

PATIENT EDUCATION COORDINATORS GUIDE

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ICE


ICE Health Service Corps

Foreword

This ICE Health Service Corps (IHSC) *Patient Education Coordinators Guide* supplements the following IHSC Directive:11-04, *Detainee Health Education*. This Guide explains concepts, assigns responsibilities, and details procedures for the IHSC Patient Education Program.

STEWART D SMITH

Stewart D. Smith, DHSc, FACHE
ERO Assistant Director
ICE Health Service Corps

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Date: 2022.02.02 13:30:08 -05'00'

Date

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I. The Role of the Health Services Administrator and Patient Education Coordinator

The health services administrators (HSA) appoint the patient education coordinator at their facility. The patient education coordinator can be a federal or non-federal employee and from a medical or non-medical discipline. When the patient education coordinator position becomes vacant, the HSA selects a new staff member to assume the role.

After making the selection, the HSA sends an email to the IHSC Medical Quality Management Unit (MQMU) patient education program manager, informing them of the new patient education coordinator. The HSA then completes the patient education coordinator appointment letter by filling in the coordinator's name and the dates of the appointment (two years). The HSA signs the appointment letter and provides it to the patient education coordinator.

The template for the patient education coordinator appointment letter is available for the HSA at the following location: [For Health Services Administrators](#). The HSA then scans a copy of the signed appointment letter into Adobe PDF and emails it to the patient education program manager.

The patient education program manager emails the newly appointed patient education coordinator specific information relative to the program and sets up a meeting to orient the new coordinator to the various aspects of the patient education program. Patient education coordinator responsibilities include:

- Conducting quarterly encounter reviews.
- Providing quarterly reports on encounter review findings, and an annual report on patient satisfaction.
- Participating in workgroups or committees to assist in the development or review of patient education materials.
- Consistent attendance at patient education conference calls.

II. Patient Education Meetings

The patient education program manager hosts quarterly conference calls for the IHSC Patient Education Program. Patient education coordinators must attend the meetings or assign a designee. The HSA is responsible for ensuring attendance and participation. The patient education program manager prepares minutes from each conference call.

III. Encounter Reviews and Submission of Quarterly Report

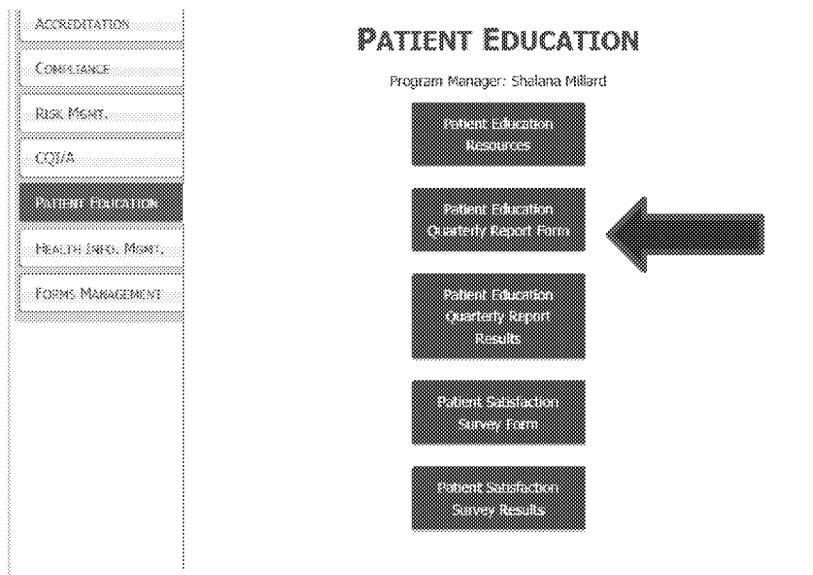
Patient education coordinators must conduct quarterly encounter reviews to

assess the level of patient education provided at their facility and prepare an overall patient education quarterly report that reflects the results of the patient education coordinator's encounter reviews.

The patient education coordinator must:

- Review 15 intake screening encounters to determine if the detainee received the mandatory Medical Orientation and Health Information, and Dealing with Stress brochures, at intake.
- Review 15 physical exams to determine whether the detainee received the mandatory Staying Healthy brochure, during the physical exam.
- Review 15 clinic visits to determine whether health staff provided education on the detainee's specific diseases or conditions and to ascertain whether there is documentation that the detainee was educated on any new medications they were started on.
- Patient education coordinators review a total of 45 patient encounters per quarter: 15 intake screenings, 15 health assessments, and 15 clinic visits.

The patient education coordinator must populate the results of their encounter reviews into the Patient Education Quarterly Report Form on SharePoint (see below) by the following dates: January 10, April 10, July 10, and October 10. The quarterly reports reflect patient encounters from the previous quarter.



Patient education coordinators systematically select encounters for review. For example, if a patient education coordinator pulls a list of all encounters for a quarter, for the purpose of finding 15 intake screenings to review, they select every third noncitizen number from that list.

Alternatively, to ensure they are systematically selecting encounters from all providers, the patient education coordinator can go through a list of all providers who had encounters that quarter, and select the first chart with that provider's name, until there is at least one chart from each provider. If more charts are needed, the patient education coordinator must go back to the first provider and select another chart from them.

The IHSC Patient Education Program defines thresholds for compliance as:

- 80 percent and above (12/15) - Compliant; no further action necessary.
- Below 80 percent - Not compliant; corrective action required.

The patient education coordinator must develop and document an improvement plan if the level for compliance is below 80 percent. This improvement plan can include, but is not limited to, re-educating medical staff on the need to provide and document detainee receipt of patient education brochures.

Additionally, patient education coordinators document findings on a worksheet as they conduct their quarterly chart reviews. They document the noncitizen numbers (A numbers) of the encounters they review and whether the chart is compliant for patient education documentation. Each patient education coordinator will attach their worksheet when they submit their quarterly report in SharePoint. The program manager selects one or two sites per quarter and conducts a second review of those encounters.

The patient education program manager provides a report of the data analysis of the results to Health Operations and MQMU staff and members of the IHSC senior leadership team.

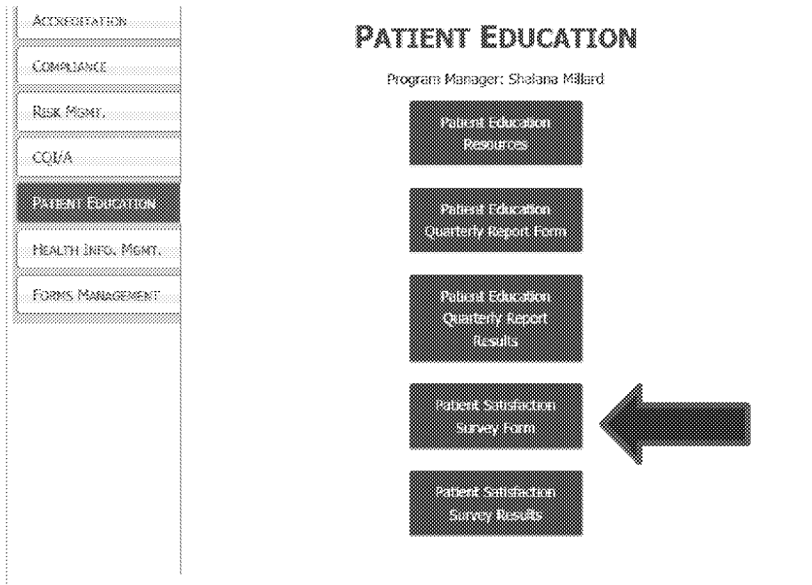
IV. Patient Satisfaction Survey - Calendar Year (CY) Reporting

Patient education coordinators must ensure 50 patients at their facility are surveyed annually by using the IHSC Patient Satisfaction Survey. The IHSC Patient Satisfaction Survey comprises two sections: 1) Access, and 2) Quality. A medical staff member must provide 50 patients with the entire survey to complete.

Patient education coordinators can disseminate the survey anytime between January 1 and December 31 of the calendar year. By February 10 each year, patient education coordinators populate the results from the previous year's patient satisfaction survey into the Patient Satisfaction Survey form on

SharePoint. For example, a patient education coordinator must enter results from the CY 2021 survey by February 10, 2022.

The patient education program manager provides a report of the data analysis of the results to Health Operations Unit and MQMU staff, and members of the senior leadership team.



V. Patient Education Library on SharePoint

Documents and information pertinent to the Patient Education Program are in the Patient Education Library on SharePoint:

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