GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL

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TITLE: PATIENT/FAMILY EDUCATION PROGRAM				
LAST REVIEWED/REVISED: 11/2015				
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PURPOSE:

To ensure the availability of an effective, hospital-wide Patient/Family Education Program that aims to improve the health status of patients at Guam Memorial Hospital Authority (GMHA).

POLICY:

GMHA values patient/family education as an integral part of quality care. Patient/Family Education, as a recognized and essential tool in the healthcare delivery system, shall be a collaborative and interdisciplinary process.

PROCEDURES:

I. PATIENT/FAMILY EDUCATION PROGRAM

A. PATIENT/FAMILY EDUCATION COMMITTEE

1. Function

The Patient/Family Education Committee (PFEC) shall plan, support and coordinate hospital-wide activities and resources for the provision of patient/family education. The Committee shall meet this objective by:

a. Developing policy/procedures that outline the patient/family education program.
b. Developing a plan that will assist the Hospital in implementing the program.
c. Identifying, approving, creating and/or facilitating the use of appropriate educational resources required to meet the patient's assessed needs.
d. Implement performance improvement activities (e.g., monitor indicators, evaluate program, implement corrective actions, and follow-up on corrective actions.)

2. Membership

The Patient/Family Education Committee shall be comprised of representatives from the following departments:

a. Medical Services
b. Dietetic Services
c. Respiratory Care
d. Rehabilitative Services
e. Education

f. Utilization Review/Quality Management
g. Nursing Services
h. Pharmacy
i. Social Services
j. Special Services
k. Radiology

The Committee chairperson and co-chairperson shall be determined by a majority vote of the Patient/Family Education Committee. The Committee will be further broken down into Subcommittees, as the need arises. Subcommittee chairpersons shall be determined by a majority vote of the subcommittee.

3. Meeting Frequency

The Committee shall meet quarterly and as needed to appropriately plan, implement and monitor the hospital-wide patient/family education program.

4. Program Administration

The Hospital Education Department shall assume the responsibility of maintaining all committee meeting minutes and other documentation.

B. PROGRAM SCOPE OF SERVICES

1. Formal Education Presentations

a. The Health Educator shall select and develop formal educational presentations for patient/family education. These formal presentations will provide the patient/family with the knowledge base needed for them to understand their medical condition and proactively improve their condition. These presentations shall be conducted in both group and individual settings and when possible, will include the patient's family/caregiver.

b. The Health Educator, in appropriately selecting and developing formal educational presentations, shall utilize hospital-based strategic planning statistics and information, as well as health planning information from the community.

2. Individualized Instruction

The interdisciplinary care team members shall provide individualized instruction to the patients/families. This instruction will give each patient/family the knowledge and skills to meet all of their assessed, age-specific healthcare needs. Such instruction shall include, but not be limited to, the following:

a. Basic health practices
b. Plan for care and treatment
c. Safe and effective use of medication
d. Safe and effective use of medical equipment
e. Potential food-drug interactions and nutrition/modified diets
f. Habilitation/Rehabilitation techniques
g. Pain assessment/ Pain Management
h. Patient/family responsibilities throughout the treatment process
i. Personal hygiene and grooming
j. Availability of community resources

k. When and how to obtain further treatment
l. Discharge instructions
m. When to go to the doctor for follow-up
n. When to seek emergency care

II. PROVISION OF PATIENT/FAMILY EDUCATION

A. EDUCATION DEPARTMENT

1. The patient's/family's education needs, abilities, preferences and readiness to learn shall be assessed upon admission by a Registered Nurse. This process generates the information required to an educational plan that is specific to the need of each patient/family.

2. A proper patient/family education assessment shall include, but not be limited to the following patient/family background information:

   a. Medical History, Condition and Treatment
   b. Cultural practices
   c. Religious beliefs
   d. Emotional barriers
   e. Desire and motivation to learn
   f. Physical limitations
   g. Cognitive limitations
   h. Language barriers
   i. Financial implications of care choices
   j. Age-specific needs
   k. Literacy, language and educational level

3. Nursing Services shall make the appropriate referrals, based upon physicians' orders, to the other interdisciplinary care team members (see assessment and referral process as detailed in Policy 6301-18, Initial Admission/Discharge Planning/Reassessment Process). The other care team members shall assess the patient's education needs as they pertain to their respective disciplines. Nursing may make appropriate referrals to the following care team members:

   a. Social Services
   b. Dietetic Services
   c. Rehabilitative Services
   d. Respiratory Services
   e. Education Services
   f. Utilization Review
   g. Other healthcare specialists throughout GMHA and the Guam community

   Referrals can also be initiated by any of the interdisciplinary care team members listed above. Please refer to the attachment delineating the roles/responsibilities of all potential care team members.

B. EDUCATION PLAN IMPLEMENTATION

Based on their patient care assessments, interdisciplinary care team members shall provide patient/family education.

C. REASSESSMENT

The interdisciplinary care team members shall conduct patient care reassessments at periodic intervals based on their standard of practice. Based on their reassessments, the care team members will provide the appropriate patient/family education.

III. DOCUMENTATION OF PATIENT/FAMILY EDUCATION

A. ONE-ON-ONE PATIENT/FAMILY EDUCATION

All patient/family education must be appropriately documented via IMED within the Hospital Information System.

B. GROUP PATIENT/FAMILY EDUCATION

Group patient/family education programs will be designed to meet the interdisciplinary patient/family education needs of the patients. These programs will enable the various disciplines to more effectively reach the large numbers of patients/families requiring the education. Documentation of group teachings, as with one-on-one teachings, must be appropriately documented via IMED.

IV. STAFF TRAINING/EDUCATION

The Patient/Family Education Committee realizes that there are many highly educated and experienced hospital and community patient/family educators who participate in local, as well off-island training/conferences. In light of this fact, the committee will be committed to utilizing Guam's outstanding patient/family educators to help GMHA develop and continuously improve its Patient/Family Education Program.

REFERENCE(S):

Comprehensive Accreditation Manual for Hospitals, Oakbrook, IL: JCAHO

Administrative Policies and Procedures Manual, Guam Memorial Hospital Authority (GMHA).

Policy 6301-II D-1, *Patient Education* of the GMHA Nursing Services Manual made effective in 1985.

INTERDISCIPLINARY CARE TEAM
ROLES/RESPONSIBILITIES

PATIENTS/FAMILIES/SIGNIFICANT OTHERS

The Patients/Families/Significant Others shall be key care team members with respect to identifying their care needs, voicing concerns and providing patient care consent and direction throughout the entire admission, discharge and reassessment process. They will have the right to refuse any treatment. They shall participate as the primary decision-maker in determining their own unique plan of care. The implementation of the admission, discharge and reassessment process will require their participation in educational activities and their willingness to follow through on specific recommendations for post-discharge care.

PHYSICIANS

The physicians will be ultimately responsible for directing the patient's provision of care based upon professionally accepted standards of care. In meeting that responsibility, they shall perform the following patient care activities:

* Assess the patient's care needs, document those care needs and communicate the care plan to the patient/family/significant others and the interdisciplinary care team members.

* Monitor the patient's care plan and initiate orders to assure that the patient's hospitalization and discharge needs are appropriately met.

NURSING SERVICES

* Initiate the admission, discharge and reassessment process of each patient.
* Inform physician of patient's plan of care as designed by nursing.
* Make appropriate patient care referrals to interdisciplinary care team members.
* Coordinate care conferences as appropriate for certain high-risk patients.
* Complete the patient's care plan prior to discharge.

SOCIAL SERVICES

Social Services shall play a key role in patient assessment/reassessment, discharge planning and development of the patient's plan of care. The Social Worker's role will encompass the following activities:

* Assess psychosocial impact of illness and hospitalization.
* Coordinate care conferences as appropriate for certain high-risk patients.
* Assist with procurement of medical equipment for home use.
* Provide supportive counseling.
* Assist in coordination of off-island transfers.
* Facilitate protective service referrals.
* Network with community resources on patient/family behalf.
* Provide information regarding financial/medical assistance.
* Provide Long Term Care (LTC) Planning.
* Provide End Stage Renal Disease Counseling/Assistance.
* Act as Community Resources Liaison.
* Act as Home Healthcare Referral Facilitator.
* Identify and resolve gaps in services provided to patients/families.

The Social Worker and support staff shall coordinate services for/with family, significant others and community support systems and facilitate the services of other healthcare disciplines to enable the patient to return home or transfer to another healthcare facility. This will be a major role of facilitating services to maintain the patient's continuum of care.

DIETETIC SERVICES

Dietary staff including clinical dietitians and dietary technicians, will be responsible for assessing the patient's specific nutritional needs and educating the patient/family/caretaker on how to meet these needs following discharge. The dietitian shall provide the following patient care services:

* Advise patients requiring special feedings (e.g., tube feedings or supplementation) on proper administration and resources in the community.

* Refer patients for nutritional care follow up with nutritionist, hospital dietitian, or other healthcare professionals in the community.

A dietitian will complete a Nutritional Summary for the referral of services, thus maintaining the nutritional management continuum of care.

REHABILITATIVE SERVICES

Rehabilitative Services staff which may include Occupational Therapists, Physical Therapists, Cardiac Rehabilitation Therapists, Speech-Language Pathologists, and Recreational Therapists shall provide education and/or written, verbal or visual instruction in the following areas:

Ambulation	Activities of Daily Living	Wound Care
Mobility	Feeding	Edema Control
Range of Motion	Cognitive Retraining	Strengthening Exercises
Transfer Training	Speech	Energy Conservation
Splint Wear	Language	Work Simplification
Joint Protection	Leisure	Disease Processes
Adaptive Devices	Recreation	Medical Conditions
Assistive Devices		

Patient/Family Education provided will be in conjunction with an established problem list and treatment plan established by an initial evaluation. Rehabilitative Services staff shall also make referrals to outside agencies that may assist with the continuing care of the patient and/or family.

RESPIRATORY SERVICES

The Respiratory Therapists shall perform the following patient care services:

* Assist in the identification of respiratory care needs of each patient upon admission.
* Provide appropriate respiratory care to meet patient's respiratory needs.
* Provide patient/family education on proper respiratory care and equipment use.

EDUCATION SERVICES

The Education Department's primary focus will be Patient/Family Education and Staff Development. Education Services staff shall work closely with Nursing and Professional Support Services to increase patient/family understanding of each patient's medical condition, emphasizing the patient's/family's role in maintaining and improving health after discharge. In support of the interdisciplinary process, the

Health Educator will provide collaborative consultation, educational materials and resources to reinforce and encourage all healthcare disciplines in their role as educators. The Patient Educator shall be prepared to teach patients/families on, but not limited to, the following medical conditions:

Diabetes	Cardiac Diseases	Hypertension
Stroke	Renal Diseases	Cancer
Pulmonary Diseases	Other Medical Conditions	

UTILIZATION REVIEW SERVICES

The Utilization Review Coordinators shall be responsible for performing the following activities:

* Monitor length of stay, level of care, and utilization of health care resources.
* Participate in discharge planning conferences and collaborate with members of the discharge planning team to assure appropriate/timely patient discharge.
* Act as a liaison between the Hospital and third party payors who require information regarding their patient's discharge plan.

Utilization Review Coordinators rely heavily on the documentation provided by the other members of the interdisciplinary care team. This documentation enables the coordinators to complete their assessments and to formulate their discharge planning conferences.

RADIOLOGY

Radiology staff, which may include ultrasound technicians, x-ray technicians, radiologists, licensed nurses, and physicians shall be responsible for performing the following activities:

* Assist in the identification of radiology care needs of each patient.
* Provide appropriate care to meet patient's radiologic needs.
* Provide patient/family education on proper pre- and post- radiologic procedures.

SPECIAL SERVICES

Special Services staff (may include licensed nurses, EKG technicians, echocardiogram technicians, and physicians) shall be responsible for performing the following activities (may include cardiac care, orthopedic care, pain management, etc):

* Assist in the identification of special care needs of each patient.
* Provide appropriate care to meet patient's special care needs.
* Provide patient/family education on proper pre- and post- special care needs.

RESCISSION:

Policy No. 6140-6, Patient/Family Education Program of the GMHA Administrative Manual made effective 08/04/2000