Populo

CASE STUDY

Caring for digital health

NHS North West Anglia NHS Foundation Trust

Training & Floor Walking

SUMMARY

In 2019 North West Anglia NHS Foundation Trust (NWAFT) were moving from a mixed economy of PAS systems and implementing a single solution EPR supported by an in-house clinical portal. As they progressed from build and testing into cutover and go-live the existing BAU training team was at full capacity. The Trust required a Training Service Provider to working in collaboration with the internal PAS team to lead a full training and floor walking service in time for the new PAS go-live. Populo have worked with other large Trusts at Royal Papworth, Sheffield Teaching Hospitals, Stafford Combined Health, St Helens and Knowsley and Salisbury Hospitals to deliver training and go-live solutions for up to 8000 users.

BACKGROUND

NWAFT is an acute hospital Trust merged from Hinchingbrooke (HH), Peterborough (PCH) and Stamford & Rutland (SRH) hospitals in April 2017. The newly formed Trust spread across 3 sites in Peterborough, North Cambridgeshire and South Lincolnshire had in the region of 7000 staff. HH is a small acute with 304 beds, PCH is a medium acute hospital with 610 beds and SRH is community hospital with a minor injuries unit. PCH and HH both have a 24/7 emergency department. NWAFT also provide outpatient and diagnostic imaging for 2 other regional hospitals in Doddington and Ely. Clinicom and eCaMIS were being replaced by Medway and a proprietary clinical portal called eTrack so all 3 locations would be running the same systems with the ability to seamlessly share information.

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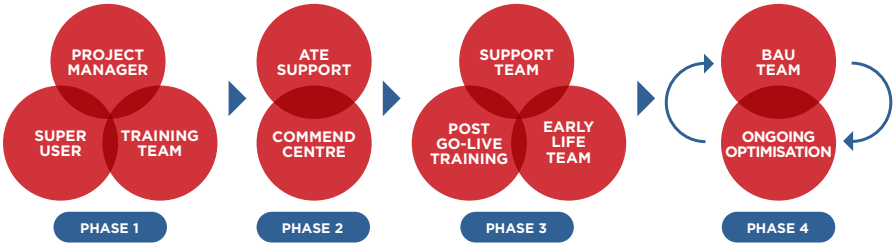
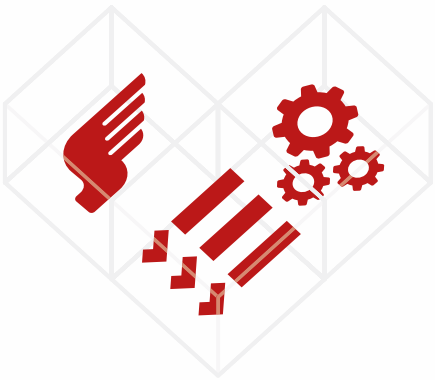
APPROACH

The diagram below illustrates the 4 phase approach to manage training and floor walking during the implementation, go-live, early life support and handover to the business as usual (BAU) team.



DIGITAL AGILITY

SYSTEM OPTIMISATION



PROGRAMME DEVELOPMENT & DELIVERY

The initial requirement was to confirm the scope of the work and agree with the BAU training lead and project manager at NWAFT. To do this an Approach and Deliverables training document was created detailing the activities below. This was presented to the project board, agreed and with future amendments managed through change control to ensure the project plan was impact assessed. The purpose of the training workstream was to ensure staff would feel confident using the new systems and process, ensure staff understood the benefits of the changes, minimise disruption at go-live and return to normal operations as soon as possible.

ACTIVITY

LEARNING MANAGEMENT SYSTEM

Supporting the project team to develop an LMS system to centrally manage the recording of course scheduling, attendances, DNAs, proof of attendance, learner assessments and learning outcomes.

This tool was not only for the duration of the project but remains on-going to support refresher training and where there is a turnover of staff and use of temporary staff.

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ACTIVITY

TRAINING MAPPING ANALYSIS

Map staff using Role Based Access (RBAC) to their job roles on Medway and e-Track. A person's role and level of access determined the course modules they need to attend.

Populo worked closely with the project manager to identify which users required training, ensure they were mapped to the correct roles and that they were booked onto the appropriate courses.

TRAINING NEEDS ANALYSIS

An assumption was made for those staff already using an existing system that they were sufficiently IT literate but those who were not were assessed to understand any basic IT literacy skills training requirements. Where necessary training was provided.

TRAINING MATERIAL PRODUCTION

Populo training lead worked with the Trust to design curriculum, lesson plans and development of all training materials including design workshops, simulations and e-Cafés and personalisation labs to increase the learning retention and adoption. This was especially useful for busy services such as maternity, A&E, Critical Care and Theatres. They also developed a framework and plan to support future updates and versions of training materials. As part the training material we took into consideration, learning outcomes, actual training materials, facilitators and content experts, training methods, logistics, course duration Implementing version control, sign offs and storage of training materials (network drives, Sharepoint, Trust Intranet, etc.) Based on the list of modules from the TMA and future state process the training team worked closely with the project team to design scenarios that gave real life examples of the interaction between patients, staff, systems and processes. These formed the basis of each lesson plan together with any exercises and collateral material required to deliver the course. Training datasets were completed consisting of fictitious patients, staff and events.

End User Guides and Quick Reference Guides were produced to support users before, during and after Go Live maintained on the training intranet page so learners were always be able to review what they had learned refreshing their knowledge as required. Materials were always subject to constant review and approval and it was particularly important for training courses and materials to be reviewed by representatives of the staff group to be trained.

A feedback mechanism was created to ensure any changes were made through the change control process. Super Users validated training relevance, course timings and processes in advance. Benefits were identified, which were even more powerful when generated by users and incorporated into training documents for specific user roles. All trainers were provided with training scripts, lesson plans and learning outcomes to help to ensure continuity of message and delivery.

Monitoring ensured consistent training delivery and confidence in training quality and resulted in effective users immediately post go-live and the level of issues occurring was minimised, reducing the impact and duration of floor walking.

SUPER USER ROLES

Super Users were essential to the success of the programme. They were identified ahead of schedule and agreed to the following Terms of Reference: attend pilot courses and provide initial feedback, raise awareness and 'sell' the change to users prior to training, attend user training providing support around business processes, validate courses, encourage staff to end and reduce DNA numbers, provide floor walking support at go-live and be the first point of call in the weeks following go-live and into BAU. NWAFT found the right balance of trainers and super users had a more positive impact on successful training outcomes than in the past when they had just trainers. It was also more cost effective in the longer term.

PILOT TRAINING COURSES

Initial pilot courses ran early in the project to agree the format for the content and scenarios with the project team, to train clinical leads and a selection of super users and agree datasets to support the training. Once designed courses were tested with super users and refinements were made to the course content as required.

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CONTINUOUS IMPROVEMENT

All aspects of the training programme were subject to review and feedback by the users. After training courses had been delivered, attendees, trainers and other staff were encouraged to provide feedback to improve training for their colleagues. All training courses and reference material were version controlled and updates provided to staff ensuring they are up to date with the latest instructions.

REVIEWING SYSTEM BUILD

The training team were also responsible embedding changes to system build and business processes into training courses. They were well versed in the current and future state processes. By being involved in the design trainers were able to provide advice and guidance on how the messages were incorporated into user and super user training. For effective training delivery it was critical the training team were informed of all system and business processes changes so there was close communication between the training lead and the project manager.

TRAINING AND DELIVERY APPROACH AND FACILITIES

Since much of the proposed training for NWAFT was classroom based with a high volume of staff it was important to keep assessment activities informal and short.

To complete the proposed numbers of staff attending training in the timescales a mixture of observation, one sentence summaries, recitation, group discussion, mini tests, use cases, group tests, pop quizzes, role play and simulations were used to deliver the training. It was important to be creative in demonstrating the new ways of working to liken to the training as close to real scenarios as possible.

All of Populo's trainers were familiar with Adobe Captivate. A blend of delivery methods were used to best suit the training requirements. Where possible, classroom training was recommended with up to 8 delegates, with drop-in and refresher sessions provided as the go-live date approached. This provided hands on training giving users an opportunity to practice and contextualise the learning. Using the system and following patient scenarios using their own wards and departments really brought the system to life embedding the changes. Highlighting the differences of the 'before' and 'after' way of doing things was key and important to users to understand there was a new consistent way of working.

KIT AND TEST DOMAIN

A copy of the production system was created with scenario and test patients and other data. This was used to deliver all the training in a safe, replica live environment. An assessment of training rooms was made across the 2 sites checking the capacity, reliability of kit with upgrades made if required.

"By being involved in the design trainers were able to provide advice and guidance on how the messages were incorporated into user and super user training"

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ACTIVITY

TRAINING SCHEDULE

A six week window was allocated to deliver training. Training courses were scheduled, delegates booked and mapped to staff rotas. Allowing for 6 weeks booking principle the training schedule had to be ready 12 weeks prior to go-live. Trainers were allocated. Allowing for user cancellation rescheduling attendances was a full time role so an administrator was allocated to manage this task. An 80% trained level was agreed across the project team as sufficient to meet go-live criteria but that needed to be applied to each business area / ward / outpatient department and not just as an blanket across the whole organisation. Bank and Agency staff were also trained as a fall back if insufficient substantive posts remained untrained at go-live. An assessment on course bookings, punctuality and DNAs was maintained and escalated to operational managers who were responsible for ensuring sufficient attendance from their department teams. The training scheduling was planned from Monday to Fridays over the six week training window based on estimated numbers of users requiring training. The final version of the training plan allowed for training to take place outside hours to accommodate DNAs and if training took longer for some groups than anticipated.

LEARNER ASSESSMENT

The assessment of users and super users was based on the learning outcomes framework defined as part of the TMA. Assessments measured the competency of attendees and showed if candidates exceed or fell short of required levels by subject area.

This meant that every delegate was assessed against the skills and competencies required for their job role.

Assessment were made using quizzes, questioning or tests to check users understanding. They were used to gauge competency scored by a RAG rating. If delegates failed their course assessments they were automatically be enrolled for repeat training. Where delegates passed their assessments but showed signs of struggling to understand the key course content they were marked as amber. Delegates marked as amber were enrolled for refresher training at drop in sessions. In addition Training Evaluation forms by users were captured to enable satisfaction levels. The data was reviewed and any remedial actions identified and actioned.

FLOOR WALKING PROCESS AND SUPPORT

As part of the service Populo supplied a PAS cutover manager to assist the Trust with command centre construction, support assessment, communication plans, and other key initiatives as needed by the Trust throughout the entire go-live process. All trainers were rolled over into floor walking roles as the project went live. A schedule to ensure a minimum of 1 floorwalker per ward / outpatient / administrative department was available at go-live across multiple shift patterns, this was reduced as users became more familiar with the system and processes. The Populo team led creation of schedules, communication issues and triage problems in real-time, as they occurred, working to blend with Trust culture. Populo were extensions of the internal team ensuring constant communication making quick meaningful changes and resolutions. As the go-live continued trainers continued to supply additional training and drop in sessions and the substantive super users took over the bulk of the floor walking. This ensured they became the experts taking over from Populo who reduced their on-site presence as the Trust became self-sufficient. In all cases, Populo's highly experienced on-site project team worked collaboratively with NWAFT to gain a thorough understanding of specific pain points and help identify gaps in coverage.

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BENEFITS AND OUTCOMES

The desired outcome was clear; at Go Live the users must be able to use Medway and e-Track to accurately track patient activity successfully. Training is not just about teaching, the education must support both the use of the new system and the clinical and administrative processes.

Populo's approach to training, go live and early life support has been developed and proven in numerous acute Trusts over the years as well as NWAFT and was based on a 'Train the Trainer' principle. Our approach was not to simply teach the technical key pressing aspect of a new system but to incorporate the change to process as users moved from one system to another. Having developed our model over more than 10 years we recognise that without well planned training users, both clinical and administrative would not have the skills they need to manage both patient care and change at the same time. Our approach has been proven many times to deliver success by improving adoption, sustainability and overall satisfaction leading to transformation in ways of working. The effort and expertise in well planned training and floor walking at NWAFT ensured a smooth transition from current to future state and a successful project.

INCORPORATE THE CHANGE

PROVEN MANY TIMES

SUCCESSFUL PROJECT

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