PENROSE-ST. FRANCIS HEALTH SERVICES

INTERDISCIPLINARY PRACTICES

TITLE: **Teaching (Patient)**

PREVIOUS DATE: Est. 5/80, 1/00, 7/01, 2/04, 8/06, 8/07 EFFECTIVE DATE: 7/11

RECOMMENDED BY: Interdisciplinary Patient/Family Education Advisory Team

ADMINISTRATION APPROVAL: Jeff Oram Smith, MD, CMO Katherine D McCord, RN, CNO

GUIDELINES FOR CARE:

Patient teaching is the element of professional practice designed to enable patients and their families or significant others to assume responsibility for self-care, successfully participate in the management of chronic health problems, continue to recover from acute illness, and adopt positive health behaviors.

The **i**nterdisciplinary Patient/Family Education Committee will plan and support the provision and coordination of inpatient and outpatient patient and family educational activities, including the approval of internally developed materials used for patient education such as booklets, brochures, videos, and teaching sheets. Educational materials that are developed by the Penrose St. Francis Health Services (PSFHS) staff will also be approved by the medical director of a department or service or by the Director of Medical Education.

PRACTICES:

The health care professional will:

1. Assess the patient's/family's learning needs considering:
2. ability andreadiness to learn (i.e., literacy/educational level, native language, cognitive limitations)
3. preference for style of learning
4. physical limitations**/**response to illness
5. emotional barriers and willingness to learn
6. ability to perform necessary motor skills
7. anticipated length of stay
8. values and cultural considerations that may impact learning
9. past experience with disease/illness/surgery/hospitalization and knowledge of current condition/treatment
10. financial implications of care choices
11. Discuss patient and family education needs with the physician and other health care professionals, as appropriate. Initiate a patient care conference involving the patient's health team if indicated by complex illness, lengthy rehabilitation periods or other health care needs. The patient’s academic educational needs will be assessed and provided for depending on the patient’s age and length of stay.
12. Plan and implement a patient teaching program, involving the interdisciplinary team as appropriate, to address learning needs in a timely, safe, and respectful manner. The health care professional will consider age-specificprinciples of education, disease state, daily plan of care, and interdisciplinary aspects of teaching needs. Instructions will be appropriate to the patient's identified needs and may include, but will not be limited to:
13. patient’s rights and responsibilities related to health care
14. the pain experience and pain management as part of treatment
15. the safe and effective use of medications (e.g., dosage/route of administration, duration of therapy, expected actions, significant side effects or interactions, actions if missed dose, directions for preparing or self-administering medication)
16. the safe and effective use of medical equipment
17. potential drug-food interactions and nutritional counseling
18. instruction in rehabilitation techniques
19. access to available community resources
20. when and how to obtain further treatment
21. personal hygiene**/**oral health and grooming
22. the patient's and family's responsibilities in the patient's care
23. guidelines for resuming activities of daily living
24. Utilize various educational modalities to facilitate interactive patient/family education. Review anysupporting brochures and educational videos to determine their appropriateness in meeting the patient’s learning needs. Encourage patient/significant other to ask questions about all aspects of care.
25. Requestconsultation for additional patient education when indicated to meet special needs through services such as:
26. Cardiac rehabilitation**/**Congestive heart failure management
27. Pulmonary rehabilitation/Pulmonary exercise group
28. Diabetes & Renal Care Center
29. Wound/ostomy/continence nurse specialist
30. Psychiatric Emergency Triage Team (PETT)
31. Cancer Information Services
32. Penrose Cancer Information Center
33. Breast Cancer Nurse Coordinator
34. Rehabilitation Services
35. Alzheimer's programs
36. Prevention and wellness services (Health Learning Center)
37. Nutritional counseling for inpatients
38. Childbirth & Family Education
39. Care Management Services
40. Infection Preventionists
41. Assure patient's/family's understanding of pertinent teaching by evaluating ability to verbalizeknowledge or demonstrate requiredskills. Modify the instructions if necessary to assure patient/family understanding.
42. At time of discharge from the service or hospital setting the health care professionalwill review learningneeds assessed on admission and subsequent patient educationto be sure needs have been met. The RN discharging the patient from inpatient status will review the physician's discharge instruction sheet and complete the patient/family teaching**.** Discharge instructions will include:
43. medications patient is to take at home, including analgesics
44. activity level**/**home equipment use
45. diet or dietary restrictions to be followed at home
46. follow-up visits with surgeon**,** medical physician, and/or consultants.
47. other instructions pertinent to patient care needs after discharge (e.g., signs of infection, actions to take if pain not being managed at home, etc.)
48. Document patient and family teaching in the Clinical Information System (CIS). A copy of the patient discharge sheet will be given to the patient/family and the organization or individual responsible for the patient’s care in the post-hospital setting.

SCOPE OF TEACHING ACTIVITIES:

Admitting Department:

All patients are given a copy of the patient rights and responsibilities. Patients with questions pertaining to advance directives are given a brochure and referred to Spiritual Care for additional information.

Bioethics/Ethics Consultation:

The Ethics committee consists of physicians, nurses, mission/spiritual care staff, ancillary department staff and representatives from the community. The ethics consultants are part of the Ethics Committee. A consultant is on call 24 hours a day seven days a week and can be accessed by staff, physicians, patients and families/significant others. The ethics consultants are guided by the Ethical and Religious Directives for Catholic Health Care Services as well as the universal principles of bio-medical ethics (autonomy, truth-telling, beneficence, non-maleficence, respect for persons and justice). The purpose of the ethics consultants is not to make decisions but to resolve conflict and to facilitate a decision making process between and among the involved parties. The Ethics Committee reviews all ethics’ consultations and develops, reviews and revises policies which are related to ethical practice in health care.

Birth Center

The Birth Center offers a wide variety of educational opportunities such as classes, support groups, written materials, web-based materials and TV programming to meet the needs of parents and family members for information about pregnancy, childbirth and infant care. The Family Education department offers a full selection of prenatal and childbirth classes. The Pre-Admission program allows expectant parents to speak directly with a Birth Center RN who will answer all questions about the hospital experience and provide educational materials related to individual needs and interests. Labor and Delivery provides written after-care information for women who have been discharged from OB triage and offers Antepartum patients a variety of educational formats to meet their needs such as one-on-one instruction, DVD’s, private classes and web based materials. Discharge teaching begins in Pre-admission but is reinforced by Mother/Baby unit RN’s, Discharge Class and the Discharge folder containing the New Parent Handbook. Patients receive one-on-one assistance and instruction related to breastfeeding from International Board Certified Lactation consultants and specially trained Mother Baby nurses. After discharge the Lactation Center offers continuing one-on-one lactation assistance and education as well as a weekly Breastfeeding Support Group. A New Mom Baby Support group is also available to assist and support mothers as they adjust to parenting.

Cancer Center:

Patients/families are taught about cancer prevention, early detection, diagnosis, specific cancer disease processes and treatment modalities. Special educational needs are addressed by individual services such as Surgical, Medical and Radiation Oncology. Other providers that assist in meeting the educational needs of patients/families include, but are not limited to: Breast, Thoracic, Head and Neck, GI. GYN, Prostate and Survivorship Navigators, Dental Oncology, , Genetic Counselors, Dietician, Social Workers, Smoking Cessation Counselor, and Lymphedema Specialist. Additional educational services are provided by the following cancer support groups: Breast Cancer Support Group, Look Good Feel Better, Leukemia and Lymphoma Support group, Man to Man Prostate Cancer Support Group, GYN Support Group, Head and Neck Support Group, Cancer Transitions Survivorship Group, Seven Levels of Healing classes, Creating a Circle of Hope. Other groups are designed as needed to meet patient/family educational needs.

Cardiology:

The cardiac RN educates in-patients and their families regarding cardiac diseases, surgical treatments, recovery, and cardiac rehabilitation. Patient education is provided by a 1:1 session with a nurse. Videos, the Micromedex System, and standardized written materials are used to reinforce the teaching. Coronary artery disease risk factors are identified and patient education to minimize risk factors is provided. Basic cardiac anatomy, cardiac interventions, and coronary artery diseases risk factor modification are reviewed before discharge. Those patients with specialty teaching needs (IE pacemakers or EP testing) are identified and the specialty RN is contacted before discharge. Before discharge, patients are informed of additional cardiac education and secondary prevention programs offered on an outpatient basis through the Cardiac Rehabilitation Phase II.

Diabetes & Renal Care Center: Inpatient diabetes education is available by RN/CDE and inpatient dieticians.

The RN/CDE will assess patients and their families educational needs and provide survival diabetes educational skill as needed. A more comprehensive educational program is offered in the outpatient setting and is available if MD orders on discharge from hospital. The goal of the Diabetes and Renal Care Center is to teach patients the principles of self care to avoid future complications and hospitalization.

Emergency Services:

Patients and families are educated regarding illness and treatment needs with an emphasis on skills to promote recovery and improve function. Verbal instructions are provided prior to care and written after-care information is reviewed at dismissal time. Safe and effective use of medications is addressed upon discharge of the patient.

Nursing:

Specific knowledge and/or skills needed to meet the patient's ongoing health care and safety needs will be taught to patients and/or families. The registered nurse will provide comprehensive education appropriate to the patient/family situation based on need/readiness assessment. For education related to Advance Directives, see IDP A-02-b(1).

Nutrition:

Nutrition education is available by Dieticians and Certified Diabetic Educators. Inpatients and/or family members will be counseled/educated on their diets and related nutritional needs.. Individual counseling and group classes on various topics including (but not limited to) weight loss, dyslipidemia, and diabetes management are available. Patients will be referred for follow-up outpatient counseling to the Health Learning Center, if appropriate.

Palliative Care:

Palliative Care comprises a comprehensive, interdisciplinary approach that focuses on the symptom management of a patient's physical, spiritual, psychological and social needs. Palliative Care is a holistic process encompassing life-threatening, advanced illness, or end of life processes that preserve quality of life, maintaining hope for healing of patients/families and relief of suffering. The attending physician and the patient and/or the patient's family discuss the appropriateness of shifting goals of treatment to palliative care. Special attention is given to 1) therapies and procedures to be continued, discontinued, or initiated; 2) symptom control, especially management of pain and anxiety and 3) the most appropriate setting for the final stages of a patient's life.

Pediatrics (School Requirements/Needs):

When illness or injury causes a child/adolescent to be hospitalized longer than one week, the healthcare professional will assist the parents or legal guardian in obtaining a physician's order for a tutor. Area school districts will provide a tutor after 10 school days are missed if the physician writes an order. When the hospitalization period is less than one week, the parents will be encouraged to pick-up the child's homework from the localschool. The healthcare provider will verify that the parent or guardian has arranged for tutoring services at the school their child/adolescent attends. The nurse will coordinate a schedule with the tutor, so that educational and medical services do not conflict. Parents can also arrange tutoring earlier on their own or through the school district. (See also, Educational Needs of Hospitalized Children, IDP E-01-m).

Pharmacy:

The inpatient pharmacies are involved in selecting written materials that are used to teach patients about medications. Pharmacy personnel also educate the nursing staff about medications and can provide direct patient education when necessary. Pharmacy personnel will provide warfarin education upon request. This education will be provided by a video located on each unit and follow-up with the patient and/or family will be provided by a pharmacist after review of the video. The outpatient pharmacies use a computerized label system which prints a patient education counseling label for each new prescription filled. The labels provide patient information about the drug purpose, administration, interactions, and side effects. Counseling is offered to outpatients when the dispensing pharmacist has a concern or when the patient has a question about medication. Micromedex is accessible through the hospital’s computer system and provides written instruction of medications being prescribed.

Physicians:

The medical staff educates patients and family members about the disease or condition and treatment regimen (diagnostic tests, medications, anesthesia, surgery, etc.). Risks, complications and alternative treatments are explained as indicated.

Behavioral Health/Alcohol-Chemical Dependency Outpatient Services:

Patients are offered a holistic range of educational support addressing a variety of issues, including: medications, understanding & management of the illness, the importance of family involvement in the patient's recovery, and multiple methods to cope with stressful life events. The goals of the programs are to increase self-esteem, enhance assertiveness skills, and establish safety plans for future crises and follow up.

Radiology/Nuclear Medicine/CT Scan/Interventional Radiology/Ultrasound:

Patients are educated about x-ray procedure preps by the radiology staff, scheduling office, nursing staff or physician's office staff. Teaching about x-rays and specific imaging exams is provided by x-ray technologists or a radiologist, prior to the exam. Information about home care and/or follow up is given by the radiology staff after the exam.

Rehabilitation Services/Occupational Therapy/Physical Therapy/Speech Therapy:

Patients receive education and training through verbal, written, and/or patient/family demonstration in order to maximize safety, independence, and functional activity. These areas may include, but are not limited to: home exercise programs, diagnosis specific education, mobility, durable medical equipment usage, activities of daily living, cognitive functioning, communication, swallowing, community resources and community re-entry.

Respiratory Care/Pulmonary Medicine:

Patient teaching occurs in day to day interactions with patients receiving respiratory therapy services. Instructions are given about the use of incentive spirometry, breathing techniques, metered dose inhalers, peak flow meters, oxygen therapy, smoking cessation and pulmonary conditions. An emphasis is placed on helping the patient improve the quality of life through maximizing respiratory function. Additional education is available post discharge for patients with COPD and emphysema through the Pulmonary Rehabilitation Department. These classes require a physician's order to enroll.

Care Management Services:

Patients/families are offered information and assistance to obtain resources aimed at meeting basic needs, increasing knowledge and self-care skills**,** and promoting healthy behaviors. Case managers may offer specific clinical knowledge about disease management. Social workers may offer specific knowledge about social, emotional and economic factors influencing health.

RESOURCES

All teaching sheets, learning videos, clinical pathway teaching materials, and any other educational booklets and materials will be reviewed every 3 years by the clinical manager, supervisor, department director or his/herdesignee with final review and approval by the Patient/Family Education Committee. When teaching materials are reviewed, the following factors will be considered: readability (language at the 6th grade or lower when possible), good print quality with font of 12 or larger, accurate clinical information, currency, and prominently displayed Centura logo (if teaching material developed by PSFHS). Physicians must be involved in the review and approval process. This may be done in a variety of ways, such as a review of teaching materials by medical staff committees, medical departments, clinical pathway teams, or the medical executive committee, or by asking the medical director to review teaching materials and signing a memo to that effect when approved, as long as the periodic review and physician approval are documented.

Health care providers will use only those patient education materials from the Internet/Intranet that have been determined to be appropriate based on patient needs and PSFHS/physician “best practice.” Educational materials from a nationally recognized society are approved for use without review by the Patient/Family Education Committee (e.g. American Heart Association, American Cancer Society, etc).

***Mosby Nursing Consult***

Mosby's Nursing Consult is the preferred online resource for patient education at PSFHS. It includes the latest drug Information, access to patient education materials, and access to professional journals, reference books and healthcare news for the nursing professional. This program contains evidence-based practices to support nursing clinical practice and care planning.

***Micromedex***

1. Micromedex is another intranet source for patient education.
2. Micromedex is a patient education resource available on the Centura Intranet.
3. Before using Micromedex, the health care provider should receive orientation to the product from a unit/department preceptor, “superuser,” or other designated trainer.
4. Micromedex has multiple information indices for use in patient education. All Micromedex material should be reviewed by the health care provider before use, comparing them to PSFHS and physician “best practice.” For example, teaching materials that describe a 7 day length-of-stay following a particular procedure would not be used if the average patient stayed at PSFHS for 4 days following that procedure. Review will ensure that the patient does not receive conflicting instructions from multiple sources.

***Aftercare*** instructions are available for patients being discharged from the Emergency Department.

***Inpatient*** instructions describe the hospital experience but may not be the best choice for inpatient

education.

***General*** instructions may be beneficial in a variety of patient care settings, providing information on patient

conditions/disease processes and procedures.

***Discharge*** instructions are available for patients being discharged from the inpatient or ambulatory care

setting.

***Drug*** information should be reviewed to ensure that the patient’s indications for treatment are included in the instructions.

Health care providers must document their use of any Micromedex patient leaflets in the CIS (clinical information system).

1. Patient education materials from Micromedex are intended to be used in conjunction with discharge instructions and are not a replacement for those instructions. The health care provider who provides Micromedex patient leaflets at the time of patient discharge should document their use in the CIS.
2. CIS instruction/information sheets may be used to assist in education patients/families.

***Non-micromedex***

1. Internally developed
   * All materials will be evidence based selected form the most current research.
   * Experts in the topic will review for appropriateness and for use in the PSFHS system.
   * Internally developed material will be presented to the Patient/Family Education Committee to prevent duplication and to help in the effective use of resources.
   * Materials will be available to all system providers for educating patients.
   * Written materials will be displayed in the approved format (See Attachment)
2. Externally developed

* Only nationally approved materials will be used as education adjuncts for patients/families i.e., National Cancer Society, American Associations, Pharmaceutical publications, etc.
* Department/Service Area materials will be reviewed periodically to ascertain if new updates have been added. It will be the responsibility of the areas that use most of the materials to do this review.

1. Patient Education Television Channel

* The PSFHS-approved viewing channel for patient education is available to all inpatients. Patients will be instructed as to which programs would further their education pertaining to their health needs. Viewing of these programs should be documented in the CIS as part of the expected patient education.

REFERENCES

American Nurses Association (2008). *Nursing: Scope and Standards of Practice*. Washington, D.C.: Nursebooks.org.

Elsevier (2010). *Mosby Consult*. Retrieved December 12, 2010, from http://www.nursingconsult.com/php/230017011-2/home.html.

The Comprehensive Accreditation Manual for Hosptials (2010). PC.02.02.07, NPSG.03.05.01, PC.02.03.01, PC.02.03.03, PC.02.03.01, LD.04.03.11, PC.02.03.01, MM.05.01.11. Chicago: Joint Commission Resources.

Thomson Reuters Healthcare's (2010). *MICROMEDIX 2.0*. Retrieved December 12, 2010 from https://www.thomsonhc.com/home/dispatch/CS/D12EFE/PFActionId/pf.HomePage/ssl/true