

# STEP ONE

## Commitment

## **STEP ONE--COMMITMENT**

### **STEP ONE MAKING A COMMITMENT TO PATIENT/FAMILY/CARE GIVER EDUCATION LEADERSHIP RESPONSIBILITIES**

The process of developing a Hospital/Clinic PFCE Policy and Procedure Manual *shall begin* with the support and commitment of the Hospital/Clinic Leadership. Leadership should demonstrate commitment through a "Declaration of Intent" concerning the patient education project. The Hospital/Clinic should also obtain the support, concurrence and commitment for the patient education project through a Resolution from the Tribal Council. After the Leadership has committed to the development of a PFCE Policy and Procedure Manual an Orientation Meeting for all staff should be held.

#### **ORIENTATION MEETING FOR ALL STAFF**

What is Patient and Family CareGiver Education (PFCE)? PFCE is a problem-solving process that gives the patients and the families information that they need about their health or medical problem that helps them to make informed decisions.

PFCE is a process of:

- influencing behavior change,
- facilitating those changes required to prevent disease, maintain and/or improve health,
- acquiring information, skills, and/or attitudes to improve health.

**Why is PFCE Important?** Customers must assume a proactive role in the maintenance and/or improvement of their own health. As morbidity increasingly becomes the result of unhealthy choices in lifestyle behavior, self-generated positive health practices become imperative for supporting an increased life span and improved quality of life. A planned program can result in the following:

1. Improved quality care.
2. Improved utilization of Hospital/Clinic services
3. Fewer ambulatory clinic visits, fewer re-admissions to inpatient facilities with shorter lengths of stay.
4. Increased community support for the Health Programs because customers feel that the Health staff is interested in their health and well-being.
5. Increased staff communication and satisfaction.
6. Support of standards to meet the accreditation standards for hospitals and clinics.
7. Commitment to the development of a written policy and procedure Manual for PFCE means making a commitment to the American Indian/Alaskan Native population one delivers services to.

#### **Who is responsible for Patient Education?**

All staff members, both clinical and non-clinical, play a role in patient education.

Those departments that have direct contact with patients are, for example: medicine, nursing, medical social service, dietary, pharmacy, Community Health Representative's (CHR's), alcohol and substance abuse counselors, nutrition, youth coordinators, the dental staff, mental health staff, health educators, nurse educators, diabetes coordinators, physical therapists, Discharge Planners and other clinic personnel.

Other departments can assist with gathering, disseminating and documenting information as to the current status of patient education. For example, business office employees, Contract Health Services (CHS) staff (those employees that handle referrals to outside providers), Medical Records (coding, transcription), computer operations (Patient Care Component- PCC), Health Planners, and all other non-clinical staff.

To organize a planned education program that is all-encompassing and touches all hospital or clinic disciplines takes time and the designation of patient education as a health care program priority.

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Before the hospital or the clinic management can determine staff responsibility and designate resources for patient education, an assessment of current patient activities should be made. This assessment should be structured to assess two distinct areas :

1. **Patient needs**, wants, and expectations in terms of:
  - Communication:
    - Readiness to learn
    - Ability to learn
    - Preference in learning i.e., reading, videos, demonstration, etc.
  - Information available to the patient and their family through the facility and the community.
  - Knowledge, Skills, Attitudes i.e., cultural and religious practices, emotional barriers, desire and motivation to learn.
  - All facility and community providers coordinate resources and activities for the patient and their families.
  
2. **Staff needs**, in terms of:
  - Skills needed currently and in the future,
  - future training,
  - resources to support staff needs.

Each facility shall develop it's own in-house survey of current PFCE activities.

### **APPOINTMENT OF A PATIENT EDUCATION COORDINATOR(S)**

The next step for the hospital/clinic Administrator is the delegation of responsibility to one or two Coordinators and a designation of which staff and/or departments shall serve on the Hospital/Clinic Task Force/Team.

The Task Force Team now becomes responsible for the development of a Hospital/Clinic PFCE Policy and Procedure Manual. To begin this task, the Task Force Team develops a comprehensive, coordinated assessment of current patient education or process activities. It is recognized that many sites are one-person departments but this should not be a deterrent to the development of protocols, policies and procedures to govern patient education.

#### **Patient Education Task Force Team**

##### **Method 1:**

- The PFCE Coordinator works with the Hospital/Clinic Administrator to choose members from the Hospital/Clinic and community health programs/departments to serve on a "Task Force Team".
- The early responsibility and focus is identifying the current education being provided, in both the Hospital/Clinic and in the community, and how the PFCE is documented and coded in the client's medical record.
- Each department is responsible for the development and implementation of PFCE relevant to their department; therefore, each department works to gather information on what is currently being done in the area of PFCE within their department.
- This will include an assessment of resources currently used in the provision of PFCE, who is doing the teaching, the documentation and coding of education being provided, and assessing the time currently allocated for the delivery of patient education programs.

##### **Method 2:**

The Hospital/Clinic Administrator assigns responsibility for a Task Force Team on PFCE to an already established Committee/Team within the facility such as the Executive Committee, Discharge Planning, or Patient Care Committee.

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### **Patient Education Task Force Team Objectives Year One**

#### **The Patient Education Task Force/Team Members will:**

1. Start the process for the development of a Plan of Action for PFCE. It is recommended that a Timetable for the development of PFCE be established.
2. Develop the hospital/clinic philosophy, goals, and objectives for PFCE.
3. Establish ground rules for the Task Force Team. The Task Force Team will decide if other individuals from external health program/activities and community health agencies need to meet with the Task Force Team on a regular basis to participate in the development of a Plan of Action for PFCE.

#### **The Task Force Team can be empowered to appoint three additional Work Groups:**

- A. Appoints a Work Group to establish a Patient Education Resource File and/or Library Work Group. This Work Group will work to assemble a variety of education materials to be used in PFCE. This Work group will ensure that each health discipline/department will inventory, review, and scrutinize those educational materials that are currently being given to clients by their department (pamphlets, brochures, video's etc.) for appropriateness and literacy level.
- B. Appoint a Work Group to work with the Managed Care Division to explore avenues of third-party reimbursement for PFCE patient education.
- C. Promotes continuity of patient education by appointing a Work Group to develop a Discharge Planning System which will facilitate communication and services between the hospital/clinics and the client.

### **Education Task Force Team Objectives Year Two**

1. A Hospital/Clinic PFCE Education Policy and Process Manual is developed and put into place.
2. Follow-Up on PFCE is given to the Hospital/Clinic's PI/QA program, the Discharge Planning Committee, or, a Patient Education Advisory Committee.

The PFCE Task Force/Team should define the mission of the clinic-wide or hospital-wide patient education program. The program's mission should complement the Tribe's health mission, goals, and Strategic Plan (if a Strategic Plan has been developed) but not necessarily duplicate them. The mission statement says, "This is what we are, this is what we are here for, and this what we believe in and want to be known for."

<b>Example of a Proposed Mission Statement on Patient/Family/Care Giver Education</b>
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The (Name of the Hospital/Clinic) PFCE program exists to ensure that every individual/receives the appropriate educational experiences needed to assist in coping with changes related to illness, and to provide an environment for learning, and for developing and reinforcing goal-directed health behavior.

<b>Example of a Proposed Philosophy of Patient/Family/Care Giver Education</b>
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The philosophy of PFCE at (Hospital/Clinic) is based on the belief that the patient should receive the best care possible. (Hospital/Clinic) believes PFCE is an integral part of quality patient care.

It is our belief that the coordinated professional team approach is essential in providing information to patients and their families/care givers. While patient education is the responsibility of the total professional team, it is also the right of the individual patient and his or her family. A desired outcome of a deliberate, systematic patient education program is a patient who is knowledgeable about his or her health problem(s) and is able to participate in his/her continued self-care following discharge.

We further believe that:

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PFCE programs developed should be able to be individualized and revised according to a patient's learning and functional needs.

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PFCE should be a deliberate, planned effort rather than an intuitive, random effort.

PFCE programs, which are systemically planned, can result in improved patient care and better utilization of hospital professional staff.

PFCE programs should determine needs and objectives of each department so that a multidisciplinary approach to patient education can be developed.

The key concepts presented in PFCE include not only the patient but also includes the patient's family and/or significant other. Family and/or significant others should be provided education which enhances their health care experience; ensuring they receive maximum benefit from the health care interventions provided by (Facility/Program.)

PFCE must be relevant to the culture and environment of the consumer.

<p style="text-align: center;"><b>Example: Purpose/Goals And Objectives Of (Hospital/Clinic-Based) Patient/Family/Care Giver Education Program</b></p>
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PURPOSE:

To provide planned educational experiences as an integral part of patient care. Through patient education the patient and family/care giver will be assisted in acquiring the knowledge, attitudes, and skills necessary to understand and participate in the continued management of their health wellness and to function as independently as possible.

OBJECTIVES:

The PFCE Program will:

1. Facilitate orientation for the patient, their families and significant others to the Hospital/Clinic and its services.
2. Provide structured educational activities relevant to the learning needs of patients (and/or families/care givers) with specific health problems and for promotion of wellness.
3. Include in the focus of patient teaching a plan for health maintenance and disease prevention.
4. Assist the staff in identifying the learning needs of the patient and in acquiring the knowledge and skills necessary to perform their function as patient educators.
5. Facilitate the team approach to PFCE, through team conferences, formulation of nursing care plans, utilization of checklists, and coordination with other health personnel.
6. A standard of care for each educational session will be developed which stipulates the minimum level of teaching that will be offered for each educational encounter. From this minimum standard, care can be individualized to meet the specific needs of the patient.
7. Provide for continuity of care through discharge planning.
8. Develop a teaching module method of patient education using goals and behavioral objectives, which can then be used as criteria for evaluation.
9. Create and/or identify and review commercial educational materials for use in the program.
10. Assist in the organization and implementation of self-help support groups (Fitness Club/Walking Group, Nutrition/Diet Group/Club, Diabetes Association, etc.) which can aid in the physical and psychosocial rehabilitation of the patient.
11. Assess and evaluate the effectiveness of patient education programs in meeting the learning needs of the patient and his family/care giver.

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**Step One  
Check List  
Commitment**

- \_\_\_ Hospital/Clinic Administrator makes a commitment to PFCE.
- \_\_\_ During a full staff Orientation Meeting, the hospital/clinic Administrator announces PFCE as a priority for the Facility.
- \_\_\_ The hospital/clinic Administrator submits to staff a written "Declaration of Intent" to focus the hospital/clinic efforts on PFCE.
- \_\_\_ All staff completed some type of in-house survey to measure current PFCE activities.
- \_\_\_ Tribal support is gained through a Resolution submitted by the hospital/clinic to the Tribal Council.
- \_\_\_ For sites with both an IHS Service Unit Director and a Tribal Health Director, these two have met to pledge joint support and effort for this Project.
- \_\_\_ Hospital or Clinic Administrator:
  - \_\_\_ appoints a Patient Education Coordinator, or
  - \_\_\_ appoints Co-Coordinators for PFCE, or
  - \_\_\_ designates one department or discipline as responsible for the development of PFCE
- \_\_\_ Patient Education Coordinator(s) meet with disciplines or department Supervisors for in-put regarding suggestion for staff membership for the Patient Education Task Force/Team.
- \_\_\_ Task Force/Team membership is selected and staff informed.
- \_\_\_ Task Force/Team and Coordinator(s) meet for Orientation meeting.
  - \_\_\_ Duties and Task Force/Team responsibilities discussed and agreed upon.
  - \_\_\_ Consensus on meeting time, dates, place
  - \_\_\_ One member assigned as Recorder for minutes.
  - \_\_\_ Discussion as to how to keep all staff informed of activities.
  - \_\_\_ Task Force/Team develops a One-Year Plan of Action to accomplish project intent.
    - \_\_\_ Task Force/Team develops Mission Statement
    - \_\_\_ Task Force/Team develops Philosophy statement
    - \_\_\_ Task Force/Team develops Purpose/Goals and Objectives
    - \_\_\_ Task Force/Team appoints three additional work groups:
      - \_\_\_ Work Group to begin the establishment of a PFCE Resource File or Library
      - \_\_\_ Work Group to explore Managed Care and patient education reimbursement
      - \_\_\_ Work Group to work on Discharge Planning