

Learning Transformation Case Study

SBAR Analysis & Project Scope

Brian C. Via

Learning Experience & Visual Design Leader

Focus Areas:

Learning Strategy • Project Scoping • Stakeholder Alignment • Process Improvement • Change Enablement

Portfolio Case Study

Part 1 – SBAR Defining the Problem

Situation: We are working in a manual and paper-based environment and unable to keep up with training requests and record keeping.

As the Director of Learning and Organizational Development, I oversee the education of clinical personnel at XYZ Hospital. As of September 2023, the Clinical Education Team at XYZ offers training to staff as requested and maintains training records via a paper-based system.

In this current state, the Clinical Education Department is limited; without a system in place, it can be difficult to efficiently train and educate staff members. Without a system in place, we are limited to in-person training and cannot deliver online courses. Manual tracking of employee learning progress, and training completion is difficult to ensure all personnel are up to date with the latest medical practices and protocols.

Additionally, compliance with regulatory requirements is difficult to maintain. Our current system makes locating and providing training records during an audit slow and cumbersome.

Communication and collaboration among clinical training staff and those we serve is often slow and inefficient in supporting the growing need of the hospital for education. We do not have a centralized platform for sharing information, resources, and best practices. This is a limiting factor in our ability to support the staff and the patients we serve. We are behind the times and in need of an electronic system to assist our department (Lavrynenko, 2023).

Background: Our current model of taking training requests and supplying training records is inefficient and slow.

The Clinical Education Department services all clinical staff. In the last 10 years XYZ has grown at a rate of 7.1% annually (Tieche, n.d.). As we have grown, we have added staff to be able to support this growth. As a hospital with approximately 300 beds, we train approximately 1,000 full time and 500 part time staff (Dyrda, 2017). With our current systems, we are slow to offer training, and often lack the communication with teams to know what training may be required. Furthermore, when we are called upon to produce training records for auditing purposes or to

assist with continuing education purpose for certification, we are slow to produce, and the manpower required from the team limits our ability to assist with other aspects of clinical education and training (Lavrynenko, 2023).

To date, we rely on request forms and emails from departmental heads when new or re-training is required for clinical staff. This requires Clinical Training Coordinators to gather, prioritize, and schedule said training. It is manual and time consuming, and we do not have the resources to support all training. Another significant part of this position is to supply the training records requested during an audit, again, this is manual and time consuming.

On average 70% of hospitals in the United States leverage the use of a Learning Management System (LMS) to provide electronic means to training delivery and requests, as well as management of training records. We are required by local, state, and federal agencies to provide both training and records for our employees. We are audited by agencies such as Occupational Safety and Health Administration (OSHA) for health and safety standards, the Department of Health and Human Services (DHHS) for HIPAA compliance, and the Public Health departments of local and state officials. Without a LMS, we are slow to response and often unable to support specific request (Lavrynenko, 2023).

Assessment: Automation of our learning systems will help us better administer training requests, delivery, and maintain training records.

Implementation of a LMS would bring several benefits. With an LMS in place, we would be able to offer a centralized and streamlined the training process. This can save time and effort for both trainers and hospital staff requiring training/education.

The LMS would also allow the department to automate scheduling and accessing of training materials. Employees will be able to access their own records, making this a faster process for them and freeing up resources from our team.

With the automation of an LMS, our team will be able to track and monitor trainee progress and performance in real time.

The LMS will help this department better facilitate collaboration and communication among our team and the clinical departments. Discussion forums, chat features, and virtual classrooms can enable hospital staff to interact with each other and seek guidance from Subject Matter Experts and trainers.

Lastly, an LMS can provide a centralized repository for storing and updating training materials as well as records. In an audit situation, this information can be access and provided instantaneously. This reduces time to audit and enables the clinical training staff to offer other services.

Overall, implementing an LMS in a hospital clinical training department can enhance efficiency, flexibility, assessment, collaboration, and knowledge management within the training process (Pappas, 2021).

Recommendation: Implementation of a LMS tool to support the Clinical Education Team and XYZ hospital staff.

We recommend the implantation of a LMS at XYZ Hospital, to do so the following steps should be considered:

1. We assess the overall needs by identifying needs and goals of the Clinical Education Department and the areas we support. This includes evaluating our current training processes, identifying any gaps or inefficiencies, and determining the desired outcomes.
2. Next, we would research LMS options and platforms that are specifically designed for healthcare or medical training. We would consider factors such as user-friendliness, scalability, integration capabilities, and security features.
3. We would engage with our stakeholders (i.e., trainers, administrators, and IT personnel) in the decision-making process and involve them in the selection and implementation of the LMS.

4. Next, we would plan the implementation and develop a detailed implementation plan to outline the steps, timeline, and resources required for a successful rollout.
5. We would then test the system before implementation and identify any potential issues or areas for improvement before rolling out the system to a larger audience.
6. Finally, we would go live with the system and fully train our team and those will use the system for training. This could involve conducting workshops, creating user guides, or offering online training modules (Alynpara & Khodukina, 2023).

Part 2 – Project Scope

<u>Project Scope Form</u>			
<u>Project Title:</u> Implementing a Learning Management System at XYZ Hospital		<u>Project Number:</u> XYZ-PN-8675309	
<u>Project Leader/Manager:</u> Sidney Pressey, PMP		<u>Anticipated Project Start Date:</u> 10/02/23	
<u>Sponsor:</u> Brian Via, Director of Learning and Organizational Development		<u>Date Prepared:</u> 09/10/23	
<u>Project Risk Level:</u> High		<u>Estimated Completion Date:</u> 12/22/24	
<u>Team Members:</u> <i>(at a minimum include the core team leaders and work members)</i>			
Core Leadership Team	Project Sponsor from Business Project Manager from PMO Stakeholders from Training/Business Steering Committee Change Control Board (Malsam, 2023)	Core Work Team	Business Analysts from IS Resource Manager from Training Project Team Members from Training Project Team Members from IS IT Support from Vendor\ (Hogle, 2022)
<u>Purpose of Project:</u> The goal of this project is to be to improve the efficiency and effectiveness of clinical training by centralizing and streamlining the management of educational materials, tracking learner progress, and facilitating communication and collaboration, and creating greater support of the clinical staff through automation. This project will help to streamline the training process, making it more efficient and effective. Implementation of the LMS will help to improve staff performance and competency. Additionally, an LMS can provide a platform for continuous learning and professional development, allowing staff to stay updated with the latest medical advancements and best practices. It can also help in tracking and managing compliance training, ensuring that all staff members are up to date with necessary certifications and requirements.			

Overall, implementing an LMS can enhance the overall quality of training and education within the hospital, leading to improved patient care and outcomes. among staff members (Alynpara & Khodukina, 2023).

Deliverables:

Outputs of the project to launch a LMS would include the implementation and integration of the LMS into the hospital's existing infrastructure, the creation and organization of training materials and courses within the LMS, and the training of staff members on how to use the LMS effectively.

Measures of project success for launching a learning management system should include successful completion of the implementation within the designated timeframe and budget, high user adoption and satisfaction rates, improved efficiency and effectiveness of training processes, and positive feedback from staff members and stakeholders.

When XYZ Hospital has an LMS, it will be easier for clinical staff to access to training materials and courses, the Clinical Education Team will have the ability to automatically track and monitor individual and group progress, and this will offer greater communication and collaboration among staff members. The LMS will also standardize the training processes and provide a potential for cost savings through reduced training expenses (Lechler & Gao, 2012).

Stakeholders: *the following groups or individuals may be impacted by this project:*

- | | |
|----------------|--|
| Internal Teams | <ul style="list-style-type: none"> - IT department: Responsible for the technical implementation and maintenance of the LMS. - Training department: Involved in designing and delivering training programs through the LMS. - HR department: May use the LMS for employee onboarding, training, and performance management. - Clinical department: May use the LMS for continuing education and professional development of healthcare providers. - Administration department: May use the LMS for tracking and managing compliance training for staff. |
|----------------|--|

Individuals/ Organizations	- Hospital staff: All employees who will use the LMS for training and development purposes. - Healthcare providers: Doctors, nurses, and other clinical staff who will benefit from the LMS for continuing education. - Patients: The implementation of an LMS may indirectly affect patients by ensuring that healthcare providers are well-trained and up-to-date with the latest practices. - Vendors: If the hospital chooses to work with external vendors for the LMS implementation, they will be involved in the process.
Steering Committee Members	- Hospital executives: Such as the CEO, CFO, or COO, who have decision-making authority and can provide strategic direction. - IT director: Responsible for overseeing the technical aspects of the LMS implementation. - Training director: Responsible for the ownership, implementation, maintenance, and governance of the LMS. - Training manager: Responsible for designing and delivering training programs through the LMS. - Clinical director: Represents the clinical department's needs and requirements for the LMS. - HR manager: Represents the HR department's needs and requirements for the LMS. - Compliance officer: Ensures that the LMS meets regulatory and compliance standards. - Project manager: Oversees the overall implementation process and ensures timely completion of tasks.
(Alynpara & Khodukina, 2023).	
<u>Resource Requirements:</u>	
Several resources will be required for the implementation of an LMS at XYZ Hospital, they include individuals from the following areas: human resources, project management office, Information Technology, Training, and hospital administrator.	
When it comes to technology, the hospital will need to buy servers and other hardware to support the cloud based LMS. Licensing will need to be appropriated for the LMS software itself.	
Although an internal cost, training materials will need to be created to educate employees on LMS use.	

Implementing an LMS will be a time-consuming process, as it involves planning, training, and testing. The timeline for implementation on average will take 3 to 6 months to choose, and another 6-9 months to fully implement (Pappas, 2019).

In terms of costs, a benefit/cost analysis should be conducted to determine the potential benefits and costs associated with implementing the LMS. This analysis should consider both monetary and non-monetary factors, such as improved efficiency, reduced training costs, and increased employee satisfaction.

The estimated life cycle costs of implementing the LMS should also be considered. This includes the costs to implement the product or service, ongoing production costs, and any major hardware or software purchases. A life cycle cost summary table can be used to estimate these costs and track them throughout the implementation process.

Additionally, the hospital should estimate the training needs and costs associated with implementing the LMS. This may include the cost of developing or purchasing training materials, as well as the time and resources required to train employees on how to use the system (Better Buys, 2023).

A broad timeline will need to be developed (including the project start, finish, and major milestones); this will help ensure that the project stays on track and that all necessary tasks are completed in a timely manner. It is critical to identify any potential implementation schedule conflicts which may impact other ongoing projects or initiatives within the hospital, as well as any external factors that may impact the implementation timeline such as other IS deployments or unplanned budget constraints (Alynpa & Khodukina, 2023).

Life Cycle Cost:

	Year 1	Year 2	Year 3	Year 4	Year 5
Implementation:	\$ 100K	\$ 0	\$ 0	\$ 0	\$ 0
Maintenance/ Support:	\$ 18K	\$ 18K	\$ 18K	\$ 18K	\$ 18K
Procurements:	\$ 22K	\$ 5K	\$ 5K	\$ 5K	\$ 5K
Totals:	\$ 140K	\$ 23K	\$ 23K	\$ 23K	\$ 23K

Life Cycle Cost: \$ 232,000.00 (Better Buys, 2023)

Operations & Support: *the following groups or individuals may be impacted by this project:*

Knowledge, Documentation and System Training	The overall process and materials to be utilized by system users will be owned and managed by the Clinical Education Department, the documentation will be house, search, and accessed by users via the LMS.
Product Support	The process of implementation, maintenance, and support will be managed by the Information Systems Team.
User Access	User access will be managed in part by the Human Resources team when new employee information is loaded from the HRIS system into the LMS. Users will be managed by the LMS Administrator, who is apart of the Clinical Education Team. User help will be managed by the LMS itself, and when automation is not sufficient, help will be provided by the LMS Administrator.

(Hogle, 2022)

Risks: *The following items are potential risks/issues and proposed mitigation:*

Issues and Risks	Risk Mitigation or Contingency
1. Technical Issues	2. Involve employees in the decision-making process, provide comprehensive training, and communicate the benefits of the new system.
3. Data Security	4. Create robust security measures to protect against data breaches and ensure compliance with privacy regulations. This can include system encryption, user access controls, regular audits, and training on data protection protocols.
5. User Adoption and Resistance to Change	6. Provide comprehensive training programs, user manuals, and ongoing support can help mitigate this risk. It is also important to have a dedicated support team that can address any user issues or questions.
7. Budget Constraints	8. Conduct a cost analysis and budget accordingly. Include the initial implementation costs, ongoing maintenance and support costs, as well as any additional procurements such as hardware or software upgrades. Regular monitoring and evaluation of costs can help identify any budget constraints and allow for adjustments as needed.

(Timothy, 2014)

Approvals:

Duplicate or delete signature blocks as needed.

Requested by: Sidney Pressey, PMP (Project Manager)

Printed name, Signature, Date

Requested by: Brian Via, Director of Learning and Organizational Development (Project Sponsor)

Printed name, Signature, Date

Approved by: Ima Techie, XYZ Hospital CTO (Project Steering Committee Lead)

Printed name, Signature, Date

Approved by: Scrooge McDuck, XYZ CFO (Project sponsor)

Printed name, Signature, Date

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