



CareDimensions™

Compassionate expertise for advanced illness

Founded in 1978 as
Hospice of the North Shore

Use of Technology for Staff Training

November 28, 2017

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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.

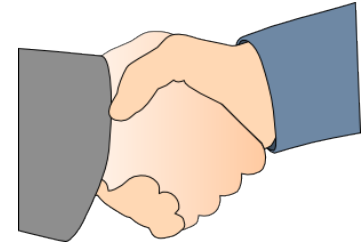
Types of Education

- Point of care education
- Annual mandatory/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

Month (2016)	Total # of videos played	How many different videos played (out of 20)?
January	84	15
February	65	14
March	46	14
April	60	18
May	56	14
June	43	16

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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