

New Hemophilia Treatment Center Staff Orientation: A Standardized Approach

Authors: Karen Droze¹, Jessica Packman², Ann Forsberg³, Regina Butler⁴, Travis Tussing⁵

¹Hemophilia of Georgia, ²Emory/CHOA Comprehensive Hemophilia Program, ³American Thrombosis and Hemostasis Network, ⁴Children's Hospital of Philadelphia, ⁵Hemophilia Foundation of Michigan

Introduction

New staff orientation enhances an understanding of the National Hemophilia Network as well as the roles and responsibilities of various Hemophilia Treatment Center (HTC) team members. The lack of standardization among all regions can result in a misunderstanding of national goals and initiatives and limit access to helpful staff resources. Properly oriented HTC staffs are more likely to demonstrate greater participation in the regional program and will have better access to relevant resources and best practices. The standardization of new staff orientation is expected by federal partners, such as HRSA, and welcomed by other partners and stakeholders.

The National Hemophilia Program Coordinating Center (NHPCC) conducted a national technical needs assessment in 2013 through the American Thrombosis and Hemostasis Network (ATHN). HTC staff (n=314) ranked staff development second in terms of future technical support needs.

Many regional core centers provide routine orientation for new staff members. The lack of a standardized orientation program, however, has led to gaps in knowledge and access to resources. A consistent, uniform introduction to hemophilia and the comprehensive care model can help improve care, enhance participation in national programs and lead to greater job satisfaction.

Objective

A multi-disciplinary NHPCC working group was formed to identify available resources and best orientation practices and develop a unified approach for all regions to promote optimal training for new HTC staff. A tool kit was developed based on this review.

Methods

The working group—consisting of two regional coordinators, a HTC pediatric social worker, a regional director and the NHPCC director—collected existing orientation materials. Common elements and gaps were identified. A PowerPoint presentation, a guideline by learning modality and a checklist were developed. These materials are discipline agnostic and may be used with all new staff.

Training content is based on the recognized need for all new staff members to gain a basic understanding of:

- Bleeding disorders treated at HTCs
- The regional HTC structure
- Federal grant requirements
- The efficacy of the comprehensive care model
- The importance of consumer input
- Critical partnerships (e.g., ATHN) for data collection and monitoring

Appropriate resources were considered to enhance the new staff knowledge and skills (Figures 1–3). Additional content focuses on federal agency priorities (Figure 4). Guidelines for learning by modality and a checklist to monitor progress were developed (Figures 5 and 6).

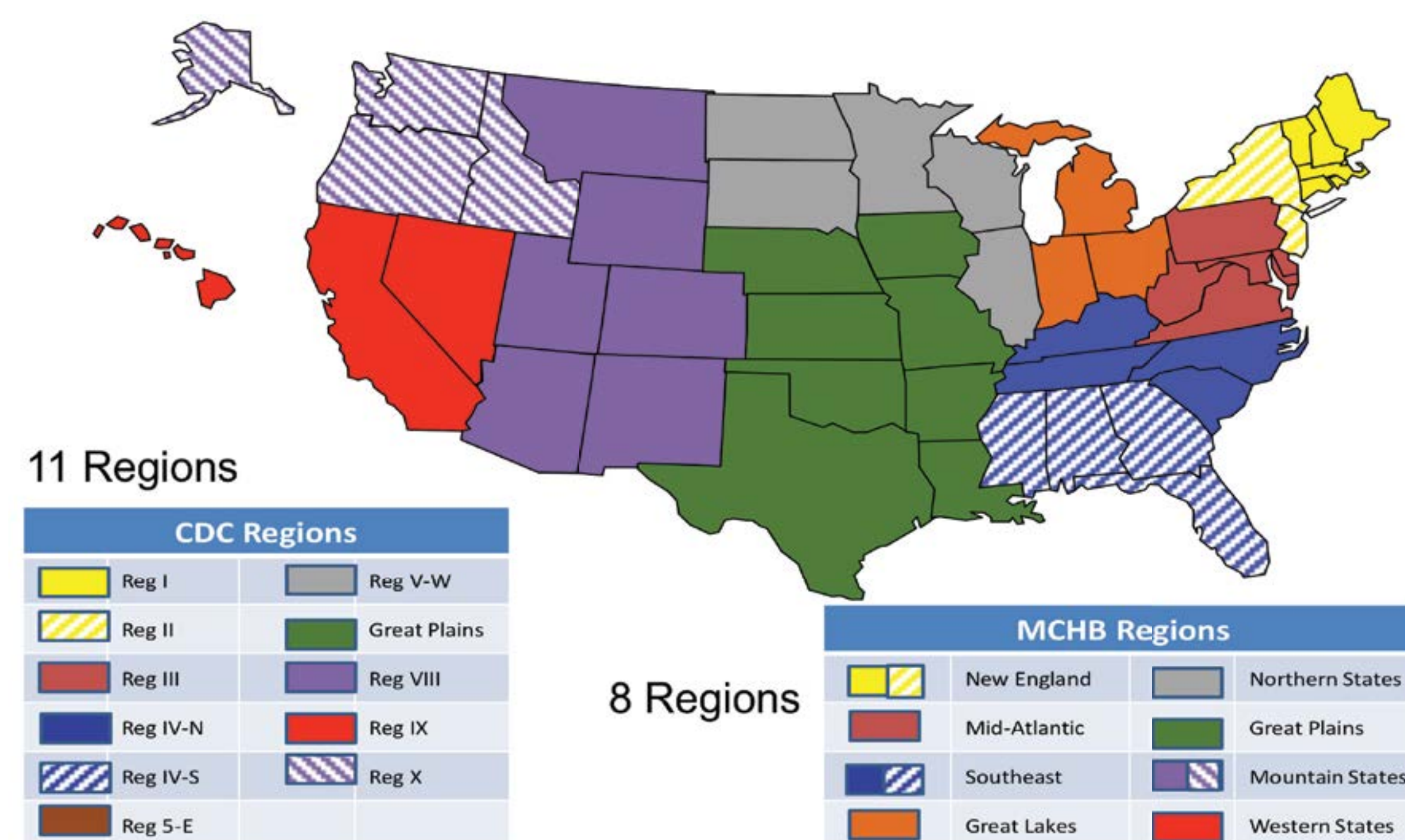
In late 2015 and early 2016, draft materials were piloted with at least three new HTC staff (e.g., a physical therapist, nurse and data manager). Feedback from these professionals about content and format was incorporated into the PowerPoint slide deck. In April 2016, draft materials were shared with the U.S. regional leadership for review. Feedback informed revisions to the slide deck, including the addition of links and resources throughout the slides.

This project was funded through HRSA Cooperative Agreement UC8MC24079.

Figure 1. LEARNING OBJECTIVES
Define hemophilia and Von Willebrand disease
Describe federally funded HTC program: Regional structure, funding issues and CDC and MCHB (HRSA) priorities
Recognize grant administrative requirements
Identify components of the comprehensive care model
Recognize need for consumer involvement in planning
Identify roles of the American Thrombosis and Hemostasis Network (ATHN)
Understand data management and outcomes
List public health priorities and Healthy People 2020 evaluative measures
Identify training opportunities

Figure 2. CONSUMER INVOLVEMENT
Family/professional partnerships Families are partners in decision making at all levels • One of six HRSA (Division of Children with Special Health Care Needs) core outcomes
Consumer advisory boards
Involvement in programming (e.g., camp)
Chapter and HTC relationships (NHF and HFA)
Consumers as advocates (e.g., Washington Days)
Parents as partners in clinical care
Resources for consumers: www.hemophilia.org (NHF) www.hemophiliated.org (HFA), www.wfh.org (WFH)

Figure 3. Centers for Disease Control (CDC) Health Resources and Services Administration (HRSA/MCHB) Regions



Results

The regional leadership, the NHPCC and HRSA have embraced the concept of uniformity in staff training. The newly developed orientation materials were highly rated by pilot participants, who recommended them as beneficial during the initial phases of HTC employment. A plan for national dissemination is currently in development.

Figure 4. HRSA PRIORITY AREAS
Division of Children with Special Health Needs—Six Core Outcome Measures:
Family/Professional Partnerships Families are partners in decision making at all levels
Medical Home Coordinated, ongoing, comprehensive care within a medical home
Insurance Adequate private and/or public insurance to pay for the services needed
Early and Continuous Screening Early and continuous screening for special health care needs
Integrated Community-Based Services Services organized so families can use them easily and are satisfied with services received
Transition to Adult Life Youth receive services to make transition to all aspects of adult life, including health care, work and independence

Figure 5. Guidelines for New HTC Staff Orientation

The purpose of this document is to guide and assist treatment center employees as they provide orientation to new HTC staff members. There are numerous resources available for this purpose; this list is not exhaustive. Orientation and education for new staff members are recommended within the first six months of their employment.

RESOURCE	
Self-Learning: Suggested	PartnersPRN Hemophilia 101 (Clinical/Non-Clinical)
Suggested: Choose One	CDC Foundations Guide
	NHF Nurses Guide
	HoG Hemophilia Handbook
Optional	CDC/NHF Guidelines for Growing (for pediatric providers)
	NHF Steps for Living (pediatric and adult providers)
In-Person Training: Suggested	Staff development working group PowerPoint
	Partners Basic Course in Indianapolis
Optional	RUSH Provider Shadow Program (PSP)
	Shadow at HTC of regional leadership choosing
	Listservs (e.g., NHF RN and SW working groups)
	Mentoring via phone (with like discipline)
	Meet with your regional coordinator for further opportunities
Meetings: Suggested	Regional annual meeting
	ATHN annual Data Summit
Optional	National Hemophilia Foundation (NHF) annual meeting
	Hemophilia Federation of America (HFA) annual meeting
	World Federation of Hemophilia (WFH) meeting (every other year)
	New nurse training, hosted by HoG (by invitation)
	Chapter annual meetings
	Other national opportunities (e.g., ISTH, HTRS)

Figure 6. Orientation Monitoring Tool

Bleeding Disorder Comprehensive Care NEW STAFF ORIENTATION CHECKLIST		
Start Date:	Name:	
HTC Name and Address:		
Email and Phone:		
Position:		
	Date Completed	By Whom
1. Add staff to contacts, state email list, listserv for specialty (e.g., NHF working groups) and CDC website directory		
2. HTC orientation meeting with staff development working group PowerPoint		
3. Register on Partnersprn.org Hemophilia 101 (Clinical/Non-clinical)		
4. Self-learning (minimum 1) a. CDC Foundations Guide b. NHF Nurses Guide c. HoG Hemophilia Handbook d. CDC/NHF Guidelines for Growing (peds only) e. NHF Steps for Living <i>Optional</i> a. CDC/NHF Guidelines for Growing (peds only) b. NHF Steps for Living		
5. Complete Partners Basic Training Program a. Online b. In person		
6. In-person training* (optional) a. RUSH Provider Shadow Program b. Shadow at HTC of regional leadership choosing c. Working group for clinical specialty d. Mentoring with like specialty via phone/Internet e. Other: _____		
7. Meetings* a. Regional annual meeting b. ATHN Data Summit <i>Optional</i> c. National Hemophilia Foundation (NHF) annual meeting d. World Federation of Hemophilia (WFH) annual meeting e. New nurse training hosted by Emory (by invitation only) f. Chapter annual meeting (or other meeting)		

* Meet with your regional coordinator for additional opportunities.

HTC Coordinator: _____ Date: _____

Regional Coordinator: _____ Date: _____

Conclusions

HTC team members identify enhanced staff development as an area of high priority, and regional HTC leadership recognize the need for sharing resources and development of a more unified approach to staff training. This standardized orientation tool kit—with specific identification of resources and links, tools to track educational progress and PowerPoint slides—is one such resource to address this need.

Acknowledgments

We thank the new staff members who participated in the pilot phase of this project. We also thank the Regional Coordinators (Judith Baker, Danielle Deery, John Drake, Suzanne Kapica (former), Brenda Riske, Kathryn Reese (former) and Travis Tussing) for sharing orientation materials to aid in the development of these resources.



72 Treasure Lane, Riverwoods, IL 60015
Phone: 800-360-2846
www.athn.org

Securing Data. Advancing Knowledge. Transforming Care.

ATHN is a 501(c)(3) tax exempt organization.

WFH 2016 World Congress, July 24-28, 2016, Orlando, FL

