Hospice of the Chesapeake

Improving Enterprise Learning

University of Maryland University College

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PROPOSAL TO IMPROVE ENTERPRISE LEARNING

Hospice of the Chesapeake

Submitted to: Hospice of the Chesapeake

c/o Mr. Ben Marcantion, President

Submitted from: Pharmacy Connection, Inc.

Dr. Mary Lynn McPherson, President

Thank you for giving Pharmacy Connection, Inc. the opportunity to meet with your leadership, quality and education staff to discuss assessment of your staff orientation and education program. After conducting interviews with these leaders, and reviewing provided documentation, we are pleased to provide this proposal for taking Hospice of the Chesapeake's staff learning and development (L&D) efforts to a higher level, upholding your mission and values, and enhancing patient and family care. Hospice of the Chesapeake (HOC) is already highly regarded in the hospice community; the proposed educational interventions will build on your current success, and help HOC thrive and remain highly competitive in today's practice environment.

Introduction

HOC has been in operation since 1979, and currently holds certificates of need in Anne Arundel County and Prince George's County in Maryland. HOC provides care to terminally ill patients and their families in their home, in the hospital and at free-standing inpatient hospice centers.

The mission of HOC is "to care for life throughout the journey with illness and loss (Meyette, Wharton, & Sanders, 2016) and values which support the mission are as follows:

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

The provision of hospice and palliative care is a challenging task. Staff must be trained in a transdisciplinary fashion to enhance a team-based approach to care. This is made more difficult by the lack of experienced candidates (e.g., competent at the time of hire) available for hire. Even when capable individuals are hired by HOC, the challenge of quickly and efficiently making them competent exists.

HOC has crafted a strategic plan for 2016-2019 which includes the following elements:

- **Increase the percentage of patients with a length of stay (on hospice care) between 30-120 days.**
  - The plan to make this happen is to meet the healthcare needs of seriously ill patients in the community, prior to hospice eligibility. To accomplish this, staff must possess superb patient care skills in advanced disease state management. At present, this is not an expectation of staff and there exists educational deficits in standards of care for this patient population, physical assessment and monitoring knowledge deficits.
- **Increase number of patients served in Anne Arundel and Prince George's counties.**
  - The plan to meet this goal is to strengthen relationships with healthcare partners and other potential referral sources in the HOC practice area. The basis of fostering these relationships is to develop an educational message regarding hospice eligibility and the benefits of hospice care. It is critically important that HOC staff responsible for these educational forays possess cutting edge information on disease state management services that HOC staff can provide, and be able to substantiate the impact of hospice by sharing quality metric outcomes.

- **Establish an inpatient care center that is fully and efficiently operational.**
  - While this strategic goal will be partially addressed through efficient financial stewardship, part of this goal will be met by facilitating community education. It is critically important that the educators possess a cutting-edge knowledge management system.

Learning and Development Needs Assessment

In early Fall 2016, our team met with representatives of HOC to perform a learning and development needs assessment. The following information was garnered.

- **Tools and technology**
  - HOC currently uses Relias Academy, an online learning management system which is prepopulated with learning materials. There is some concern that Relias' content is somewhat dated, although their administrators state they are updating content. Also, subscribers (such as HOC) may upload their own materials.
  - HOC also owns a rudimentary SImMan which is used for formative and summative assessments. SimMan is a mannequin that is a simulated patient, used to practice and assess physical assessment skills.
  - Last, all HOC staff possess an HOC laptop and smart phone.
- **Analytics**
  - HOC has the capacity to derive data at all four level of Kirkpatrick's evaluations. After a 2.5 week nursing orientation, staff completes a Level 1 mile sheet. A level 2 knowledge assessment is also administered at the end of orientation. By participating in a federally mandated survey, HOC has the capability of tracking Level 3 and Level 4 outcomes.
  - HOC has chosen to track pain relief at 48 hours after admission, relief of constipation and several other dashboard analytics. At present they do not track this data by staff member, but collectively instead.
  - The surviving family of a patient who dies under HOC's care is asked to complete a survey evaluating hospice care received. Two questions in particular (rate the overall hospice experience [0-10], and would you recommend this hospice to friends and family

members?) can be used to track Level 4 outcomes. It is not possible to track this by staff member however since the survey is anonymous.

- **Competencies with Job Roles and Responsibilities**
  - Due to the shortage of experienced hospice staff, HOC generally aims to hire seemingly capable individuals, with hopes to training them to provide quality hospice care.
  - There are several ongoing competency assessments post-hire including a 90 day, and then annual demonstration of hands-on patient care skills, and an annual "skills assessment" fair in house, with different stations so staff can demonstrate competence.
- **Future**
  - The HOC education staff state there has been some discussion about moving away from Relias Academy and getting their own learning management system.
  - There has been some consideration given to purchasing components for SimMan to make the physical assessment skill being assessed more challenging.
  - HOC switched to a new pharmacy provider recently and it is possible that staff could take advantage of their mobile app to order and renew medications.

Based on the model referred to as "Stages of Learning and Development Capability/Maturity), we would rate HOC's learning and development program as a Stage 2, which 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 inquires and recommendations regarding L&D" (Stages of Learning and Development Capability/Maturity, 2013).

Based on this data, Pharmacy Connection, Inc. has identified several learning and development needs that would better support HOC's mission, values, and strategic plan. These needs include:

1. Current orientation is only offered once a month, and lasts for 2.5 weeks of classroom time. Given the nursing shortage, it is imperative that newly hired staff have more frequent start dates. There is a need to quickly and efficiently orient new hires; HOC desperately needs

nurses out in the field as quickly as possible. Also, newly hired staff are somewhat bored with the 2.5 weeks of classroom orientation time. Then they feel a bit "thrown to the wolves" when they are finally turned loose, after a very brief "ride-along" experience with a more experienced colleague.

2. Once orientation has ended, there is little to no opportunity to access instructional materials or guidance on policies, procedures, protocols, etc. Staff must possess a broad-base of knowledge about advanced disease state management (e.g., before hospice eligibility) both for educating colleagues in the community, as well as patient care.
3. When staff in the field (who work alone) need to ask someone more experienced a question, there is nowhere to turn. There is no one dedicated at the HOC office to take queries from the field nurses. Field staff need an immediately available resource, or bank of knowledge that can be retrieved from the field. This includes immediate access to guidance for completing procedures or processes in the field.

In the next section, we will address three recommendations for correcting these learning and development deficiencies, justification for each intervention, how these interventions support your mission, values and strategic plan, how to implement each intervention and how to measure the impact of each intervention.

Recommended Corrective Action

Recommendation #1

Description - Since competent (previously hospice-experienced) staff are difficult to find in today's work environment, it is critically important that minimal competencies are achieved as quickly as possible, including clinical competencies. The proposed intervention is the introduction of an online asynchronous, 4-module, course on the basics of pain and symptom management (see Appendix 1 for content description).

Benefits – There are many benefits to employers who choose to offer education using an asynchronous online platform (Laskaris, 2014; Instructure, 2016; Venkastesiah, 2016). Aynchronous learning is defined as "A student-centered teaching technique in which online

learning resouces 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).

Common advantages include cost effectiveness, improved performance and productivity, convenience and flexibility, timely feedback built into LMS, improved pedagogy, enhanced collaboration among cohort of learners, suitable for millennials, "on-the-job training" without being on-the-job.

Meets HOC L&D needs – An asynchronous course on the basics of pain and symptom management would preclude the need for nursing staff to sit in orientation for 2.5 weeks and listen to lectures. Learners could move at their own pace; more quickly for more capable learners, and more slowly who those who need more time. By moving a significant portion of the content to this online asynchronous course, newly hired staff could complete coursework whenever and wherever they like, while meeting assigned deadlines. This would free time during the workday to jump in to shadowing more experienced staff. Hopefully this would reduce the disgruntlement from the current 2.5 week face to face orientation. It would also make for a smoother transition so staff wouldn't feel so "thrown to the wolves" when the 2.5 weeks is over. Last, this would allow new staff to start perhaps on a weekly cycle, instead of a monthly cycle, easing the staffing shortage a bit.

Supports HOC goals – Assurance that staff possess the minimum clinical competencies is the first step in achieving the HOC Mission ("to care for life throughout the journal with illness and loss"), but it also addresses the accountability in their values, as well as excellence "in always putting forth only our best." The second step after successful completion of this minimum competency would be to move on to more advanced training, which could also be completed online asynchronously.

Evaluations and Analytics – There are several formative self-assessment questions built into every module of the proposed online pain and symptom management course, and each module has a summative assessment (Level 2). There is a Level 1 assessment at the end of the entire course (all 4 modules). By assuring the minimum competencies are in place is unlikely to move the needle on Level 3 and 4 evaluations.

Recommendation #2

Description – It is recommended that HOC develop an accessible knowledge management system online that staff can access from anywhere in the field or office. This knowledge management system would house all the policies, procedures, protocols, instrument, human resource request forms, pharmacy newsletters and any other resource that staff would find useful. For example, if a nurse was in a patient home, and detected a medication error, she could quickly call up the medication error reporting form, complete it, and email it to her supervisor. This will result in more accurately capturing all medication errors, which can then be tabulated, assessed, and a plan of action implemented.

The knowledge management system could also house advanced training materials such as tutorials on assessing advanced heart failure, or the latest GOLD recommendations for managing advanced chronic obstructive pulmonary disease.

Benefits – A knowledge management (KM) system has been described by Frost (2015) as "any kind of IT system that stores and retrieves knowledge, improves collaboration, locates knowledge courses, mines repositories for hidden knowledge, captures and uses knowledge, or in some other way enhances the KM process." Keramida (2015) discusses five advantages to having a knowledge management system including:

- Easier updates, reusability of resources and no duplicates
- Different access rights and better tracking through activity reports
- Formal and informal training in a single e-learning platform
- Sense of community and loyalty
- Bulletin board for company announcements, job openings, incentives, etc.

Meets HOC L&D needs – As discussed above, once the 2.5 week face-to-face orientation has concluded and a staff nurse is asked to assume a heavy clinical load in the field, there is little to no opportunity to access instructional materials, evidence-based guidelines, educational materials, advanced disease state management guidelines, policies, procedures, protocols, etc.

Having all this information housed on an intranet, accessible online would eliminate this barrier to effective patient care.

Supports HOC Goals - Once again, this intervention would serve HOC's mission, their values, and all three components of their strategic goal. It would also help them achieve a Stage 3 ranking, particularly "L&D has been institutionalized with policy communication" (Stages of Learning and Development Capability/Maturity, 2013).

Evaluations and Analytics – Having this information available could easily be turned into a Level 1 satisfaction survey. If nursing staff knew expectations regarding this content (e.g., know all the policies, read the newsletter each month), a Level 2 evaluation could be conducted. More importantly, Levels 3 and 4 outcomes could be assessed by dashboard indicators of patient progress (e.g., pain level within 48 hours of admission, no complaint of constipation, etc.) and the post-death survey completed by the families. The strategic goals could be easily assessed by determining the percentage of patients with a length of stay between 30 and 120 days, the total number of patients served in Anne Arundel and Prince George's counties, and the economic viability and census at the inpatient hospice units.

Recommendation #3

Description – It is highly recommended that HOC develop mobile learning, referred to as "just in time learning." For example, a nurse in the field could access a video demonstrating how to flush a central line, or access information on the correct way to convert from morphine to methadone (see Figure 1).

Figure 1 – Image showing mobile learning in action (Pandey, 2005)

Frequently referred to as "just-in-time" training, Sambataro (2000 describes this as "deliver[ing] training to workers when and where they need it."

Benefits – Often described as microlearning, it is defined as "when you deliver training content using very short resources" (Torgerson, 2016, p. 27). "Short" being in the eye of the beholder ranges anywhere from 90 seconds to 10 minutes, but generally speaking it doesn't exceed 5 minutes. Content could be audio, video, text, or reading and interpreting an infographic. These bite-sized learning objects could be housed in the knowledge management system, and accessible to staff on their smart phone and/or laptop or other device.

Meets HOC L&D Needs – As discussed above, once a staff nurse has completed his/her 2.5 weeks of orientation, they are turned loose to take care of patients, which can be a very scary thing. Compounding this problem is that there is a lack of educators available in the office to take staff calls during the day. Use of the just in time learning, accessible by smart phone or laptop, would go a long way toward eliminating the fear of being deserted without resources.

Supports HOC Goals – Similar to intervention #2, this recommendation will help meet the mission statement, values, all three strategic goals, and support advancement to Stage 3.

Evaluation and Analytics – Again since to intervention #2, this recommendation may be assessed, evaluated and tracked using all four evaluation Levels.

Conclusion

Hospice of the Chesapeake is a fairly large hospice in Maryland, which employs over 100 nurses. After conducting a needs assessment, it was determined that three specific interventions would be very helpful in rectifying short- and long- term deficiencies as described above. If the three recommendations are taken and implemented, it is likely that HOC's L&D program will be ranked as a stage 3 for learning and development capability/maturity. It reads as follows: "The organization has established learning and development policy and planning. This means a stable and predictable process is in place to facilitate the identification and selection of technology to deliver learning and development activities. Learning and development has been institutionalized with policy, communication, and practice aligned so that business objectives are being addressed. The organization has established a learning and development identify and conduct systematic assessment of learning and development with an organizational perspective: (Stages of Learning and Development Capability/Maturity, 2013).

Should HOC choose to take this proposal to heart and implement these online learning opportunities, it is highly anticipated that the level of practice of L&D would improve, and patient, family satisfaction would rise as well.

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Appendix 1 – Online Orientation Course in Pain and Symptom Management

Module 1 – Principles of Palliative Care

At the conclusion of this lecture, the participant will be able to:

- Describe the foundational philosophy of hospice and palliative care including the unit of care and proposed outcomes measures.
- Describe one potential interventional strategy in each of five areas of medication management for clinical supportive practitioners in hospice and palliative care.
- List three medications "do's," three medication "don'ts," and three facts all hospice and palliative care patients should know about their medications.

Module 2 – Pain Assessment and Pathogenesis

At the end of this module, the clinical supportive hospice practitioner will be able to:

- Define pain as described by IASP and a common clinical definition.
- Describe the frequency of pain in advanced illness and the consequences of poorly treated pain.
- List three characteristics that differentiate nociceptive from neuropathic pain including patient descriptors and example disease states.
- Given an actual or simulated patient with a complaint of pain, assess the pain using three unidimensional pain assessment instruments, two multidimensional pain assessment instruments, and two instruments used to assess pain in nonverbal patients.

Module 3 – Pain Management

At the end of this module, the clinical supportive hospice practitioner will be able to:

- List and explain three principles of pain management in patients with advanced illness.
- List three strategies for patients/families/caregivers to prevent or treat adverse effects associated with opioid analgesics.
- Given an actual or simulated patient receiving regularly scheduled doses of a long-acting opioid, calculate an effective dose of short- acting opioid used to treat breakthrough pain.
- List and debunk three myths or misconceptions associated with opioid therapy.

Module 4 – Non-Pain Symptom Management

At the end of this module, the clinical supportive hospice practitioner will be able to:

- Describe the pathogenesis and clinical presentation of common non- pain symptoms associated with advanced illness.
- List three red flags associated with common non-pain symptoms associated with advanced illness that trigger families or caregivers to contact hospice.

- List three educational points to enhance medication management in the treatment of common non-pain symptoms associated with advanced illness.