

CHAPTER 4. PATIENT HEALTH EDUCATION PROGRAM

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CHAPTER 4. PATIENT HEALTH EDUCATION PROGRAM

4.01 PURPOSE

The purpose of this chapter is to describe the Patient Health Education Program which is designed to improve the planning, coordination, management and quality of patient health education services in Veterans Health Services and Research Administration.

4.02 AUTHORITY

The authority for patient health education services is contained in 38 U.S.C. 601, 612, 651, 661-664. These sections authorize patient health education services, including health promotion for the veteran population, and consultation and training for the veteran's family or guardian.

4.03 DEFINITIONS

Patient health education is defined as any combination of activities designed to facilitate voluntary change in patient behavior for good health. Activities typically focus on keeping patients informed about their health status, their rights, their treatment plans, and developing their self-care skills. The following principles are inherent in the above definition:

- a. The audience for patient health education interventions consists not only of the patient, but often the patient's family or guardian.
- b. Educational and behavioral interventions are considered a treatment modality and are incorporated into treatment and documentation protocols.
- c. Delivery of patient health education services is interdisciplinary.
- d. The assessment of patient need, documentation of interventions, and evaluation of progress are recorded in the medical record by all disciplines involved.

4.04 MISSION AND GOALS

a. The mission of the Patient Health Education Program is to improve and maintain the health of veteran beneficiaries through provision of patient health education services, and to coordinate information on program development within VA and the community.

b. The program operates on two fronts: the facility planning, coordination, and management of patient health education; and the delivery of patient health education services.

(1) The goals of facility management are to improve a VA medical center's:

(a) Internal policies and procedures governing patient health education activities;

(b) Structures and processes for decision making and resource allocation for patient health education;

(c) Long-range planning for both the provision of patient health education services and the staff development needs of medical care providers; and

(d) Information to Director, Chief of Staff, and chiefs of services regarding the status of patient health education services.

(2) The goals of delivery of patient health education services are to increase the number of patients who:

(a) Understand their health problems;

(b) Adhere to treatment plans;

(c) Are skilled in self-care; and

(d) Understand what health services are offered by the facility.

4.05 ADMINISTRATIVE AND PROGRAM ACTIVITIES

a. **National.** The Continuing Education Service, Office of Academic Affairs (142), administers the Patient Health Education Program and has the following systemwide responsibilities:

(1) Planning and evaluating;

(2) Policy and standards development;

(3) Program monitoring;

(4) Staff assessment and development; and

(5) Consultation and technical assistance.

All communications regarding the VHS&RA program of patient health education/health promotion should be directed to the National Coordinator for Patient Education (145C).

b. **Regional.** Each RMEC (Regional Medical Education Center) has a full-time Patient Health Education Coordinator who provides technical assistance and staff development programs for VA medical centers in the region in the areas of facility assessment and planning, educational design and evaluation, and patient education counseling.

c. **Local.** Patient health education services at the medical center are designed to enable patients, and their families or guardians when appropriate, to make informed decisions about their health, to manage their illnesses, and to implement followup care at home. A medical center seeking guidelines for planning patient health education services may refer to the booklet, A Model for Patient Education Programming, published by the American Public Health Association, 1979. VA medical centers also may request consultation from the RMEC Patient Health Education Coordinator.

(1) Each medical center should establish an administrative structure to enable it to meet its responsibility to provide patient health education services as an integral part of high-quality, cost-effective care. It is recommended that the responsibility

for planning and coordinating patient health education services be in the Office of the Chief of Staff, and delegated to the Patient Health Education Coordinator or the Associate Chief of Staff for Education or to a facility, interdisciplinary patient health education policy committee.

(2) Field facilities may use local resources to establish a full-time or part-time position to direct facility planning of patient health education services. Recruitment and selection of candidates will conform to agency and local merit promotion policies where applicable.

(a) The title, "Patient Health Education Coordinator," (official classification title, Health Care Education Officer) is reserved for those positions which are full-time; are supervised by the Chief of Staff or Associate Chief of Staff for Education; are described in terms of the prototype position description developed by the Office of Academic Affairs; and for which the qualifications of candidates are evaluated against the X-118 Qualification Standards, GS 1701, General Education and Training Series; and the relevant knowledge, skills, abilities, and other characteristics identified by the job analysis conducted by the Office of Academic Affairs (145C) for Patient Health Education Coordinator positions. Copies of this job analysis may be obtained from that office. All proposed selectees are reviewed by the Office of Academic Affairs.

(b) The Patient Health Education Coordinator is responsible for overall management, guidance, coordination, development, and evaluation of the medical center's Patient Health Education Program. This responsibility includes policy development and recommendations, facility planning, consultation and technical assistance, program development for target populations, training and continuing education related to patient health education, and evaluation of patient health education services. Patient health education as a direct intervention is an integral component of health care services and is provided by those who care for the patients. The coordinator does not serve as patient teacher.