

**CENTRAL STATE HOSPITAL
POLICY**

SUBJECT: CLIENT AND FAMILY EDUCATION

ANNUAL REVIEW MONTH: JANUARY

RESPONSIBLE FOR REVIEW: CHIEF NURSE EXECUTIVE

LAST REVISION DATE: January 2008

I. PURPOSE:

The purpose of this policy is to provide a systematic hospital wide approach which ensures that clients, families and significant others are provided with education which enhances their knowledge, skills, and those behaviors necessary to fully benefit from the health care interventions provided by Central State Hospital.

II. DEFINITION

Client and family education involves the provision of information and training which expands the client's and family's knowledge of illnesses, disabilities and treatment needs.

III. GUIDING PRINCIPLES:

- A. Client and family education is an integral part of the Individual Plan (*IP*).
- B. The educational needs of each client pertaining to self-care shall be assessed and addressed as an on-going process.
- C. Client and family education shall be provided in a manner that:
 - 1. facilitates the client's and family's understanding of his/her health status, treatment needs and health care options;
 - 2. encourages participation in decision-making about health care options;
 - 3. increases client's and family's potential to follow the therapeutic health care plan;
 - 4. maximizes self-care skills;
 - 5. increases the client's and family's ability to cope with the client's health status and potential outcome(s); and,
 - 6. enhances the client's and family's role in continuing care and promoting a healthy lifestyle.

- D. Education shall be individualized to appropriate age, culture, language, client preferences, abilities, and physical and/or cognitive limitations.
- E. Education of the client and family is delivered in a timely, efficient, caring, and interactive manner.
- F. Education programs shall be structured in a way that promotes consistency and continuity between hospital based and community based services.

IV. CONTENT:

Client and family education shall be individualized to meet the specific needs of the client and shall address, but not be limited to those topics listed below:

1. Recovery Plan
2. Clinical condition
3. Safe and effective use of medication
4. Safe and effective use of medical equipment
5. Drug-food interaction
6. Diet and nutrition
7. Rehabilitation techniques
8. Personal hygiene and grooming
9. Available community resources
10. When and how to obtain future treatment
11. Responsibilities in the treatment process
12. Academic education for school aged clients (according to the length of stay and as specified by the Georgia Department of Education)
13. Pain Management
14. Trauma
15. Basic health practices and safety
16. Oral health
17. Other topics as needed

V. RESPONSIBILITIES

A. Client Care Services

Each Service Chief shall develop and implement an interdisciplinary education strategy to meet the specific needs of the client population and families, to include the key components of assessment, planning, implementation and evaluation/documentation.

1. Assessment

Client and family education is a vital component of care and treatment of the consumers of MH/DD/AD services. In order to provide meaningful education, it is important to assess the client's and family's needs for education, learning preferences, readiness to learn, and any barriers to learning. The Central State Hospital Education Learning Assessment is designed to assess these areas in order to implement appropriate and meaningful client and family education. Upon admission to Central State Hospital the attached Education Learning Assessment form will be completed on all clients/families, and will be updated at least annually. If a Unified Assessment has been completed on admission, it is not necessary to complete the Educational Learning Assessment until the client is transferred. After transfer to another treatment area or at time of annual update, the Educational Learning Assessment must be completed. Responsibility for completion of this form will be assigned by the Services Chief.

As appropriate, each discipline shall address the client and family education learning needs in relation to the content listed in Part IV, and shall take into consideration the following variables:

- a. stage of recovery
- b. cultural and religious practices
- c. emotional barriers
- d. desire and motivation to learn
- e. physical and/or cognitive abilities and limitations
- f. language barriers
- g. readiness to learn
- h. skills/knowledge deficits
- i. financial implications of care choices.
- j. age related barriers

The client's projected length of stay and the fact that instruction may be given before and after the hospital stay are to be considered when formulating an individual education plan.

2. Treatment Planning

The education needs of each client and family shall be addressed by the interdisciplinary team as part of the service planning process. Specific educational needs shall be identified in the same measurable objective/treatment method format on the IP as are other treatment/habilitation needs.

3. Implementation

Education shall be provided to clients and families as required by the treatment team, and when significant learning opportunities occur (clinic visits, unexpected changes in the client's condition, etc.). Methods and materials are to be adapted to the client's and family's needs.

4. Evaluation and Documentation:

The provision of education services and an evaluation of the client's or family's response shall be documented as specified below.

a. (IP) Education

Education services included in the (IP) will be documented in progress notes as specified in the methods column, identified by the applicable ISP number or, in the Class Report Form (CSH-48).

b. Non - IP and Single-Event Education:

When education services are provided which are not included on the ISP, such education usually occurs in relation to specific situations that arise such as clinic appointments or unexpected opportunities to provide instruction, and usually involve one-to-one teaching episodes. Such services shall be documented on the Teaching Flow Sheet (CSH 309) or Class Report Form (CSH-48).

c. Disciplines' Interval Notes:

Whenever ISP-related documentation is not required, education activity and the response is to be summarized in the discipline-specific interval progress notes Class Report Form (CSH-48). Non ISP education not documented on the Teaching Flow Sheet or Class Report Form (CSH-48) and client's response are to be summarized in the progress notes as appropriate by each discipline.

d. Groups/Classes:

Leaders of education groups/classes shall maintain their own ongoing documentation of client attendance, topics, and responses and may use teaching Flow Sheets for this purpose so long as they do not become a part of the client's medical record. Such ongoing documentation is to be maintained in the leaders' offices for as long as the group/class continues, used as the basis of progress note documentation as required in 4a, and 4c, and appropriately

discarded at the conclusion of the client's participation in the group/class.

e. Discharge Instructions:

Discharge instructions given to the client or family are to be shared with the organization or individual responsible for continuing care. The sharing of such instructions shall be documented in the discharge progress note.

B. Professional Services

Each professional discipline shall support client and family education by:

1. providing training to its members;
2. establishing standards for assessing and documenting of education, and
3. conducting quality improvement activities.

VI. RESOURCES

Educational resources shall be selected based on clients' and families' needs. Creative and imaginative approaches will be applied to the use of didactic information, brochures and printed materials, videotapes and external resources. Individual and/or group formats may be used.

Approved:

This policy has been approved by the CEO and CMO in March, 2008.