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Department of Veterans Affairs Veterans Health Administration Washington, DC 20420

#### VHA DIRECTIVE 2010-030

June 11, 2010

# TRANSITION PATIENT ADVOCATE AND MENTAL HEALTH PEER SUPPORT TECHNICIAN DOCUMENTATION

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes VHA's policy on Transition Patient Advocate and Mental Health Peer Support Technician documentation in the Department of Veterans Affairs (VA) electronic health record.

## 2. BACKGROUND

- a. The VHA Office of Patient Care Services has implemented two new programs, Transition Patient Advocates (TPA) and Peer Support Technicians (PST). TPAs support VA's Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veteran population by assisting injured or ill Servicemembers and Veterans in their transition to VA health care services. The PST program employs individuals who have previously used mental health services to provide support to Veterans of all eras who have severe mental illnesses and to assist these Veterans in their recovery.
- b. TPAs and PSTs are non-licensed, non-certified support staff who are providing supportive services, described in subparagraph 2a.

## c. **Definitions**

- (1) **Historical Visit.** A historical visit is one that occurred some time in the past or at some other location (possibly non-VA). Although these visits are not submitted for national workload credit, they can be used for setting up the primary care encounter reminder maintenance system, for recording support services, or for other non-workload related reasons.
- (2) **Encounter.** An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in both the inpatient and outpatient setting.
- **3. POLICY:** It is VHA's policy that TPAs and PSTs are required to document their interaction with Veterans in VA's electronic health record.

### 4. ACTION

- a. **Facility Director.** The facility Director is responsible for ensuring:
- (1) Local VA medical facility policies delineate that TPAs and PSTs are required to document their interaction with Veterans in the electronic health record.

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- (2) Local VA medical facility policies define the scope of practice for these non-licensed, non-credentialed staff consistent with the training, preparation, and limitations outlined in subparagraph 2a, in addition:
- (a) The scope of practice must describe what level of supervision or collaboration is required.
- (b) The scope of practice must have the concurrence of the Service Chief, where TPA or PTS services are delivered, and must be approved by the Chief of Staff.
- (c) There must be documentation of expected competencies and how they are measured (see The Joint Commission (TJC) Standard HR.01.06.01), including documentation in the electronic health record of services provided to Veterans and their families.
- (3) Collaboration and co-signature of VA's electronic health record entries by licensed and credentialed staff. *NOTE:* VHA Handbook 1160.01, provides program specific requirements for the availability and involvement of Licensed Independent Providers (LIP) for evaluation and management.
- (a) Documentation by the LIP in the electronic health record must accurately include both independent assessments, as well as decision-making that integrate the input of dependent practitioners.
- (b) The frequency and nature of LIP notes must be codified in local medical staff policies to ensure consistency.
- (4) Staff documenting in VA's electronic health record is accomplished by VA employees or volunteers with the appropriate background checks and who have completed VA and VHA privacy and information security training in accordance with VA Directives 6500 and 0710. Volunteers must have without compensation (WOC) appointments in accordance with VA Handbook 5005.
- (5) TPAs notes are entered as historical notes within VA's electronic health record and as a result, may not have a corresponding national encounter. Local stop codes may be utilized to record and track workload locally, but are not to be considered as encounters, and may not e submitted to Austin Automation Center The notes must be entered using pre-defined note titles (see subpara. 4b(2)(a) and (b)) that allow easy access to the information by various members of the health care team.
- (6) PSTs' notes are entered within VA's electronic health record as either a historical note or as a progress note generating an encounter, whichever best characterizes the Veteran contact being documented. Since PSTs do not have a scope of practice that allows the capture of workload under their own credentials, all services provided by PSTs must be captured under the name of their supervising Licensed Independent Provider (LIP). The LIP must be listed as the

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"Primary Provider." The notes must be entered using pre-defined note titles (see subpars. 4b(2)(a) and (b)) that allow easy access to the information by various members of the health care team.

- b. Clinical Application Coordinator (CAC). The facility CAC is responsible for:
- (1) Assigning the following user classifications that require co-signature:
- (a) TPA user classification: OEF/OIF TPA
- (b) PST user classification: Peer Support
- (2) Assigning the following note titles for TPA and PST documentation:
- (a) TPA:
  - 1. Standard note title PATIENT ADVOCATE NOTE;
  - 2. Local note title OEF/OIF TRANSITION PATIENT ADVOCATE NOTE.
- (b) PST:
  - 1. Standard note title MENTAL HEALTH COUNSELING NOTE;
  - 2. Local note title PEER SUPPORT NOTE.
- c. **TPA.** The TPA responsibilities include, but are not limited to:
- (1) Assisting injured or ill OEF and OIF active duty Servicemembers and Veterans as they transition from a Military Treatment Facility to a VA medical facility.
- (2) Serving as an advocate for the Servicemember, Veteran, and family across episodes and sites of care by helping them access needed services at the facility and in the community.
- (3) Working in conjunction with the Clinical Case Manager to facilitate coordinated and integrated care.
- (4) Documenting significant contacts with Veterans and their families which allow the OEF-OIF Care Management Team to identify and track issues, concerns, goals, progress, and actions taken regarding injured or ill Veterans.
  - d. **PST.** PST responsibilities include, but are not limited to:
- (1) Assisting Veterans in articulating personal goals for recovery through the use of one-toone and group peer support sessions. During these sessions the PST supports Veterans in

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identifying and creating goals and developing recovery plans which identify the skills, strengths, supports, and resources to aid them in achieving the goals identified.

- (2) Assisting Veterans in setting up and sustaining self-help (mutual support) groups, and in locating and joining existing groups.
- (3) Utilizing and teaching problem solving techniques with individuals and groups; role play and ongoing discussions must be utilized where Veterans discuss common problems in daily living and sharing methods the PTS has employed to manage and cope with these problems. As one who has availed themselves of mental health services, the PST share their own experiences and what skills, strengths, supports, and resources they use. As much as possible, PSTs share their own recovery story and, as the facilitator of these sessions, demonstrate how they have directed their own recovery.
- (4) Using ongoing individual and group sessions to teach Veterans how to identify and combat negative self-talk and how to identify and overcome fears by providing a forum which allows group members and the PST to share their experiences. *NOTE:* By using identified literature, tapes, role playing, practice sessions, etc., Veterans gain hope, learn to identify their strengths and combat negative self-talk.
- (5) Working with Veterans and other treatment team staff to develop a treatment and recovery plan based on each Veteran's identified goals.
- (a) Treatment and recovery plans must be reviewed and signed by the Coordinator or Team Leader and other participating treatment team staff.
- (b) The PST must contribute to the documentation, in the electronic health record, of the patient's treatment and recovery developed by the Veteran and the treatment team, to include:
  - 1. Identified person-centered strengths, needs, abilities, and recovery goals;
  - 2. Interventions to assist the Veteran with reaching their goals for recovery; and
  - <u>3</u>. Progress made toward goals.

### 5. REFERENCES

- a. VHA Handbook 1010.01.
- b. VHA Handbook 5005.
- c. VA Directive 6500.
- d. VA Directive 0710.

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- **6. FOLLOW-UP RESPONSIBILITY:** The Chief Officer, Office of Patient Care Services (11SW) is responsible for the contents of this Directive. Questions regarding TPA Program may be directed to 202-461-5147. Questions regarding PST Program may be directed to 315-471-1892.
- **7. RECISSIONS:** None. This VHA Directive expires June 30, 2015.

Robert A. Petzel, M.D. Under Secretary for Health

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