

Level 3 – Level 3 of *Nursing Documentation Using Electronic Health Records* includes chapters 9, 10, and 11. These chapters take the students deeper into EHR features of documentation and enable them to add on to their Nurse Notes using these features. The student will learn such EHR administrative features as working through a ‘to do’ list, sending and receiving internal messages, etc.. A whole chapter in Level 3 is devoted to patient education in which the student learns patients’ rights and nurses’ responsibilities. The Nurse Note documentation is taken to a more complex level and the student completes notes that were created in Levels 1 and 2.

Chapter 10 – Patient Education

Chapter 10 deals with patients’ rights, nurses’ responsibilities, and accreditation requirements related to patient education. Students learn how to apply appropriate NANDA-I nursing diagnoses, NIC, and NOC for patient education. They evaluate patients’ learning needs then implement, and document patient education.

Learning Outcomes

After completing Chapter 10, the students will be able to:

- 10.1** Identify patients’ rights and nurses’ responsibilities related to education.
- 10.2** Identify accreditation requirements for patient education.
- 10.3** Identify patients’ learning needs.
- 10.4** Use correct nursing diagnoses, outcomes, and interventions for patient education.
- 10.5** Carry out implementing, evaluating, and documenting patient education.

Key Terms & Definitions

Terms and abbreviations encountered in Chapter 10:

Accreditation: A process whereby a healthcare organization is evaluated for adherence to standards of care; indicates that the facility provides quality care.

NPSG: National Patient Safety Goals. A set of objectives developed by The Joint Commission with specific actions to reduce medical errors.

Patient Education: Process in which healthcare professionals provide information to patients, families, and communities that ideally results in enhanced ability of the patient, family, or community to actively participate in health promotion and health maintenance or to cope with alterations in health or ability.

Patient Bill of Rights: List of basic entitlements that patients, their surrogates, or healthcare decision makers can expect from healthcare facilities and providers.

Standards of Practice: Defined by the American Nurses Association (2004) as “authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable” (p. 1).

TJC: The Joint Commission. An independent, nonprofit organization that sets standards of quality for healthcare organizations and evaluates compliance with these standards, providing accreditation for organizations that demonstrate excellence.

Presentation Outline

LO 10.1 Patient Rights and Nurses' Responsibilities

Power Point Slides: 1 through 7.

Concept Checkup 10.1

- A. What do patients need to be active participants in their care?

Answer: Patients need to be knowledgeable about their disease and its treatment.

Rationale: In 1973, the American Hospital Association (AHA) embraced a **Patient's Bill of Rights** recognizing that for healthcare to be effective, healthcare professionals and patients must collaborate. In order for patients to be active participants in their care, they must be knowledgeable about their disease and its treatment.

- B. According to the ANA Scope and Standards, nurses are responsible for providing patient education. List five topics for which nurses should provide patient education.

Answer:

1. Healthy Lifestyle
2. Risk-Reducing Behaviors
3. Developmental Needs
4. Activities of Daily Living
5. Preventive Self-Care

Rationale: Standard 5B: Health Teaching and Health Promotion states, “The registered nurse employs strategies to promote health and a safe environment” The following is one measurement criteria that is used to evaluate this standard: Provides health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventive self-care.

- C. List two mandates of the CLAS Standards.

Answer:

1. Interpreters for verbal communication
2. Patient materials in language easily understood by patients

Rationale: The National Standards on Culturally and Linguistically Appropriate Services (CLAS) require hospitals that receive federal funds, such as Medicare, to provide interpreters for verbal communication and patient materials, including educational materials, in language easily understood by patients. Nurses are responsible to ensure that patient's linguistic needs are met whether education is provided in written or verbal form.

LO 10.2 Accreditation Requirements

Power Point Slides: 8 through 12.

Concept Checkup 10.2

- A. Which organization is the largest accrediting organization for hospitals?

Answer: The Joint Commission (TJC)

Rationale: The most widely recognized accreditation comes from The Joint Commission, a non-profit organization that accredits approximately 17,000 healthcare organizations.

- B. List two areas that The Joint Commission requires to be assessed before patient education is initiated.

Answer: (any two)

1. Readiness to learn
2. Preferred method of learning
3. Barriers to learning

Rationale: The Joint Commission requires that each patient is assessed before health education is initiated. This assessment must include readiness to learn, preferred method of learning, and barriers to learning.

- C. List three topics of patient education required by The Joint Commission.

Answer: (any three)

1. Medications
2. Equipment
3. Procedures
4. Hygiene
5. Nutrition
6. Hospital room orientation.

Rationale: All hospital patients are required to be provided education on medications, equipment, procedures, hygiene, and nutrition in addition to being oriented to their hospital room.

- D. What is the purpose of the National Patient Safety Goals?

Answer: To provide specific actions that healthcare organizations can take to reduce the likelihood of medical errors.

Rationale: In 2002, The Joint Commission published the first National Patient Safety Goals (NPSG) in an effort to provide specific actions that healthcare organizations can take to reduce the likelihood of medical errors.

- E. List five topics of patient education incorporated into the National Patient Safety Goals.

Answer: (any five)

1. Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

2. Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals.
3. Implement best practices or evidence-based guidelines to prevent central line associated bloodstream infections.
4. When a patient leaves the organization's care, a complete and reconciled list of the patient's medications is provided directly to the patient, and the patient's family as needed, and the list is explained to the patient and/or family.
5. The organization implements a fall reduction program that includes an evaluation of the effectiveness of the program.
6. Ways in which the patient and his or her family can report concerns about safety
7. How to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.

Rationale: The list of NPSGs has evolved and grown through the years and several goals emphasize patient education. The following list indicates the required elements of patient education for the 2010 NPSGs:

- NPSG.03.05.01 "Reduce the likelihood of patient harm associated with the use of anticoagulant therapy." This goal requires education for patients and families that includes content on dietary restrictions, follow-up monitoring, adverse reactions, and drug interactions.
- NPSG.07.03.01 "Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals." Patients who are infected with drug-resistant organisms and their families must be educated about the facility's strategies.
- NPSG.07.04.01 "Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections." Before insertion of central lines, patients and their families must be educated about preventing infections associated with the line.
- NPSG.07.05.01 "Implement best practices for preventing surgical site infections." Before surgery, patients and their families must receive education about preventing infections in the surgical site.
- NPSG.08.03.01 "When a patient leaves the organization's care, a complete and reconciled list of the patient's medications is provided directly to the patient, and the patient's family as needed, and the list is explained to the patient and/or family." This goal requires education about discharge medications with documentation of the education.
- NPSG.09.02.01 "The organization implements a fall reduction program that includes an evaluation of the effectiveness of the program." Patients and their families must be educated about the program and specific strategies that are implemented for the patient.
- NPSG.13.01.01 "Identify the ways in which the patient and his or her family can report concerns about safety and encourage them to do so." In order to encourage patients' involvement in care, they must be educated about the reporting mechanisms that are available, infection control measures that should be implemented for the patient, and if appropriate, the strategies the hospital uses to prevent adverse events during surgery.
- NPSG.16.01.01 "The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening." The goal goes

further to recommend that patients and family be taught to ask for assistance if the patient is worsening.

LO 10.3 Assessing Patients' Learning Needs

Power Point Slides: 13, 14.

LO 10.4 Applying Correct Nursing Diagnoses, NOC and NIC

Power Point Slides: 15, 16, 17, 18.

LO 10.5 Implementing, Evaluating, and Documenting Patient Education

Power Point Slides: 19, 20, 21.

Concept Checkup 10.3

- A. Define health literacy.

Answer: Health literacy refers to an individual's ability to understand health information in order to make informed decisions.

Rationale: Health literacy refers to an individual's ability to understand health information in order to make informed decisions.

- B. What is a simple question that may be asked to determine a client's health literacy?

Answer: How confident do you feel completing medical forms?

Rationale: While testing health literacy may be embarrassing to a patient, asking the patient how confident he feels completing medical forms alone has been shown to be a good indicator of health literacy.

- C. In addition to health literacy, what other areas related to patient education should be assessed by the nurse?

Answer:

1. Language barriers
2. Poor vision
3. Poor hearing
5. Pain
6. Anxiety

Rationale: While assessing the patient, the nurse should identify barriers to learning such as language, poor vision or hearing, pain, and anxiety.

- D. List three NANDA-I nursing diagnoses related to patient education.

Answer:

1. Knowledge, deficient
2. Noncompliance
3. Therapeutic regimen: ineffective management.

Rationale: Once the patient's learning needs have been assessed, the nurse assigns the appropriate NANDA-I nursing diagnoses. Typically, a nursing diagnosis of knowledge, deficient is used although nursing diagnoses of noncompliance or therapeutic regimen: ineffective management may also indicate a learning need.

- E. List three NOC outcomes related to patient education.

Answer: (any three) Knowledge of:

1. Diet
2. Diabetes management
3. Disease Process
4. Breastfeeding
5. Cardiac disease management
6. Medication
7. Prescribed activity
8. Treatment regimen
9. Discharge readiness
10. Fall prevention behavior
11. Risk control.

Rationale: Nursing Outcome Classification (NOC) outcomes related to patient education are often the “knowledge” outcomes and may include knowledge of 30 different topics including breastfeeding, cardiac disease management, diabetes management, diet, disease process, medication, prescribed activity, and treatment regimen. Other NOC outcomes such as discharge readiness, fall prevention behavior, and risk control outcomes may also be appropriate outcomes for patient education.

- F. List three NIC interventions related to patient education.

Answer: (any three)

1. Generic health education intervention
2. Parent education interventions
3. Teaching interventions specific to disease process
4. Admission care
5. Childbirth preparation
5. Discharge planning
6. Nutrition counseling
7. Smoking cessation assistance
8. Vehicle safety promotion
9. Preoperative teaching
10. Prescribed diet
11. Medications

Rationale: Nursing interventions from the Nursing Interventions Classification (NIC) may include the generic health education intervention, parent education interventions, or “teaching” interventions specific to disease process, preoperative teaching, prescribed

diet, and medications. In addition, other NIC interventions such as admission care, childbirth preparation, discharge planning, nutrition counseling, smoking cessation assistance, and vehicle safety promotion may also contain health education components.

- G. What education evaluation method has been demonstrated by research to be effective?

Answer: Teach-back

Rationale: This technique involves asking the patient to relay the instructional content back to the nurse. It allows the nurse to evaluate the patient's understanding of the information and validate or correct as indicated.

Chapter 10 Review Key

Using Terminology

1. B
2. F
3. D
4. A
5. G
6. E
7. I
8. H
9. C

Rationales:

1. Healthcare organizations elect to become accredited or certified to demonstrate provision of quality care and to ensure eligibility for third-party reimbursement. Accreditation is a process whereby a healthcare organization is evaluated for adherence to standards of care; indicates that the facility provides quality care.
2. Research indicates that the “teach-back” method is one highly effective method of evaluation. This technique involves asking the patient to relay the instructional content back to the nurse. The teach-back method allows the nurse to evaluate the patient's understanding of the information and validate or correct as indicated.
3. In 2002, The Joint Commission published the first National Patient Safety Goals (NPSG), a set of objectives with specific actions to reduce medical errors.
4. After assessment and assignment of nursing diagnoses, the nurse determines the priority learning needs and determines the outcome statements that are most appropriate to indicate responses to nursing educational interventions. Nursing Outcome Classification (NOC) outcomes related to patient education are often the “knowledge” outcomes and may include knowledge of 30 different topics including breast feeding, cardiac disease management, diabetes management, diet, disease process, medication, prescribed activity, and treatment regimen.

5. Once the patient's learning needs have been assessed, the nurse assigns the appropriate NANDA-I nursing diagnoses, a statement describing an individual's need or response or to a health problem. Typically a nursing diagnosis of knowledge, deficient is used although nursing diagnoses of noncompliance or therapeutic regimen: ineffective management may also indicate a learning need. Specific details about the patient's learning need should be included in the nursing diagnosis.
6. It is the patient's right to have the necessary information to manage personal health and/or illness. It is the nurse's ethical and professional responsibility to provide patient education. The American Nurses Association (2004) *Nursing: Scope and Standards of Practice* identifies patient education as a standard of practice. A standard is a statement that describes the responsibility of nurses.
7. Patient education is the very core of nursing practice. It is the patient's right to be educated and the nurse's responsibility to provide education related to health promotion, health maintenance, and adjusting to illness or disability in order to promote positive patient outcomes. Patient education is a process in which nurses provide information to patients, families, and communities that ideally results in their enhanced ability to actively participate in health promotion and health maintenance or to cope with alterations in health or ability.
8. In 1973, the American Hospital Association (AHA) embraced a Patient's Bill of Rights recognizing that for healthcare to be effective, healthcare professionals and patients must collaborate. The Patient Bill of Rights is a list of basic entitlements that patients, their surrogates, or healthcare decision makers can expect from healthcare facilities and providers.
9. The most widely recognized accreditation comes from The Joint Commission (TJC), an independent, non-profit organization that accredits approximately 17,000 healthcare organizations. TJC sets standards of quality for healthcare organizations and evaluates compliance with these standards, providing accreditation for organizations that demonstrate excellence.

Checking Your Understanding

10. T
11. F
12. F
13. F
14. F
15. D
16. A, B, C
17. B
18. A, B, C, D
19. A, B, C
20. A, B, C, D

Rationales:

10. The Code of Ethics for Nurses states that nurses have an ethical obligation to provide patient education to facilitate decision making.
11. Accrediting bodies such as The Joint Commission (TJC) require patient education in the provision of quality care. Nurses use the nursing process to assess patient education needs, to formulate an education plan, and to implement and evaluate the plan. Documentation is the mechanism whereby nurses demonstrate the use of the nursing process to determine that patients' educational needs are met.
12. Nurses use a variety of educational tools and methods to teach clients and their families or significant others. For example, during medication administration, a nurse may verbally communicate the name of the medication and its mechanism of action. When the patient is discharged, the nurse may give the patient a drug information sheet for reference at home.
13. A nurse cannot assume that patients understand health-related information. Health literacy refers to an individual's ability to understand health information in order to make informed decisions. While testing health literacy may be embarrassing to a patient, asking the patient how confident he feels completing medical forms alone has been shown to be a good indicator of health literacy.
14. Accrediting agencies set standards for patient education that must be reflected in documentation.
15. The Patient's Bill of Rights is a list of basic entitlements that patients, their surrogates, or healthcare decision makers can expect from healthcare facilities and providers.
16. While assessing the patient, the nurse should identify barriers to learning such as language, poor vision or hearing, pain, and anxiety. Cultural norms may dictate who receives education in addition to the patient. The nurse should determine the patient's preferred method of learning. Determining the patient's current level of knowledge and living environment is also important. The nurse must assess the patient's ability to learn, including health literacy. Documentation of patient education must indicate assessment of learning preferences, barriers to learning, and readiness to learn, or motivation.
17. The method of evaluation depends on the teaching content. If the content of the patient education is a psychomotor skill such as insulin administration or changing an ostomy appliance, patients, or their caregivers, should be given the opportunity to demonstrate the skill to the nurse before being expected to perform the skill independently without supervision. Return demonstration gives both the patient and the nurse confidence that the skill is being performed accurately.
18. One of The Joint Commission NPSGs requires that hospitals "Reduce the likelihood of patient harm associated with the use of anticoagulant therapy." This goal requires education for patients and families that includes content on dietary restrictions, follow-up monitoring, adverse reactions, and drug interactions.
19. The Joint Commission, the Centers for Medicare and Medicaid (CMS), and the National Quality Forum (NQF) collaborated to establish research-based, disease specific core measures to which all hospitals are expected to adhere. Disease specific requirements for education include counseling for smoking cessation for all patients with a diagnosed heart attack, congestive heart failure (CHF), or pneumonia.
20. Nurses use a variety of educational tools and methods to teach clients and their families or significant others. Examples include verbal communication, drug information sheet,

videos, booklets, computer programs, demonstration, group discussions and educational television programming.