



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Patient's Experience (PFR)		
Document:	Multidisciplinary Policy and Procedure		
Title:	Patient and Family Education		
Applies To:	All Healthcare Worker		
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1. PURPOSE:

- 1.1 To provide an interdisciplinary approach to meeting the healthcare educational needs of our patients and their families.
- 1.2 To ensure that patients and families are provided with quality education that increases their knowledge and skills regarding:
 - 1.1.1 The disease process, treatment plans and treatment alternatives;
 - 1.1.2 Increase compliance with health care plan;
 - 1.1.3 More actively participate in the decision – making process concerning health care options;
 - 1.1.4 Increase family skills and coping mechanisms along the continuum of care;
 - 1.1.5 Promote an overall health life style;
 - 1.1.6 Increase understanding of financial implications for treatment and other health care choices.
- 1.3 To provide guidelines in patient and family documentation procedure.

2. DEFINITIONS:

- 2.1 **Healthcare Professionals** – any individual who are involved in developing or implementing the health care plan and may include but is not limited to nurses, and dieticians involved in the delivery of health care teaching.
- 2.2 **Patient and Family Education** – Provision of individualized quality education that would increase knowledge and skills of patients regarding the disease process, treatment plans and treatment alternatives.

3. POLICY:

- 3.1 Maternity and Children Hospital, Hafer Al Batin will provide patient and family education through an interdisciplinary approach throughout all patient care service areas of the organization.
- 3.2 All patients shall be assessed for learning needs at the time of admission to the facility or service and reassessed throughout their stay with subsequent follow up as appropriate.
- 3.3 In assessing patient's needs, abilities, and readiness for education, staff members should take into account such variables as:
 - 3.3.1 The patient's and/or family's beliefs and values, including cultural.
 - 3.3.2 The literacy, education level, and primary language of the patient and/or family.
 - 3.3.3 Emotional barriers and motivations.
 - 3.3.4 Physical and cognitive limitations
 - 3.3.5 Learning preference.
- 3.4 The education will be specific and relevant to the patient's health care needs, and will be provided in a manner understandable to the patient, family, and/or significant other. When more than one method of education is available on a specific topic, patient preference will be considered. Educational methods may include, but not be limited to:
 - 3.4.1 Individual/group teaching
 - 3.4.2 Printed materials

- 3.4.3 Audio and/or visual aids
- 3.4.4 Demonstrations
- 3.5 When appropriate, and as available, education and/or educational materials will be provided in the patient's primary language, otherwise in Arabic or English.
- 3.6 When appropriate, and as available, education and/or educational materials will be altered for patients with vision and hearing deficits.
- 3.7 The hospital takes efforts to ensure that adequate and appropriate resources are available for:
 - 3.7.1 Development and production of educational material.
 - 3.7.2 Staff education related to patient/family education.
 - 3.7.3 Provision of education according to level of understanding and if necessary to assist patients who is non – Arabic or non – English speaking to understand through the use of interpreter in their own language.
- 3.8 The focus of the educational program will include, but may not be limited to, instruction in specific knowledge and/or skills needed by the patient and/or family to meet the patient's ongoing health care during the patient's hospital course.
 - 3.8.1 When appropriate, the responsible attending physician or member of his team is expected to provide information to patient/family regarding patient's disease process, condition, treatment or prognosis as part of patient's rights and to assist patient for an informed decision related to his/her treatment.
 - 3.8.2 The nursing and/or Pharmacy staff provide education about specific medications administered as necessary. Medication education should include, when appropriate, safe and effective use of medications – the responsibility for patient and family education regarding the safe and effective use of medications including food and drug interactions is shared by Nursing, Medical and pharmacy staff. Medication sheets are provided for all patients at the time of their discharge. During the patient's hospital course the Nursing and/or Pharmacy staff provide education about specific medications administered as necessary. Medication education should include as appropriate:
 - 3.8.2.1 The name and description of the medication.
 - 3.8.2.2 The dosage, route of administration, and duration of the medication therapy.
 - 3.8.2.3 Intended use and expected action of the medication therapy.
 - 3.8.2.4 Special directions and precautions for preparing, self – administering or using the medication by the patient.
 - 3.8.2.5 Action to be taken in the event of a wrong or missed dose or interaction.
 - 3.8.2.6 Significant side effects, interactions (including drug – drug interactions) or therapeutic contraindications that may be encountered and how to avoid and respond to such factors.
 - 3.8.2.7 Techniques for self – monitoring medication therapy. Safeguard against microbial contamination including during an infusion.
 - 3.8.2.8 Proper storage and expiration of medications.
 - 3.8.2.9 Prescription refills.
 - 3.8.2.10 Drug – food interactions.
 - 3.8.2.11 Proper disposal of unused or expired medications, especially controlled substances/schedule II drugs; and
 - 3.8.2.12 Other information specific to the patient or medication therapy.
 - 3.8.3 When appropriate, diet and nutrition, including modified diets, oral health and potential food – drug interactions – an initial comprehensive assessment is completed by the registered nurse at the same time of admission. At this time, nutritional educational needs are identified. The staff nurses will provide diet education, and as appropriate, the dietician will educate patients regarding prescribed modified diets. Additionally, the dietician may provide education on potential food – drug interactions. All patients receive medications instruction at the time of discharge and potential food – drug interactions are included in this information.
 - 3.8.4 When appropriate, safe and effective use of medical equipment/rehabilitation techniques – patient and family education for the safe and effective use of medical equipment is the responsibility of the discipline and/or service initiating and/or implementing the equipment.

- 3.8.5 When appropriate rehabilitation or rehabilitation techniques to help them be more functionally independent.
- 3.8.6 When appropriate, self – care needs – the registered nurse completes an initial comprehensive assessment at the time of admission. At this time, self – care needs are identified and addressed in the patient's plan of care. The staff nurses will provide education, with special concerns referred to the appropriate discipline.
- 3.8.7 When appropriate, availability of community resources – each patient is provided with a patient information guide that lists all available community resources. Additionally, the discharge planning staff or social worker may identify special needs and make appropriate referrals.
- 3.8.8 Instructions are provided to family members when the patient is unable to comprehend the instruction in situation such as:
 - 3.8.8.1 Comatose.
 - 3.8.8.2 Mentally disabled or impaired.
 - 3.8.8.3 Children (not always admit).
- 3.8.9 The patient and family are to respond to teaching either by verbalizing or demonstrating the information provided.
- 3.8.10 All patient and family education given by nurses, physicians, and other members of the health care team must be documented in patient medical record and patient and family education record. The documentation should include:
 - 3.8.10.1 Date of teaching.
 - 3.8.10.2 Identification of learner.
 - 3.8.10.3 Teaching method utilized.
 - 3.8.10.4 Evaluation of teaching.
 - 3.8.10.5 Considerations for learning.
 - 3.8.10.6 Recommendations for follow up.
 - 3.8.10.7 Patient's/family response.
- 3.8.11 More detailed documentation of teaching may be done utilizing the progress notes, patient teaching record and other approved form. This is done in addition where appropriate, to documentation on the Interdisciplinary Patient/Family Education Record.
- 3.8.12 The teaching should be implemented in a timely, coordinated, caring and respectful manner by an interdisciplinary health care team.
- 3.8.13 Staff education: the interdisciplinary patient family education plan will be introduced to the new employees during departmental/ unit orientation.
 - 3.8.13.1 Specific education regarding the use of patient/family education tools is the responsibility of the employee's respective department.
 - 3.8.13.2 All inpatient, outpatient and observation patient education will be documented on the Interdisciplinary Patient Education Form.
 - 3.8.13.3 The Interdisciplinary Education Form must be utilized on a daily basis and as needed, by any staff member providing patient education.

4. PROCEDURE:

- 4.1 At the time of admission, the Interdisciplinary Patient education Form will be stamped with the patient's ID label information by the responsible staff nurse.
- 4.2 The admitting nurse will be address the barriers to learning section and if indicated the ste[s] to overcoming barriers.
- 4.3 When patient and/or family education occurs, the staff member will document the education on the instruction sheet.
- 4.4 The education form has to be properly signed and dated for education.
- 4.5 At the time of discharge, the discharge, the discharge nurse will review the discharge instruction sheet to note any needs that have not been met. These needs should promptly be referred to the appropriate department prior to discharge.
- 4.6 Competency Assessment – the patient/caregiver can demonstrate and/or verbalized the following.
- 4.7 Ability to determine barriers to learning as evidenced be observation of patient interview.

- 4.7 Ability to determine barriers to learning as evidenced by observation of patient interview.
- 4.8 Ability to determine steps to overcoming barriers to learning as evidenced by giving example(s) of barriers and how they would provide education.

5. MATERIALS AND EQUIPMENT:

- 5.1 Patient's File
- 5.2 Patient Education Materials

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse




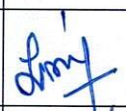


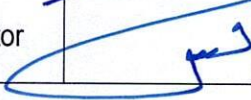
7. APPENDICES:

- 7.1 Interdisciplinary Patient/ Family Education Record Form

8. REFERENCES:

- 8.1 Kingdom of Saudi Arabia, Ministry of Health, Prince Mutaib Bin Abdulaziz Hospital, 1439.

9. APPROVALS:

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Prepared by:	Ms. Rhodora Natividad	Document Management Control Coordinator		January 05, 2025
Prepared by:	Mr. Ahmed Al Mutairi	Patient Experience Director		January 07, 2025
Reviewed by:	Ms. Ibetasam Aldaferi	Quality Facilitator in Social Worker		January 08, 2025
Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 09, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 12, 2025
Approved by:	Mr. Fahad Hazam Al - Shammary	Hospital Director		January 19, 2025

KINGDOM OF SAUDI ARABIA



Hospital: _____: مستشفى

Region: _____: المنطقة/المحافظة

Dept./Unit: _____: القسم/الوحدة

MRN: _____: رقم الملف الطبي

Name: _____: الاسم

Nationality: _____: الجنسية

Age: _____ سنة _____ شهر _____ يوم
Years Months Days العمر

Date of Birth: ____ / ____ / 14 ____ H ____ / ____ / 20 ____: تاريخ الميلاد

Gender: Male Female: الجنس

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD FORM

Part 1: Education Needs Assessment: (Write Number codes as applicable) Out Patient In-Patient

- | | | |
|--|---------------------------------------|---------------------------|
| 1- Personal Hygiene | 6- Diagnostic Test / Procedure | 11- Nutrition |
| 2- Pain Management | 7- Health Maintenance | 12- Risk |
| 3- Activity / Exercise | 8- Social Services | 13- Safety |
| 4- Disease Process | 9- Safe & Effective Use of Medication | 14- Consent |
| 5- Safe & Effective Use of Medical Equipment | 10- Discharge Instruction | 15- Others(Specify) _____ |

Part 2: CODES:

Learning Barriers:

- | | | | |
|-------------------------|-------------------------------|-----------------------------|-----------------------------|
| 1- No Learning Barriers | 5- Language Barrier | 9- Responsibilities at Home | 13- Financial Difficulties |
| 2- Impaired Hearing | 6- Educational Level | 10- Cultural differences | 14- Others: (Specify) _____ |
| 3- Speech Barriers | 7- Desire/Motivation to Learn | 11- Religious Practice | _____ |
| 4- Emotional Barriers | 8- Impaired Thought Process | 12- Impaired Vision | |

Response to Teaching:

0. Not Receptive to teaching
1. Verbalizes Understanding
2. Demonstrated Ability / Understanding
3. Needs Follow-up

Person Taught:

- PT: Patient
Sn: Son
SO: Significant Others (Specify)
S: Spouse
F: Father
M: Mother
D: Daughter

Teaching Tools:

- A: Audio
O: Oral
V: Video
W: Written instructions
P: Printed Materials Provided
D: Demonstration

Part 3: Education Process

Date	Time	Education Needs	Information Taught	Learning Barriers	Person Taught	Teaching Tools	Response to Teaching	Evaluation /Comments	Informant		
									Name	Dep.	Signature/ ID number



Name: _____ الاسم: _____	MRN: _____ رقم الملف الطبي: _____
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نموذج تثقيف المريض/العائلة

الجزء الاول: تقييم احتياجات التثقيف (يرجى كتابة الرموز كما هو مطبق) التنويم العيادات الخارجية

١- العناية الشخصية	٤- المرض	٧- المحافظة على الصحة	١٠- تعليمات الخروج	١٣- الأمان
٢- التعامل مع الألم	٥- الاستخدام الآمن والفعال للأجهزة الطبية	٨- الخدمات الاجتماعية	١١- التغذية	١٤- إقرار الموافقة
٣- النشاط/ التمارين الرياضية	٦- التحاليل / الفحوصات	٩- الاستخدام الآمن والفعال للدواء	١٢- المخاطر	١٥- أخرى (حدد)

الجزء الثاني : (الرموز)

عوائق التثقيف

١- لا توجد عوائق	٥- صعوبات لغة	٩- مسؤوليات منزلية	١٣- ضعف بصري
٢- ضعف سمعي	٦- المستوى التعليمي	١٠- الاختلافات الثقافية	١٤- أخرى (حدد)
٣- صعوبات نطق	٧- الرغبة / الحافز للتعلم	١١- الصعوبات المالية	
٤- صعوبات نفسية	٨- عملية تعلم ضعيفة	١٢- الممارسات الدينية	

الاستجابة للتثقيف	الشخص الذي تم تثقيفه	أدوات التثقيف
٠- لا يستجيب للتثقيف	PT- المريض	A- مسموع
١- الفهم الشفهي	S- الزوجة / الزوج	V- مرئي
٢- القدرة على التطبيق	F- الوالد	P- مواد مطبوعة
٣- يحتاج للمتابعة	M- الوالدة	D- التوضيح العملي
		SO أخرى (حدد)

الجزء الثالث : آلية التثقيف

التاريخ	التوقيت	احتياجات التثقيف	المعلومات المعطاة	عوائق التثقيف	الشخص المثقف	أدوات التثقيف	الاستجابة للتثقيف	الملاحظات/ التقييم	المثقف		
									الاسم	القسم	التوقيع

