

Attachment K -- Intensive training guide

Onsite training by the Boston University team

We will speak to the leadership group of each the six hospitals receiving intensive TA to identify those hospital staff who will be trained onsite by the Boston University implementation team. This will consist of a two-day orientation and training at each study hospital. The BU implementation team consists of a: 1) physician researcher; 2) IT expert; 3) discharge advocate nurse trainer; and 4) organizational change champion/evaluator. Following pilot testing and training, the revised and adapted RED tools, processes and expectations will be rolled out under the leadership of the Implementation Team. Team members will also serve as implementation champions, providing technical assistance and quantitative performance feedback to physicians and clinical staff. We propose a multi-disciplinary implementation assistance team to work with each hospital.

Onsite training by Boston University implementation team

The implementation team will then visit the hospital once in person at the beginning of the implementation period to establish relationships and get a first-hand sense of the target departments involved and of the larger hospital context. These visits will occur over two days to begin the implementation of RED. This visit will include discussion with senior management including nursing senior management to confirm support. The results of this assessment done before the visit will be reviewed and will provide the basis for discussion about the hospital's areas for improvement in discharge. This visit will also provide hands on training to the clinical staff to deliver the RED discharge to their patients.

Each member of the implementation team has a well-defined role during these visits. This is outlined below.

Physician leader

The implementation team physician will meet with representatives of the medical staff and will present a grand rounds presentation or similar presentation to inform the medical staff of the program and to review the scientific basis for the intervention.

Organizational change champion/evaluator

Following the introductory sessions, the organizational change champion will then break off to interview the facility leadership and other key staff responsible for implementing RED. The interviews will serve two purposes: First, they will allow an opportunity for dialogue between the technical assistance team and partner hospital leaders and staff around the need to provide the support and infrastructure needed for successful project implementation and, second, they will provide baseline organizational information that will inform the ongoing implementation of RED guidelines and the formal project assessment. These discussions will assist in determining strategies that will allow smooth implementation and provide a forum to discuss any barriers to roll-out so that alternative strategies can be discussed.

Information technology expert

Information Technology technical assistance will be provided by Chris Corio who will be a member of the implementation team. He will spend time meeting with the IT support at the implementing hospital to determine the IT plan for adaptation of the workstation and to plan for any download of hospital data directly to the workstation. Our team, led by Mr. Corio will adapt the workstation to the specifications of the hospital.

Discharge Advocate Nurse Trainer

The discharge advocate nurse trainer will spend two days to train the nurses to perform each of the 11 components of the RED discharge. They will meet with the nursing leadership to determine how implementation progress will be monitored and discuss any anticipated barriers to implementation.

A general overview of what each implementation team member will be doing is included below. A sample agenda for the IT expert, physician researcher, and discharge advocate is also shown below.

Overview of agenda for each implementation team member

Implementation Team	Physician researcher (MD)	Organizational Change Expert/Evaluator	Discharge Advocate Trainer (RN)	IT expert
Team member	Brian Jack or Michael Paasche-Orlow	Carol VanDeusen Lukas or Sally Holmes	Lynn Schipelliti or Kimberly Visconti	Chris Corio
Day 1	Meetings with Hospital Leadership	Meetings with Hospital Leadership	DA Training	Meeting with hospital leadership
		Staff Interviews		IT Meetings
				DA training
Day 2	Meetings with Hospital Leadership	Staff Interviews	DA Training	IT Meetings
	Grand Rounds			

AGENDA

Team members attending: Physician (Paasche-Orlow or Jack), IT expert (Corio)

[Hospital Name]

[Hospital Location]

[Date]

Purpose: To discuss and to plan for the implementation of the ReEngineered Discharge (RED) program in order to reduce all-cause 30 day readmissions at [hospital name]

Day 1

9:30a-11:00a

Project RED Overview for Senior Managers

Goal: To review clinical and policy issues and to gain consensus on the need for action

Audience: Senior Hospital Leadership

Methods: Lecture (ppt slides) with demonstration and discussion

Objectives:

- Introduce the patient safety and public policy issue related to hospital discharge
- Introduce the BU/BMC AHRQ-funded RED implementation grant
- Review the scientific evidence base for Project RED research
- Demonstrate the health IT tools available to implement the RED
- Describe factors related to the “business case” for hospitals
- Discuss the important role of the senior leaders in supporting this implementation

Materials:

- Handout of slides
- Examples of the “After Hospital Care Plan”
- Demonstration of the RED “workstation” software

11:00a-12:00p

Delineation of [hospital name’s] Strategic Needs

Goal: To understand [hospital name’s] reasons for implementing the RED, to achieve mutual understanding of what constitutes success and to get broad support for implementation

Audience: Senior hospital leadership

Methods: Discussion

Objectives:

- Why is this project important to VRMC?
- What is the current readmission rate? By specialty?
- What is the ideal readmission rate?
- Do we know much about the current discharge process?
- What “business case” factors apply at Valley Regional?
- What is the target patient population (service, ward) for implementation?
- Who should we train? Ward nurses? Selected nurses (train-the-trainer?) Nurse Case managers? Physicians? A new cadre of worker (“discharge advocate”)?
- What is the timeline for “roll-out”?
- How do we determine success?
- What data do we need?
- What are the grants supported and real costs of this program to VRMC?

Materials:

- Engineered Care “Hospital Fact Sheet”
- Demonstrate “Hospital Compare”
- Synopsis of various “business-case” options and scenarios

1:00p-2:00p

Concurrent Meeting A: Creating a Process Map of [Hospital Name] Discharge Process

Goal: To understand the current process of patient discharge at VRMC and to identify key opportunities for implementation

Audience: Those familiar with the current discharge process at VRMC and the implementation team

Methods: Interactive discussion and flip chart

Objectives:

- Review the advantages of process mapping
- Sketch out the key components of discharge process at VRMC
- What are the barriers to implementing RED at VRMC?
- Identify current roles and responsibilities of clinical staff
- Understand the current benchmarking and data availability
- Determine who will be responsible for the discharge at VRMC
- Discuss how to be train “sharp end” providers

Materials:

- Example of Boston Medical Center’s process map

1:00p-2:00p

Concurrent Meeting B: Information Technology and Integration of RED

Goal: To discuss the Project RED IT requirements, VRMC IT systems and respective integration roles.

Audience: [Hospital name] Information Technology Group and Engineered Care representative

Methods: Lecture (slides) with demonstration and discussion

Objectives:

- Review the RED “workstation” and server specs
- Present VRMC’s IT platform and structure
- Discuss integration of workstation to VRMC IT systems / EMR
- Understand the VRMC IT support needed for implementation
- Understand support needed to adapt and integrate RED
- Discuss VRMC capacity to support adaptation

Materials:

- RED server and workstation
- Demonstration of RED workstation
- Materials describing hardware needs and costs

2:30p-3:30p

Planning for Training and Implementation

Goal: To review the RED implementation toolkits under development and to formulate the next steps for training and implementation

Audience: [Hospital name’s] implementation team

Methods: Discussion and demonstration RED Implementation Tools

Objectives:

- Understand the Discharge Advocate Role
- Review the implementation tools under development
- Set a date and agenda for the implementation training session

Materials:

- Deployment Plan and Implementation Team document
- Tool 1: Overview of the RED Implementation Process
- Tool 2: The Discharge Advocate Training manual
- Tool 3: How to Teach the After Hospital Care Plan (AHCP)

- Tool 4: How to Generate the AHCP
- Tool 5: How to Teach the AHCP Using an Interpreter
- Tool 6: How to Teach the AHCP in Spanish and Chinese
- Tool 7: How to Conduct the Post-Discharge Phone Call
- Tool 8: How to Benchmark and Evaluate Your Discharge Program

Day 2

9:00am-12:00pm

Follow-up meetings with clinical staff leadership

Goal:

Audience:

Methods:

Objectives:

Materials:

1:00p-2:30p

Grand Rounds Presentation

Goal: To review clinical and policy issues and to gain consensus on the need for action

Audience: Physicians and Nurse Leadership

Methods: Lecture (slides) with demonstration and discussion

Objectives:

- Introduce the patient safety and public policy issue related to hospital discharge
- Introduce the BU/BMC AHRQ-funded RED implementation grant
- Review the scientific evidence base for Project RED research
- Demonstrate the health IT tools available to implement the RED
- Discuss the important role of the physicians in supporting this implementation

Materials:

- Handout of slides
- Examples of After Hospital Care Plan

AGENDA

Team members attending: Nurse discharge advocate (Visconti or Schipelliti), IT expert (Corio)

[Hospital Name]

[Hospital Location]

[Date]

Purpose: To discuss and to teach the ReEngineered Discharge (RED) program in order to reduce all-cause 30 day readmissions at [hospital name]

Day 1

9:00 – 9:30a

Greetings, coffee

9:30 – 9:45a

Welcome, Objectives, Pre-survey

9:45- 10:45

Problem with discharge, Background and elements of the RED

10:45 – 11:00

Break

11:00a – 12:30p

RED RCT, Introduction to AHCP

12:30 – 1:30p

Lunch

1:30 – 2:00p

Discussion, barriers to integrating with the hospital, Health IT

2:00 – 3:30p

Overview of Training Manual and Resource Book

3:30 – 3:45p

Break

3:45 – 4:45p

Learning to use the workstation

4:45 – 5:00

Final questions, closing

Day 2

9:00 – 9:15a
Greetings, coffee

9:15 – 9:30a
Follow-up questions from yesterday

9:30 – 10:45a
Practice entering cases into workstation

10:45 – 11:00a
Break

11:00a – 12:30p
Role play RED and critique

12:30 – 1:30p
Lunch

1:30 – 3:00p
Post-dc pharmacist intervention, review of data

3:00 – 3:15p
Break

3:15 – 4:30p
Role play post discharge phone call

4:30 – 5:00p
Wrap-up, final questions, post survey