Design and Implementation of a Centralized Model of Clinical Education within an Integrated Healthcare System

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LEARNING OBJECTIVES

By attending this presentation, the learner will:

1. Predict 3 opportunities to reduce redundancy of both process and function to support integrated clinical education activities.

2. Calculate the start up cost and the return on investment to implement evidenced based practices to reduce fragmentation of education and training initiatives.

3. Analyze both qualitative and quantitative outcome metrics relative to integration activities, in general.
KentuckyOne Health

- 1 of 7 divisions which make up Catholic Health Initiatives
- Home office is in Louisville, Kentucky with a geographical coverage of 250-300 miles
- Largest healthcare provider in the state
- Comprised of 23 facilities
- 3 Legacy Healthcare Systems
- Workforce of approximately 15,000
Merger

What happens now?

At best,
- Confusion
- Concern
- Frustration
- Hope
- Communication

At worst,
- Confusion
- Concern
- Panic
- Dismay
- No Communication
Now that the ink has dried…

What does that mean?

- Duplication
- Competition
- Resources
- Collaborations
- Confusion regarding expectations of performance
- Reporting structure
- Budget
Identify Stakeholders

#1 Priority

Identify key members of service groups to evaluate processes and create change.
Current State: Take time to fully understand

- Vocabulary
- Processes, owners and stakeholders
- Resources
- Responsibilities and accountabilities
- Parities and disparities
- Policies and procedures
- Reporting structure—formal and informal
Desired State

Does everyone understand and agree?

- Model
- Scope of Service
- Resources
- Expectations
- Accountabilities
- Theoretical framework

- Centralized, Decentralized, Hybrid?
- All education in all specialties vs core activities?
- Who designs and controls the budget?
- What are the metrics for analysis?
- Standardized vs Identical vs Individual?
- Who leads, who follows, who gets to vote?
- Education, Nursing, Corporate frameworks?

Does everyone understand and agree?
ANALYSIS

Key Functions for Clinical Education

- Nursing Onboarding & Orientation
- Training
- Competency
- Continuing Education
- Professional Development
- Nursing student activities
- Research & Evidenced Based Practice
- AHA requirements
ANALYSIS

Other duties as assigned

- Employee engagement
- Media—newsletters, videos
- Accreditation committees
- Shared governance responsibilities
- Clinical Documentation and the EMR
- Policy and Procedure Committee
- Transition to Practice Programs
- Nurse Leader Development
- Recruitment and Retention committees and activities
- Hot topics: examples—EBOLA, human trafficking, bullying
- Nurses week activities
- Magnet, Pathways, NLN, CCNE, ............
Strategic Plan
Where to start?

Education leader must be at the Nursing Leadership table.

Every facility education request must be evaluated related to the entire system.

- What can be the same?
- What must be different?
- Must know vs Need to know
- Permanent staff vs Temporary Staff

- Certification
- Higher education
- Clinical Ladder
- Preceptors
- Charge Nurses

- Initial
- Annual
- Ongoing

- Externs
- Nursing Student Rotations
- Transition to Practice
Barriers

1. “We do it this way”
2. “TJC says we have to do it”
3. “It is not my idea, so I do not want to do it”
4. “That will not work here”
5. “We tried that before---didn’t work then, won’t work now”
6. “They” won’t let us do that.
7. We are different, special, unusual……..

• Time
• Money
• Personnel
• Policies
• Physical resources
• Infrastructure
Risks

1. It won’t work
2. Turnover in existing staff
3. Increased costs
4. Dissatisfaction
5. Alienation of Facility Nursing Leaders
6. “Big Government Syndrome”
7. Responding instead of leading

Facilitators

• Current System is truly broken.
• Understanding of costs
• Dissatisfaction with current system
• Cooperation with Facility Nursing Leaders
• Big picture thought
• Proactive – not reactive
Organizational Structure

Redesign
1. Job Titles
2. Job Descriptions
3. Job Requirements
4. Job Roles
5. Equity in pay scales
6. Pay for Performance
7. Reporting structures
8. Operations
9. Functions

Strategize
- Standardize ≠ Identical
- Understand the difference between operations and functions
- Start small for predicted wins
- Have timelines that make sense
- Analyze at every opportunity
- Know the literature: Education and Nursing
- Network, Network, Network
Organizational Structure

Who are they and what do they do?

Clinical Nurse Educator
RN Educator
Unit Educator
Educator 2
Educator 1
Professional Development Specialist
Training Coordinators
Shared jobs under one cost center
Legacy arrangements
Report structure inconsistent

- No agreement on nursing or educational experience, education, certification or job requirements
- All grouped under the same job code, but functionally very different.
- New job descriptions developed with common requirements and job expectations
- All new hires according to new framework
Making it happen
One Process At a Time

Orientation

Charge Nurses & Preceptors

Extern Program

Clinical Ladder
Nursing Orientation

Goal: Standardized Nursing Orientation Process across the system

1. Establish a team of process owners across the system.
2. Assess the current state.
3. Envision the future state.
4. Plan the process to get to future state.

- Standardized Day One of Nursing Orientation as an Onboarding Celebration.
- Day 2 of Nursing Orientation was designated facility specific.
- Template for all Day 2 activities was standardized
- Clinical Documentation not included
Clinical Ladder

Nursing Professional Development Program

Same process steps used for all process changes.

+ Expanded group to include Human Resources and CNO Council

• Complicated process across the system
• Legacy systems—hard decisions
• Establishment of new NPDP Board
• Experimented with different meeting formats
• Portfolio requirement
• Points accumulated for identified professional development activities
• To date: $150,000.00 pay outs

KentuckyOne Health

Nursing Professional Development Program

To promote, reward and recognize nursing clinicians for advancing their careers in ways that benefit patients, themselves as professionals, healthcare, KentuckyOne Health and the community.
Nurse Extern Program

Goal: Standardized pipeline program across the system funded out of budget—not staffing and productivity

1. Establish a team of process owners across the system.
2. Assess the current state.
3. Envision the future state.
4. Plan the process to get to future state.

- Goal of 100 nurse externs across the system
- Practice model accepted by the KBN
- All applicants funneled through the Clinical Education portal
- Individual facilities responsible for organizers and preceptors for their facilities
- Outcome metrics established
- Data being gathered
Preceptors

Goal: Establish evidence based system wide program to recruit and develop this group.

1. Establish a team of process owners across the system.
2. Assess the current state.
3. Envision the future state.
4. Plan the process to get to future state.

- Issues to be resolved
- Numbers
- Training
- Progression
- Recruitment
- Recognition
- New program launching in July
Let’s talk

- Buy in bulk
- Going to one on line library
- How we teach
- Establishing need to know
- Old contracts
- Bargain hunting
- Understanding value

2015 savings:
- AHA modules: $127,000
- On line libraries: $40,193
- Dysrhythmia: $48,000
- ACLS: $48,000
- Trade In: $102,000
- Exams: $3900
- Residency: $211,200
- Totals: $577,293
Outcomes

- Budget: ✅
- Productivity: ✅
- Quality of the learning: ✅
- Impact on quality in the organization
- Professional growth of the education staff: ✅
- Turnover: 🌟
- Low hanging fruit—not the whole orchard: ✅
Next Steps

FY 2017

- Use the data—don’t let the data use you
- Look at further standardization
- Explore innovation
- Grants and funding
- Organizational supports
- Academic practice partnerships
- Dedicated Education Units
- Internships
Lessons Learned

Clinical Education is a Nursing Specialty

Not everyone is comfortable with change
You will have educational turnover
Not everyone understands—even with evidence
Cooperation is a full time job
Balance is key
It really is all about the money sometimes

Understand:

- Higher paid staff and purchases can be a target
- Upstream decisions
- Downstream consequences
- Being able to sell the product
- Communicate until you are hoarse …and then communicate some more
References


References


Questions?
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