# TRAINING STRATEGY

**SUFFOLK CARE COLLABORATIVE**
**OFFICE OF POPULATION HEALTH**
**STONY BROOK MEDICINE**
**HSC, LEVEL 5, RM 058**

**STONY BROOK, NEW YORK 11794-8520**

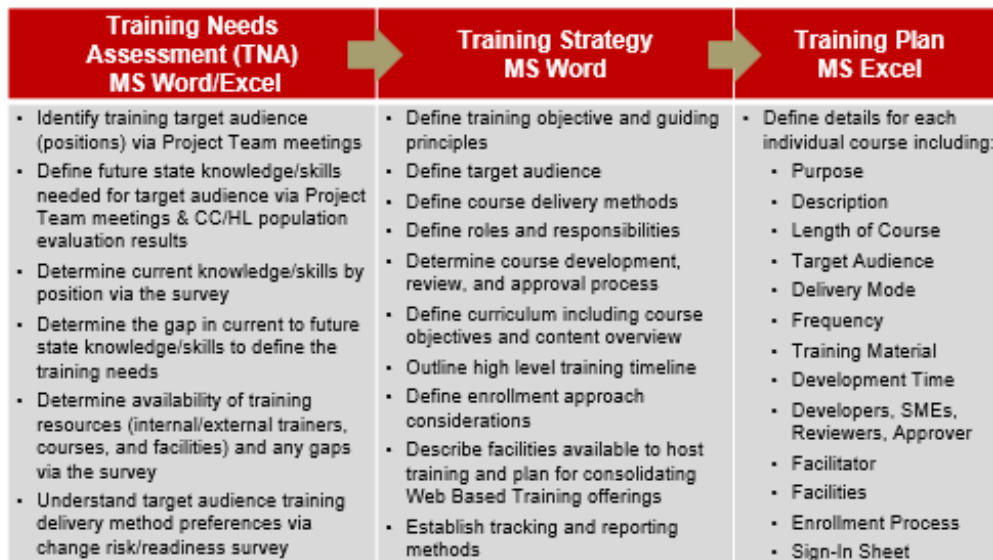**(MARCH 31, 2016)**

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## Purpose

The Suffolk Care Collaborative (SCC), comprised of three Hub sites: Stony Brook (SB), Northwell Health (NWH), and Catholic Health Services (CHS), was formed to participate in the Delivery System Reform Incentive Payment Program (DSRIP), which is a New York State initiative to reduce avoidable Medicaid hospital admissions and ED utilization by 25% over the next five years.    The vision of SCC is to become a highly effective, accountable, integrated, and patient-centric delivery system. To achieve its vision, SCC will work with its partners to empower patients through accountable, self-care initiatives, improve access to community-based resources, create collaborative cross-specialty teams, and reduce the number of avoidable hospital admissions and emergency visits.

The State of New York requires all Performing Provider Systems (PPS) to submit a training strategy that details how they will equip their workforce to satisfactorily address the needs of the targeted population. This document will serve as the training strategy for SCC. It will outline SCC's approach to training design, training development, and delivery as well as the timeline, roles and responsibilities of staff, and program components.

## Overview

SCC aims to ensure that all individuals feel that they have the background, knowledge and skills to perform roles competently. Training Program development started with a Training Needs Assessment, which relied heavily on the knowledge and input of SCC and Hub Project Managers with input from project leads. SCC Project Managers completed training needs assessments, which allowed managers to identify courses, skills and processes that would need to be acquired in order to successfully participate in DSRIP projects; the training needs assessment also allowed managers to identify impacted staff. Once needs were identified, project managers identified training program gaps, determined appropriate delivery modes, aligned training resources, and set plans for creating DSRIP course content. Hub Project Managers vetted the assessment and plan and modified to suit Hub-specific requirements and incorporate Hub-specific delivery modes. The following chart shows activities in more detail.



| Training Needs Assessment (TNA) MS Word/Excel | Training Strategy MS Word | Training Plan MS Excel |
| --- | --- | --- |
| · Identify training target audience (positions) via Project Team meetings<br>· Define future state knowledge/skills needed for target audience via Project Team meetings & CC/HL population evaluation results<br>· Determine current knowledge/skills by position via the survey<br>· Determine the gap in current to future state knowledge/skills to define the training needs<br>· Determine availability of training resources (internal/external trainers, courses, and facilities) and any gaps via the survey<br>· Understand target audience training delivery method preferences via change risk/readiness survey | · Define training objective and guiding principles<br>· Define target audience<br>· Define course delivery methods<br>· Define roles and responsibilities<br>· Determine course development, review, and approval process<br>· Define curriculum including course objectives and content overview<br>· Outline high level training timeline<br>· Define enrollment approach considerations<br>· Describe facilities available to host training and plan for consolidating Web Based Training offerings<br>· Establish tracking and reporting methods | · Define details for each individual course including:<br>  · Purpose<br>  · Description<br>  · Length of Course<br>  · Target Audience<br>  · Delivery Mode<br>  · Frequency<br>  · Training Material<br>  · Development Time<br>  · Developers, SMEs, Reviewers, Approver<br>  · Facilitator<br>  · Facilities<br>  · Enrollment Process<br>  · Sign-In Sheet |

Documented in the Training Plan, SCC Central Services Organization will take the lead in delivering training content to meet DSRIP organizational work stream level requirements related to health literacy, cultural competency, practitioner engagement, and performance reporting. SCC will develop a training plan that ensures resources and facilities exist to provide required course materials for all end users in the SCC system including Hubs, Community Based Organizations (CBOs), and Providers. Hubs may choose to offer courses targeted for organizational workstream training needs as available.

SCC and the Hubs will both provide training in support of project level requirements, where appropriate. While course curriculum is still in development, all three Hubs may use the same project course content; or may customize and adjust based on Hub-specific needs. Hub specific approach will leverage Hub expertise, standardize training provided to providers within in a Hub, and ensure alignment with organizational priorities. Training will be provided through well-established channels.

CBOs and Providers will participate in training for all projects in which they are participating. A CBO might be working with more than one Hub on a specific project; Hubs will collaborate to ensure that the organization will not have to attend separate trainings.

All Hubs will have a consistent approach in contracting with partners. Partners include all contracted parties: CBOs, Hospitals, Primary Care Practitioners, NON-PCPs, Clinics, MH/SA, and SNFs etc. Hubs will be responsible for educating all contracted parties; this will be further discussed in the Training Implementation Section.

## Objectives

The objectives of the SCC DSRIP training program are:

- Train personnel at each Hub site to have the knowledge, skills and capabilities to perform all new business and clinical system and process tasks required in support of DSRIP project and organizational workstream milestones as applicable to their role/function.
- Increase the skillset of the current workforce with decision aids, telehealth and other self-care technologies; and real-time information about patient experience.
- Reduce the time that it takes personnel to fully adopt new DSRIP processes, thereby reducing costs of initial lost productivity and ongoing support.
- Increase the confidence of personnel in the SCC activities - reduce anxiety staff may experience when DSRIP workforce changes are implemented.
- Ensure that personnel have easy access to accurate and comprehensive documentation of DSRIP roles, processes and policies.
- Develop highly trained SCC and Hub trainers to support staff at each Hub site prior to, during and after DSRIP implementation.

## Guiding Principles

The following principles will guide the development and delivery of the SCC DSRIP training program:

- Training courses should address all topics identified in the DSRIP training needs assessment by the project managers and project work streams.
- Ongoing training courses should be offered to all Hub sites, partners and community-based organizations' employees for refreshers and to train new staff post go-live.

- Training should incorporate real-world scenarios accompanied by hands-on exercises as appropriate for the given curriculum.
- All trainers should be educated on DSRIP workforce requirements.
- Training material delivery should be tailored to the experience level of the audience.
- The training schedule should be coordinated with site leadership and new program go-live dates, to help minimize the disruption to site operations.
- Assessments should be conducted to ensure that staff have been trained to perform the new clinical and business processes.
- Follow up training should be available for staff who are not confident in their ability to perform the new clinical and business processes.
- SCC Central Services Organization must keep record of all PPS training delivery.
- Training course owner should update and maintain courses based on training feedback.

## Training Approaches

The SCC Training Program reflects a blended learning strategy that delivers training through both classroom-based instruction and technology-driven content. A blended approach can meet the needs of the SCC, which spans a large geography and needs to train a large workforce in a short period of time. Using several methods of delivery will ensure that SCC can train impacted staff quickly and efficiently.

While this Strategy relies heavily on ILT and WBT, the following table illustrates various modes of delivery that may be used in the future as new training needs are identified. It is important to note that training vehicles are often used in conjunction with each other. For example, Job Aids are often paired with classroom trainings as people do not retain all information that is taught to them in one sitting.



**Training Delivery Formats**

| ILT (Instructor Led Training) | vILT (Virtual Instructor Led Training) | WBT (Web Based Training) | OJT (On the Job Training) | AKT (Alternative Knowledge Transfer) |
|---|---|---|---|---|
| • Suits moderately complex to very complex material<br>• Allows for hands on practice in the system<br>• For centrally located user populations<br>• Maximum class size is 30<br>• Evaluations and exams | • Suits moderately complex to very complex material<br>• Allows for hands on practice in the system<br>• Allows interaction with a trainer without requiring travel or time away from the office<br>• Class size flexible<br>• Tracking<br>• Evaluations and exams<br>• Recording possible for repeats | • Self paced, just-in-time, on demand<br>• Exercises<br>• Tracking<br>• Evaluations<br>• Repeatable<br>• Accessible | • Provides experience and practice<br>• Promotes collaboration<br>• On demand, self directed<br>• Performance support<br>• Knowledge sharing<br>• Mentoring and coaching by SUs (Super User)<br>• Supports sustainment<br>• Repeatable<br>• Accessible | • Self paced and/or guided knowledge sharing<br>• Alternative to formal training<br>• Cost effective<br>• For small, widely dispersed audiences<br>• Mentoring and coaching by SUs (Super User)<br>• Workshops/Clinics<br>• Lunch and learns<br>• Supports sustainment<br>• Local collaborations |

**Embedded Simulations**

Instructor-Led

Instructor-led courses are ideal when there is anywhere from two hours to four days' worth of material to cover with an audience of more than five end users. Instructor-Led courses may be delivered in-person in a training facility. Instructor-led courses should be delivered by SCC and Hub DSRIP project trainers at the designated onsite training facilities.

Train-the-Trainer Program

A Train-the-Trainer program will ensure that the identified SCC and Hub trainers have the skills and confidence to facilitate the trainings moving forward. While there will be formal Train-the-Trainer workshops, the informal training of the SCC and Hub trainers through design workshop participation, conference room pilot attendance, and testing is just as critical. The trainers should be identified as early as possible and be involved in the SCC DSRIP project early and often. Train-the-Trainer workshops will be run by SCC and Hub Project Managers.

There are two types of Train-the-Trainer workshops: General and Course-Specific.

The General Train-the-Trainer workshops should enable SCC and Hub trainers to:

- Learn techniques to deliver end user training successfully
- Work with the training materials effectively
- Schedule end users for training and manage attendance
- Assess and certify end users as appropriate

The Course-Specific Train-the-Trainer workshops should enable SCC and Hub trainers to:

- Explain key concepts and terms
- Understand the training curriculum and content
- Rehearse the training classes, including exercises

Trainer Selection

Trainers will be identified by each organization. SCC and Hub Project Management will work with workstream committees to identify trainers who can commit to the project from the Train-the-Trainer sessions through the project go-live date.

The SCC and Hub Trainers should be drawn from the pool of Subject Matter Experts (SME). SMEs will have invested a significant amount of time in the DSRIP project, gaining expertise well before the Train-the-Trainer sessions begin. Due to their knowledge level, SMEs could spend less time learning the system and more time learning how to teach the system. SMEs should be assigned training courses that are within their area of expertise. For example, if Brookhaven Community Hospital has a nursing manager who is involved in the project committee for transition of care, he or she might be selected to be the trainer for the Brookhaven DSRIP project.

If a Trainer is needed from outside the SME pool, the trainer should be identified early enough to become a SME and get significantly involved in the project before the Train-the-Trainer sessions begin. These trainers should be experts within the area that they are assigned to teach. If the trainer requirements cannot be met within the organization, professional trainers could be hired, but their use should be minimized. There are significant disadvantages to using professional trainers. While professional trainers are experienced teachers, they are not experienced in the business and clinical processes that need to be taught and could be very expensive.

Virtual Instructor-Led

Virtual Instructor-led courses are ideal when there is anywhere from two hours to four days' worth of material to cover with an audience of more than five end users that are not based in a centralized geographic area. Virtual Instructor-led trainings are typically delivered through WebEx. While virtual instructor-led courses can be used to solve logistical challenges, there are significant disadvantages to virtual instructor-led training courses. While an instructor can demonstrate functionality to participants by sharing their desktop screen, the instructor cannot easily monitor participants as they perform their exercises. Like WBT courses, virtual instructor-led courses work well when you have a limited amount of material to teach to a dispersed audience.

Web-Based Training (WBT)

Web-based Training courses are ideal when there is a limited amount of material that needs to be taught on a specific subject, to a large audience that is spread out over a number of sites. WBT courses might be more than a simple slideshow that an end user clicks through. A typical WBT course will include interactive system simulations that mimic a production environment. Since WBT courses are hosted centrally, they can be taken anytime at any site. Participants can learn the material at their own pace and can retake a course whenever necessary. WBT courses are always available for ongoing, refresher, and new hire training. WBT courses and Virtual Instructor-led courses should be available to end users from any computer at their site. Web-Based courses could be a WebEx or a video where users can listen/watch at any time. After a WBT course is published, the course should be available twenty four hours a day. A WBT course content should be annually reviewed and updated to ensure course content stays relevant.

On-the-Job

On-the-job training is ideal when you have to train a small audience of one to five end users. With smaller groups, you can provide one-on-one or small group training that is realistic and targeted to the end users. Instead of creating classroom exercises, you can walk the end users through the process of entering their actual data in a production environment. When this is not possible, you can create realistic exercises that apply directly to the end user in a testing or training environment. While on-the-job training is less formal than instructor-led training, it is just as rigorous. On-the-job training should be conducted by organizational DSRIP project team members, rather than by SCC and Hub trainers.

On-the-Job training can also be paired with instructor led training. Participants might first attend an in-person training to get a lot of the details surrounding the new system and then be assigned On-the-Job training as a follow-up to what they learned in the classroom. This allows the attendee to reinforce in their daily work setting what they learned in the classroom. On-the-job training sessions should be delivered by SCC and Hub partner organization project leads or designated facility champions. The delivery of on-the-job training is flexible.

Alternative Knowledge is an alternative to formal training. It's cost effective and utilizes the knowledge of current staff. In other words, it's using staff who are well-versed in a topic to teach other staff. It encourages local collaboration where participants are coached and mentored by super utilizers.

Job Aides

Job Aides are useful for post-training and end user retention. Job Aides will be created for SCC DSRIP projects that require checklists an end users may need to refer back to content.

## Curriculum Overview

The SCC training plans have identified courses that are needed for DSRIP projects. Below is an outline of each course.

| Curriculum Overview | | |
|---|---|---|
| Org Workstream/ Project | Training Name | Purpose |
| Practitioner Engagement | • Practitioner Onboarding Orientation | • Educate practitioners during the on-boarding program about the Suffolk Care Collaborative and DSRIP Program Requirements. |
| | • DSRIP 101 | • Educate practitioners and other professional groups about the DSRIP program and PPS-specific quality improvement agenda |
| Performance Reporting | • Patient Engagement Reporting | • Educate partners regarding the Patient Engagement Reporting Requirements. |
| | • An Introduction to the Model for Improvement | • Provide an orientation to the IHI Model for Improvement. |
| | • Using Run and Control Charts to Understand Variation | • Educate partners regarding two fundamental tools for understanding variation - the run chart and control chart. |
| | • Building Skills in Data Collection and Understanding Variation | • Educate partners about data collection and statistical variation. |
| | • The SCC Performance Reporting & Improvement Program | • Provide an overview of the SCC Performance Reporting and Improvement Program |
| Care Management | • New Hire Orientation, Training and Development | • Provide Care Management Team with an overview of role in the PPS as well as DSRIP Projects and Population Health basics. Review skills needed to perform their job function. |
| Financial Sustainability/Compliance | • SCC Compliance Training | • Provide essential information about the nature, scope, and required elements of the SCC's Compliance Program; contact information for the program. |
| General SCC PMO | • Performance Logic Training | • Provide an overview of the Performance Logic system and how to use the software. |
| Cultural Competency & Health Literacy | • Orientation to SCC Cultural Competency & Health Literacy Strategy<br>• Cultural Competency & Health Literacy courses: Evidence Based Research<br>• Cultural Competency & Health Literacy 101 | • 'Provide an orientation to the SCC's plan to improve cultural competency and health literacy. Review the key objectives, and the monitoring and evaluation processes that can support addressing the goal of eliminating health disparities and improve outcomes.<br>• Educate clinicians about evidence based research addressing health disparities for particular groups identified. |
| | • Cultural Competency & Health Literacy courses for Nonclinical & CBOs | • Provide education and enhance awareness on the importance of providing services that are culturally and linguistically appropriate |
| Project 2ai | • Integrated Delivery System (IDS) for Safety Nets, CBOs | • Review IDS for Population Management: Perform PHM by using EHR or other IT Platforms |
| | • PCMH Transformation Program | • Review the PCMH Transformation Program and NCQA standards |
| Project 2biv & 2bix | • Transition of Care Model for Hospitals | |

| | | |
|---|---|---|
| | • Transition of Care Model for Post-Acute Care Partners "Receivers" | • Learn the TOC model and protocols and the 30-day care coordination services.<br>• |
| Project 2bvii | • INTERACT Quality Improvement Program | • Learn basic INTERACT principles |
| | • INTERACT Program Care Pathway | • Learn the care pathway to monitor patients |
| | • Certified INTERACT Training Program (CIC) | • Learn the steps to become a Certified INTERACT Champion |
| | • INTERACT Program Caretaker | • Promote use of communication tools for education patient and family/caretakers |
| | • INTERACT Program SNF | • 'Training for SNF's to build & participate in a Quality Committee as required in the steps in milestone 8. |
| | • INTERACT Program Reporting | • Learn about the Advance Care Planning Tools within the INTERACT QIP as well as MOLST |
| Project 2di | • CHAP Program Training | • Learn Insignia Flourish Tool, and Coaching for Activation Tool |
| Project 3ai | • PCBH Model of Care: Training: Model 1 | • Training Tool Kit will have modules on Models 1, 2 and 3. Depending on model topics may include the following: Orient primary care providers, the staff, facility Champion to IC program reporting and the embedded resource to PCBH Model. Learn about reverse integration, medical services, required screenings and process; the IC reporting process for SCC program management; embedded resources workflow; IMPACT model guidelines, resources, consultant model and referrals; orient office staff to IMPACT and SCC reporting procedures. |
| | • PCBH Model of Care: Training: Model 2 | |
| | • PCBH Model of Care: Training: Model 3 | |
| | • Behavioral Health & Primary Care Integrated Care Program | • Learn the workflow and process for the Embedded Resource scope of practice training for IC |
| Project 3bi | • Cardiovascular Health Wellness & Self-Management Program (CWSP) for PCP's | • The Cardiovascular Health Wellness & Self-Management project training will cover the following topics: overview of cardiovascular disease interventions, cholesterol, blood pressure, hypertension, disparities, the patient identification model, the Million Hearts initiative and the Stanford Model. |
| | • Cardiovascular Health Wellness & Self-Management Program (CWSP) for Behavioral Health and Non-PCP | • Learn about the Million Hearts strategy and Blood Pressure Monitoring |
| | • Stanford Model Training Program | • Review the Stanford Model Training for Partnerships and Community Based Organizations |
| Project 3dii | • Promoting Asthma Self-Management Program (PASP) PCP | • Promoting Asthma Self-Management Program (PASP) PCP training will cover the following topics: evidence-based guidelines for asthma home-based self-management, home environmental trigger reduction, self-monitoring, medication use, and medical follow-up. Additionally, will review patient referral process, CBO involvement and patient education materials. |
| | • Promoting Asthma Self-Management Program (PASP) CBOs | |
| Project 3ci | • Diabetes Wellness & Self-Management Program (DWSP) | • Learn evidence based strategies for diabetes management, the care coordination team and process, patient risk population, health home linkages and the Stanford Model partnership with CBOs. |
| | • Stanford Model Training Program-Diabetes Self-Management Tool | |
| Project 4aii | • SBIRT Training | • 'SBIRT training for Hospital staff will be facilitated by an SBIRT OASAS Certified SBIRT Trainer to support certification to perform SBIRT for billable service in Hospital EDs |
| | • OASAS Certified SBIRT Trainer Certification Course | • 'OASAS Certified course on how SBIRT Trainers will be engaged to host all SCC SBIRT Training Programs at Suffolk County Hospitals. |

| | • Underage Drinking Prevention | • Education on underage drinking prevention and social services/community resources |
| | • Tobacco Cessation & Prevention Program | • 'Train participating OMH Clinics to take part in implementing tobacco free regulations and implement provider education and smoking cessation practices |
| Project 4bii | • Chronic Disease Prevention Initiatives | • Educate primary care staff on Chronic Disease Prevention Initiatives and practices. Topics will include identifying community resources on chronic disease prevention, cancer screening events, nutrition/health fairs, tobacco cessation such as the NYS Quit Line |

## Target Audience

The target audience for the SCC Training Plan corresponds to the New York State Department of Health Job Families and Job Titles. Courses were identified based on New York State Provider type. For example, a Primary Care Provider will have a longer training session on the cardiac project than a behavioral health provider will for this project, as the requirements for a behavioral health provider are fewer. Behavioral Health providers will only need to be trained on content-related to blood pressure and the Million Hearts initiative. The training plan clearly lists all staff that need to be trained based on the NYS Job Family and Title.



SOURCE: NYS DOH Document, Workforce Reporting Summary, Dec 2, 2015

The Target State Workforce model is used to determine the number of individuals who will be needed to fulfill project requirements The Gap Closing Strategy will determine the number of individuals that need to be trained.

The Workforce survey and the Change Risk Readiness Assessment will be used as inputs to determine project impact and compare current state knowledge, skills, and capabilities with desired future state knowledge, skills, and capabilities.

The Change Risk and Readiness assessment identified project impact across a sample of Partner Organizations. A more comprehensive determination of project impact will need to be completed across all partner organizations during the on boarding process.

The table below shows an example of project participation requirements by NYS DOH Provider Type.

- The black solid dot stands for Engaged Participant meaning that a partner is required to participate in each DSRIP Project
  o The white dot stands for Knowledgeable Participant meaning that a partner should be knowledgeable in each DSRIP project

| Project Participation Requirements | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Provider Type | 2.a.i | 2.b.iv | 2.b.vii | 2.b.ix | 2.d.i | 3.a.i | 3.b.i | 3.c.i | 3.d.ii | 4.a.ii | 4.b.ii |
| PRACTITIONER –PC* | ● | ○ | ○ | ○ | ○ | ● | ● | ● | ● | ○ | ● |
| SAFETY-NET PRACTITIONER – PC | ● | ○ | ○ | ○ | ○ | ● | ● | ● | ● | ○ | ● |
| PRACTITIONER – NON-PC | ● | ○ | ○ | ○ | ○ | ○ | ● | ○ | ○ | ○ | ○ |
| HOSPITAL | ● | ● | ○ | ● | ● | ○ | ● | ○ | ○ | ● | ○ |
| SAFETY NET HOSPITAL | ● | ● | ○ | ● | ● | ○ | ● | ○ | ○ | ● | ○ |
| NURSING HOME | ● | ○ | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| SAFETY NET NURSING HOME | ● | ○ | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| MENTAL HEALTH | ● | ○ | ○ | ○ | ○ | ● | ● | ○ | ○ | ● | ○ |
| SAFETY NET MENTAL HEALTH | ● | ○ | ○ | ○ | ○ | ● | ● | ○ | ○ | ● | ○ |
| CLINIC | ● | ○ | ○ | ○ | ● | ○ | ○ | ○ | ○ | ○ | ○ |
| CASE MANAGEMENT | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| HOSPICE | ● | ○ | ○ | ○ | ○ | ○ | ○ | ● | ○ | ○ | ○ |
| PHARMACY | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| COMMUNITY BASED ORGANIZATION | ● | ○ | ○ | ○ | ● | ○ | ○ | ○ | ○ | ● | ○ |
| ALL OTHER | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Each SCC DSRIP project has requirements in the form of processes, clinical workflow, policies and procedures, and reports to be performed and managed by defined roles. The audience of who needs to be trained is referenced in the Training Plan.

## Roles and Responsibilities

The following table outlines the SCC training program roles and responsibilities. The SCC Training program will be overseen by Kevin Bozza, SCC Director, Network Development & Performance.

| Roles | Responsibilities |
|---|---|
| SCC Central Services Organization Training Lead | - Oversee Training program design, development, delivery, and tracking across Hubs.<br>- Inform and liaise with Workforce Governance Committee for approvals to Training program updates, as needed.<br>- Report on training activity as required to NYS DOH. |
| Hub Training Leads | - Assist Training Developers as needed to develop outlines and content for courses.<br>- Manage the loading of training data. |

| Roles | Responsibilities |
|---|---|
| | • Develop the training schedule, soliciting input from Program Management, Hub team leads and Suffolk Care Collaborative (SCC) and Hub Trainers. <br> • Coordinate the scheduling of end users based on role mappings. <br> • Manage the delivery of the training program and provide support to the SCC and Hub trainers. <br> • Manage requests for make-up, refresher and new hire classes. <br> • Periodically review for new training curriculum needs and manage the maintenance of the training program. <br> • Obtain end user feedback on program-related training and update courses and materials as needed. <br> • Work with leadership of partner organizations to build awareness around and facilitate enrollment. |
| Developer | • Create content and material for courses in specified training mode. <br> • Update courses and material based on end user feedback as needed. |
| SMEs | • Provide input to creation of courses and materials based on subject matter expertise <br> • Provide thorough and timely review of training materials, as requested. <br> • Support the delivery of training by attending session as requested to provide subject matter expertise. <br> • Assist the SCC and Hub Trainers in providing regional and/or onsite post go-live training support. |
| Reviewer | • Review training material and provide input re necessary edits. |
| Approver | • Provide final sign off on course and material. Training Plan identifies the approving reference the approver in the training plan. Approver is noted by each course as referenced in the Training Plan. <br> • Recommended that this role be assigned to one person per course for clear accountability. <br> • Training Materials are developed by a group, and then approved by the governance committee, see Training Plan for more details. |
| SCC and Hub Trainers | • Train all end users. <br> • Participate in the Train-the-Trainers workshops. <br> • Learn the relevant SCC DSRIP Workforce system transactions and the training material to which they have been assigned. <br> • Update and localize training material when required <br> • Teach scheduled classes, along with any make-up, refresher or new hire classes and other requests. <br> • Track attendance, assess end users and request course evaluations. <br> • Provide regional and/or onsite post go-live training support. |

| Roles | Responsibilities |
|---|---|
| | • Update or work with Developers to update training material based on in classroom feedback. Inform Hub and SCC Training Leads of all updates. |
| Hub Representatives (Provider Liaisons, Implementation Specialists) | • Works as an intermediary between PPS leadership, hubs, primary care providers, community based organizations and SNF's.<br>• Works with provider sites, practice managers to facilitate and track on boarding process and ensure adherence to DSRIP goals and requirements.<br>• Helps implement Hub procedures and processes.<br>• Plans and organizes meetings, learning collaborative and seminars to support practice education and engagement.<br>• Serves as a Partner point-of-contact.<br>• Ensures partner needs are met, helps disseminate communication delivers performance reports and coordinates resources to ensure DSRIP goals are achieved. |
| WBT Administrator | • Upload and monitor the WBT courses.<br>• Support the scheduling for live WebEx meetings<br>• Send notifications and updates.<br>• Track course and curriculum completions.<br>• Monitor end user assessments and course evaluations.<br>• Generate reports on the training program. |
| Training Facility Champion | • Serves as the SCC Training point-of-contact<br>• Work with the Hub Training Leads to confirm scheduling, track course completion, and monitor end user assessments and course evaluations for their facility, as needed.<br>• When requested, provide onsite logistical support of the training program, including reserving rooms, setting up training facilities, and requesting onsite IT support.<br>• Monitors all in-person training activities at partner facilities. |
| IT | • Ensure that all training content can be seen and heard.<br>• Provide support and help trouble-shoot any technical difficulties for web-based, online and instructor-led trainings. |

## Training Development Process

Training courses will be developed by Project Teams, Hubs (for Hub specific approaches to project requirements), and the SCC Central Services Organization (for organizational workstream needs).

The training development process below can be used by SCC and all Hubs where a process does not already exist.  See Appendix Example: Training Development Process

**Training Methodology**

Plan and Insight → Design → Develop → Deliver
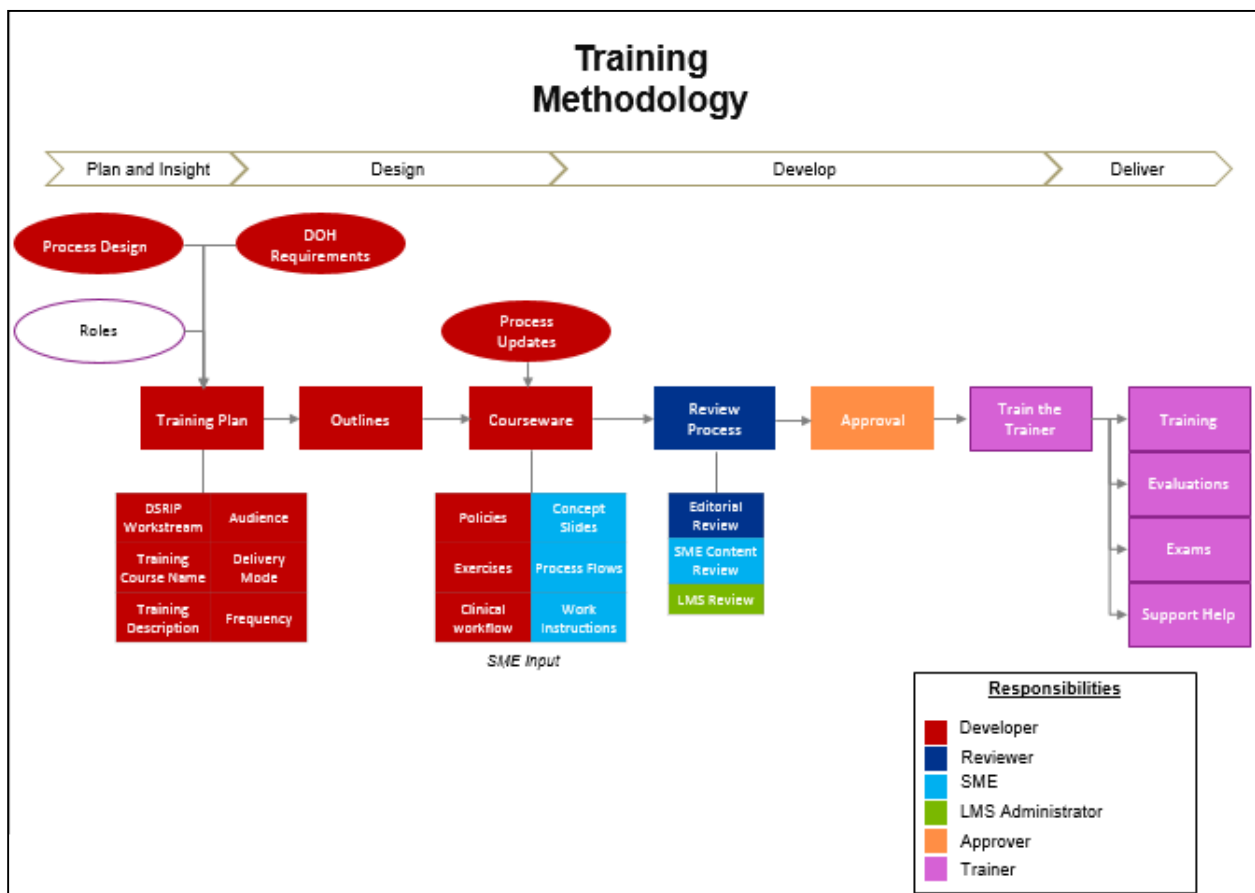
1) Plan & Insight: Project Teams must identify process designs for each project looking at DOH requirements and roles to create the training plan. The training plans may include the necessary criteria from DOH: DSRIP workstream, training course names, training course topics and description, audience, method of delivery and frequency of training.

2) Design: Once training plans are created, DSRIP project teams will work together to create outlines of course requirements and subject matter: project background, process flow, business policies and procedures based on the DOH requirements and should consider:
   a. the roles that will be impacted
   b. the current level of knowledge and skills that participants already possess; and
   c. sources of information currently available as inputs.

3) Develop the courseware to include system and process content. Courses should cover all related policy, process, and system knowledge, skills, and capabilities needed to successfully deliver program requirements and should incorporate exercises, quick reference guides, and other job aids where possible (templates, styles, and standards for all DSRIP training courses should be standardized as much as possible.) Review and approval process is iterative with the development of materials and should be given appropriate time and attention.

4) Deliver the course to impacted personnel. Training should address all questions and the course should be evaluated by participants. Additionally where available a SME contact should be provided for post training follow up questions.

Training Course Development Time Guidance

The industry standard training development metrics are 43 development hours for each hour of instructor-led training material and 184 development hours for each hour of WBT courseware. There is no industry standard metric for on-the-job training, but a good estimate is 20 development hours per hour of on-the-job training material.

Training Program Development Tools

The following table outlines the possible development tools for each component of SCC DSRIP training materials. Project teams should consider the audience as well as the costs and time allocated when creating training components.

| Component | Development Tool |
| --- | --- |
| WBT Courses | Possible Tools: UPK,  Adobe Captivate, Adobe WBT Suite |
| System Simulations | Possible Tools: UPK, Adobe WBT Suite |
| Online Help | Possible Tools: UPK, RoboHelp |
| Presentations | Microsoft PowerPoint (converted to PDF) |
| End User Guides | Possible Tools: UPK, RoboHelp |
| Exercise Guides | Possible Tools : UPK, Microsoft Word  (converted to PDF) |
| Exercise Data Sheets | Microsoft Excel  (converted to PDF) |
| Quick Reference Guides | Depends on the QRG format – Word, PPT, Desktop Publishing (converted to PDF) |
| Business Process Flows | Microsoft Visio (converted to PDF) |
| Assessments | WBT: Adobe Captivate and LMS System<br>ILT and OTJ: Microsoft Word, Excel and LMS System |
| Evaluations | WBT Evaluations on Training effectiveness |

Training Material Maintenance and Publication

The SCC Central Services Organization team will manage and maintain training materials through all phases of DSRIP. Until ready for publication, the files should be stored on a SharePoint site, or equivalent content management system, which is available to all project managers and DSRIP project workstreams.

When the training files are ready to be used in class, they should be published in a location that is accessible to all participants.

Training Data

The SCC Central Services Organization team should ensure that all training data are outlined for the instructor-led classes and on-the-job training sessions. The SCC Central Service Organization team should work with the respective SMEs and SCC and Hub Trainers to load the training data. When requested, the SCC team and their Application Hosting Provider counterparts will use data loading tools to support the effort.

Training Security

Due to the sensitive nature of some HR data, SCC Central Service Organization should try and ensure all sensitive data and Personally Identifiable Information (PII) are scrubbed prior to any training session. No Protected Health Information (PHI) will be included in any training session.

## Facilities

The SCC Central Service Organization team should work with a contact designated by the project lead to assess the training facilities at each site for a logistics check prior to scheduled training event. All trainers should be equipped with any training materials such as PowerPoints, hand-outs, attendance sign-in sheets.  Other things to consider:

- Capacity of the rooms
- Number and type of available computers
- White boards
- Projectors
- Projection Screens
- Wi-Fi or cabling
- Power connections

Examples of SCC Training Facilities and Providers

| SCC Training Facilities | | | | | |
|---|---|---|---|---|---|
| Facility Name | Facility Address | Facility  Description | Courses Offered | Web-Based Training | Contact Person |
| IHI Open School | IHI Open School Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138 USA Phone: (617) 301-4800 IHI Open School Website | The Institute for Healthcare Improvement (IHI), an independent not-for-profit organization, is a leading innovator in health and health care improvement. For more than 25 years, they have partnered with visionaries, leaders, and front-line practitioners around the globe to spark bold, inventive ways to improve the health of individuals and populations. IHI work is focused in five key areas: improvement capability: person-and family-centered care; patient safety; quality, | IHI offers a number of professional courses. Some of the courses include quality improvement, team communication, and PDSA cycles and run charts. Click here to access the full catalog. | SCC will be sharing free videos from IHI. There is full catalog where organizations can purchase content. Click here to access the full catalog. | General Inquiry Contact: info@ihi.org |

| SCC Training Facilities | | | | | |
|---|---|---|---|---|---|
| Facility Name | Facility Address | Facility Description | Courses Offered | Web-Based Training | Contact Person |
| | | cost and value; and triple aim for populations. | | | |
| Insignia Health | Insignia Health licenses product to health systems across the globe. Portland Office One SW Columbia Street, Suite 700 Portland, OR 97258 USA info@insigniahealth.com Minneapolis Office 10900 Wayzata Boulevard, Suite 810 Minnetonka, MN 55305 USA Insignia Health | Insignia Health partners with health systems to assess patient's health self-management abilities and help them to be more involved in their care. Insignia licenses the Patient Activation Measure (PAM) survey, which reliably predicts future ER visits, hospital admissions and readmission, medication adherence, and other metrics linked to consumer health characters and outcomes. PAM measures a person's self-management ability and motivation level. Patient activation is a key measure to success in integrated value-based healthcare systems. | There are several courses offered. Including PAM, Flourish- an online health education platform- and Coaching for Activation-utilizing patient metrics and health coaching tailored to patient's capabilities as defined by a PAM score. | There are web-based trainings. See Website for more details. | For General Inquires Click Here |
| NCQA (PCMH Certification) | NCQA Corporate Office 1100 13th St., NW Suite 1000 Washington, D.C. 20005 202.955.3500 NCQA PCMH Certification | The patient-centered medical home is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into "what patients want it to be." Medical homes can lead to higher quality and lower costs, and can improve patients' and providers' experience of care. NCQA Patient-Centered Medical Home (PCMH) Recognition is the most widely-used way to transform primary care practices into medical homes. | There are several resources available on the NCQA PCMH. Click here to see more information. | N/A | Telephone: (202) 955-3500 For General Inquires Click Here |
| Northwell Center for Learning & Innovation | Northwell Center for Learning and Innovation 1979 Marcus Avenue Suite 101 Lake Success, New York 11042 Northwell Center for Learning & Innovation | The Northwell Center for Learning and Innovation is a 45,000 square facility located in Lake Success, New York. Open Monday-Friday from 7am-10pm. There are 8 components to the CLI: Leadership Development, Patient Safety Institute, Physician Leadership Institute, Scholar Pipeline, Emergency Medical Institute, the Hofstra School of Medicine, Bioskills Education Center and Clinical Transformation. The facility has 16 simulation rooms, 14 clinical skills examination rooms, 7 control rooms, 8 small group rooms, 7 conference rooms, 2 computer labs, 2 operating rooms, 1 CLI studio, 1 labor and delivery suite, 1 cardiac catheterization suite, 1 | There are several courses offered for both clinical and administrative staff. Courses include: leadership, active listening, emotional intelligence, conflict management, crucial conversations, motivational interviewing. They offer computer courses on the entire Microsoft Office Suite. There are courses in patient safety including Six Sigma etc. There are several courses in treating the diabetes population including best practices, and insulin pump courses. | They have an iLearn LMS system where they can load courses onto the LMS system. They have capacity to potentially provide access to other stakeholders within the PPS. | Dr. Kathleen Gallo & Michael Wright |

| SCC Training Facilities | | | | | |
|---|---|---|---|---|---|
| Facility Name | Facility Address | Facility Description | Courses Offered | Web-Based Training | Contact Person |
| | | medical education theater, 1 library and 1 Innovation Café. | | | |
| North Carolina Center of Excellence: | North Carolina Center of Excellence 201 Weston Parkway, Suite 203, Cary, NC 27513 NC Center of Excellence | The NC Center of Excellence for Integrated Care helps to train and implement integrated care in various healthcare delivery settings. Its missions is to create a healthcare system that is Integrated, Collaborative, Accessible, Respectful, and Evidence-based by offering training and other resources to help providers and staff change their work methodology and communication. | There are several customizable trainings offered based on the needs of providers. Additionally, collaborative learning for groups of providers is available to allow them to test integrated care tools and techniques within their own quality assurance programs. Examples include a user-guided curriculum about the basics of integrated care, resources on how to evaluate and track patient and provider satisfaction, and how to choose the appropriate model of collaboration or integration for a particular healthcare delivery setting. | The North Carolina Center of Excellence provides links to outside resources. Online trainings may be available, particularly the basics of integrated care (IC 101 and IC 102 authored by Eric Christian, MAEd, LPC, NCC for ICARE Partnership). | Cathy Hudgins, Director |
| Stony Brook University Hospital Corporate Education and Training | Stony Brook University Hospital Corporate Education and Training 14 Technology Drive Suite 12A, Stony Brook, New York 11794 | The Stony Brook Corporate Education department has a conference room with moveable tables that can accommodate 25 people. They also have 8 desktop computers on rolling carts that are used to train on the Learning Management System. There is a laptop for the instructor with a podium and a large wall monitor. | The Stony Brook Corporate Education department has courses in supervisory/management development; team development; communication skills; patient experience (customer service); conflict resolution; and talent management. | They have an LMS system that they share with Stony Brook University campus. They can purchase *HealthStream* courses for hospital employees. | Marilyn Haight, Director of Corporate Education, Stony Brook University Hospital |
| Stony Brook Children's | Stony Brook Children's 100 Nicolls Road Stony Brook, NY 11794 (631) 444-4000 Keeping Families Healthy | Stony Brook Children's *Keeping Families Healthy* program was founded in 2011 through a NY state grant. The program is an extension of Stony Brook Children's pediatric practice that works with community health workers to provide preventive medical education and care to adolescents and new parents in underserved families. | The Keeping Families Healthy program was started in 2011 and already has educational training programs in the following areas: the management of prevalent chronic diseases, such as asthma, diabetes and obesity. | There are no web-based trainings for these programs. | Dr. Susmita Pati Associate Professor & Chief, Division of Primary Care Pediatrics |
| Stony Brook School of Nursing | Stony Brook University Hospital 101 Nicolls Road Stony Brook, NY 11794 Stony Brook School of Nursing | The Stony Brook School of Nursing is one of five professional schools in the Health Sciences Tower at Stony Brook University. They have several classrooms, computer labs, a sim lab and a comprehensive LMS system. | They offer both full and part-time education programs for professional nursing practices including a Bachelor of Science (BS), Master of Science, and Doctor of Nursing. All programs are accredited by the Commission on Collegiate Nursing Education (CCNE*). | They have a comprehensive LMS system. They have the capacity to open up their LMS system to other stakeholders. Additionally, The School of Nursing offers both full-time and part time online programs for | Lee Anne Xippolitos, Dean, School of Nursing Badge Certification in Patient Healthcare Navigation Dr. Annie Rohan, |

| SCC Training Facilities | | | | | |
|---|---|---|---|---|---|
| Facility Name | Facility Address | Facility Description | Courses Offered | Web-Based Training | Contact Person |
| | | | Registered nurses seeking a baccalaureate degree may continue their education by preparing for advanced practice nursing as Nurse Practitioners in 6 clinical specialties; Adult-Gerontology, Nurse Midwifery, Neonatal Health, Pediatric, and Psychiatric-Mental Health. The School also offers a master of science degree in Leadership and Nursing Education and a Doctor in Nursing practice.<br><br>Additionally, there is a pilot program that will be ready for enrollment in summer 2016. A "badge in patient healthcare navigation" course is a 4 week online course that covers: basic navigation skills, cultural competency, health literacy, protection of healthcare information, and approaches for mitigating health disparities. | certifications and nursing degrees. There is a nurse practitioner program that can specialize in the following areas: adult health, women's health, neonatal health, pediatrics, and psychiatric or mental health. There are web-based certification programs in the following areas: Certificate Nursing Education, Nurse Midwifery, Nurse Practitioner in Adult Health, Women's Health, Neonatal Health, Pediatrics, Psychiatric/Mental Health | Assistant Professor Director of Pediatric Research and Dr. Lori **Escallier** Associate Dean for Assessment, Evaluation and Outcomes |
| Suffolk Care Collaborative | Suffolk Care Collaborative 1383 Veterans Memorial Highway, #8 Hauppauge, NY 11788 Tel: (631) 638-2227 Fax: (631) 638-1009 Suffolk Care Collaborative | Suffolk Care Collaborative (SCC) is the Performing Provider System (PPS) for Suffolk County under the Delivery System Reform Incentive Payment (DSRIP) program. The SCC has resulted from the recent partnership of thousands of healthcare delivery partners across Suffolk County, NY. | SCC along with the project workstreams have worked to develop DSRIP training content. Some of the training courses include topics: Care Management, Cultural Competency, Cardiac Care, Diabetes, Asthma, and Transition of Care. | They have a learning portal that will be used to help onboard all partners. Partners can access training content through the Learning Portal. | For general inquires please click here |

## High Level Timeline

The SCC Training Plan is based on the project speed and scale commitments. All contracted partners should be trained and ready to participate in DSRIP projects as soon as possible. Workstreams are still developing course content, which impacts the training timeline. Ideally, all education materials will be ready before the contracting process begins.

## Scheduling and Enrollment

Once partner selection is completed Hubs will work to develop a detailed training schedule. Hubs will be responsible to schedule trainings with all contracted partners (Providers, CBOs, Hospitals, Primary Care Practitioners, NON-PCPs, Clinics, MH/SA, and SNFs) etc. to meet DSRIP project goals.

Hubs will work with partner facility champions to identify dates and times for trainings. Facility champions will be responsible for enrollment and making sure that impacted staff attend the training. A number of factors should be considered when determining the timing and location of the instructor-led classes and on-the-job training sessions, including:

- Ways to minimize disruption to site operations
- Shifts and break times
- Vacations/Holidays
- Business driven blackout dates (such as financial closings or very busy periods)
- Trainer availability
- Capacity of training facility
- Limitations of training environment
- Union regulations

## Training Implementation

Training Implementation will vary across the Hubs. Each Hub will be responsible for contracting, on-boarding, and educating their partners. While there is some degree of variability as to how each Hub will complete these activities, each Hub will generally follow a three-step process.

**Partner Onboarding Process**



**Step 1: Introductory Meeting with the Contracted Entity**
- General DSRIP Background & Orientation
- Participating Partner Agreement
- Funds Flow Overview
- Payment Distribution Plan

**Step 2: Follow up Meeting with Individual Practice Site**
- Onboarding Program Follow up
- General DSRIP Orientation
- Introduction to Hub Representative
- Initiate Site-specific program implementation plan and checklist for newly contracted partners
- Onboarding Documents: Welcome Letter, Education Attestation, Training Materials & Sign in Sheet Template, Website

**Step 3: Education & Training**
- Introductions to PMO teams
- DSRIP Project Training
- Patient Engagement Reporting Review
- Training Inventory Form & Sign in Sheet Template
- Review of site-specific program implementation plan

A representative from the respective Hub will plan an initial meeting with selected partners. The objective of this meeting is to have them join the Suffolk Care Collaborative as a contacted partner. Hub representatives will meet with potential partners (i.e., practice leadership, office managers) and discuss the basic requirements of being a contracted entity. In the initial meeting, partners will receive an

overview of DSRIP and SCC and learn about the participating partner agreement, the funds flow model, payment distribution, and education materials.

Once a partner signs up as a contracted entity, they will be assigned to a Hub Representative. The Hub Representative will be the partner's official point of contact and will welcome them to the PPS. The Hub Representative will cover any additional SCC onboarding material. The partner will then initiate the process for site-specific project implementation. Partners will start gathering, reviewing, and completing any documents and/or checklists relevant to procedures that will occur. Partners will review training materials, which will enable them to begin trainings, i.e. project management software, Performance Logic.

The third meeting will cover partner education and training. Hubs will send a facilitator onsite and will educate partners on DSRIP projects. The facilitator will train the staff or manager on all the necessary DSRIP implementation steps. Depending on the facility size and DSRIP involvement, training meetings may be conducted in one day or in multiple meetings. This will be determined based on partner availability, number of staff who need to be trained and the level of DSRIP project involvement.

Training Course Overview:

Contracted Parties will be educated/trained on the DSRIP projects in which they are involved. Projects have been created into courses and modules. Training content will cover all the necessary steps/procedures/requirements for DSRIP implementation. See Appendix Example: Provider Training Inventory Form.

Materials:

All contracted parties will be given access to training materials. Some additional course content may be available online or have additional hand-outs that are distributed. Some Hubs may have a learning portal where partners can log on and view all training materials.

Sign-In Sheets:

All meetings will require sign-in sheets. These sheets will be collected by Hub representatives. See Appendix Example: Sign-In Sheet.

Education Attestation:

All contracted partners will be required to complete and submit an education attestation form. The form will serve as an agreement with the PPS; that the provider has been oriented to SCC and received DSRIP project education materials. Education Attestation Forms and Training/Meeting Sign-In Sheets will be collected by Hub representatives and submitted to the SCC Central Services Organization office. See Appendix Example: Education Attestation.


## Tracking & Reporting Results

All training activities will be collected by the SCC Central Services Organization office. Hub Project Managers will collect partner education attestation forms, sign-in sheets and any other necessary materials.  The SCC Central Services Organization will be responsible for reporting all activity. Hub

Program Managers will complete the template and send back to the SCC Central Services Organization on a monthly basis.

The SCC Central Services Organization will review training evaluations and results. If necessary, changes will be made to course content. As the goal of the SCC Training program is to deliver impactful training that not only meets the needs of DSRIP projects but helps to grow and professionally develop staff at all levels.

**Appendix**

**Example: Education Attestation:**

## Suffolk Care Collaborative Education Attestation

I, _____ on behalf of _____ attest that we have
    (Please Print Name)                          (Name of Organization)

completed the review of the following materials to meet the SCC onboarding training requirements and agree to comply with the standards and expectations detailed in each document. In person as well as self-directed educational methods were used.

**Please read all sections. If you have any questions, please seek clarification before signing.**

1. **Participation Agreement**
   I understand the terms and conditions of the SCC Participation Agreement.

2. **\*Participation Manual & Clinical Summaries**
   I have reviewed and understand the DSRIP project requirements applicable to my organization.

3. **\*Reporting Plan, Performance Reporting and Improvement Plan**
   I have reviewed the SCC Reporting Plan and the referenced resources and understand the expectations and reporting requirements.

4. **\*Compliance & HIPAA**
   I have reviewed and will comply with the SCC Compliance & HIPAA program which includes the compliance training video; the SCC Code of Conduct; SCC Compliance Program Policies & Procedures; Compliance Program & Guidelines; the HIPAA training module; the HIPAA Policies & Procedures and Related Materials; and the Information Security Plan.

5. **\*Information Technology**
   I have received and reviewed the Suffolk PPS interface specifications and technical onboarding material required to integrate our Electronic Health Records with the Population Health Platform.

6. **Meaningful Use Modified Stage 2**
   I have reviewed all applicable material and understand the meaningful use requirements.

7. **RHIO**
   I have reviewed the "Fast Facts for Providers" document discussing electronic sharing of patient information. I understand the RHIO reporting requirements for my organization.

8. **Cultural Competency & Health Literacy Document**
   I have reviewed and understand SCC's definitions and the standard (National Standards for (CLAS) in Health and Healthcare) for Cultural Competency and Health Literacy.

**\***Education materials are located on the SCC Onboarding Webpage:
http://www.suffolkcare.org/forpartners/onboarding/part4


_____          _____

Partner's Signature                                                              Date

**Example: Sign-In Sheet:**

## Practice Site Training/Meeting Sign-In Sheet

*Delivery System Reform Incentive Payment Program (DSRIP)*

*Instructions to return: Please print when completing this template, once complete please return to your designated Provider Engagement Liaison at the Suffolk Care Collaborative.*

| [Organization Name ] | [Location] |
|---|---|
| [Training Name] | [Training Facilitator Name & Title] |
| [Topic of Training/Modules] | [Format/Mode of Training] |
| [Date] | [Time] |

| First Name | Last Name | Suffix | Title | Phone | Email Address | Initial |
|---|---|---|---|---|---|---|
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# Example: Provider Training Inventory Form

Suffolk Care Collaborative

*Delivery System Reform Incentive Payment Program (DSRIP)*

| Attestation of Training Completion |
|---|
| Please complete this form when your staff has been trained on the all DSRIP training requirements as outlined in the Training Module Index below. It is recommended that you keep a copy of this completed form in this manual for your reference as it will be submitted to the Department of Health as documentation your staff has been trained. |

On _____, 20_____, the staff referenced on the Practice Site Training/Meeting Sign-In Sheet attached to this document were trained on all DSRIP training requirements.

Trainer Name (Print) _____

Trainer Title _____

Trainer Signature _____

| Instructions for Return |
|---|
| Please print when completing this attestation. Once complete, please attach the completed corresponding Practice Site Training/Meeting Sign-In Sheet. Please use the SCC Practice Site Training/Meeting Sign-In Sheet Template, which will be provided to you by your designated Provider Engagement Liaison. Please return all materials to demonstrate the completion of all DSRIP training requirements to your designated Provider Engagement Liaison at the Suffolk Care Collaborative. |

| Training Module Index Checklist |
|---|
| [Organization Name ] |
| [Training Name] |
| [Topic/Module of Training] |
| [Date] |

| Check | Training Module Name |
|---|---|
| | DSRIP 101 Provider Orientation |
| | Performance Reporting Program |
| | Cultural Competency Health Literacy Training |
| | IT Systems & Processes |
| | Patient Engagement Reporting Requirements |
| | Integrated Delivery System & Population Health Management Processes |
| | Care Coordination Methodology, Protocol & Treatment plans |
| | Transition of Care Model |
| | RHIO Connectivity Overview |
| | PCMH Transformation Program |
| | Community Navigation Methodology & HITE |
| | BH & PC IC Program |
| | Orientation to the Integrated Care Model Selected |
| | IC Program Reporting Procedure |
| | Cardiovascular Health Wellness & Self-Management Program |
| | Strategies of the Million Hearts Champaign |
| | 5 A's Tobacco Control Workflow |
| | NYS Smokers Quit Line Referral Workflow |
| | Standard Treatment protocols for hypertension and elevated cholesterol Guideline |
| | Follow up Blood pressure check appointment Guideline |

**Example of Course Development Process:**

## Northwell Course Development Process: A Team Approach

| Initial Contact | Committing to the Partnership | Developing the Program | Finalize Program Design and Logistics | Deliver Program | Post-Program Review and Follow Up |
|---|---|---|---|---|---|
| Planning the Meeting | Faculty attends Simulation Instructor Course | Design program according to established objectives | Program Agenda | Faculty and participants execute the learning experience | Post-program surveys completed by participants |
| Establish program objectives | Confirm program timelines | Prepare scenario template for each scenario that is part of the program | Distribute pre-work to participants | Combine pre-and post-program learning, action learning, technique methodologies, and delivery principles | Debrief with faculty and PSI staff |
| Share PSI's approach, experience, capabilities | | | Conduct practice session to ensure scenarios meet learning objectives | | Take key learning from the delivery process into the redesign process |

**Northwell Health** ℠