.
- Nurses observed higher engagement levels from patients during education sessions.

Teach-back method has been adapted as part of routine care process in PACU. As of September 2025, only **1 superficial SSI occurrence** reported for General Surgery, garnering a **90% reduction rate** in superficial SSI for the said surgical service.

Prevalence	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2023 Total	FY 2024 TOTAL	FY 2025 TOTAL
Superficial															
Overall	0	0	0	0	0	1	0	0	0	0	0	0	1	9	3

IMPLICATIONS FOR PRACTICE

By integrating the teach-back method into discharge education, patients will be better prepared to care for their surgical sites, reducing the risk of SSIs and improving overall patient safety outcomes.

- **Standardizing Teach-Back Across All Surgical Services:** Currently implementing the teach-back method for all surgical discharge education processes.
- **Enhancing Patient Education Materials:** Working on improving written discharge instructions to ensure clarity and accessibility.
- **Sustaining Best Practices:** On-going training and coaching to all PACU RNs on effective teach-back techniques.
- **Expanding Follow-Up Monitoring:** Implemented post-discharge follow-ups via post-op calls to assess ongoing wound care adherence.
- **Improving Patient Access to Information:** Provide easy-access resources, such as QR codes linked to wound care guidelines.

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