<table>
<thead>
<tr>
<th>Policy/Procedure Number</th>
<th>PC-0071</th>
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<tbody>
<tr>
<td>Policy/Procedure Name</td>
<td>Bylaws, Patient and Family Education Committee</td>
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<tr>
<td>Type of Policy/Procedure</td>
<td>Patient Care</td>
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<tr>
<td>Date Approved</td>
<td>09/10</td>
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<tr>
<td>Date Due for Review</td>
<td>09/13</td>
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<tr>
<td>Policy/Procedure Description</td>
<td>Outlines the rules and regulations for the Patient/Family Education Committee.</td>
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<tr>
<td>Supersedes</td>
<td>AD-5059, Administration, Bylaws, Patient and Family Education Committee 3.1026, Patient Care Ops, Bylaws, Patient/Family Education Committee</td>
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**Purpose Statement**
Outlines the rules and regulations for the Patient/Family Education Committee.

**Policy**
The Patient/Family Education Committee provides a forum for discussion, planning, implementation and evaluation of patient and family education. The committee identifies educational needs, develops and suggests strategic plans, may assist implementation and reduces duplication in learning opportunities offered to parents.

**Composition**

1. **Chair**
   A. **Selection**
   The leadership of the Patient/Family Education Committee will be provided by the Chair. The Committee agrees upon and recommends a new Chair to the Chief Nursing Officer who shall appoint the Chair.

   B. **Term of Office**
   One Year commitment.

2. **Chair-Elect**
   A. **Selection**
   The Chair-Elect shall serve in the capacity of Chair when the Chair is unavailable. The Committee agrees upon and recommends a new Chair-Elect to the Chief Nursing Officer who shall appoint the Chair-Elect.

   B. **Term of Office**
   One year serving as chair-elect and one as chair for a total of two years.

3. **Facilitator**
The Facilitator is a Director appointed by the Chief Nursing Officer to:
   A. Support committee operations including agenda preparation.

   B. Provide mentorship to the Chair and Chair-elect.

   C. Facilitate the meeting.

4. **Membership**
   A. **Selection**
   The Patient/Family Education Committee consists of representatives across the continuum of care. This may also include ad hoc member representatives.
   1) **Acute Care**
2) NICU  
3) PICU  
4) Emergency  
5) Perioperative Services  
6) Division of Ambulatory Care  
7) Social Services  
8) Spiritual Support/Interpreter Services (Ad Hoc)  
9) Child Life  
10) Patient Advocate (Ad Hoc)  
11) Parents (Ad Hoc)  
12) Case Management  
13) Home Care  

B. Term  
The members of the Patient/Family committee will be designated for a two-year renewable term by the leadership of each specified area. (See application for membership).

Duties and Responsibilities  
1. Provide oversight for the development, review, evaluation and implementation process for patient/family education material.

2. Assist in ongoing quality improvement studies to evaluate the adequacies of patient/family education materials, teaching and staff education. Set priorities based on identified needs.

3. Develop and recommend policies and procedures related to education of patient, family and staff.

4. Develop and recommend forms and/or processes to document patient/family teaching.

5. Communicate availability of new education materials and programs for patient/family education.

6. Committee member responsibilities:  
   A. Assist in the development and review of teaching materials for their own specialty area(s).
   
   B. Serve as communication linkage between unit/department staff and committee regarding new education materials and/or and educational programs specific to their specialty area(s).
   
   C. Review and recommend delivery methods of patient and family education specific to specialty area(s).
   
   D. Conduct quality improvement studies as needed relative to education specific to specialty area(s) and report the results at unit staff meetings, and Patient/Family Education Committee, especially when education recommendations are made.
   
   E. Serve as resource person and make recommendations to staff regarding teaching materials that should be used for specific patients.
   
   F. Serve as a role model for staff by demonstrating excellence in patient/family teaching.

Expectations  
Members of the Patient and Family Education Committee serve as representatives of their unit/department and as such are expected to:  
1. Represent the perspectives of their department during committee meetings.
2. Communicate information as directed by the committee to their department.

**Meeting Schedule**
The Committee shall meet as needed minimally once quarterly; business may occur through the use of electronic communication.

**Ground Rules**

1. **Attendance**
   A. Members are expected to attend a minimum of 75% of all meetings.
   B. Agenda and meeting minutes will be provided.

2. **Promptness**
   Meetings will start and end promptly. It is the responsibility of late members to catch up on the subject matter from colleagues after the meeting.

3. **Participation**
   All members are expected to:
   A. Uphold the guidelines.
   B. Fulfill the requirement of an office when elected or appointed.
   C. Fulfill the requirements of a task of duty as assigned.
   D. Be prepared to discuss the issues on the agenda. Preparation includes reviewing meeting summaries, minutes, information in advance of each meeting.
   E. Be active listeners.
   F. Actively participate.
   G. Respect the opinions of others and feel free to challenge those opinions.

4. **Courtesy/Interruptions/Distractions**
   A. Place digital beepers on silent mode.
   B. Only one person may speak at a time when recognized by the chair.
   C. Avoid having side discussions.

5. **Decision-Making**
   A. Situation drives the decision-making process.
   B. If possible the committee will operate by consensus.
      1) Members should not block or withhold consensus unless they have serious reservations with the approach or solution that is proposed. If members disagree with the approach or solution selected by the rest of the group, they should make every effort to offer an alternative satisfactory to all stakeholders.
      2) Members should remain at the table during deliberations to hear the full discussions in order to make informed judgments when decision-making occurs.
      3) Absence will be equivalent to not dissenting.
      4) If all efforts have been make to arrive at consensus, but it appears that the group will not be able to achieve it, the group may choose to vote in order to come to agreement.
Communication
Committee members will receive meeting notices, along with minutes and agenda approximately one week prior to each meeting. If unable to attend, members are to contact the recorder for the committee and notify of absence prior to the meeting if possible but no later than the close of the business day.

Reporting Relationships
The Patient and Family Education Committee reports to the Family-Centered Care Steering Committee providing bi-annual reports.

Task Forces may be established for special projects.

Confidentiality
The committee proceeding is confidential and any communication made to the committee is privileged under California Business and Professions Code §805 and California Evidence Code §1157. A member or participant of the committee or its proceeding may not disclose or be required to disclose a communication made to the committee or a record or proceeding of the committee. Information that is confidential is not subject to subpoena or discovery in any civil matter; is not admissible as evidence in a judicial or administrative proceeding; and may not be introduced into evidence in a nursing or patient care liability suit arising out of the provision of or a failure to provide nursing or patient care services.

References/Regulations


Other Related Policies/Procedures
PC-0052, Patient Family Education Material
PR-1014, Patient and Family Education

Policy Lead
Chair Patient/Family Education Committee

Content Expert(s) Review
Patient/Family Education Committee
04/03, 06/05, 10/07

Approved by
Family-Centered Care Steering Committee
07/10
<table>
<thead>
<tr>
<th>Role</th>
<th>Dates</th>
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<tbody>
<tr>
<td>Executive Nursing Council</td>
<td>09/10</td>
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<tr>
<td>Patient Care Leadership</td>
<td>04/03, 06/05, 11/07, NA</td>
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<td>CEO/COO/CNO</td>
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<td>Board of Trustees</td>
<td>09/10</td>
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