

Creating a Sustainable Training and Support Model with Bryan Health

Background and Challenge

Bryan Health, a non-profit, award-winning healthcare organization in Lincoln, NE, had a lot to balance—in particular, a two-year project focused on transitioning three hospitals, over 800 providers (mostly independent), and about 4,000 staff to Epic. Like many organizations in similar situations, they stockpiled resources for go-live and tried to involve as many clinicians as possible.

However, the bevy of support that accompanied the implementation initially wouldn't be around forever. After training around 4,800 unique end users and 400 at-the-elbow and service desk staff in the six weeks leading up to go-live, the team's attention immediately turned to stabilization to deal with high patient census that came with a flu epidemic—almost 200 new nurses and an additional 300 nursing students needed training. Not only did Bryan Health need to streamline and condense to properly gear up for quarterly release cycles, they also had to find a sustainable way to maintain quality training with reduced resources.

Bryan Health knew the payoff would be huge, but they also knew they had to do it right the first time. They wanted a partner to set them off on the right path so they could be successful more quickly throughout the stabilization phase. They also needed experts with a breadth of expertise—across MST, e-learning, and Learning Home Dashboard optimization—who could easily pick out training process inefficiencies and compliance/reimbursement opportunities.

Results

Reduced **17** Orders lessons (**68** hours of curriculum to maintain) to **3** lessons (**12** hours)

Completed MST Rebuild **21** hours ahead of scheduled time

Replaced **30** Quick Start Guides in the Learning Home Dashboard with **5**. Replaced **51** Tip Sheets with **7**.

Throughout go-live and two subsequent stabilization phases, Bryan Health brought EHR training to a whole new (and more efficient) level.

Solution

Bryan Health began the project with hopes of executing alongside a strategic partner throughout stabilization and post-live optimization.

Go-Live Phase (November–March)

Bryan Health began by bringing in one of our Training Solutions Executives to map out the long-term training transition project, where she immediately uncovered red flags for the upcoming go-live. She transitioned to Acting Training Project Manager. As crunch time approached and trainer turnover mounted, Bryan Health brought on a Training Solutions Specialist to stand up their nursing student program, assist with Clin Doc credentialed trainer onboarding and management, and map out a project plan for the stabilization phase.

Stabilization Phase (March–June)

As the dust settled from the go-live, our Training Solutions team members onboarded and mentored several new team members (including the training manager), while executing on the project plan for stabilization. Bryan Health realized throughout go-live that their intense focus on specialty-specific workflows and training led to bloat and they were missing out on efficiencies. They had to balance—and sometimes redo—training for documentation requirements and new workflows while provider happiness was trending downward.

While stabilizing the team, our resources switched to the provider side to address the specialty-specific issues. At this point, Bryan Health had 17 different training tracks for inpatient providers and yet more were needed, so they tapped into our integrated knowledge to bring them a new strategy. Bryan Health knew the benefits of balancing specialty training with the training that's repeatable/maintainable to a broader audience.

We prioritized training for the surgical specialties due to their high volume of chart deficiencies and rapidly changing workflows. Surgical nurses and managers were educated on surgical workflow and upcoming changes to provide assistance in the moment. This education effort also helped the reorganized provider-support team get up to speed without the specialty provider trainers from the original project.

Stabilization Phase (March–June)

One Training Solutions Specialist reduced 17 lessons (68 hours of curriculum to maintain) to three lessons (12 hours), wrote new EUPAs, rebuilt the training environment, credentialed three new Credentialed Trainers, and onboarded a new Principal Trainer by the end of August.

She then brought in the one-off workflows to address the meaningful differences between groups. Other resources were brought on to assist with the training environment rebuild and curriculum updates for other applications.

In preparation to take two quarterly releases for the team's first upgrade in early November, our team cleaned up the provider Learning Home Dashboards, updated training and performance support materials, created a Curriculum Tracker and Credentialed Trainer Prep Tool, and recorded seven upgrade microlearning videos for providers - mentoring their Bryan Health counterparts all the way.

After the upgrade, our Training Solutions resources focused on transitioning and working side-by-side with Bryan Health's team to provide strategic solutions for an acquisition go-live the following year, as well as ongoing optimization training for end users. Bryan Health prioritized the potential solutions and started executing. One such solution was hosting an e-learning boot camp onsite for four Principal Trainers with an e-learning expert to get them producing consistent, high-quality videos faster while saving Bryan Health over \$1,500 in travel and expenses. Another was to replace one hour of class with 15 minutes of e-learning for medical students, so they complete a practical assessment but don't need access to the training environment.

Outcomes

- Compliance and reimbursement opportunities for providers
- Onsite e-learning boot camp for four PTs
 - Saved them over \$1,500
 - Produced four new e-learning modules
- MST rebuild completed three days ahead of time
- Created eight videos
 - Seven microlearning upgrade videos
 - One medical student EUPA video for practical assessment without any class time
- With the new strategy, providers have one set of documents to use and the PT has one set of documents to maintain. We replaced approximately 30 Quick Start Guides with five, and we replaced approximately 51 Tip Sheets with seven.

Bryan Health balanced the peaks and valleys of their large go-live event and pivoted successfully between implementation and stabilization. With a firm foundation now in place, they can scale in a programmatic fashion to their facilities and future sites and will have a method to more effectively execute on Epic's new iterative release cycles.