Use of Technology for Staff Training

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Care Dimensions – An Introduction

- Not-for-profit provider of hospice, palliative care and grief support services
- Largest hospice provider in Massachusetts, serving 90 communities
- Cared for 4834 hospice patients in 2016
- Founded in 1978 as Hospice of the North Shore; acquired Partners Hospice in 2011
- 558 employees
- 424 volunteers
Our Mission & Team

• Care Dimensions enriches quality of life for those affected by life-limiting illness, death and loss by providing exceptional care, support, education and consultation.

• Interdisciplinary hospice team – physician, nurse, chaplain, social worker, hospice aide, complementary therapies, trained volunteers
Leader in Advanced Illness Care

• First free-standing licensed inpatient hospice facility in state; opened in Danvers in 2005
• Our second hospice facility on the Lincoln/Waltham line slated to open in January 2018
• Specialty programs -- cardiac, respiratory, dementia, pediatric
• Unique programs for Veterans, Jewish patients, developmentally disabled adults
• Expansive grief support programs
• Certified by Medicare, MA Dept of Public Health; Community Health Accreditation Program
Inpatient Hospice House – An Alternative to Hospitalization

• Inpatient-level care provided in a home-like atmosphere
• For acute symptom management and end of life
• 20 private rooms
• Comfortable amenities for families – living rooms, playrooms, kitchen, gardens, chapel, library
Patient Volume

Average Daily Census – approx. 750 hospice patients/day

» Homes: 52%
» LTC: 31%
» Assisted Living Facilities: 13%
» Kaplan Family Hospice House: 4%

• 2,191 palliative care visits in 2014
Employee Demographics

» Full Time: 64%  Part Time: 36%
» Female: 93%  Male: 7%
» Average Age: 47

» Length of Service
  – < 5 years: 73%
  – > 5 to 10 years: 17%
  – > 10: 10%
Staff Training in Community Based Hospice

• **Challenges:**
  - Adult learners in the hospice sector need flexible, on-demand and asynchronous learning and development resources to meet the demands of a fast-paced and complex work environment.
  - Care Dimensions’ growth into the Greater Boston area requires education at both office locations in addition to mobile solutions.
  - Financial and human resources

• **Solutions:**
  - Incorporate online learning resources and new delivery methods to our educational strategy to be able to meet the diverse needs of learners.
  - Provide on-site learning closer to team work locations to reduce travel burden.
  - Optimize content and delivery to allow clinicians more time to care for patients and families.
Types of Education

- Point of care education
- Annual mandatories/Orientation
POINT OF CARE EDUCATION
Workforce Training Grant

- In partnership with Regis College
- Award February 1, 2015-February 1, 2017
- Draw a wider pool of interest with recruitment
- Retain experienced nurses
- Contain agency costs
- Increased use of whole interdisciplinary team
Grant Components

Video Modules

- Hospice Nurse Residency
- Preceptor Training
Video Modules

- Point of care clinical education
- Available on iPhone anytime
- 20 topics
Clinical Education Videos

• Creation of list of 20 topics of procedures
• Review of policies
• Drafts of script
• Review by Care Dimensions and Regis College faculty
• Filming at Care Dimensions and Regis College Simulation Lab
Where to Load the Videos?

- YouTube?
- Links through email?
- Watch in staff meetings?
- On Desktop?
- Computer vs. cell phone videos?
How to Track Usage?

- Considered what we really wanted to know—who? When? How much?
- YouTube—not able to make it private since it was going to be a public source
- Identification of individuals who felt they needed it wasn’t our goal
- Ultimately settled on AirWatch which is our background operating platform for our phones
Availability on iPhone

• Chose to use our AirWatch app on iPhone to load videos
• Roll out to clinicians
• Collect statistics on use: which video, for how long and when (not who)
• Tracked usage during grant
Cost Considerations

- Staff time to review policies and draft scripts
- Staff time to assemble (and transport) any props for videos
- Videographer for taping and editing
- Who is tracking for duration of grant?
- Ongoing updating
# Usage Statistics

<table>
<thead>
<tr>
<th>Month (2016)</th>
<th>Total # of videos played</th>
<th>How many different videos played (out of 20)?</th>
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<tbody>
<tr>
<td>January</td>
<td>84</td>
<td>15</td>
</tr>
<tr>
<td>February</td>
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</table>
Most popular

- Significant variability in frequency of viewing
- Most popular:
  » Blood Draws from a Venous Device
  » Changing a Midline Dressing
  » Accessing a Venous Access Device
Watch!

- Accessing a Venous Access Device
- Changing a Midline Dressing
Tips for Future Clinical Video Development

• Consider ALL of the hours for video prep (both cost and staff availability)
• Using a team approach for understanding how clinicians will access AND how will you track
ANNUAL
MANDATORIES/ORIENTATION
Healthstream

- On-line, module-based, asynchronous over a period of time
- Refreshed content and document review
- Curriculum learning
Conclusion

• Technology and pace is only increasing
• Consideration of resources in providing training
• Overall reviews from direct care staff very positive as we move in this direction
Thank you!

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