

**PATIENT HEALTH EDUCATION PROCEDURES FOR
ACCREDITATION BY THE JOINT COMMISSION**

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook provides procedures for facilities to meet the patient education requirements for accreditation by The Joint Commission (TJC).

2. SUMMARY OF CONTENTS AND MAJOR CHANGES. This is a new Handbook designated for facility leadership, quality managers, Veterans Health Education Coordinators, clinicians and others involved in the accreditation process. It provides procedures for meeting TJC standards for patient education. *NOTE: In other related documents, the leadership for the National Center for Health Promotion and Disease Prevention (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), VA National Center for Health Promotion and Disease Prevention (11NCP), Office of Patient Care Services (11), is responsible for the contents of this Handbook. Questions may be referred to Chief Consultant for Preventive Medicine at 919-383-7874, or FAX at 919-383-7598.

5. RECISSIONS. None.

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

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1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides procedures and support for meeting The Joint Commission (TJC) standards for patient education.

2. BACKGROUND

a. VHA is committed to providing the highest standard of care for eligible Veterans who choose VHA health care. The highest standard of care means care that is consistent, compassionate, responsive, safe, and effective, and is continuously updated to remain abreast of new evidence and standards for health care delivery in both the public and private sectors. External review, as that by TJC, is an important function for ensuring that the highest standard of care is being delivered at every site within VHA.

b. TJC, previously known as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), has been accrediting VHA facilities for over 30 years, and is an internationally accepted external validation that an organization has systems and processes in place to provide safe and quality-oriented health care. Compliance with TJC standards and accreditation process facilitates risk reduction and performance improvement by standardizing critical procedures and processes. A number of Department of Veterans Affairs (VA) directives and policies provide specific reference to TJC standards and accreditation for specific programs and functions including patient education.

c. TJC has long been the primary hospital accreditation body for monitoring the quality of care throughout the United States. VHA requires TJC accreditation for all facilities per the policies of the Office of Quality and Performance.

d. In 2004, TJC made revisions to its standards and elements related to patient education; they became integrated throughout the accreditation manual and processes, rather than in one designated chapter. TJC also added a special focus on patient safety. Changes in the structure and content of the standards require facilities to examine processes and roles and make internal changes necessary to meet the standards. TJC patient education standards cross many areas, disciplines, and functions. Patient health education builds the foundation of communication by which patients are meaningfully involved in their health care and safety to achieve optimal outcomes and satisfaction.

e. The Veterans Health Education and Information (VHEI) Office is a program area within the National Center for Health Promotion and Disease Prevention (NCP), a section of the Office of Patient Care Services. Established in 2006, VHEI serves as the central coordinating and resource center for Veteran health education services. VHEI also provides information and resources to assist facility compliance with TJC patient education standards.

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.” Health education has been shown to be effective in improving health outcomes and enhancing patient and provider satisfaction.

b. **Veterans Health Education.** 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). **NOTE:** *Veterans health education is the responsibility of all disciplines providing care to Veterans.*

c. **Clinicians.** Clinicians include clinical staff members who provide patient education as an integral and ethical part of their patient care, i.e., physicians, nurses, social workers, therapists, dietitians, pharmacists, dentists, patient educators, and staff of other disciplines.

NOTE: *Definitions specific to TJC accreditation process can be obtained in the current TJC manual found in the facility’s quality management office.*

4. SCOPE

a. VA’s primary premise for entering into a state of continual compliance with TJC standards is to enhance the quality of services and access for VA beneficiaries, thereby fulfilling its statutory missions. Where a difference between VHA policy and regulations and TJC standards exists, VA health care facilities must meet the higher standard.

b. This Handbook:

(1) Provides guidance to VHA facilities to meet TJC patient health education accreditation standards while maximizing patient health outcomes and satisfaction.

(2) Is intended to guide leadership, Veterans health education coordinators, Veterans health education committee members, clinicians, and others involved in the accreditation process.

(3) Does not supersede local policies on accreditation. The intent is to guide the Veterans Integrated Service Network (VISN) and local policy development leading to uniform VHA patient health education structures that:

(a) Improves performance during surveys,

(b) Ensures patient education contributions to successful accreditation, and

(c) Promotes excellence in providing education to patients and their families.

c. VHEI supports the following actions, inherent in meeting TJC patient health education standards:

(1) Clinicians provide patient and family education throughout the continuum of care.

(2) Patient education is included as an integral component of quality of care and safety that contributes to improved health outcomes and quality of life.

(3) A systematic approach to patient education is used.

5. RESPONSIBILITIES OF THE VETERANS HEALTH EDUCATION AND INFORMATION (VHEI) OFFICE

The VHEI Office is responsible for:

a. Coordinating communications about TJC patient health education standard changes, accreditation recommendations, and survey priorities to appropriate staff.

b. Facilitating access to technical assistance and consultation for the field on issues related to TJC patient education standards, elements and processes.

c. Assisting with implementation of the patient health education standards by:

(1) Identifying additional materials and tools for field implementation that are recommended for routine use in the VHA. This includes patient health education materials, staff training opportunities, implementation toolkits, and existing best practices.

(2) Disseminating information and providing education relevant to TJC patient health education standards and practices.

(3) Sharing effective strategies for clinicians to meet TJC requirements.

(4) Identifying new or existing organizational strategies utilized by others to meet or exceed the accreditation standards.

6. RESPONSIBILITIES OF VISN DIRECTOR

The VISN Director is responsible for:

a. Promoting mechanisms to share patient education resources and programs across the VISN to ensure consistency of content and assist with meeting TJC standards and patient safety goals.

b. Encouraging the development and implementation of standardized VISN patient education programs to meet the needs of specific patient populations in the VISN's area.

c. Ensuring submission of any requested VISN-level Veterans health education reports with regard to issues pertaining to TJC patient education standards elements and processes.

7. RESPONSIBILITIES OF FACILITY DIRECTOR

The facility Director is responsible for:

a. Promoting and supporting patient education as an integral part of care.

b. Providing the necessary leadership to implement effective patient education services.

c. Providing the necessary planning and support to effectively coordinate patient education programs, services, and activities.

d. Ensuring that staff meets TJC patient health education standards.

e. Where appropriate, providing data to prioritize and coordinate patient education activities, resources, and services.

8. FACILITY VETERANS HEALTH EDUCATION COORDINATOR

For a listing of current responsibilities specifically related to meeting TJC standards for patient education, see the VHEI website at:

http://vaww.prevention.va.gov/Veterans_Health_Education_and_Information.asp. *NOTE: This is an internal web site and not available to the public.*

9. RESPONSIBILITIES OF CLINICAL STAFF

For a listing of current responsibilities specifically related to meeting TJC standards for patient education, see the VHEI website at:

http://vaww.prevention.va.gov/Veterans_Health_Education_and_Information.asp *NOTE: This is an internal web site and not available to the public.*

10. REFERENCES

- a. Accreditation of Veterans Health Administration Hospitals and Ambulatory Programs (in publication).
- b. VHA Office of Quality and Performance:
http://vaww.oqp.med.va.gov/oqp_services/accreditation/jcaho.asp#manuals. *NOTE: This is an internal web site and not available to the public.*
- c. The Joint Commission Comprehensive Accreditation Manual for Hospitals: The Official Handbook (CAMH) at:
http://vaww.oqp.med.va.gov/oqp_services/accreditation/uploads/JCAHO2008/Manuals/HAP2007.pdf. *NOTE: This is an internal web site and not available to the public.*
- d. The Joint Commission Comprehensive Accreditation Manual for Ambulatory Care: The Official Handbook (CAMH) at:
http://vaww.oqp.med.va.gov/oqp_services/accreditation/uploads/JCAHO2008/Manuals/AHC2007%20092007.pdf. *NOTE: This is an internal web site and not available to the public.*
- e. The Joint Commission Guide to Patient and Family Education. Second edition. 2007. Joint Commission Resources.