

Weisman Children's Rehabilitation Hospital (WCRH)

Administrative Manual

SUBJECT: Patient and Family Education Interventions

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PURPOSE:

To summarize procedures followed by clinical staff in providing education to patients and their families.

POLICY:

Patients/caregivers will receive education and training specific to the patient's/caregivers needs and as appropriate to the care, treatment and services provided by WCRH. Staff will assist the patient/caregiver in gaining the knowledge and skills needed to make decisions and to take responsibility for self-management activities related to their needs. Patients and, as appropriate, their families/caregivers are educated to improve individual outcomes by promoting healthy behavior and appropriately involving patients/caregivers in the care, treatment and service decisions. Education is provided to meet the patient's relevant health care needs, in ways understandable to the patient/caregiver. An interdisciplinary approach is used in the process of patient and family education.

Clinical staff will prioritize the instruction and training that patients/caregivers require to facilitate the ability to understand and benefit from the rehabilitation program and maximize patient recovery of function, adjustment and safety. Education will be tailored to the patient's/caregivers' learning needs and abilities and will be documented in the medical record.

PROCEDURE:

- Patient's educational needs will be assessed, identified and addressed.
- Patient and family education shall be provided in a manner that:
 1. Facilitates the patient's understanding of the patient's condition, assessed needs and the plan for care, treatment and services.
 2. Facilitates and encourages participation in decision making about health care options
 3. Increases patient's potential to follow the therapeutic health care options
 4. Maximizes self-care skills
 5. Increases the patient's ability to cope with health status/prognosis/outcome
 6. Enhances the patient's role in continuing care and promoting a healthy lifestyle
 7. Is timely, efficient, caring, confidential and respectful
 8. When appropriate, addresses financial implications of care choices
- Discharge teaching will be communicated to the patient and/or caregiver by the interdisciplinary team and will include information about:
 1. Self-care after discharge
 2. Treatment plan
 3. Recommended lifestyle changes, managing continuing care
 4. Signs and symptoms of complications, as appropriate
 5. Information will be provided to the provider of the next level of service as appropriate.

- WCRH provides academic education to children and youth as needed and as appropriate.
- Education will include instruction specific to patient/family/caregiver knowledge and/or skills needed to meet the patient's ongoing medical care, and discharge teaching needs including as appropriate:
 1. Diagnosis, disease concepts, and related treatments
 2. The safe and effective use of medication and other treatments
 3. The safe and effective use of medical equipment
 4. Instruction on potential drug-food interactions and counseling on nutrition interventions and/or modified diets
 5. Rehabilitative therapy
 6. Available hospital and community resources and education programs for health promotion and disease-related care
 7. Continuity of care
 8. Signs and symptoms of potential physical and psychosocial responses to or related to disease/treatment (and those symptoms which should be reported to a health care professional)
 9. Activity restrictions
 10. Diagnostic testing
 11. Psychosocial strategies to facilitate adaptation to disease/treatment (and those symptoms which should be reported to a health care professional)
 12. Legal and ethical rights of the patient (i.e. Living Will, durable Power of Attorney for Health Care, Informed Consent)
 13. Pain Management and Comfort measures
- Education for patients and families is based on the assessment of:
 1. Ability to learn – cultural and religious practices, emotional barriers, desire and motivation to learn. Barriers to learning including but not limited to physical and/or cognitive limitations, language barriers, sensory deficits, and readiness to learn
 2. Learning needs – including the above factors and skills.
- Strategies for teaching shall be selected based on patient and family needs and shall include, but not be restricted to; verbal explanation, printed materials, classes and support groups, audio-visual materials, demonstration, role play and external resources.
- Education shall be age appropriate, and be adapted to culture, language and length of stay. The teaching plan shall be individualized according to the specific patient's and family's ability to learn.
- Continuous performance improvement activities and quality monitoring is done in relation to patient education for aspects such as documentation, achievement of teaching/learning goals, and measurement of outcomes, in addition to, evidence of patient/family involvement in process, inter-professional approach and other aspects as needed.

- Education of patients and families shall be documented in the patient's medical record and include:
 1. Assessment
 2. Progress Notes
 3. Patient Team conference
 4. Interdisciplinary Teaching Checklist
- Orientation and continuing education related to patient and family education are provided to health care personnel.

Administrator