

## Rethink your digital healthcare training with uPerform® from ANCILE Solutions

ANCILE Solutions has brought its content creation and in-app learning platform, uPerform®, to the UK healthcare sector. In a recent webinar, some of the most experienced chief information officers in the NHS discussed the challenges that they had encountered in training staff ahead of major system go-lives. Bobby Zarr, senior director of healthcare strategy at ANCILE Solutions, explained how the system had helped him to prepare for an Epic go-live at Infirmary Health in the US, and how uPerform can unlock the productivity paradox.

Training is a hot topic in healthcare IT. Although, as Cindy Fedell, a former NHS chief information officer who is now working in Canada, told a recent webinar, it has never exactly been cold. “It has always been an issue for us in the health tech world,” she said. “It is one of the things that we often say we could do better.”

### The cost of poor training shows up in poor user adoption

Research suggests that 70% of the success of an electronic patient record project can rest on effective user adoption. When this doesn't happen, it can take a long time for an IT deployment to deliver the standardised, streamlined ways of working that will have been outlined in its business case.

This is something that US 'digital doctor' Professor Robert Wachter referred to as the 'productivity paradox' in his influential review of NHS IT. And it's something that webinar participants had experienced for themselves. Fedell delivered a highly successful implementation of the Cerner Millennium EPR at Bradford Teaching Hospitals NHS Foundation Trust. But even there, productivity took an initial hit.

“Some people were really quick, but overall it took a year and bit to get productivity back to where it had been,” she said. “And that means [the deployment] is slowing you down on the wards, and that is a huge problem.”

### Why is effective training so difficult?

EPRs are not the only systems that healthcare organisations need to deploy. There is a shift towards hub and spoke working in NHS clinical services, imaging and pathology, and new networks often need new or upgraded IT.

In 2021, the health and care sector will also make a significant shift towards integrated care and will need to implement shared care records to make that effective. In all of these cases, CIOs, CCIOs and trainers will face similar challenges.

There may be a degree of resistance from staff who have been through failed deployments, implementations from which they have seen little benefit, or a rapid shift to remote working in the face of the coronavirus pandemic.

Even when that is not the case, training is expensive and hard to organise. "Getting people out of wards and sitting them down in a classroom for days on end is expensive and, at the moment [because of the pandemic and the need to maintain Covid-safe measures] we cannot even do it," Fedell said.

## The logistical challenges of classroom training

David Kwo, an experienced NHS CIO who project managed the deployment of Epic at Cambridge University Hospitals NHS Foundation Trust and then did it all again for University College London Hospitals NHS Foundation Trust, underlined just how big 'the money issue' can be.

"At Cambridge, the cost of training was huge," he said. "We had to put mobile offices at the back of the car park to get the classroom space that we needed. At UCLH we had to hire two large buses, each adapted with ten-workstations, in order to increase capacity.

"We had 37 classrooms in total. We had 200 courses and each of them had 32 delegates. We were working eight hours per day, six days per week, for ten weeks. It was a huge logistical exercise that required a lot of operational commitment." Plus: "If training is not done well, then you are into catch-up training, and that is an additional cost."

## The drawbacks of not conducting training in-situ

Even when there are sufficient classrooms and trainers available, there can be issues with the timeliness and content of the training delivered. In an ideal world, clinicians would train on a new system alongside their colleagues; but that is rarely possible, given the pressure under which the NHS operates.

Instead, they often attend classroom training with whoever else has signed up, are given the basics, handed a manual and perhaps encouraged to attend an e-learning course, in the hope that this will get them through go-live with the support of floor walkers on the day.

"On some of the go-lives that I was involved in, people were being trained 12 weeks before go-live," Andy Kinnear, a consultant with a 30-year career in the NHS, most recently as director of digital transformation at NHS South, Central and West CSU, told the webinar.

"These are busy people with busy lives. Expecting them to remember something three months after they were taught it is optimistic, at best." Additionally, people may not be trained on the version of the system they are going to use.

Cindy Fedell said this is a particular issue for administrative staff, medical secretaries and ward clerks. "They need repetition and to learn in the context of their work," she said. "At Bradford, I thought I was doing well to remember them but, in the end, we didn't train them that well, and that was a big factor in the fall in productivity that we saw."

## ANCILE Solutions and uPerform

In 2016, ANCILE Solutions launched a healthcare practice to turn their best-in-class content creation and in-app learning platform called uPerform and wealth of experience in software training in the business world into a world-class solution for healthcare. Currently, uPerform is well established in US healthcare and is being adopted by European hospitals.

uPerform enables IT departments, training teams and subject matter experts to quickly record lessons, guides and tip-sheets, and make them available to system users from any internet-connected device. Information can be turned into courses, video tutorials and additional sheets full of tips and tricks that users can look up when they need them, or share with colleagues.

Epic user organisations that download uPerform from the App Orchard can also offer end-users context or role-specific content at the click of a mouse, and the company is looking to create a similar level of integration with other major EPR systems.

As Bobby Zarr, senior director of healthcare strategy, explained on the webinar: “It’s like having a trainer or a floor walker at the side of a system user when they need them.”

## Infirmity Health turned to uPerform for its Epic go-live

To explain how uPerform by ANCILE Solutions can help NHS organisations to rethink their digital healthcare training, Zarr outlined his experience at Infirmity Health in the US.

Although he was the organisation’s customer relationship management and business development manager, he was asked to take charge of training for an Epic go-live. “I had no training background, so initially I thought ‘ok, Epic says they have training materials, so we just need classrooms’,” he said.

“The problem was that the system Epic was training on was different to the one we were getting, because we were customising it for our needs, and I had nothing like enough training space. So, e-learning was the only way to do it. We turned to uPerform and trained 1,500 clinicians on the system.

“Then we extended the approach to nurses. We were able to take out a whole day of their Epic training and to use those eight hours for safety initiatives, instead.”

## Handling upgrades and changes, even through Covid-19

Training challenges persist well beyond a major system go-live. All major systems are subject to refreshes, upgrades and patches. Some EPR vendors upgrade their systems on an annual or even a quarterly basis, while other suppliers roll-out patches on a near-continuous cycle.

uPerform can help to keep users up to date. All the content that is created for the platform is held in a central repository, so it can be easily accessed, edited and pushed back out if something changes. While, on their side, users can make a piece of content a ‘favourite’, so that if something about it changes, they can be informed and encouraged to train-up proactively.

Zarr told the webinar: “Updating is the heart and soul of this. Unless you keep content updated and build-in changes it becomes useless; and uPerform makes that much easier.”

As an example of how this helped Infirmity Health in the most challenging circumstances, he added: “We put all our Covid-19 resources on uPerform and updated them hourly. Covid was not easy for anybody, but we met the challenge of making sure that staff had the most up-to-date information possible.”

## The ongoing challenge of onboarding

A further challenge for health and care organisations is that they can have a significant turn-over of staff. So, they have to spend a lot of time onboarding junior doctors, student nurses, staff relocating from other areas and bank workers.

uPerform can be used to make key learning and training available to them before they arrive on site. That way, people will have some familiarity with the system before they arrive for on-site training, reducing the amount of time that they have to spend in the classroom or reinforcing what they learn there.

Bobby Zarr said Infirmity Health embraced this approach. It sends out training packs that cover general information about its systems and then focuses face-to-face training on personalisation, such as setting up individual checklists or preferences.

“It reduced 24-hours of classroom training to two-to-three hours and one hour of personalisation,” he said. And new joiners love it. “Somebody told me last week that they were doing it from their dock. People appreciate the flexibility.”

## Fewer helpdesk calls and other proven benefits

Once they are in work, they also appreciate having support available at the click of a button. This can reduce helpdesk calls. Data from ANCILE Solutions’ independent study, including a survey of customers, suggests that the platform can reduce helpdesk calls by 40%.

Webinar chair Andy Kinnear joked that the benefits of that should not be under-estimated. “Nobody likes calling the helpdesk and passing on endless details, so if you can reduce the amount of time they spend doing that your users will love you,” he said.

The study also found the uPerform platform can reduce the amount of time that learners spend away from their jobs by 45%, decrease training costs by 40%, and enhance system user efficiency by 15%. It was the last figure that really struck the webinar panellists, because of its implications for unlocking the big system deployment productivity paradox.

Kwo noted that the Arch Collaborative, a provider-led effort to unlock the potential of EPRs led by KLAS Research, has identified good training as one of the key factors for clinical satisfaction with a new system.

“If a clinician feels well trained on the EPR, they will feel happier with the EPR, and they will use it better,” he said. “That’s an important thing for boards to know, and CIOs should tell them about it if they are struggling to get support for a business case for investment in training in an EPR programme.”

On a personal level, he added: “I just wish we had had a product like uPerform at Cambridge, at UCLH. It is a no brainer. E-learning linked to the individual user is ideal.”

To watch the webinar in full [click here](#).

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