

**Health Care Workforce Transformation Fund
Advisory Board
May 16, 2016
10:00 a.m. to 11:30 a.m.**

Commonwealth Corporation
2 Oliver Street, Fifth Floor
Boston, MA 02109

- 1. Welcome and Introductions**
Nancy Snyder
- 2. Grantee Presentation: Beth Israel Deaconess Milton Hospital**
Deborah Donahue, Beth Israel Milton Hospital and David Tapper, Lead Instructor Blue Hills Vocational Technical High School
- 3. Health Care Workforce Transformation Fund Training Grant**
Program Management and Business Metric Tools
Karen Shack, Rebekah Lashman, Commonwealth Corporation
- 4. Announcements**



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT



Health Care Workforce Transformation Training Grant

Partners



Beth Israel Deaconess Hospital
Milton

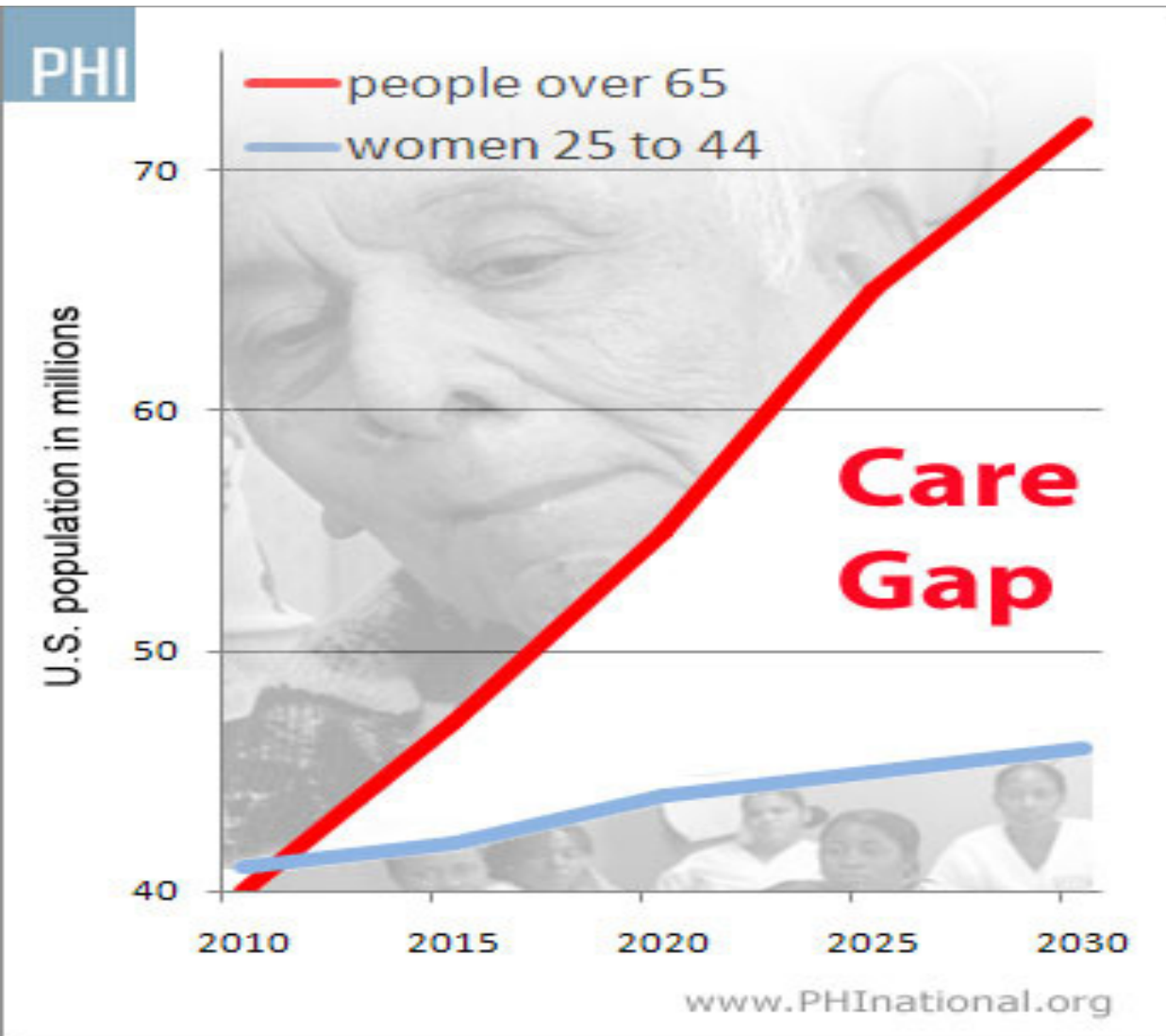


"Improving Health Care for Elders"

Project Manager Deborah Donahue MHA, MSN, RN

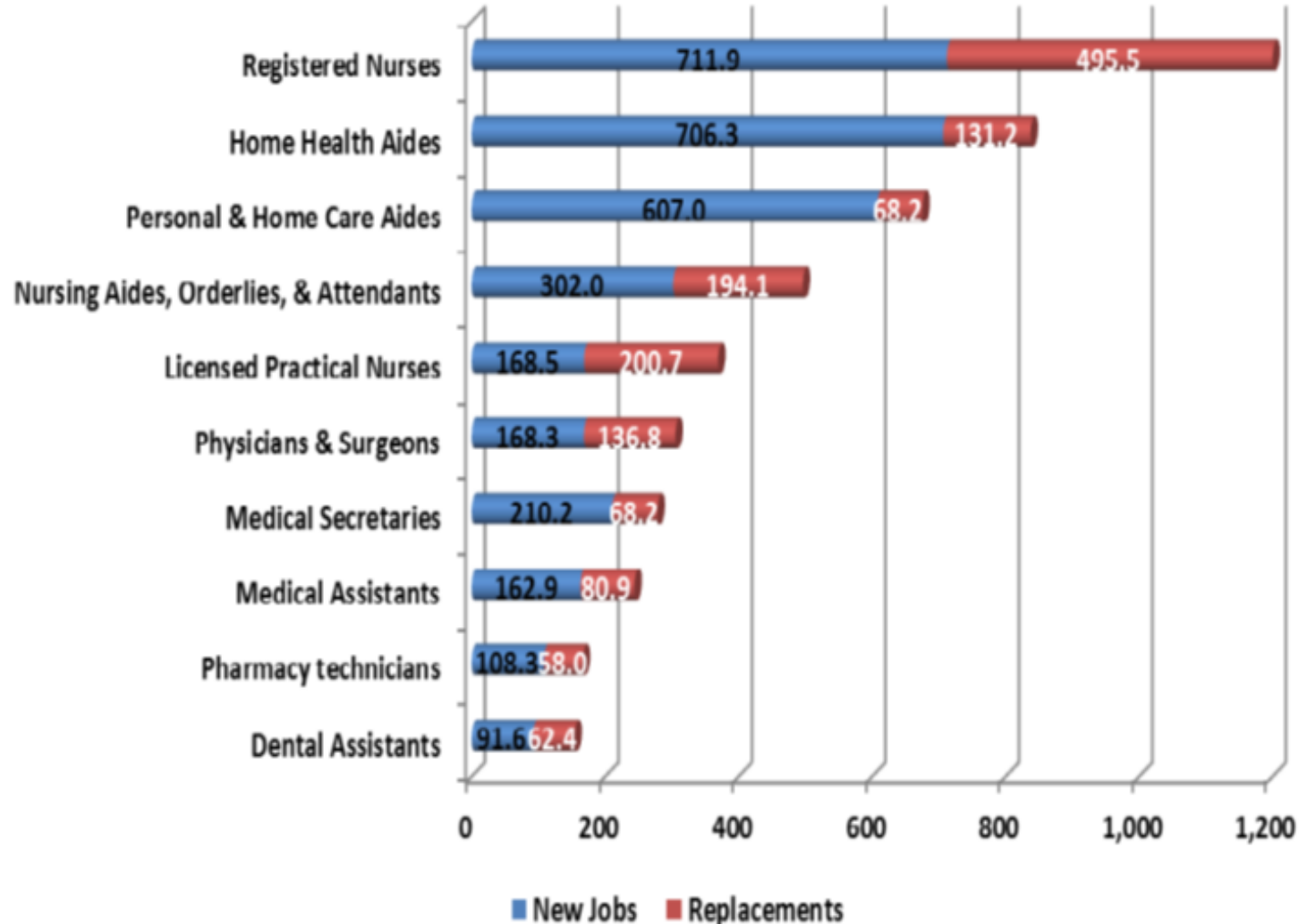
GERIATRICS WORKFORCE SHORTAGE

A Looming Crisis



- By 2030 nearly 3.5 million **additional** health care professionals and direct-care workers will be needed.
- A majority of towns in State of MA will see a 50-100% increase in over 65
- The IOM landmark report, states that “unless action is taken immediately, the health care workforce will lack the capacity (in both size and ability) to meet the needs of older patients in the future.”

Health Occupations with Greatest Need for New Workers



- Between 2010 and 2020, more than 1.2 million **new** RNs will be needed nationwide, Including:
 - 500,000 replacement RN's.
 - 840,000 home health aides;
 - 675,000 personal care aides
 - 500,000 nursing aides, orderlies, and attendants

Sources: U.S. Department of Labor, Bureau of Labor Statistics, National Employment Matrix, employment by industry, occupation, and percent distribution, 2010 and projected 2020.



Why a Geriatric Training Initiative?

- The communities served by BID Milton have a larger portion of >65 than the state of MA Braintree- 16.6%; Milton- 14.0% and Randolph- 13.8%, State- 13.7%
- A workforce challenge for healthcare organizations to develop employees with the specialized skills necessary to serve the geriatric population
- Strengthen regional capacity for geriatric focused care, including management of chronic diseases to contain healthcare cost



Beth Israel Deaconess Training Initiatives will...

- Improve capacity to support the geriatric population in our region.
- Improve patient satisfaction
- Develop an enhanced culture of best practices
- Lower costs and enhance efficiencies
- Improve retention of front line staff



Business Metrics

- 10% improvement in patient satisfaction scores
- Strengthen the capacity to manage a vulnerable population & improve efficiency
- Reduce 30 day Readmissions in the over 65 population by 10% (cost savings of \$64,800)



Business Metrics

- Develop enhanced skills of Nursing Assistants, thus allowing Licensed Staff to practice at the top of their license and enhance efficiencies
- Stabilize incumbent workforce
- Develop a nursing assistant career ladder
- Grow the next healthcare employee through pipeline training

The left side of the slide features a vertical column of four images. From top to bottom: a blue clock with white numbers and hands on a blue background; a red clock with black numbers and hands on a red background; a green book with white pages on a green background; and a blue book with white pages on a blue background.

The Curriculum Objectives

- Expand knowledge beyond the basic nursing assistant training
- Focused on the unique needs of the geriatric population
- Aimed at teaching observation skills to recognize the subtle signs and symptoms of illness
- Develop a specialized front-line team capable of providing early intervention

The Curriculum

- Training of nursing assistants, phlebotomists, radiology and rehab staff
- Incorporating visual and tactile learning to advance knowledge skills and optimize outcomes.
- A High Fidelity Simulation curriculum enhances retention for a multi-lingual/visual learner
- Sixteen lectures with video enhancements
- Sixteen Simulated clinical scenarios
- Bedside rounding session putting content into practice



Challenges

- Lack of a comprehensive curriculum to address the wealth of geriatric healthcare concerns
- Committing time for each Nursing Assistant to attend 40 hrs. of training
- Availability of staff trainers
- Coordinating training with Blue Hills vocation school based on academic calendar



Success Year One

- Development of a comprehensive program to effectively raise practice levels
- Aggressive training plan: 85 front-line employees completed the geriatric curriculum
- 34 nursing assistants promoted to “Geriatric Patient Care Associate”
- All BH Seniors in the health professions program trained in geriatrics.
- Reduced LOS for a dementia patient: Saving \$25,900 (1:1 (4,000), pressure ulcer(10,700), 30 d readmit (11,200))



Comments from Internal Participants

Has this program had an impact on clinical practice or quality improvement? Please Describe:

- This program & the manikin opened my eyes to real life problematic situations that can happen. It was a great experience that also hit close to home.
- We see a large volume of geriatric patients and this class was very valuable in learning how to communicate better. Enjoyed this opportunity. Thank you!
- Great examples that correlate to clinical practice. Loved the sensory deprivation box.



Comments from Internal Participants

- Allowed me to see things from a patients perspective and taught me ways to improve patient care & satisfaction
- Made me more aware of patients' body language and my own body language. Loved learning about various cultural behaviors.
- After attending this class it makes me stop, listen and think about behavior and subtle signs of illness.
- Interdisciplinary case studies made me think the role each department has in patient care
- This program was amazing. I feel fortunate to have been given this opportunity

Pipeline Evaluation N=18

1. I have developed confidence in providing geriatric care
2. The scenarios gave me an opportunity to see and understand the various changes in a patient's condition
3. The training program encouraged critical thinking and emphasized the importance of team work when providing patient care
4. I feel prepared to enter the healthcare workforce with the new knowledge and skills I have learned
5. The manikin helped to link the lecture to the real life experience
6. We were able to see and listen to a patient while watching the body for problems, making the information easier to understand
7. It gave me confidence

Thank You



Blue Hills Regional Vocational School

Health Care Workforce Transformation Fund
Advisory Board Meeting – May 16, 2016

Proposed Metric	Baseline	Proposed Target	Actual Results	Comments
Decreased % of no-show for scheduled appointments.	Current rate of no-show is 10% of scheduled appointments.	5% of scheduled appointments will be no-shows.		As a result of cultural competency training we expect to see patients increase their engagement in clinical services. We hope this leads to better health outcomes.
Increased referrals to health and wellness services.	10% of patients are formally referred to health and wellness services as tracked in the EHR.	25% of patients will be referred to health and wellness services as tracked in EHR.		
Change in completeness and accuracy of EHR operation as demonstrated by a decrease in claims denied.	Claim denials per month are 25%.	Claims denied are no more than 10%.		
Reduce hospital re-admission rate.	10% of Medicare patients return to hospital within 30 days.	Decrease in re-admissions by 2.5%.		
Reduce average wait time on day of discharge.	54% of patients have an average 6-hour wait time to discharge.	Decrease average of 3 hours in 75% of cases.		
Reduce turnover of targeted position.	35% negative turnover rate.	15% negative turnover rate.		
Reduced wait time for new counseling session.	Average 8 days to new appointment.	Average 3 days for new appointment.		
Decrease % of grievance complaints from patients related to care transition.	Average 10 complaints per month.	Decrease by 5% per month for year following training.		
Increase in care team formation at physician practice sites.	0 care teams exist.	50% of sites that complete training will form active care teams by end of grant.		Transition to PCMH required formation of care teams.

Lead Organization/Grantee: **ABC Primary Care Practice**

Contract #: 5555

Person Completing Report, Title: **Jane Smith, Director of Clinical Operations**

Role: **Program Manager**

Contract Dates: **Jan 1, 2015 - Dec 31, 2017**

Date Submitted: **December 15, 2014**

Instructions: Please complete this template to reflect your proposed business impact measures, as stated in your approved grant application and as discussed with Commonwealth Corporation's Program Manager. This form will become part of your contract with Commonwealth Corporation. You will monitor these measurements throughout the project. You will be required to update this report at the end of your grant and submit it along with your final report. In the first section, write the anticipated impact of training on the organization. In the second part, list the metrics you will use to measure success in those areas. Please fill in Proposed Metrics, Baseline (if provided), Proposed Target, and Comments. Actual Results and any additional Comments will be completed at the end of your contract. Please contact your Commonwealth Corporation's Program Manager with any questions on this form.

Impact of training on the organization(s):

1. Improvement in quality of patient care provided by Medical Assistants

Measurements of Impact:

Impact	Proposed Metric	Baseline	Proposed Target	Actual Results	Comments/Explanation/Findings
Increased patient satisfaction	Concern the Medical Assistant showed for your problem, as measured by Press Ganey survey results of patient satisfaction	68.7% (average 1/1/14 through 3/31/15)	73%	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	This question represents the patients' perceptions of communication behaviors by the MAs and their genuine concern for the patients' well-being. The training grant will provide education and support to the MAs, increasing staff engagement in care, which will result in enhanced patient satisfaction.
Improved quality of Care	Increase completion of patient depression screen by MAs	10% of patients have PHQ-9 completed and entered into EHR	50% of patients have PHQ-9 completed and entered into EHR	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	The PHQ-9 depression screen is a tool designed to assist providers in capturing patients with depression for early diagnosis and treatment. Most often completed by providers; training will allow MAs to take on this task.

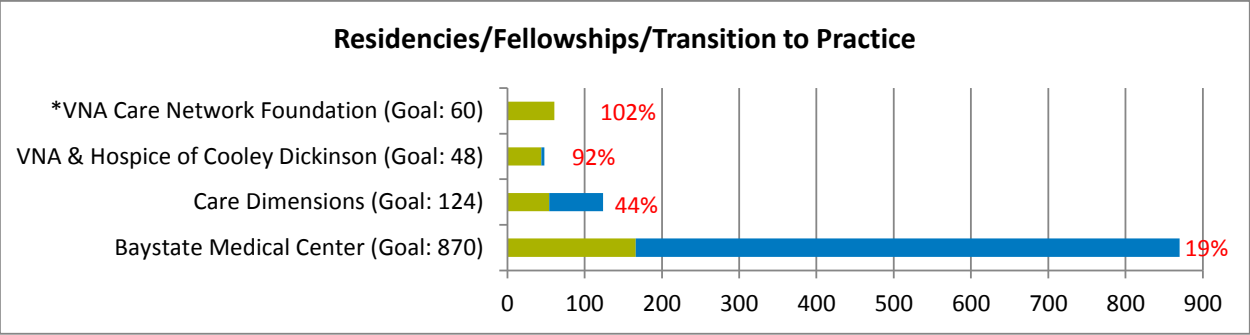
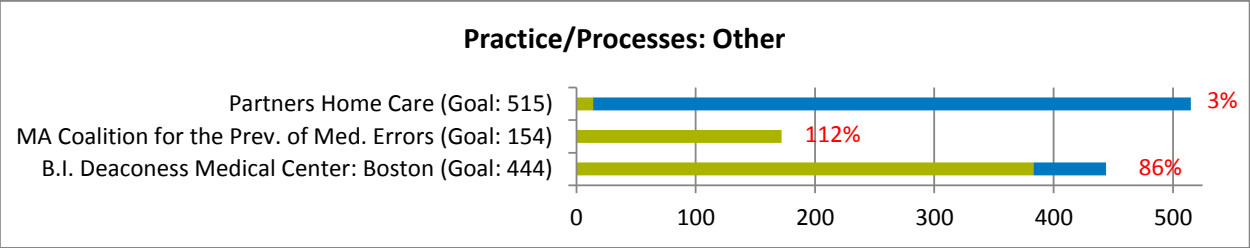
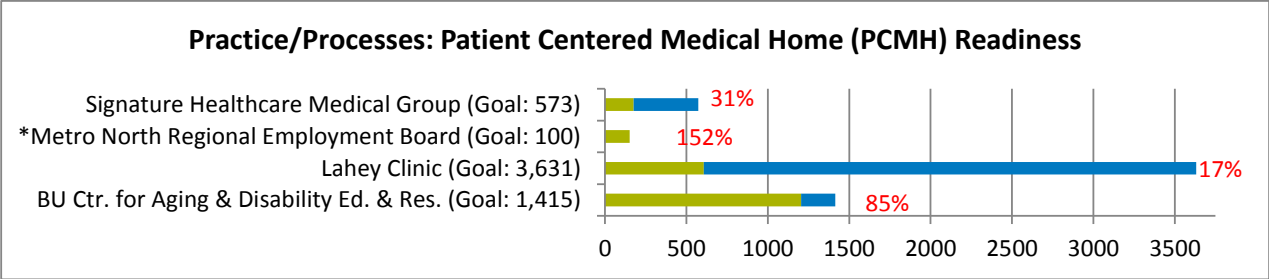
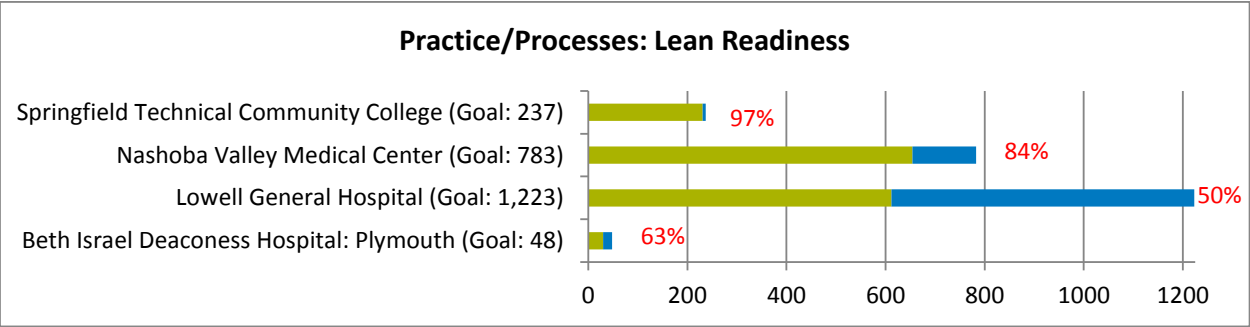
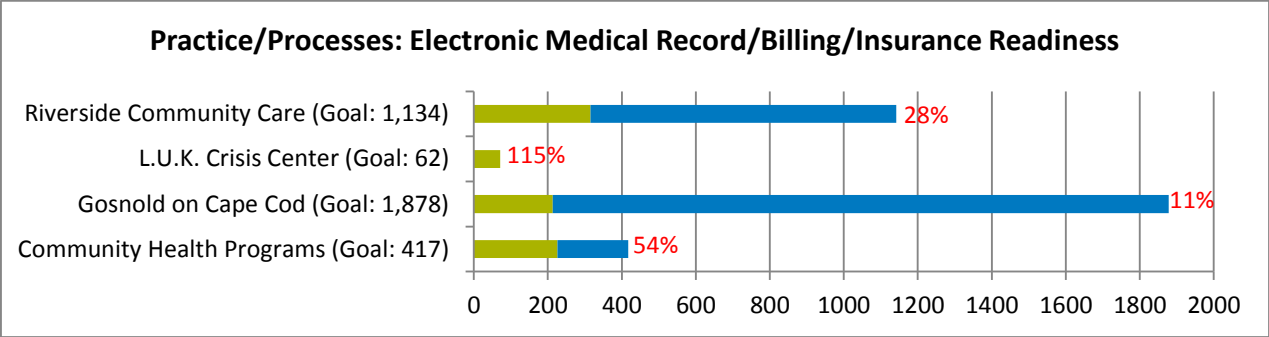
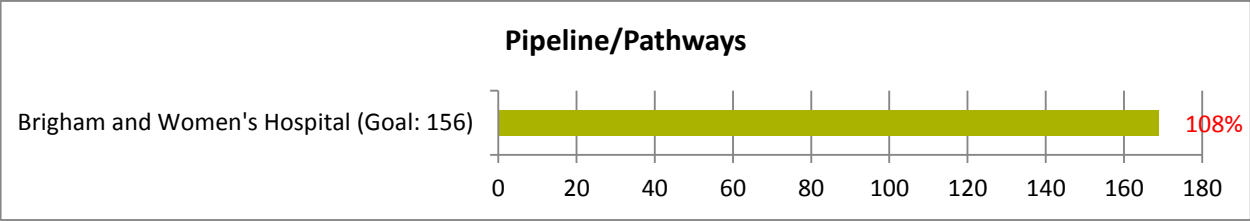
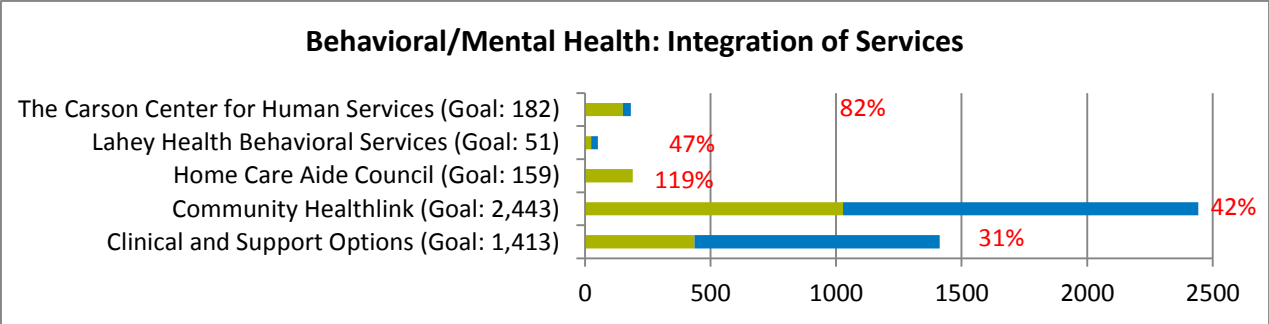
Health Care Workforce Transformation Fund Training Grant Dashboard

Quarter Ending 12/31/15



All training will be completed by 3/31/2017

Incumbent Worker Training Programs Enrollments by Area of Focus



Actual Goal Percent of Goal *Partial pipeline program

Health Care Workforce Transformation Fund Training Grant Dashboard

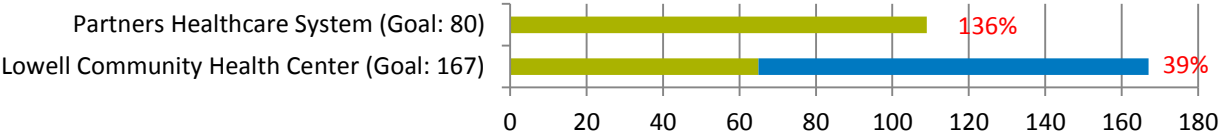
Quarter Ending 12/31/15



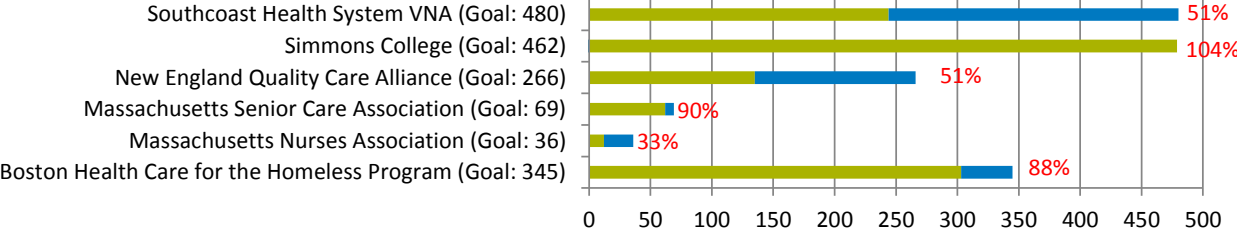
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Incumbent Worker Training Programs Enrollments by Area of Focus

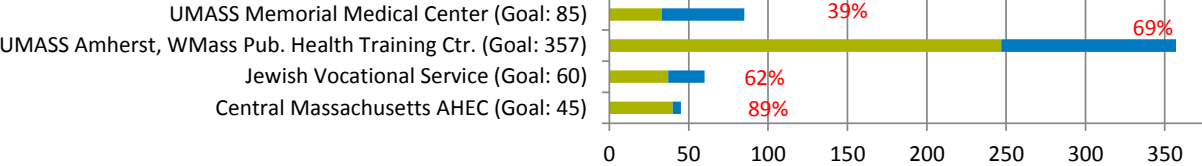
Skill Enhancement: All Frontline Staff



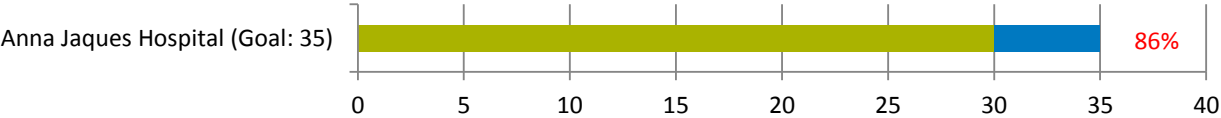
Skill Enhancement: Clinicians



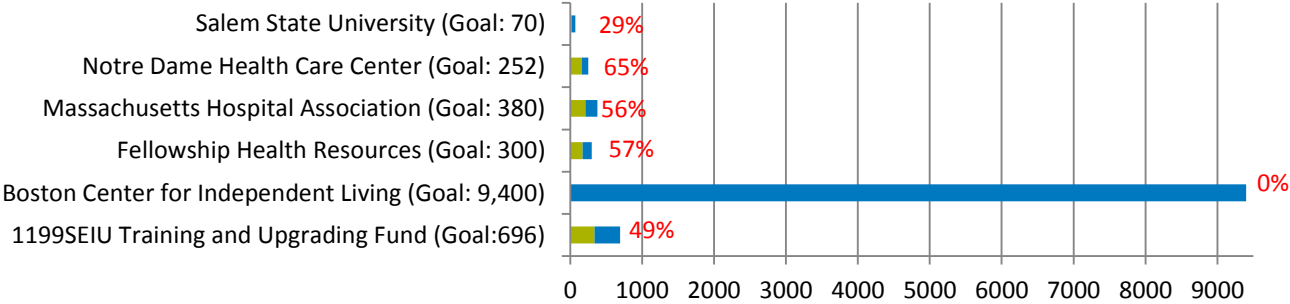
Skill Enhancement: Frontline Non-Clinical Workers



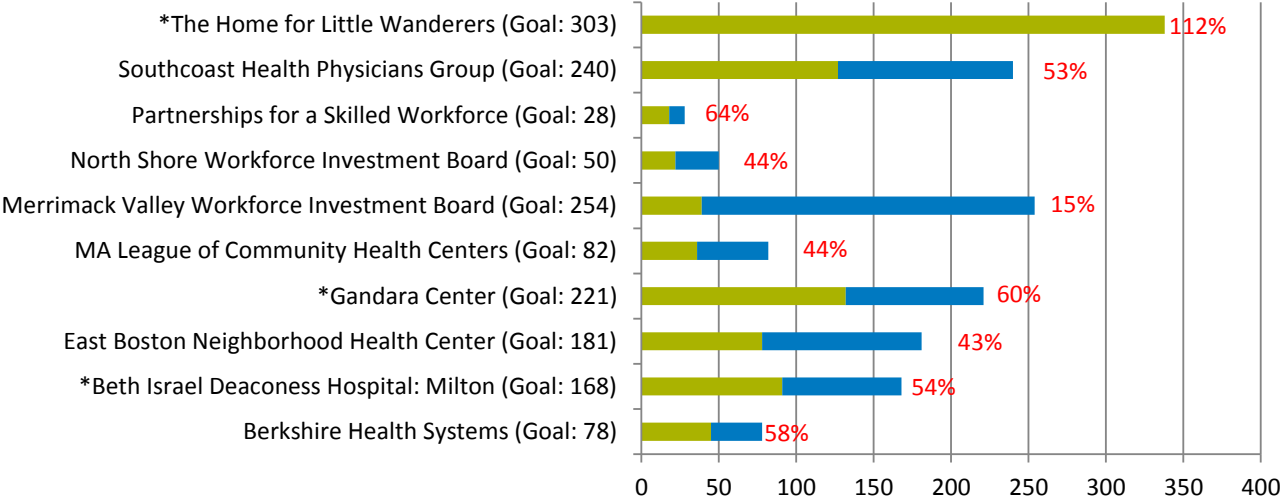
Skill Enhancement: New Credentials



Skill Enhancement: All Staff



Skill Enhancement: Frontline Clinical Workers



Health Care Workforce Transformation Fund Training Grant Dashboard

Quarter Ending 12/31/15

All training will be completed by 3/31/2017



Pipeline Program Indicators

Grantee	Enrollments		Completions		Placements	
	Goal	Actual	Goal	Actual	Goal	Actual
Beth Israel Deaconess Hospital: Milton	60	0	35	0	40	0
Gandara Center	30	12	24	0	21	0
Metro North Regional Employment Board*	136	45	136	19	0	0
The Home for Little Wanderers	30	0	25	0	21	0
VNA Care Network Foundation*	32	36	32	36	0	0
YMCA Training, Inc.	40	27	38	20	32	11

*These programs do not have employment placement goals.

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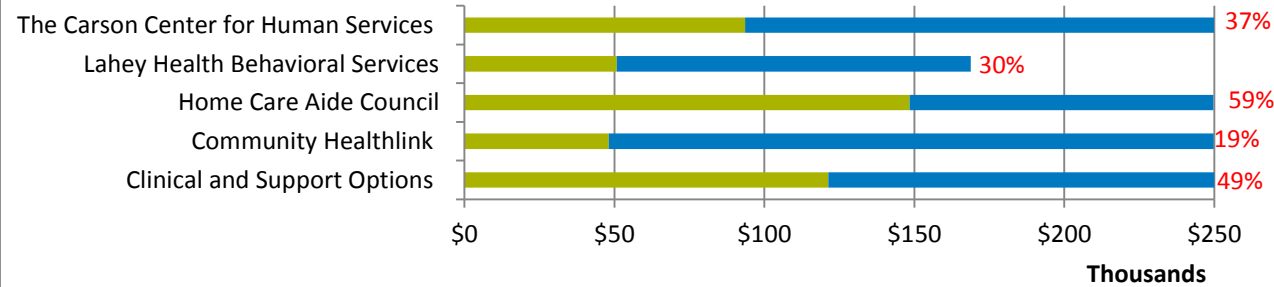
Quarter Ending 12/31/15

All training will be completed by 3/31/2017

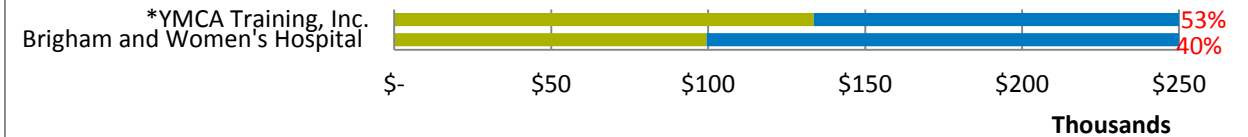


Grantee Spending by Area of Focus

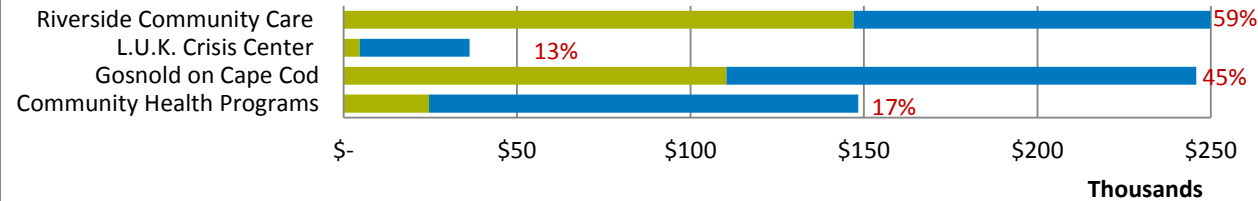
Behavioral/Mental Health: Integration of Services



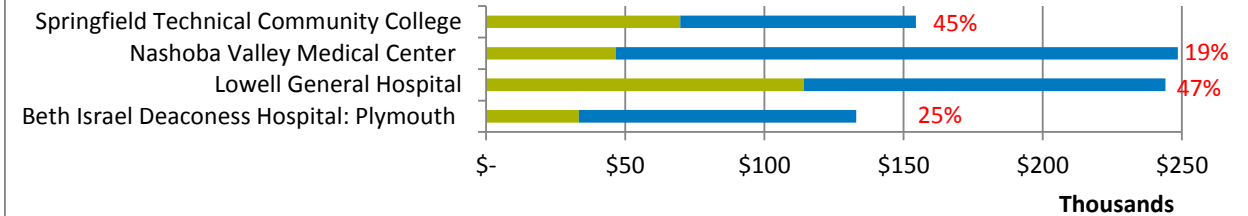
Pipeline/Pathways



Practice/Processes: Electronic Medical Record/Billing/Insurance Readiness



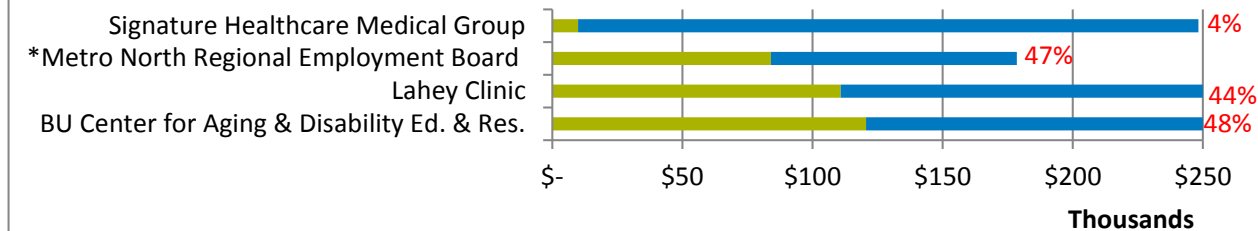
Practice/Processes: Lean Readiness



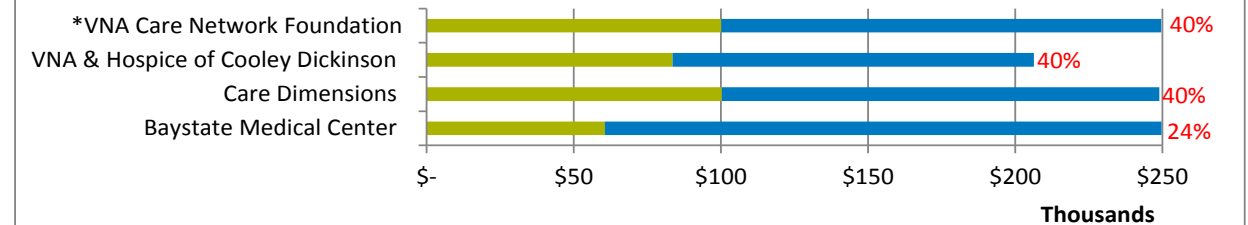
Practice/Processes: Other



Practice/Processes: Patient Centered Medical Home (PCMH) Readiness



Residencies/Fellowships/Transition to Practice



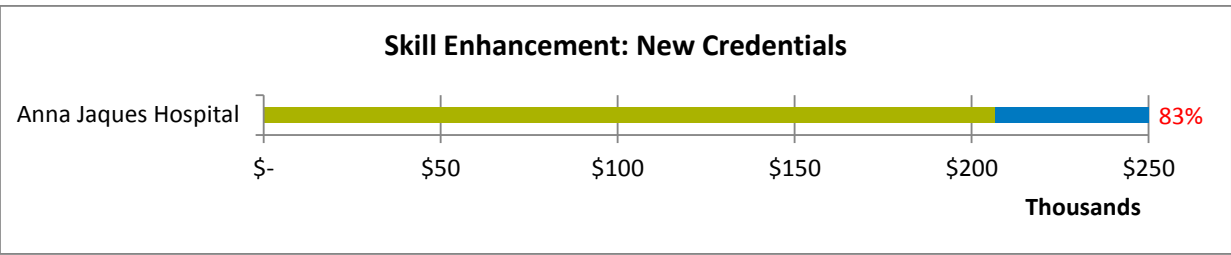
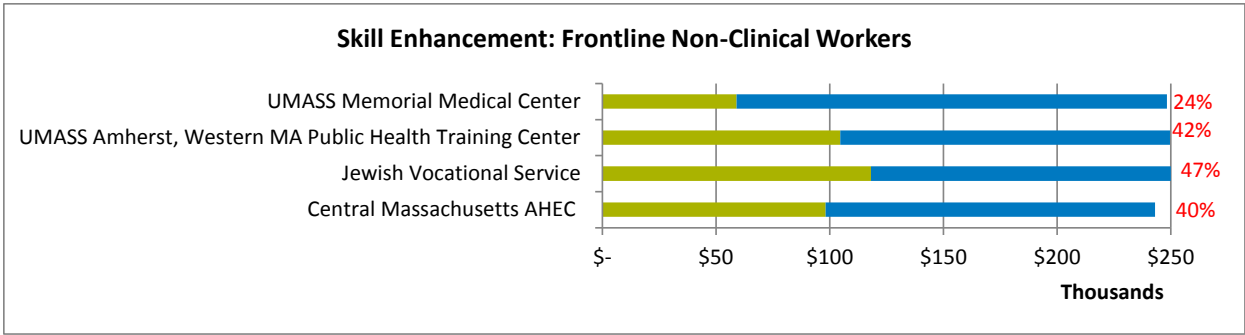
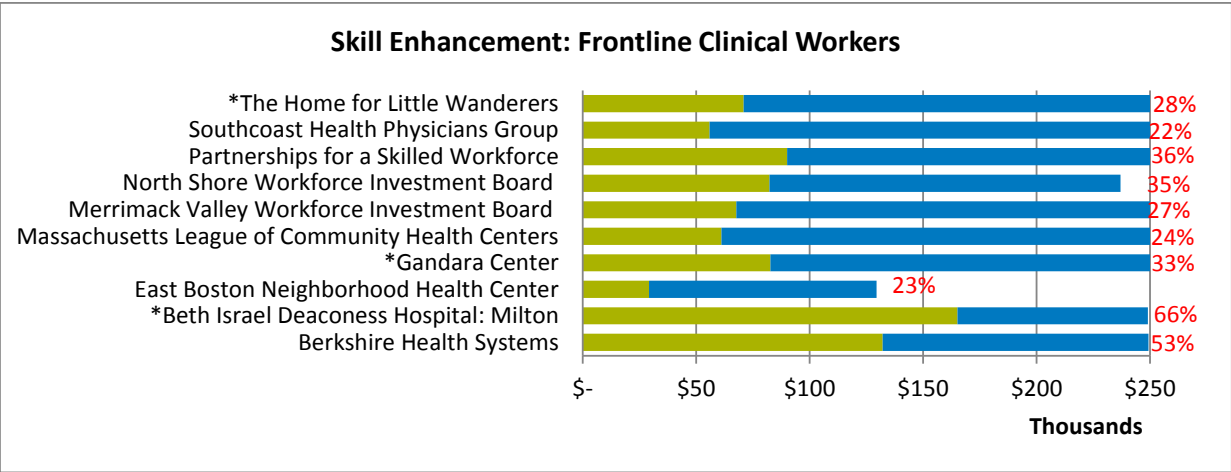
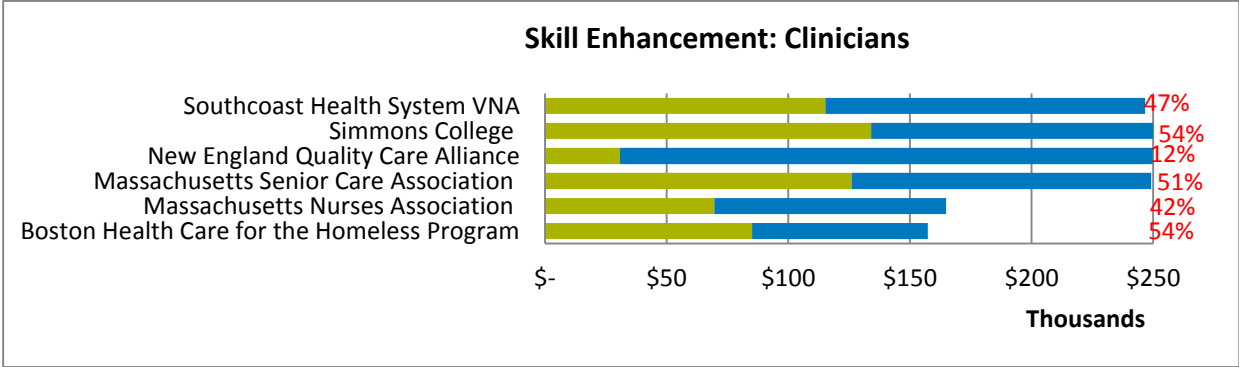
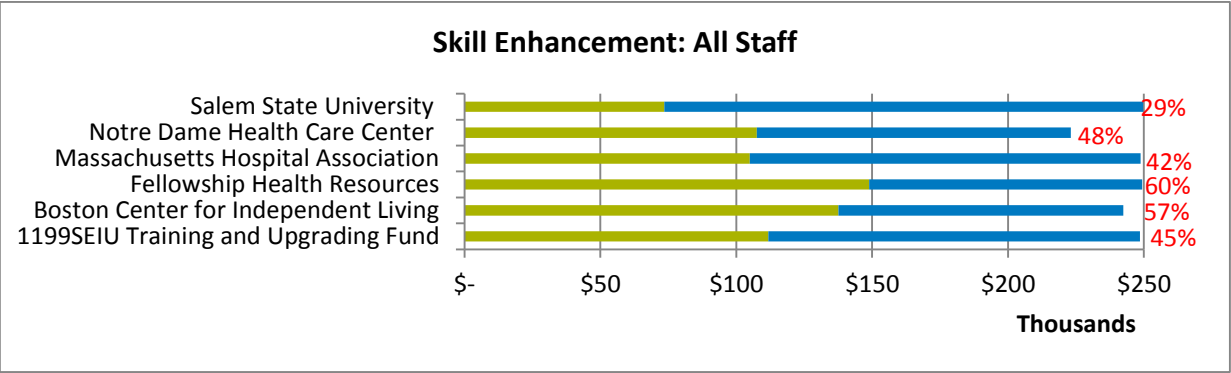
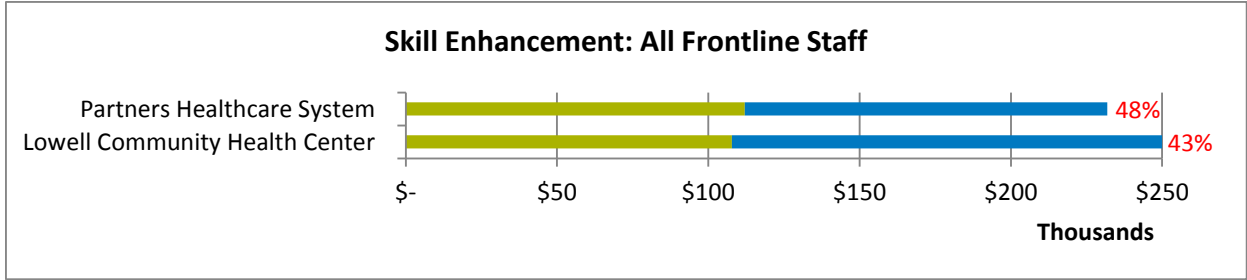
Actual Goal Percent of Goal *Partial pipeline program

Health Care Workforce Transformation Fund Training Grant Dashboard
Quarter Ending 12/31/15

All training will be completed by 3/31/2017



Grantee Spending by Area of Focus



Grantee Name: EMPLOYER

Contract #: XXXX

Reporting Period: Q4 10/1/2015-12/31/2015

Date Submitted: 1/15/16

Please update this report every quarter with the most recent data. Please submit it even if there is no new activity to report. This report is meant to be a cumulative log of training activity numbers, and serves as a supplement to the quarterly narrative report. Please report on progress, test results, competency evaluations, learning gains, improvements, and any other related training/learning outcomes in the narrative report.

* When dates change, please update. Also report on that change in the Narrative Report. ** Enrolled means started and attended at least one session.

Proposed Training					Proposed Trainees			Actual Enrollment Status		Additional Outcomes		
Training Program/Class/Session	Provider	Length of Training (Hr)	Date Start/End*	Learning Outcome(s)	Employer	Target Employees/Occupations	# Staff to be Trained	Enrolled**	Completed	# New Role/Job/ Promoted	# Pay Increased	Other
Basic Computer Skills	TRNG PROVIDER	300 hr	1/2015-5/2015	New Skills	EMPLOYER	Frontline Clinical (e.g. CNA, MA, Phlebotomists, PCA, PharmTech)	120	126	126	n/a	n/a	n/a
Cohort 1	TRNG PROVIDER	40 hr	Mar-2015	Promotion to	EMPLOYER	Frontline Clinical (e.g. CNA, MA, Phlebotomists, PCA, PharmTech)	4	0	0	0	0	0
Cohort 2	TRNG PROVIDER	40 hr	May-2015	Promotion to	EMPLOYER	Frontline Clinical (e.g. CNA, MA, Phlebotomists, PCA, PharmTech)	4	11	11	11	0	n/a
Cohort 3	TRNG PROVIDER	40 hr	Aug-2015	Promotion to	EMPLOYER	Frontline Clinical (e.g. CNA, MA, Phlebotomists, PCA, PharmTech)	4	12	12	12	0	n/a
Cohort 4	TRNG PROVIDER	40 hr	Sep-2015	Promotion to	EMPLOYER	Frontline Clinical (e.g. CNA, MA, Phlebotomists, PCA, PharmTech)	4	10	10	10	0	n/a
Cohort 5	TRNG PROVIDER	40 hr	Dec-2016	Promotion to	EMPLOYER	Frontline Clinical (e.g. CNA, MA, Phlebotomists, PCA, PharmTech)	4	10			0	n/a
							4					
							4					
							4					
							4					
								156	169	159	33	0