

**VETERANS HEALTH EDUCATION AND INFORMATION  
CORE PROGRAM REQUIREMENTS**

**1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook describes core program requirements for VHA Veterans Health Education and Information Programs.

**2. SUMMARY OF MAJOR CHANGES.** This Handbook reflects changes in VHA health care delivery, policy, innovations in the field, changes in VHA management structure and emphasis on integrating Veterans health education services into patient care to enhance clinical outcomes and patient and staff satisfaction. *NOTE: In other related documents, the leadership for NCP is titled Director; because of an organizational change in Patient Care Services the title changed to Chief Consultant for Preventive Medicine, which is used in this Handbook.*

**3. RELATED ISSUES.** VHA Directive 1120.

**4. RESPONSIBLE OFFICIALS.** The Office of Veterans Health Education and Information (VHEI), National Center for Health Promotion and Disease Prevention (11NCP), Office of Patient Care Services (11) is responsible for the contents of this VHA Handbook. Questions may be referred to 919-383-7874; FAX communication may be sent to 919-383-7598.

**5. RESCISSIONS.** VHA Manual M-8, Part IV, Chapter 4, is rescinded.

**6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of July 2014.

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## VETERANS HEALTH EDUCATION AND INFORMATION CORE PROGRAM REQUIREMENTS

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook sets forth the core program implementation and reporting requirements for Veterans Health Education and Information (VHEI) Programs.

### 2. BACKGROUND

a. The Department of Veterans Affairs (VA) National Center for Health Promotion and Disease Prevention (NCP), a section of the Office of Patient Care Services (OPCS), is identified in Public Law as being responsible for promoting the expansion and improvement of clinical, research, and education activities related to VHA preventive health services.

b. Based on the recommendations of OPCS Health Education and Information Task Force, the VHEI Office was created in 2006 as a program office within NCP in Durham, NC.

c. Veterans health education and information are important components of VHA Strategy 3, “Continuously improve Veteran and family satisfaction with VA care by promoting patient-centered care and excellent customer service” and the Under Secretary for Health’s Power of Performance Goal 1, “Put Patient Care First.”

### 3. DEFINITIONS

a. **Health Education.** Health education is defined by the National Task Force on the Preparation and Practice of Health Educators as “the process of assisting individuals, acting separately or collectively, to make informed decisions about matters affecting their personal health and that of others.” Veterans health education spans the continuum of care from the skills and information needed to promote health and prevent disease, to the patient education needed to cope with and manage acute and chronic conditions. Veterans health education for patients and caregivers is also needed in rehabilitation and long-term care settings. In addition, it assists Veterans and family members to access education resources in the community. In VHA, Veterans health education encompasses patient education, and is defined as any combination of information, education, and other strategies designed to help Veterans to:

- (1) Enhance their quality of life through health promotion and disease prevention.
- (2) Actively partner with their providers and health care teams.
- (3) Engage needed family and social support systems.
- (4) Develop self-management and coping skills.
- (5) Access and appropriately utilize VHA health care resources across the continuum of care (access, health promotion and disease prevention, primary care, specialty care, diagnosis,

treatment, self-management, inpatient care, rehabilitation and long-term care, and referral to VHA and community resources).

b. **Health Literacy.** Health literacy is defined as the ability to find, use and understand health information correctly, in order to make competent health decisions.

c. **Veterans Health Education and Information (VHEI).** VHEI is a coordinated approach to planning, delivering and evaluating Veterans health education programs, services and resource materials for Veterans and, as appropriate, their family members.

d. **Veterans Health Education Network.** The Veterans Health Education Network is the group of Veterans Health Education Coordinators for all VA facilities.

#### 4. SCOPE

This Handbook defines and describes the core program requirements for VHA VHEI Programs. The goal of these requirements is implementation of a coordinated approach to planning, delivering and evaluating Veterans health education programs, services, and resource materials for Veterans and, if appropriate, their family members.

a. VHEI's scope spans the continuum of VHA health care because health education is an integral part of health care delivery in all clinical settings.

b. The optimal VA Medical Center Veterans Health Education Program is patient-centered, comprehensive, and coordinated. The Veterans Health Education Program is driven by patient and clinician needs, and contributes to the facility's mission and goals.

#### 5. RESPONSIBILITIES OF VHEI

The VHEI Program Manager is responsible to the Chief Consultant for Preventive Medicine, NCP, OPCS, and serves as the central coordinator and resource for Veterans health education services.

a. VHEI is responsible for:

(1) Providing consultation and guidance to assist the field to offer comprehensive Veterans health education programs, services and products across the continuum of care in Veterans Integrated Service Networks (VISNs) and in VA medical centers.

(2) Developing and implementing policies, guidance, programs, and resources to deliver enhanced Veterans health education services.

(3) Coordinating VHA Veterans health education by ensuring collaboration between and among VA Central Office program offices and the field using the VHEI Coordinating Committee.

(4) Identifying system-wide Veterans health education needs from patient and family, clinician, and organizational perspectives.

(5) Coordinating the field-based Veterans Health Education Network which consists of VISN Veterans Health Education Committee members, VA Medical Centers Veterans Health Education Coordinators, and interested clinicians.

(6) Evaluating and recognizing Veterans health education programs based on criteria established in this Handbook.

(7) Collaborating with the Employee Education System (EES) to offer continuing education to assist facilities to meet The Joint Commission (TJC) standards and to provide forms, templates and tip sheets which can be found on the following Website:  
[http://vaww.prevention.va.gov/Veterans\\_Health\\_Education\\_and\\_Information.asp](http://vaww.prevention.va.gov/Veterans_Health_Education_and_Information.asp) . *NOTE: This is an internal web site and not available to the public.*

(8) Partnering with the EES to provide the necessary training opportunities to ensure that the Veterans Health Education Network and clinicians have knowledge and skills needed to offer evidence-based health education programs, services, and products.

(9) Assisting VA Central Office clinical program offices in developing and disseminating Veterans health education materials, which are culturally competent and meet Veterans' (and if appropriate, their family members') health literacy needs.

(10) Maintaining current Veterans health education guidelines, recommendations, and resources for the Veterans Health Education Network on VHEI's website at:  
[http://vaww.prevention.va.gov/Veterans\\_Health\\_Education\\_and\\_Information.asp](http://vaww.prevention.va.gov/Veterans_Health_Education_and_Information.asp). *NOTE: This is an internal website and is not available to the public.*

(11) Soliciting and disseminating information about successful Veterans health education programs, resources and strategies.

(12) Recognizing VISNs, VA medical centers, committees and individuals for their significant contributions to VHA Veterans health education.

b. To maximize its ability to offer effective and comprehensive VHEI. VHEI involves and seeks input from the Office of Patient Care Services, the Office of Nursing, the Office of Operations and Management, the Office of Public Health and Environmental Hazards, the Office of Quality and Performance (OQP), the Office of Ethics in Healthcare, EES, the Office of Academic Affiliations (OAA), the Office of Research and Development (ORD), and the Office of Communications, among other key VA Central Office and field stakeholders.

## 6. RESPONSIBILITIES OF VISN DIRECTOR

The VISN Director is responsible for:

a. Ensuring a comprehensive, evidence-based, population approach to Veterans health education services is implemented at all VA medical centers, Outpatient Clinics, and Community-Based Outpatient Clinics (CBOCs) in the VISN. To effectively integrate Veterans health education services into care across the continuum of care, VISNs and VA medical centers require effective organizational structures and supports to facilitate clinicians' ability to effectively educate and counsel patients. **NOTE:** *Existing programs that include all specified elements in the Handbook are acceptable.*

b. Ensuring each VISN facility meets TJC patient education standards. **NOTE:** *VHEI will collaborate with the EES to offer continuing education to assist facilities to meet the standards and also provide forms, templates, and tip sheets which can be found on the following web site: [http://vawww.prevention.va.gov/Veterans\\_Health\\_Education\\_and\\_Information.asp](http://vawww.prevention.va.gov/Veterans_Health_Education_and_Information.asp) . This is an internal web site and not available to the public.*

c. Creating and facilitating the function of a VISN-level interdisciplinary Veterans Health Education Committee to ensure VHEI programs, services and resources are consistent and coordinated across all facilities. This Committee, consisting of the Veterans Health Education Coordinator from each VA Medical Center, needs to perform the following functions: **NOTE:** *The Committee chair may be appointed by the VISN or elected by the Committee members.*

(1) Collecting and analyzing data about Veterans health education needs across the VISN.

(2) Developing a VISN-wide Veterans health education plan.

(3) Preparing, securing, and managing the budget and other resources needed to support VISN-level Veterans health education programs, products, and services.

(4) Providing regular reports to VISN leadership on the status of Veterans health education programs, services, and products.

(5) Informing VISN leadership about VISN and facility Veterans health education issues and needs.

(6) Encouraging best practice by sharing successful Veterans health education programs, services, and products.

(7) Ensuring that patients are able to access Veterans health education programs, services, and products across the VISN.

(8) Ensuring that Veterans health education materials and resources meet VA-Department of Defense (DOD) clinical practice guidelines and are consistent across the VISN.

(9) Providing feedback and status reports on VISN Veterans health education programs, services, and products to VHEI.

d. Providing resources and administrative support at the VISN level to provide consistent and comprehensive Veterans health education programs, services, and resources across VISN facilities.

e. Ensuring submission of any requested VISN-level Veterans health education reports.

## 7. RESPONSIBILITIES OF FACILITY DIRECTOR

The facility Director is responsible for:

a. Appointing a Veterans Health Education Coordinator.

b. Notifying VHEI of the name, job title, address, fax and phone numbers, e-mail address, and other locator information of the facility Veterans Health Education Coordinator, annually by September 1, and whenever there is a change in that assignment.

c. Ensuring input and participation in the planning and implementation of Veterans health education programs using an interdisciplinary Veterans Health Education Committee. Suggested Veterans Health Education Committee responsibilities include:

(1) Working with the Veterans Health Education Coordinator to analyze facility and health needs assessment data and information to determine gaps or needs in Veterans health education programs, services, and products.

(2) Actively participating in the process to plan, implement, and evaluate facility Veterans health education programs, services, and products.

(3) Serving as liaisons between the Committee and their respective disciplines or service lines. Conveying to the Committee the Veterans health education needs and concerns of their respective disciplines or service lines.

(4) Reviewing Veterans health education print, audiovisual, and electronic resources to ensure that they:

(a) Meet VA-DOD clinical practice guidelines.

(b) Are reviewed, updated, and approved by the appropriate clinical experts.

(c) Are culturally competent and accommodate the health literacy needs of the Veteran, or if appropriate, family member population, for whom they are intended.

d. Contributing the needed resources and administrative support to provide consistent and comprehensive Veterans health education programs, services, and resources throughout the Medical Center and its CBOCs.

e. Ensuring submission of any requested facility-level Veterans health education reports.

## 8. VETERANS HEALTH EDUCATION COORDINATOR RESPONSIBILITIES

Core responsibilities for a Veterans Health Education Coordinator include:

- a. Functioning as the designated focal point and advocate for facility Veterans health education initiatives, programs, and activities.
- b. Working with facility management to ensure that the Veterans Health Education Program contributes to the facility's mission, goals, and objectives.
- c. Leading the Veterans health education strategic planning process.
- d. Ensuring the necessary interdisciplinary input to plan, implement, and evaluate Veterans health education services across the facility's continuum of care.
- e. Working with all the disciplines to help the facility meet accreditation standards related to patient education.
- f. Ensuring the facility Veterans Health Education Program has met all core VHA Veterans Health Education Program requirements.
- g. Developing a process by which facility-developed or commercial health education materials:
  - (1) Meet VA-DOD clinical practice guidelines.
  - (2) Are reviewed, updated, and approved by the appropriate clinical experts.
  - (3) Are culturally competent and accommodate the health literacy needs of the Veterans, or if appropriate, family member population, for whom they are intended.

*NOTE: Additional Veterans Health Education Coordinator responsibilities are found in Appendix A.*

## 9. VETERANS HEALTH EDUCATION SERVICES ACROSS THE CONTINUUM OF CARE

- a. A comprehensive approach to Veterans Health Education includes three levels:
  - (1) Facility-wide,
  - (2) Program, and
  - (3) Patient.

*NOTE: Appendix B describes assessment, planning, implementation, and evaluation activities at each of these levels.*

b. A Veterans Health Education Coordinator must be appointed to oversee a comprehensive and integrated Veterans health education program. The Coordinator is responsible to manage and coordinate Veterans health education programs, services, and resource materials across the facility's continuum of care (access, health promotion and disease prevention, primary care, specialty care, diagnosis, treatment, self-management, inpatient care, and referral to VHA and community resources) and health care delivery settings.

c. An interdisciplinary Veterans Health Education Committee must be established with the Veterans Health Education Coordinator as chair or co-chair.

d. Provision of Veterans health education services is the responsibility of each clinical discipline or service line providing patient care. Veterans health education must be coordinated to ensure consistency of content, and reinforced by all disciplines caring for the patient. This requires interdisciplinary input and coordination. The Veterans Health Education Coordinator works in close collaboration with all clinical disciplines and service lines, as well as the Diabetes Educator(s), the Prevention Coordinator, the Managing Overweight and Obesity for Veterans Everywhere! Weight Management Program Coordinator, the Patient Advocate, the Librarian in charge of patient resources, the My HealtheVet point of contact, and other valuable contributors to VHA's Veterans health education mission.

## 10. MULTIFACTORIAL ASSESSMENT

a. At any VA Medical Center, Veterans health education services must be assessed at the level of individual patient-clinician interactions, specific patient populations, and facilities to determine any gaps or barriers to meeting Veterans health education needs. *NOTE: Sources of data needed and questions to conduct the assessment at the three levels are included in Appendix C.*

b. Data collection and analysis needs to be used to assess performance problems related to patient education and develop solutions. The results of the assessment and plan need to be shared with facility leadership. As required by TJC, a similar assessment must occur at the patient care level to identify, document, and meet patient and family educational needs.

c. The program planning needs assessment process provides the data and information needed to plan, implement, and evaluate the Veterans health education services needed by individual patients and specific populations of patients based on their health conditions and problems, e.g., patients with diabetes, or categories of patients, e.g., newly enrolled Veterans.

## 11. VETERANS HEALTH EDUCATION MATERIALS AND RESOURCES

a. As a part of the patient's treatment plan, Veterans health education print, audiovisual, and electronic resources must be appropriately used as adjuncts and supports to the Veterans health education programs and the counseling provided by clinicians.

b. There must be a process at each facility for a review and approval of Veterans health education resources to:

- (1) Ensure compliance with VA-DOD clinical practice guidelines.
  - (2) Accommodate the health literacy needs of the population for whom they are intended.
  - (3) Evaluate any design, layout or formatting issues which may affect patients' ability to effectively use them.
- c. Resources need to be tailored and personalized, if possible, to engage the patient and make the resource patient-centered. **NOTE:** *Information specific to the provider, VA Medical Center or VISN needs to be included, if appropriate.*
  - d. Print, audiovisual, and electronic resources should not be substituted for the education and counseling, that patients need to receive from their providers or health care team members in the context of their treatment. Veterans health education resources are to be used to reinforce teaching, offer guidance on self-monitoring and self-management, and help patients share information about their conditions and treatment plans with family members.

As mandated by TJC, the health information must be understandable. The print, audiovisual, or electronic resource materials, designed to support Veterans health education programs and counseling, must be appropriate to the audience for whom they are intended. For this reason, VHA Veterans health education resource materials need to be culturally competent; they need to be selected or developed taking into account health literacy needs, as well as format, layout, and design issues relevant to the patient or family populations for whom the resources are intended. **NOTE:** *VHA Handbook 1120.03 assists facilities in meeting these patient education standards.*

## 12. STAFF TRAINING

- a. To effectively educate patients and family members, clinicians need evidence-based education and counseling skills. VHEI and NCP partner with EES to design and implement multimodality education programs to enhance clinicians' content expertise and health education and counseling skills.
- b. Emphasis is placed on counseling and communication skills, which can be easily integrated into time-limited clinical encounters. It is critical that continuing education programs on education and counseling offer skill practice and feedback, as well as information.

## 13. PROGRAM EVALUATION

The Veterans Health Education Program must be evaluated regularly using an established process, such as Plan, Do, Check, Act (PDCA), or other systematic approaches. Possible sources of data and information to evaluate the effectiveness of Veterans health education programs, services or resource materials include:

- a. Performance standards;
- b. Quality improvement data;

- c. Patient and staff satisfaction surveys;
- d. Other clinical data (e.g., length of stay, readmission rates, results of patients' evaluations of formal Veterans health education programs);
- e. Input from Patient Advocates on patient and family complaints; and
- f. System issues (e.g., lack of printers in Primary Care Clinics).

#### **14. REPORTING**

Veterans Health Education reports on the status of the program and special initiatives must be submitted as requested by VHEI. Additional information may be requested by informal communication mechanisms, such as verbal reports on conference calls and written response to e-mail requests or inquiries.

#### **15. REFERENCES**

- a. Title 38, United States Code, Chapter 73, Part V, Subchapter II, Section 7318.
- b. Title 38, United States Code, Chapter 17, Part II, Subchapter 1, Section 1701.
- c. Public Law 102-585, Title V, §51(a)(1), Nov. 4, 1992, 106 Stat. 4955, as amended Public law 103-446, Title XII, §1201(c)(5), Nov. 2, 1994, 108 Stat. 4683 .
- d. National Task Force on the Preparation and Practice of Health Educators. A Competency-Based Curriculum Framework for the Professional Preparation of Entry-level Health Educators. 1985.

### **ADDITIONAL SUGGESTED VETERANS HEALTH EDUCATION COORDINATOR RESPONSIBILITIES**

Additional suggested Veterans Health Education Coordinator responsibilities include:

1. Serving as the principal point of contact for all Veterans health education communications and reporting between the facility, the Veterans Integrated Service Network (VISN), Veterans Health Education and Information (VHEI), and other program offices.
2. Providing regular reports to facility management on the status of Veterans health education programs, services and products.
3. Collecting and analyzing facility and patient data sources to determine gaps or needs in Veterans health education programs, services and products.
4. Preparing, securing and managing the needed budget and other resources to support Veterans health education programs, products and services.
5. Convening and chairing the facility's interdisciplinary Veterans Health Education Committee; this includes:
  - (a) Inviting the appropriate clinical disciplines and service lines to serve as members.
  - (b) Assisting committee members to serve as liaisons between their respective disciplines or service lines and the Veterans Health Education Committee.
  - (c) Offering committee members the opportunity to take an active role in the work of the committee.
6. Obtaining the necessary interdisciplinary input to plan, implement and evaluate Veterans health education services across the facility's continuum of care.
7. Securing Veteran, and if appropriate, family member input, into the design of the needed Veterans health education programs, services and products.
8. Consulting with clinicians to enhance their understanding and practice of effective health education interventions.
9. Coordinating clinician education on relevant health education topics and skills.
10. Recognizing Veterans Health Education Committee members and other clinicians for their involvement in and support for Veterans health education.

**A MODEL FOR HEALTH EDUCATION PROGRAMMING**

<b>Program Development Stage</b>	<b>Organizational Level</b>		
<b>Assessment</b>	<b>Facility-wide</b>	<b>Program</b>	<b>Patient</b>
Objectives	Determine need for policy and system supports to enhance health education services.	Generate specific patient population and disease or condition profiles.	Determine knowledge, attitudes, and skills of patient, and family if appropriate; update as needed.
Outcome	Facility profile of health education needs and programs.	Priority needs for program development.	Learning needs.
Baseline Questions	<p>Is there a policy statement for health education in the facility?</p> <p>Is there support for health education?</p> <p>What are the perceptions of the utility and effectiveness of health education?</p> <p>Where is the organizational locus of responsibility for health education?</p> <p>What organizational units are involved in health education?</p> <p>What is the coordinating mechanism?</p> <p>What are the current expenditures, resources (space, equipment, etc.), administrative capacity, staff and budget for health education?</p> <p>Who manages these resources?</p>	<p>Who are the patients, i.e., the demographic and psychosocial characteristics?</p> <p>What are the most important or frequent health problems of patients served by this facility? The prevalence, incidence, clusters?</p> <p>What care is provided, i.e., the number of patients seen, average number of visits per patient, waiting times for clinic access, average length of appointment time, average length of stay, readmission rates?</p> <p>Are staff knowledge, attitudes, and skills in health education sufficient?</p>	<p>What skills or information does the patient and family need to manage or cope with the acute or chronic condition?</p> <p>What are the unique concerns of the patient and family?</p> <p>What is the patient's or family's psychosocial and cultural background?</p> <p>What is the course of the disease, stage &amp; impact on the individual patient?</p> <p>What is the readiness of the patient for learning and change?</p> <p>What is the patient's level of functioning, i.e., the physical, mental, social, etc.?</p> <p>What is the level of patient-provider interaction?</p>

<b>Program Development Stage</b>	<b>Organizational Level</b>		
<b>Assessment</b>	<b>Facility-wide</b>	<b>Program</b>	<b>Patient</b>
	<p>What is the potential for consolidation or coordination of resource management for health education?</p> <p>What is the present status of quality of care in this facility; i.e., morbidity, mortality, disability, etc.?</p> <p>How does this facility score on performance measures that involve health education and on The Joint Commission requirements for patient education?</p> <p>How does the facility score on patient satisfaction survey questions related to health education?</p>	<p>What is the climate for change, i.e., staff readiness and capability?</p> <p>What resources are available and needed for health education, i.e., space, equipment and supplies, staffing, etc.?</p> <p>Are there new Veterans Health Administration (VHA) programs, new populations being served, special organizational units being established, or other programmatic changes occurring that have health education components that must be addressed?</p>	<p>What will assist the patient to assume an active role and partner with the health care team?</p> <p>Are educational resource materials available, adequate, and used?</p> <p>Do the available educational resource materials meet the patient's health literacy needs?</p>
Participants	Veterans Health Education Coordinator, Committee, and other key stakeholders.	Primary care, treatment teams. Representative of patient or family members. Representatives of community agencies and programs.	Patient Family Provider or team
Decision Makers	Administration Chiefs of Service Product Line Managers	Chiefs of service, section chiefs, product line managers. Clinical Executive Board. Veterans Health Education Committee.	Patient Family Provider or team

<b>Program Development Stage</b>	<b>Organizational Level</b>		
<b>Planning</b>	<b>Facility-wide</b>	<b>Program</b>	<b>Patient</b>
Objectives	Develop facility-wide plan for health education.	Develop program plans for priority needs.	Identify individual patient learning objectives.
Outcomes	Formulation of policy statement. Development of goals and strategies. Development of organizational structure. Identification and establishment of internal and external linkages. Establishment of data and communication systems.	Standard protocols. Staff training. Educational methods and materials. Records and evaluation systems. Communication channels. Standardized programs.	Individual learning plan for patient and family. Plan for self-management, follow-up and referral. Documentation method.
Participants	Veterans Health Education Coordinator, Committee and other key stakeholder.	Primary care, treatment teams. Representative of patient or family members. Representatives of community agencies and programs.	Patient Family Provider or team
Decision Makers	Administration Chiefs of Service Product Line Managers	Chiefs of service, section chiefs, product line managers. Clinical Executive Board. Veterans Health Education Committee.	Patient Family Provider or team

<b>Program Development Stage</b>	<b>Organizational Level</b>		
<b>Implementation</b>	<b>Facility-wide</b>	<b>Program</b>	<b>Patient</b>
Objectives	Implement plan. Test, revise. Use information gained through implementation to refine and improve health education services and programs.	Same	Same
Processes	Test goals and strategies and adapt as needed. Monitor data or information and communication systems, policies and procedures. Performance improvement for health education services.	Monitor program delivery in terms of utility and acceptance of procedures, training, materials, methods, communication patterns, records systems. Performance improvement for health education programs.	Monitor patient learning in terms of utility, acceptance of methods and materials, patient-provider interaction, referral mechanisms, documentation systems, and staff communications.
Communication Mechanisms	Progress reports, staff meetings, management briefings, etc.	Documentation in medical records, team conferences, etc.	Medical record notes, team conferences, etc.
Time Frame	Annual	Quarterly	Daily for inpatients. At specified intervals for outpatients or when the patient's clinical status changes.
Participants	Veterans Health Education Coordinator, Committee, and other key stakeholders.	Primary care or treatment teams. Representative of patient or family members. Representatives of community agencies and programs.	Patient Family Provider or team
Decision Makers	Administration Chiefs of Service Product Line Managers	Chiefs of service, section chiefs, product line managers. Clinical Executive Board. Veterans Health Education Committee.	Patient Family Provider or team

<b>Program Development Stage</b>	<b>Organizational Level</b>		
<b>Evaluation</b>	<b>Facility-wide</b>	<b>Program</b>	<b>Patient</b>
Focus	Guide policy formulation, administrative management and resource allocation decisions.	Guide changes in program design and implementation.	Identify alternative approaches and methods for communication and health education.
<p>Outcomes</p> <p>a. Effectiveness</p> <p>b. Efficiency</p>	<p>Reductions in morbidity, mortality, disability. Contributions to improvements in clinical performance measures.</p> <p>Patient, staff and community satisfaction.</p> <p>Appropriate allocation of resources to support health education at the facility, program and patient levels</p>	<p>Improved health status related to patient behaviors, utilization of health services.</p> <p>Patient, staff and community satisfaction.</p> <p>Appropriate utilization of resources; i.e., funds, staff, equipment, instructional materials, etc.</p> <p>Accomplishment of staff training goals.</p>	<p>Patient demonstration of self-management, self-monitoring, reporting symptoms or side effects, problem solving ability, appointment keeping.</p> <p>Patient, staff and community satisfaction.</p> <p>Staff competency in interpersonal and communication skills, teaching, problem solving.</p>
Time Frame	3 years with interim progress reporting and decision making.	Yearly, or at the completion of the specific program.	At time of discharge for inpatients. At follow-up visits or specified intervals for outpatients or when the patient's clinical status changes.

<b>Program Development Stage</b>	<b>Organizational Level</b>		
Evaluation	<b>Facility-wide</b>	<b>Program</b>	<b>Patient</b>
Decision Makers	Administration Chiefs of Service Product Line Managers	Chiefs of service, section chiefs, product line managers. Clinical Executive Board. Veterans Health Education Committee.	Patient Family Provider or team
Participants	Veterans Health Education Coordinator, Committee, and other key stakeholders.	Primary care or treatment teams. Representative of patient or family members. Representatives of community agencies and programs.	Patient Family Provider or team

## MULTIFACTORIAL ASSESSMENT

### 1. Facility Level. The facility level assessment includes:

a. For the Department of Veterans Affairs (VA) medical center and Veterans Integrated Service Network (VISN), the:

- (1) Mission
- (2) Goals and objectives, and
- (3) The strategic plan.

b. Latest Patient Satisfaction scores for those questions related to health education.

c. Problem list or patient complaints from the VA medical center Patient Advocate.

d. National Patient Complaint Report.

e. Clinical data, to include:

- (1) Top diagnoses,
- (2) Most frequently prescribed medications,
- (3) Length of stay,
- (4) Readmission rates,
- (5) Waiting times for clinic assess,
- (6) Inappropriate Emergency Room or urgent care use, and
- (7) Clinician and other staff satisfaction issues.

f. Organizational structures supporting Veterans health education.

g. VA medical center or VISN Health Education Policy, or other related policies.

h. The Veterans Health Education strategic plan.

i. Staffing for and coordination of Veterans health education programs, services, or products. This includes:

- (1) Designation of a VA medical center Veterans Health Education Coordinator.

- (2) Existence of an interdisciplinary Veterans Health Education Committee.
- (3) Specific designation of staff responsibility.
- (4) Committee reporting mechanism, to include:
  - (a) To whom, and
  - (b) For what purpose.
- (5) Existence of a budget or funding control point, to include:
  - (a) Purchase of health education print materials, audiovisuals, or computer-based resources to support health education;
  - (b) Development and printing of locally developed health education materials; and
  - (c) Continuing education and training for staff.
- j. Involvement in VA medical center strategic planning and management retreats.

## **2. Program Level**

- a. Do health education programs, services and products exist to support the top diagnoses, most frequently prescribed medications, the needs of special patient populations?
- b. How are the needs for health education programs determined? Does the needs assessment process include input from patients and family members?
- c. Is the target audience for whom programs are developed clearly identified?
- d. Are patients or family members included as members of the planning committee?
- e. Are programs planned by all the needed disciplines?
- f. Do the programs include appropriate learning activities?
- g. Do programs include a variety of learning modalities?
- h. How are programs marketed to patients, family members, and staff?
- i. May patients self-refer into programs?
- j. Are the needed health education programs, services, and products available across all appropriate facility locations of care (VA medical center, satellite outpatient clinics, Community-based Outpatient Clinics (CBOCs), domiciliary)?

k. Do the program activities achieve the needed clinical outcomes and meet other patient or family needs?

l. Are there programmatic templates or documentation packages?

m. Do programs meet The Joint Commission standards?

n. How frequently are programs reviewed, updated, and revised?

### 3. Patient Level

a. What are the uniform health education services that should be provided to any patient regardless of that point of care?

b. What are the staff competencies required to effectively educate patients?

c. How do staff assess and document the patient's needs for health education?

d. How is the patient's health literacy determined?

e. How is the patient's health literacy accommodated?

f. Does the needs assessment and documentation meet The Joint Commission requirements?

g. How are the patient's educational needs integrated into and implemented in the plan of care?

h. Are the disciplines able to reinforce and coordinate health education efforts?

i. How are the educational needs of the patient coordinated?

j. Are multiple educational modalities available to educate patients and family members?

k. How are staff held accountable for effectively educating their patients?

l. How is the outcome of the health education intervention evaluated and documented?

m. How are the needs for follow-up education met?

**4. Assessment Process.** The assessment process needs to include identifying health education needs related to:

a. Patients with high priority diagnoses or conditions, as determined at national, VISN, and/or facility levels.

- b. Specific patient populations, (e.g., newly enrolled post-combat care Veterans or women Veterans).
- c. Performance measures.
- d. Clinical data (e.g., length of stay, readmission rates).
- e. Patient satisfaction survey results.
- f. Patient and family needs or concerns.