



Dutch Hospital Association



Social Partners' Conference on Continuing Professional Development

*Working together, learning together
Switching to the learning mode*

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Abstracts

Working and learning in the service

Managing continuing professional development

Prof. Janet Grant (CenMEDIC, UK)

This presentation will analyse the purposes of continuing professional development (CPD) and ask how we can design an approach that delivers all the intended benefits and recognises evidence about the effectiveness of learning at this level, as well as acknowledging the need for professional transparency and accountability. The current credit-collecting framework is limited in its effectiveness, and in its integration with both healthcare service and personal interests. Learning is a process, not an event. An approach to planning and recognising that process will be described, based on what is known about how doctors actually identify their learning needs, learn, and return that learning to practice. An example of such process in current practice will be given. Reference: Grant, Janet [2012] *The Good CPD Guide*. 2nd edition. Taylor and Francis, London.

'A nurse is a nurse is a nurse?' Skills level differentiation in the Netherlands

Prof. Hester Vermeulen (Radboud UMC, The Netherlands) and Dr. Dewi Stalpers (Dutch Hospital Association, The Netherlands)

In this joined presentation, prof. Hester Vermeulen (Radboud UMC) and dr. Dewi Stalpers (Dutch Hospital Association) address the subject of nurses' skills level differentiation in the Netherlands.

First, an overview of the Dutch health care workforce will be given in which it is shown that nurses are the largest group of health care professionals. Various national reports and international scientific studies emphasize the importance of adequate skill-mix in relation to the quality of nursing care. Topics such as good positioning of nurses with different competencies and educational levels and efficient deployment of staff are relevant in this context.

The most recent development in the Dutch health care system involving nurses, is the proposed amendment of law: from one level of registered nurses to two levels of nurses, namely Vocational level nurses (EQF 4) and Bachelor level nurses (EQF 6). To anticipate on this enormous transition of approximately 180.000 overall of which 80.000 nurses working in hospitals, the Quality Impulse Hospital Personnel (KiPZ) is made available by the Dutch Hospital Association in collaboration with the Ministry

of Health, Welfare and Sports. From this subsidy, hospitals can invest in continuous professional development (CPD) of their staff, for example by E-Health and upgrading educational levels.

In the context of retention and retaining of the nursing workforce, it is necessary to look at the roles and opportunities for nurses of all kinds of educational levels, including Masters and PhDs. Therefore, clinical academic career pathways are important. Skills level differentiation in itself is not the goal, but it can be used as a mean to create efficient nursing teams, high performing organisations and optimal patient outcomes.

Career pathways and opportunities for development into higher-skilled roles.

Helga Pile (UNISON, UK) and Sam Donohue (Health Education England, UK)

This presentation will consider the CPD needs of healthcare support workers looking at the development in England of the nursing associate role, a new career opportunity in nursing. There is strong demand from support workers for professional development into higher-skilled roles. The nursing associate role seeks to develop this untapped potential and achieve a workforce drawn from a wider cross-section of local communities. The presenters will reflect on the experience of partnership working between government agency and trade unions, and will outline some of the issues emerging from the test site programme.

Introducing the contribution of patients and / or social care users in the training process

Angela Towle (University of British Columbia, Canada)

Drawing on personal experience at the University of British Columbia in Canada, personal involvement in international initiatives, and the literature, this presentation will address the following questions: what do we mean by patient involvement in CPD? Why involve patients and what are the benefits? What are some examples of patient involvement in CPD? The presentation will briefly describe a wide range of educational initiatives in which patients and service users can enhance CPD, and some lessons learned.

Alice Casagrande (FEHAP, France)

Believing in patient involvement in CPD is one thing, implementing it is another. After hearing about international initiatives and literature, this presentation will explain the way a small task force initiated by the Fehap with a series of partners tried to move from ideas – and ideals – to concrete realization. From the practical difficulties and various resistances and criticisms that the group encountered, a series of lessons can be learned, concerning the way to help patient and social care service users' expertise and knowledge be fully recognized by all parties.

Competence development of an aging workforce German hospitals.

Dr. Sebastian Merkel (IAT, Gelsenkirchen, Germany)

Currently, the health and social care sector is facing multiple challenges: a rising demand for workers, a high share of older workers, challenging working conditions, the digitalization, to name a few. The demand for longer working careers has become widespread in modern societies, as growing life

expectancy increases economic pressures for sustainable approaches to the work life participation of older employees. To deal with these challenges, age management offers promising measures. Within the European project EXTEND (Social inequalities in extending working lives of an ageing workforce) case studies are conducted in several organisations (hospitals, in-patient and out-patient care) in which such measures are analyzed.

Cross-sectoral development of skills and qualifications in Denmark – the BRO project.

Winnie Lund Jette and Steenberg Holtzman (Center for human resources, Capital Region of Denmark)

Background

Patients and citizens are faced with challenges in relation to obtaining seamless care. The health care professionals have been educated in and often work in separate institutions and the organizational structures are not designed to overcome these challenges.

Objectives

Enhanced patient involvement, relational coordination and leadership engagement.
Improved quality of care and creating seamless patient pathways for the elderly patients.

Methods

The target groups are health care professionals across primary and secondary settings. The BRIDGE model is a joint venture between a hospital and the communities of the uptake area. During 2013 – 2016 six processes have been established with the participation of six hospitals, 15 municipalities, 200 health care professionals, more than 100 leaders and over 50 users of the health service.

The BRIDGE model consists of several central activities. Local key stakeholders are identified and function as a planning committee. This committee engages with leadership teams to ensure engagement and involvement. A Kick Off is held followed by three education sessions of two - three days. The participants create a specific collaboration activity designed to enhance seamless care across the settings. This is followed by presentation for leaders and patients and lastly three knowledge seminars are held to ensure sustainability. This process takes 4 – 6 months.

Results

The BRIDGE model has been evaluated within the theoretical frame of Program Theory. The results show that participants have enhanced knowledge and actions regarding patient involvement, coordination and communication across primary and secondary sector. The relational coordination has increased and the participants have gained mutual respect, shared knowledge and shared objectives.

Implications

The BRIDGE model has been used within the somatic elderly patient pathways, but the results indicate that it can be transferred into other pathways characterized by complexity, a need for seamless care and multiple health care professionals.

How does CPD support multi-professional team-based care? An example from Finland.

Juhapetteri Jääskeläinen (Master of Health Care, Deputy Nurse Manager, Helsinki Burn Center, Finland)

Trauma is a leading death cause in western countries for working age people. EuroSafe estimates in their 2013 published report (Injuries in the European Union) that over 230 000 people die every year due to injuries sustained in accidents and violent acts. Also they estimate that approximately 5,7 million people are admitted to hospital and 33,9 million treated as hospital outpatients. Typical Finnish major trauma patient is middle aged man, who has been injured in traffic or work-related accident.

At the beginning of millennia Töölö hospital was in a new situation due to organizational changes. Patient flows were increasing as the resources were not. There is a lot of history in treating major trauma patients in Töölö hospital, but problems started to manifest in new situation. There was too much variation in practices and in quality of the treatment according to time of the day and month and according to who was on shift. This was deemed unacceptable and lot of practices were changed in aim to provide high quality treatment of traumapatient 24 / 7 / 365.

One of the projects was the implementation of the traumaprotocol and traumateam. Traumateam is a multiprofessional team, that works simultaneously on different tasks in the vital resuscitation of the trauma patient in hospital emergency room. According to studies traumateam approach improves mortality and allows tasks to be completed in shorter time. In overall trauma teams all over the world have had a fundamental impact on trauma patients' outcomes. Traumaprotocol is the handbook for the team – it defines the roles of different members and how the patient is to be treated.

In Töölö hospital CPD is vital for fluent teamwork and it consists of several different parts. It has grown to be vital part of Töölö hospital culture and has taken several years to evolve and the work of many dedicated professionals.

All new staff are given personal orientation according to their former experience, this can take weeks, months or years. Nursing staff are given a personal mentor that helps the novice nurse to accumulate needed information and skills. A lot of learning happened while doing day-to-day-work. The usually slow morning time in the ER is used to teach small-groups of nurses. This training covers for example systematic evaluation of the trauma patient (A B C D E), different procedures, non-technical skills, communication and multi-casualty-incidents.

Töölö hospital emergency room has training days twice a year and the aim is that all the personnel are able to participate in to them. These day contain lectures, small-group teachings and different kind of exercises. More advanced nurses and doctors take part in single- and multiprofessional conferences. These have participants from all over Finland and usually contain lectures and different workshops. The most experienced nurses and doctors take part in national and international trauma courses like European Trauma Course.

The trauma team practices in full scale simulations that are organized monthly or more frequently. In these the whole team treats a simulated patient in realistic, real-life conditions. These practices are mandatory for all personnel before they are assigned to real trauma team actications. In simulations the team practices communication and other essential non-technical skills, but also different technical skills. Good education and learning demands also feedback. This is provided in debriefing and traumameetings. If possible, after the patient has been transferred from the ER the team regroups to have a debriefing about the case. The aim of the debriefing is to compare different perspectives about what was done: what was done right and what could've been done better. Also this is a good way to resolve issues if there were any conflicts between personnel. Traumameetings are organized monthly and they are intended for all personnel that have treated the patient in different time of the patient

care in hospital. In these multi-ward, multiprofessional meetings a patient case is given retrospective analysis and different key-decisions are discussed in aim to learn.

How is, or should, CPD be financed?

Niels Oerlemans (NVZ, The Netherlands)

Dutch Hospital Staff Quality Boost

Quality of health care: Hospitals provide boost for staff talent

The Dutch hospitals branch is to invest an extra half a billion euros in the quality of its staff over the next four years. Furthermore, they plan to do this in a particularly creative fashion, with a measure that limited certain working conditions being turned partially into a subsidy for strategic staff training. Strategic training is currently on every hospital agenda. 'In that respect, the Netherlands is completely unique in Europe. I've noticed this trend, for example, in the contacts I have as Secretary General of HOSPEEM, and during the European meeting of healthcare employers and employees', says Tjitte Alkema, Labour & Training Manager at the Dutch Hospitals Association (NVZ).

Future-proof health care

'Since the KIPZ (Dutch Hospital Staff Quality Boost) subsidy scheme was introduced over a year ago, we have seen hospitals put their strategic training policies into practice and invest in the qualifications of their hospital staff. The aim, both now and in the future, is also to continue providing health care that is safe, reliable and high quality.' Earlier this year, health care in the Netherlands was again rated highest in Europe, and we want to continue providing that level of care. The Netherlands sets an example for other European countries with the way it stimulates strategic staff training. We have noticed that a great deal of attention is being given everywhere to the hospital care that will be needed in 2020. The way we are dealing with this issue and further developing it is attracting international attention', Alkema explained.

More complex health care demands more of hospital staff

The NVZ manager added that health care is going to change both drastically and rapidly over the next few years. 'People are living longer and have increasingly serious and often multiple disorders. These are disorders that until recently were often fatal, but can now be treated and thus become chronic. Medical technological possibilities are also increasing, while at the same time policy dictates that patients stay at home for as long as possible, as is often the patient's wish too. This means that as time goes on, hospitals will accommodate primarily those who require intensive and complex care. All these developments will make new and greater demands on health care and hospital staff.' The challenge for hospitals is to incorporate these developments into the care that will need to be provided in 2020, care in which the patient will be the main focus. Hospitals are therefore once again placing their processes, and the care they offer, under close scrutiny, asking themselves the following: Are we focusing on the right patient groups? Are we offering them the services they need? Are we working efficiently? Is extensive cooperation needed within the health care chain in order to remain successful? These questions in turn lead to talent management questions: What kind of staff will we need in the future, what should they be able to do and how can we keep them employable? Furthermore: who do we have at present and what should we be offering them?

We have also noticed that 'staff expertise' is an important core concept in the visions, missions and strategies set out by hospitals. The KIPZ has helped to ensure that the course of direction hospitals plan to take now also considers current and target situations with respect to strategic staff training policies.'

Strategic training plan

In order to be eligible for the subsidy, hospitals had to draw up a strategic training plan in 2014. These focussed on question such as: What qualifications must staff have? What level of training is required of them? They were also asked to provide an annual report on the activities carried out as part of the plan and in order to achieve the set goals. Alkema regards KIPZ thus as a relatively unregulated subsidy; it does not impose further high administration costs on hospitals.

The NVZ supports hospitals with the KIPZ subsidy and with the realisation of their strategic training plans. Alkema: 'We have set up a separate project organisation and, as a trade association, we offer our members tailor-made activities. These are widely appreciated, particularly as it appears to be difficult for many hospitals to incorporate this subject into their organisational objectives as strategic plans. This is partly due to the fact that staff systems often lack the essential information needed to analyse current staff situations. Moreover, many hospitals find it extremely difficult to plan further ahead than a year due to the many changes in health care. They have indeed been operating in a highly dynamic and unstable environment over the past few years.'

Training interventions for staff

'For many hospitals, the quality and safety of health care, leadership and client friendliness are important starting points with respect to training interventions for staff. Many hospitals regard nurses as a crucial group of staff when it comes to the quality and safety of health care. Studies including the European RN4Cast1 study show that strategic choices regarding the utilisation and qualifications of nursing staff can determine patients' health outcomes. Hospitals therefore analyse the optimum way to utilise nursing staff with a particular level of qualification. This is carried out using applied research on pilot wards, for example. Furthermore, several members of the NVZ, in collaboration with RAET and affiliated parties, have made it their business to ensure that hospitals are able to analyse their nursing staff data. Once hospitals know what kind of talent they currently have at their disposal, they can also steer the future towards the desired direction.

Leadership

Leadership is also an important theme in many of the plans, according to Alkema. 'The KIPZ ensures that hospitals develop a vision on the leadership style needed in their organisation. This can be interpreted as: What do we need from our managers and what do they need in order to fulfil their task so that organisational objectives are realised? This means more than knowledge and expertise alone. It is also about the desired organisational culture and the educational climate.'

'In 2014, hospitals made a great start with talent management by drawing up a strategic training plan. The next step is to evaluate all of that talent in the organisation. It is, of course, then important to work towards optimum utilisation of all that talent. This has dual benefits. The institution will be able to meet health care demands in 2020, and staff will be able to make the best possible use of their talents!'

Competentia – Roles and activities of a paritarian organisation to promote and support CPD for care workers

François Xavier Lefebvre (Competentia, Belgium)

My presentation will show how a transversal perspective of skills, developed through social and care sectors can have a positive impact on LLL. Competentia is a project aiming at setting up ready-made tools for skills 'management'. The project is sustained by Funds but also Regional authorities.

Crew Resource Management: a Dutch example of building health care teams focusing on effective communication and leadership.

Erica Overeem (Gelre Hospital, The Netherlands)

There are many ways of learning: in the classroom, digital, in groups, at the work floor, etc. To work safely in a hospital it is important to pay attention at the functioning and learning of teams of doctors and nurses. This is called: Crew Resource Management. CRM is developed in the aviation. The disaster with a plane in Tenerife made clear that communication, situational awareness and specially the openness to ask every question or share every doubt one can have around decisions that are made, is fundamental to work safely. The parallel to health care is obvious. Gelre hospitals have developed a program of training teams in these non-technical skills. Learning from scenarios in a team with video feedback and debriefing have turned out to be very strong and effective. Nurses and doctors feel more equipped and secure about how to behave and work together in acute and stressful situations.

Good practice: Short video instructions at the moment of need

Jaco van der Worp (Groene Hart Hospital, Gouda, The Netherlands)

Landsteiner Institute needed a way to provide its hospital staff timely and practical training as they perform their daily tasks. We work several years with formal training, but we missed performance support for workplace learning to use additional to the formal training.

We now provide short on-demand video instructions at the moment of need, we call it EPSS: embedded performance support system. For the nurses we use the name 'asQme'. The library of instructional videos is easy to access. In this presentation we will share how we use video to support just-in-time learning.

We will present a few best practice examples from the Green Heart Hospital how we support nurses when they work with medical devices they don't use every day. Subject matter experts make their own user generated video's, nurses can open these video's with their mobile phone or on a desktop computer. With Performance Support we also support our cardiac care nurses who can be called to action in the weekend. With the short instruction video's they are able to learn at the moment of need.

In this co-creation project with the publisher Noordhoff, we developed a performance support system and a Dutch healthcare video catalog. Noordhoff has the tools, the Green Heart Hospital does the testing and implementation at the workplace. By doing this, we hope to save time and money and improve learning outcomes and quality of care.

Good practice Spaarne Hospital (NL): Escape room seduces to learn about safety

Cuun de Jong and Priscilla Verwoert (Spaarne gasthuis, The Netherlands)

In the Netherlands, the national patient safety week is organized once a year. Looking for an innovative way to create more awareness on the patient safety theme in the Dutch Spaarne Gasthuis, a large teaching hospital, we developed The (learning through) escape room.

An escape room is a game where you get locked up together with colleagues. The group has to escape from this room within 30 minutes. For this, they have to solve puzzles, riddles and mysteries. If the group succeeds, they will find a code to regain freedom.

The escape room is a real team effort. The team has to think critically, creative and logical and also needs to collaborate, communicate and show leadership under serious time pressure. To increase the learning efficiency the escape room experience is followed by a 30-minute debriefing. The debriefing is led by an observer who asks reflective questions. If desired the participants received individual recommendations for further learning concerning safety issues.

The escape room was available during the whole patient safety week for all Spaarne Gasthuis employees. Due to its success it's still in business.

In this breakout session we will take you along in the development of the escape room, the experiences and the lessons learned.

The Roadmap: A Dutch example of organizing support for Continuous Professional Development that fits within the ambitions of the organization and its employees

Harm Landman and Hannah Wahab (Noordwest Ziekenhuisgroep/North West Hospital Group, Alkmaar, The Netherlands)

In 2015, the HR department of the Noordwest Hospital Group (Noordwest) identified three policy areas which it wanted to improve on: the strategic workforce planning, annual appraisals and mobility & employability. These goals were set out in its 2015 policy plan, aimed at substantive improvements and greater internal cohesion in order to contribute to:



- The Noordwest strategic vision, mission and core values, by securing and continuously improving professionalism and professional conduct, now as well as in the future.
- Better organizational results by having the right amount of employees with a right male/female ratio, in the right place at the right time.

- The alignment of the ambitions of the organization with that of its employee's, by facilitating and stimulating internal mobility of employees in alignment with organizational developments.
- Sustainable employability (vitality) of employees.
- The involvement of all employees.

In Progressional People we found a good partner to address these policy ambitions throughout the organisation. Their approach was to expand the organisational vision on these subjects and set-up an application to facilitate the policy ambitions and provide coherence. The following steps were taken:

1. A digitized job classification system with which functions can be created, adapted and developed. In addition, employees can investigate their own career opportunities by comparing their current job with a job they aspire to; displaying the differences in activities, knowledge and skills. The digital job description also serves to evaluate work performance.
2. By mapping both national and regional job demands together with demographic and organizational data, the strategic workforce planning was given an impulse. It made clear which target groups (functions) the organisation had to focus on in the coming years and what skills employees needed to develop. Important target groups for Noordwest include post-initial education programs for nurses, Hbo¹-qualified nurses and employees whose job will change due to further digitization.
3. A new approach to the annual appraisals was developed, whereby the employee's role is considerably larger. Individual competences are added and the personal ambitions of the employees are discussed explicitly in relation to the developments of the organisation. Thereby encouraging the mobility and employability of employees.
4. The implementation of an employee portal was the fourth step. Employees can use this portal to envision their career opportunities and ambitions. Based on a personal profile, the application displays possible career opportunities for the employees. Also the available professions / vacancies in the region and befitting education and training are displayed.

Implementation

The development, preparation and implementation of this project at Noordwest was taken up by managers and employees alike, in workgroups as well as in advisory groups. The training of managers and employees is now part of the implementation of the new annual appraisals. During the project feedback is collected (often positive and also critical) contributing to the continuous improvement of the project.

¹ Higher vocational education