Hospice of the Chesapeake Learning and Development Needs Analysis

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Introduction

Hospice of the Chesapeake (HOC) is a hospice and palliative care program that serves Anne Arundel and Prince George's counties in Maryland. In business since 1979, HOC provides care for over 2500 seriously ill patients annually. Hospice care is a model that attends to the physical, psychological, spiritual, financial, bereavement and other needs of terminally ill patients and their families (NHPCO, 2016). To meet these numerous biopsychosocial needs, staff must be cross-trained and prepared to deliver care in a wide range of activities, to enable all employees and the agency as a whole to meet the HOC mission, which is "to care for life throughout the journey with illness and loss" (Meyett, Wharton & Sanders, 2016). HOC expands on this mission with their values, as follows:

- Courage – leading despite uncertainty
- Accountability – reaching expectations
- Relationship – succeeding together
- Excellence – always putting forth our best (Meyett, Wharton & Sanders, 2016)

HOC employs 267 staff members, of which 111 are nurses. Additional staff includes physicians, nurse practitioners, social workers, nursing assistants, chaplains, therapists, consultant pharmacist, administrators, clerical staff, and an education staff. HOC also has a Board of Directors, and a robust compliment of volunteers who work directly with patients and in the office.

HOC has a three part strategic plan for 2016-2019, which include the following:

1. **Increase the percentage of patients with a length of stay (on hospice care) between 30-120 days.** Their plan for meeting this strategic goal is to meet the needs of patients with advanced complex illnesses in the community, prior to hospice eligibility. This patient population will then serve as a source of referrals to the hospice program. This will require staff to possess advanced disease-state management skills (e.g., advanced

neurodegenerative disease, chronic obstructive pulmonary disease, cancer, heart disease, diabetes, etc.).

2. **Increase number of patients served in Anne Arundel and Prince George's counties.** Their plan for accomplishing this is to continuing forging and fostering partnerships with health care systems in Anne Arundel and Prince George's counties. This will include regular interactions with healthcare partners, faith communities, legislators and providing expanded education to all of these allies.
3. **Establish an inpatient care center that is fully and efficiently operational.** HOC purchased a campus in Pasadena, Maryland which serves as their operational home, and the location of their inpatient facility. HOC would like to continue developing the campus and spaces to facilitate community education, and make their inpatient center financially independent of philanthropy.

Hospice of the Chesapeake is dedicated to providing the knowledge and skills necessary for staff to provide superior patient and family care. Their current orientation plan is a 2.5 week primarily face-to-face orientation with nursing staff; other staff members receive a modicum of computer training although that schedule was not made available. There is a small amount of content that is delivered through their contracted learning management system (Relias Academy), half a day of shadowing a more experienced health care provider, computer training, and a few hours of skills-based training (catheters, programming medication pumps) (Meyett, Wharton & Sanders, 2016). As identified in "Hospice of the Chesapeake Learning and Development Analysis" HOC is Stage 2 in the Maturity Matrix of learning and development (L&D) activities. Stage 2 is described as "The organization's technological capability and people can support L&D activities. When L&D activities occur, they are replicated through a team which responds to staff and management inquiries and recommendations regarding L&D" (Stages of Learning and Development Capability/Maturity, 2013).

There are several educational needs that are necessary to support HOC's mission and values, and their current strategic plan. Their current orientation for new staff is only offered once a month, which is insufficient the current staffing shortage. The orientation is

overwhelmingly face-to-face, and not particularly efficient. Once staff nurses have completed this 2.5 week phase, there is little by way of resource or instructional materials references that are accessible and easily retrievable (in the office, or more especially, remotely).

To better prepare staff to meet the demands of superior hospice and palliative care practice, this paper proposes three key L&D strategies for HOC to develop and implement via online learning. 1. Development of "the basics of hospice and palliative care" asynchronous online learning; 2. Creating a knowledge management (KM) online repository of agency policies, procedures, instruments and other tools; and 3. Developing "just-in-time" learning modules remotely accessible online including availability via smart phone or laptop.

Asynchronous Online Learning for the Basics of Hospice and Palliative Care

Asynchronous learning refers to "A student-centered teaching technique in which online learning resources are used to enable information sharing between people in a network. In asynchronous learning, information sharing is not limited by place or time" (Pappas, 2015). Asynchronous online learning can be a highly efficient and effective way to onboard new employees. In fact, Laskaris (2014) acknowledges the critically important role of employee orientation, but argues that online employee orientations are advantageous for all involved. He mentions several specific benefits including:

- More cost effective – the need for an on-site instructor and printing learning materials is largely eliminated.
- More convenient – new hires can complete the requisite training at work, at home, or an alternate site (Panera seems to be a big favorite!). Online learning can be assigned prior to the first day of work, and the new employees can "hit the ground running" on the first actual day of work. With an organization such as HOC this would be highly beneficial; at present new nurses can only start working on one specified day per month. By completing some learning ahead of time, they can start new nurses (who are always in critically short supply) more frequently. Also, since HOC has two offices (but

only holds orientation at one site), new nurses wouldn't have to drive an hour to get to the Pasadena office, if hired to work in Prince George's county.

- Allows for on-the-job training without being on the job – some material that must be conveyed (e.g., policies, procedures, assurance of good hand-washing technique for example) can be easily accomplished online at the learners convenience.
- Encourages team building among new employees – by batching new nurses (e.g., a new bi-weekly or weekly cohort), new employees can participate in group activities, discussion boards, live chats, and other team-building activities.
- Centralized storage of necessary forms and paperwork – new hires can complete all requisite paperwork prior to showing up for the first physical day of work (Laskaris, 2014).

Given the diverse range of nursing experience, particularly hospice experience, it is very useful to assure all newly hired nurses possess the basics of pain and symptom management. Some staff may need extra time to study content related to these basic concepts, while others may be far advanced beyond this point. I believe inclusion of the basics of pain and symptom management into the online learning required prior to showing up for the first day of work would build learner confidence, and assure a smooth transition into acquiring skills of a higher cognitive level. This will also help HOC move to the next maturity level (Stage 3) by assuring baseline competency of all staff, which will align with corporate objectives (excellence and accountability) (Stages of Learning and Development Capability/Maturity, 2013).

Knowledge Management

Frost (2015) states that "Knowledge management systems refer to any kind of IT system that stores and retrieves knowledge, improves collaboration, locates knowledge sources, mines repositories for hidden knowledge, captures and uses knowledge, or in some other way enhances the KM process." HOC expects all staff to be knowledgeable about the clinical and administrative policies, procedures and protocols pertinent to human resources and patient care. Unfortunately these policies etc. are only available in the office in binders, or on the

computer hard drive of the President's assistant. Per conversation with HOC education staff, there is no avenue for nursing staff to access this knowledge bank electronically either in the office, or remotely because there is no functioning intranet. There are other resources that staff have requested they be allowed to refer back to such as the PharmSmart newsletters written monthly by this author, and monthly PharmFlash snippets.

Garfield (2014) provides 15 benefits to knowledge management, as follows:

- Enabling better and faster decision making
- Making it easy to find relevant information and resources
- Avoid redundant effort
- Avoiding making the same mistakes twice
- Taking advantage of existing expertise and experience3
- Communicating important information widely and quickly
- Promoting standard, repeatable processes and procedures
- Providing methods, tools, templates, techniques and examples
- Showing customers how knowledge is used for their benefit
- Enabling the organization to leverage its size
- Making the organization's best problem-solving experiences reusable
- Stimulating innovation and growth

Three very common examples of how HOC would benefit from an immediately accessible knowledge management system (KMS) are as follows:

1. A nurse would like to request personal time off. The KMS would contain the policy about personal time off, the necessary forms to request the time off, and the approved procedure for submitting such. This would avoid having to call the nursing team leader and waste time for both nurses.
2. A nurse is in the field and she finds she needs to educate a patient about a particular medication. By having online access to the KMS, the nurse can retrieve the information

needed to educate the patient about the medication, saving time, and enhancing patient care.

3. A nurse is on a home care visit and discovers that a family member committed a medication error. It is critically important that the hospice program track the occurrence and resolution of medication errors, but without quick and easy access to the procedure, and forms to do so, medication errors are unlikely to be captured.

Having these resources available and readily retrievable would increase HOC's L&D maturity level. For example, Stage 3 states "L&D has been institutionalized with policy communication" (Stages of Learning and Development Capability/Maturity, 2013).

"Just-in-Time" Learning Modules

Just-in-time learning systems "deliver training to workers when and where they need it" (Sambataro, 2000). Per the education staff at HOC, when a nurse needs a quick reply to a situation that requires some information (e.g., answer to a specific question), if the educational trainer is not available, the nurse has no recourse. The education nurse is in the face-to-face orientation for 2.5 out of every 4 weeks, and has many meetings and other tasks to complete the remaining 7 days a month. The likelihood that the nurse in the field will be able to reach out for a quick, accurate answer to a clinical dilemma is slim (Meyett, Wharton & Sanders, 2016). For example, if a home care hospice nurse is having a difficult time drawing a blood specimen from a central catheter, and needs to determine whether she should flush the catheter with normal saline or dextrose, it would be incredibly helpful to access this information on her smart phone and watching a 30 second video that provides the answer and illustrates the technique. The inability to access necessary information is incredibly frustrating for new staff members, and often results in a new nurse separating from HOC due to lack of confidence and available resources. Videos, a "talking head" and short snippets of print information on a wide range of educational topics that are easily accessible would be tremendously helpful for staff, particularly new hires. Just-in-time learning would facilitate HOC's mission and values by allowing staff to provide immediate and cutting-edge patient care. This could be assessed through the post-admission survey completed by families of the deceased patient; this

benchmarked data will be publicly available in 2017, therefore improved ratings would fulfill HOC's strategic plan for the next three years (greater patient enrollment).

Justification

The three key L&D strategies proposed in this paper are completely in alignment with the mission, values, and strategic plan of HOC. Consider the HOC mission, which is "to care for life throughout the journey with illness and loss," while doing so with courage, accountability, relationship and excellence (Meyett, Wharton & Sanders, 2016). The ability to hire nurses and roll into orientation more quickly and to assure baseline knowledge (asynchronous online learning), a readily accessible knowledge management system, and just-in-time learning resources would prepare staff to provide the aforementioned care. Having these resources available also means that staff can be held accountable for using these resources (e.g., "why didn't you access the just-in-time learning module on how to flush that catheter?").

Management needs to garner a greater appreciation for how superior initial and ongoing education, including the inclusion of online learning, can help achieve the HOC strategic plan. To increase the length of patient stay on hospice, patients must be referred earlier to hospice; in this case the patient's physician will expect superior patient care which may require immediate access to information to get the job done. HOC plans to partner with healthcare organizations, faith communities, legislators and others by providing expanded education and care of patients with serious illnesses. Nursing staff need to be prepared to meet this need quickly and accurately. Last, HOC wishes to develop a center of excellence in their inpatient care center, for which education is a key part of this initiative. To do this, first HOC must start by assuring their staff are at the top of their game from their own educational perspective.

Conclusion

Hospice of the Chesapeake is a moderately large hospice in Maryland, and the need for robust and expedient L&D is necessary to meet the mission, values and strategic plan for 2016-2019. The inclusion of online learning as described in this paper for asynchronous learning,

development of a knowledge management system, and the availability of just-in-time learning will help HOC live their mission statement and values. Further, this will optimize the likelihood that they will achieve all three parts of their 2016-2019 strategic plan. Just as importantly, this plan will provide the nursing staff with confidence and job satisfaction knowing that HOC “has their back” at a moment’s notice. This sends a strong message that HOC management understands the backbone of the agency is strong and excellent nursing care; taking care of staff is the path to taking care of patients, and the agency.

References

B. Meyett, M. Wharton, B. Sanders, personal communication, October 11, 2016.

Frost, A. (2015, February 9). KM tools. Retrieved November 10, 2016, from http://www.knowledge-management-tools.net/knowledge-management-systems.html

Garfield, S. (2014, August 11). 15 Knowledge Management Benefits | Stan Garfield | LinkedIn. Retrieved November 12, 2016, from https://www.linkedin.com/pulse/20140811204044-2500783-15-knowledge-management-benefits

Laskaris, J. (2014). Why is Online Employee Orientation So important? Retrieved November 12, 2016, from http://www.talentlms.com/blog/online-employee-orientation-important/

NHPCO. 2016. Hospice and Palliative Care. Retrieved November 4, 2016, from http://www.caringinfo.org

Pappas, C. (2015). Asynchronous Learning Advantages and Disadvantages in Corporate Training. Retrieved November 10, 2016, from https://elearningindustry.com/asynchronous-learning-advantages-and-disadvantages-in-corporate-training.

Stages of Learning and Development Capability/Maturity. (2013). DETT 621 9040 Online Learning and Development in the Workplace (2158). Retrieved from https://learn.umuc.edu/d2l/le/content/173074/viewContent/7807857/View