

Ideal case study

Newcastle upon Tyne Hospitals NHS Foundation Trust

Consultancy and training support for bespoke eRecords application developed by Cerner.

Background

Last year, the Newcastle Upon Tyne Hospitals NHS Foundation Trust decided to introduce a new eRecord system to improve patient and medication administration. In less than a year, the trust's IT training team, with the help of training company Ideal, tackled the preparation and training of several thousand staff.

Newcastle Upon Tyne Hospitals NHS Foundation Trust is one of the largest NHS Trusts in the UK, with around 12,000 staff working across multiple sites. Its major sites, Freeman Hospital, Royal Victoria Infirmary, Newcastle General Hospital, Newcastle Dental Hospital, Newcastle Fertility Centre and Northern Genetics Service, contain some of the busiest departments, dealing with thousands of patients each year.

In 2008, the trust established a business case to change its administration system to eRecord, a bespoke application developed by Cerner, a US-based supplier of healthcare information technology. The aim of introducing this system was to improve the quality and safety of patient care, to modernise systems and processes, using IT, and to better control cost.

In the process, two main areas, the patient and the medication administration systems, are being updated and centralised. While patient administration was mainly handled electronically before, the ordering of tests and the prescription and administration of medicine was still paper-based. Also, bed management was still dependent on staff collecting and reporting a bed state to find out where and how many empty beds there were.

To introduce the new system and provide the necessary training, Simon Holloway, then Education, Training and Development Manager at the trust, contracted trainers from Ideal, a UK-based health system service company with training experience in Cerner projects.

'Their trainers had an impressive track record in Cerner applications,' explains Simon. Also, with only ten staff in IT training, the trust did not have the capacity to train several thousand people on the new system. 'We were the cavalry, if you will,' says Richard Ayres, Regional Manager at Ideal. 'Basically we were involved in supporting both training capacity and capability on the project.'

'The cooperation with the contract trainers from Ideal was very positive,' says Simon. 'They worked really well with our trainers and were happy to follow our training scripts.'

Creating the need for training

Communication and change management were two of the first things to tackle as the new system was considered and rolled out. The trust's IT training team began to spread the word through newsletters, promotional videos, TV screens in canteens and personally through attending meetings and talking to people. 'The message was basically "eRecord is going to bring change and opportunities in the way you work, and staying where you are is not an option",' explains Simon.

Together with Ideal's Technical Director Mark Lovatt, Simon and his team set up a series of targeted workshops, aimed at specific areas of operation and staff. Invitations went out to key targeted people to get a spread across different areas, and each directorate was encouraged to send staff. Workshops usually ran from 10 a.m. to 4 p.m. and attendee numbers varied from six to 16.

The two main objectives of the workshops were to engage staff and to show them that change was possible and that their input was necessary and valued. 'We wanted to stimulate thought on what people would like to see if they were working with a blank sheet of paper,' explains Mark. 'Results were then fed back to the project team, and categorised under "things that could be done now" and "things that could be done in the future".'

In December 2008, the team ran 11 workshops to cover five key areas of the eRecord system, such as outpatients (booking and waiting list management/ patient flow through the department), theatres (scheduling and patient flow), inpatients (ordering and EPS) and medicine administration and observations.

After a short demonstration of the new system, delegates were split into groups of three and given 15 minutes to write down what they would change if they could. 'Rather than just doing what they had always done, this was about a new opportunity, and seeing how the new system could support that,' says Mark. 'Often people assume that a new system is just coming in and there is nothing they can do about it. With these work-

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shops, we wanted to show staff that this was not just an idle exercise, and that their ideas would be listened to.'

Despite busy work schedules, staff were very motivated to take part in the workshops. The highest DNA rate was only 23 per cent, and the lowest was at one per cent. There was also a real 'cascade effect' as staff from departments where people had had an involvement with the workshops were a lot more positive about the end-user training. Also, clinical consultants who attended would speak to other consultants about the training and the workshops, and book their staff in for the end-user training.

Well prepared

After the initial change management workshops in December, the team started to prepare for the end-user training that was to take place in the nine-week period before roll-out. From January, Simon and his team were busy developing training materials for online and classroom-based training and producing user guides.

In order to be able to distribute and track learning, the trust upgraded its learning management system (LMS) to Adobe Connect, but also provided online training through its own learning portal.

The preparation of training material proved very challenging as the system was still being tailored. *'Fortunately, we had a lot of skill in-house, with people such as our excellent lead IT trainer Peter Martin, and Kevin Harland, our IT trainer for e-learning,'* says Simon.

The training material also had to be adjusted to different roles within the hospital, from clerical staff to nurses or consultants. The over twenty different training packages were then published on the learning portal and staff could access and choose which course was best suited for them.

In terms of prior IT skill assessment, the trust's IT training team were already well prepared: *'We've had a number of years to build up core skills,'* explains Simon. *'We've been working with clerical staff since 2000/01 to build up entry level IT skills, using qualifications such as ECDL, MOS, and since 2008, NHS ELITE, which contains a NHS-specific online basic skills pre-assessment.'*

Another important element to successful deployment of the training was the familiarisation of Ideal's trainers with the new system. As their role was to support and work with the trust's existing team, it was important to cooperate very closely and also get to know the workings of the hospitals. *'Every deployment is different, and even though our trainers have a lot of experience with Cerner, this system was highly bespoke,'* says Richard. *'Fortunately we had a localisation period of about two weeks, which was a luxury we don't usually get.'*

The training phase

The end-user training phase started nine weeks prior to the initial go-live date. Training took place across multiple sites, and the team had to get creative with training facilities to get training as close to the workplace as possible. *'We took over a newly-built ward before it was released to patients, and also turned a derelict ward into a training room,'* explains Simon.

'We wanted people to spend the time away from their workplace on training, not on travelling.'

Training activity was reviewed with the directorate managers and the eRecord programme in weekly meetings, making sure that training was responsive to the directorates' needs. Training lasted anywhere from one to five hours, and group sizes varied between six and 15, depending on room capacity. Staff were introduced to the new system and given the plenty of chance to practise.

Taking part in classroom training was encouraged but not compulsory, and staff could choose whether they wanted to train online or face-to-face.

Challenges

One of the main challenges during the training was the fact that throughout the training phase the eRecord system was still being adapted and tailored. In a number of cases, staff who had already been trained needed to be made aware of changes in the application. This type of training often happened in big groups in a lecture theatre rather than small groups in a classroom, which was quite a big challenge for some of the trainers.

When the go-live date slipped for technical reasons, the team had to become creative to keep the motivation up, and they introduced a 'rehearsal phase' after the official training phase was over. The aim was to build confidence and competence for using the new system. *'Obviously this phase required a lot of floor-walking and a different approach as it wasn't so much about training people but keeping them "close to the boil",'* explains Simon.

Positive feedback

Yet despite the challenges, the training project is proving very successful. Around 4,000 staff have taken part in the face-to-face training, and feedback was extremely positive. Ninety-two per cent said that the training was good or excellent, and the general feedback was that the training was very well organised, clear and consistent. Ninety-three per cent also agreed that they felt able to apply the knowledge learned.

'The face-to-face training was absolutely a success,' says Simon. *'Even though some of the temporary training rooms were not the best, the feedback we got was very heartening. Evaluations were strongly positive and staff were generally very happy.'*

Written and published by IT Training Magazine November 2009