STATE of TRAINING 2015

Home Health and Hospice

RELIAS||LEARNING

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Introduction

In 2014, we were privileged to have more than 4,000 organizations throughout the country use Relias Learning to deliver training to their staff. Across the broader health care spectrum, **more than 2 million people** in the United States trained on the Relias Learning platform, completing more than **20 million courses**.

A key aspect of our work is a broad, ongoing engagement with executives, training managers, licensed and non-licensed staff, and HR directors throughout the industries we serve.

Conversations in this field often center on the challenge of responding to rapidly changing industry dynamics. Organizations everywhere are striving to keep up with the pace of change, and performance improvement is an imperative.

In light of this, Relias is continually looking to understand the impact of training and workforce development on organizational performance—better outcomes, lower costs, increased compliance, reduced turnover and more.

The purpose of this report

Relias Learning's *2015 State of Training* report was based on a national survey designed to get a perspective on five broad staff development and training issues:

1. The perceived business alignment, value and impact of today's staff development and training programs

2. Principal training drivers and emerging influences

3. Perceptions about the strengths and weaknesses of existing training programs

4. Current common practices in training management and delivery

5. Budgeting and the economics of staff development and training

To get as broad a set of responses as possible, we reached out not only to our customer base, but also to organizations throughout the industry. In this, we are indebted to many partner organizations that promoted this survey to their members.

Who is this report for?

This report is for two groups of people: The executives responsible for driving organizational performance and the individuals responsible for overseeing and delivering staff development and training programs.

Our hope is that this report provides an opportunity for organizations to 1) benchmark their current practices, investments, and beliefs against a national sample, and 2) spur discussion on how to improve staff training and workforce development—both to fulfill your organization's mission, and to do so in a sustainable way.
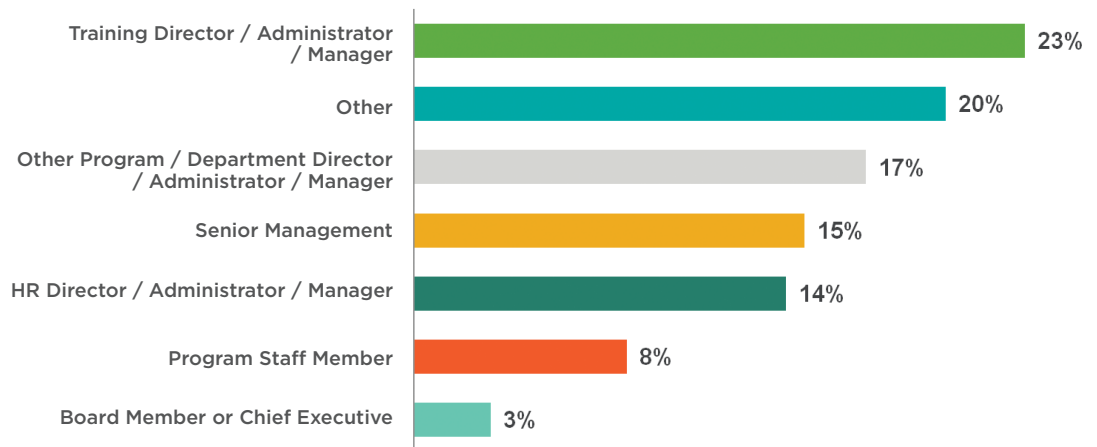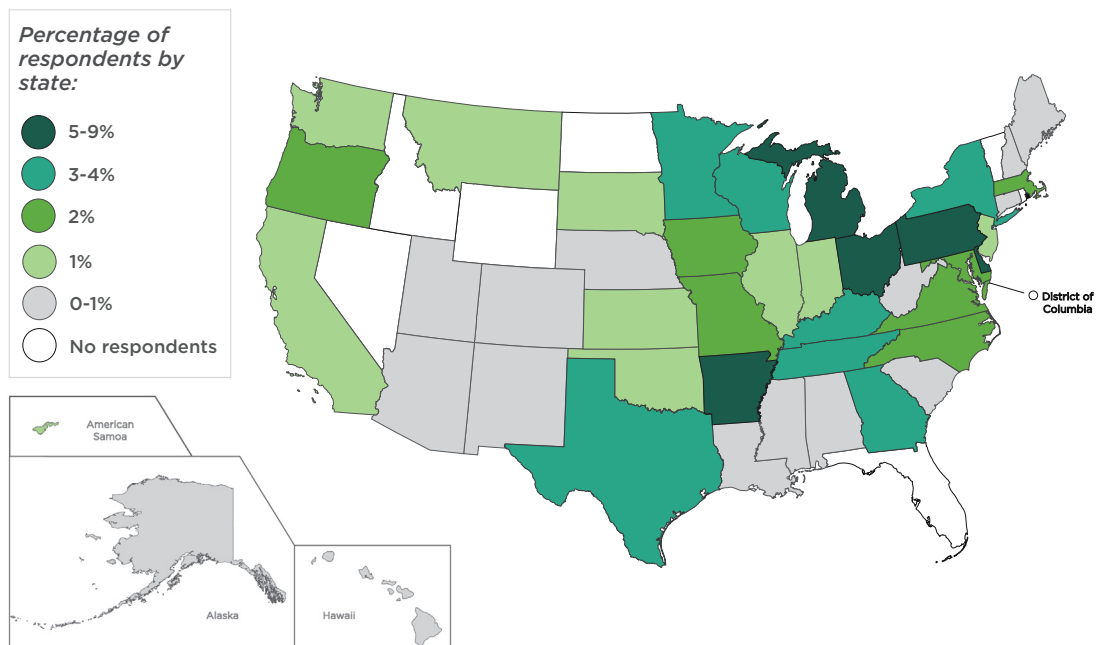
Respondent Demographics

This version of the Relias 2015 State of Training Report focuses on those organizations that include Home Health and/or Hospice services as part of their overall service portfolio. The demographics of this survey response group are summarized below.

Position Within Organization

391 organizations participated in this survey, with 17% of individual respondents holding executive/senior management positions.

Position	Percentage
Training Director / Administrator / Manager	23%
Other	20%
Other Program / Department Director / Administrator / Manager	17%
Senior Management	15%
HR Director / Administrator / Manager	14%
Program Staff Member	8%
Board Member or Chief Executive	3%

Organization's Headquarters

Percentage of respondents by state:

- 5-9%
- 3-4%
- 2%
- 1%
- 0-1%
- No respondents

District of Columbia

American Samoa

Alaska

Hawaii

Strong geographic representation—survey participants from 43 states

Company Size by Employee Count

7%	24%	19%	12%	11%	27%
fewer than 50 employees	51-250 employees	251-500 employees	501-1000 employees	1001-2000 employees	2000+ employees

Types of Organizations

48% For profit

49% Not-for-profit

3% Government, public sector

Accreditation

1.0%

54.3%

44.7%

- Yes
- No
- Accreditation pending

Services Provided

34% Hospice

37% Home Health

29% Hospice & Home Health
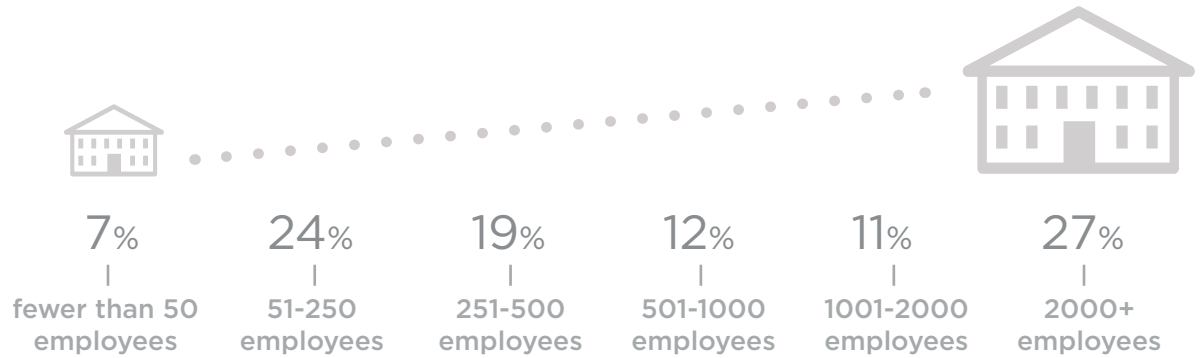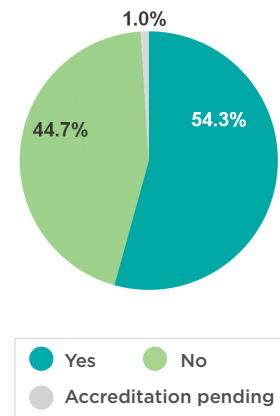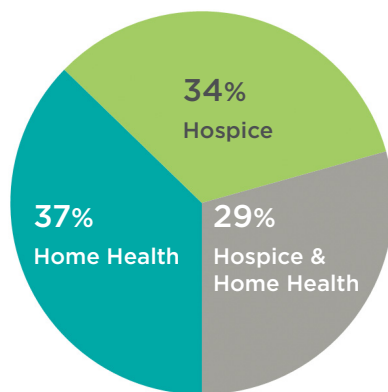
Other services provided:

Assisted Living

Other

Other Non-Licensed Category

Palliative Care

Personal Care Services

Residential Living

Skilled Nursing

Therapies

Key Takeaways

If we think of this survey as a self-assessment report card on staff development, training processes, and organizational impact, a high-level statement of findings might be best summarized in this way: "Our staff development and training program is an important component of what we do. It contributes value and has a number of strengths, but at the same time there are significant weaknesses and gaps between the actual and the ideal. The report provides a detailed summary of findings for all questions. In this section we summarize some of the most significant findings and possible implications.

**1. Regulatory Requirements and Training Budgets are Expected to Increase.** Nearly three-quarters of the respondents believe that there will be no change or a slight increase in their staff development and training budget in the next few years. Based on respondent comments, increased training funds will be used to train new staff, meet new regulations, meet the needs of a more diverse client population, and train a new generation of leadership in senior care organizations.

It is believed government regulations, rules and contract requirements will continue to increase—substantially impacting staff training programs.

2. External Compliance Drives the Training Agenda—But There is a Need for More Strategic Alignment. Respondents tell us that external factors are the principal driver of the training offered to staff today. However, many respondents report that in their view, this is not ideal. Respondents estimate that 43% of training today is driven by external requirements and only 25% is driven by strategic aims. They believe that this weighting is out of balance and that external drivers and internal tactical and strategic drivers should be more evenly weighted. One way to interpret such findings is that there is a general belief that externally-driven, "must-do training" consumes some of the resources that should be used to support other "should-do/want-to-do" training. Asked to cite the most influential factors in the macro-environment likely to impact their program in the next few years, the most frequent responses were **government regulations, rules or other contract requirements** and **money or other resource reductions**.

43% external requirements

25% strategic aims
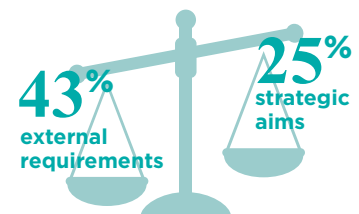
3. **Training Programs Must Address Practical Challenges.** Respondents reported a wide range of weaknesses with their current staff development and training programs, but the two most prominent themes were: 1) a lack of time and competition with regular duties; and 2) limited availability, participation and compliance. The picture that emerges is that there are gaps between training program design and intent, and actual execution in the face of many competing demands.

2 *prominent weaknesses*

Lack of time and competition with regular duties

Limited availability, participation and compliance

4. **Blended Learning and the Use of Technology are Becoming More Mainstream.** There is published research suggesting that blended learning (a combination of online and classroom training) can be thought of as an emerging best practice.[1,2] While 25% of respondents report that it is not used at all or only to a limited degree, 46% report some use of blended learning, and 29% reported significant or extensive use.

75%

of respondents are using some sort of blended learning

5. **Staff Training Programs are Still Not Viewed as Impacting "Financial" Business Priorities.** Roughly 70% of respondents reported that their staff training programs significantly impact their top business priority. More than half the time this top priority was identified as some variant of **providing specific services**, including providing such services with a **quality emphasis**. However, tellingly, the two areas with the lowest rate of reported substantial impact by their staff training programs were impact on financial results and impact on staff retention. As competition increases—both for revenue and workforce—this is an area where training may need to show more impact.

Lowest areas of reported impact: Financial results and staff retention

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[1] *Means, B., Toyama, Y., Murphy, R., Bakia, M.,& Jones, K. (2010). Evaluation of evidence-based practices in online learning: A meta-analysis and review of online learning studies. U.S. Department of Education Office of Planning, Evaluation, and Policy Development Policy and Program Studies Service. https://www2.ed.gov/rschstat/eval/tech/evidence-based-practices/finalreport.pdf*

[2] *Bernard, R., Abrami, P., Lou, Y., Borokhovski, E., Wade,A., Wozney, L., Wallet, P., Fiset, M. & Huang, B. (2004). How does distance education compare with classroom instruction? A meta-analysis of the empirical literature. Review of Educational Research 74, 379-439*

6. **Costs of Training Not Well Known.** We asked respondents to estimate their annual cost per employee for staff development and training and also approximately what percent of their total operating budget is devoted to this (cost and percent band choices were offered for these questions). It is noteworthy that 56% of respondents could not offer even an estimate regarding the annual cost per employee and 61% could not estimate what percent of budget staff development and training represents. Given the tight budgets most organizations are under, and given the increasing critical need to optimize staff training and workforce development, knowing this number is an important first step.

Costs of training not well known

Findings

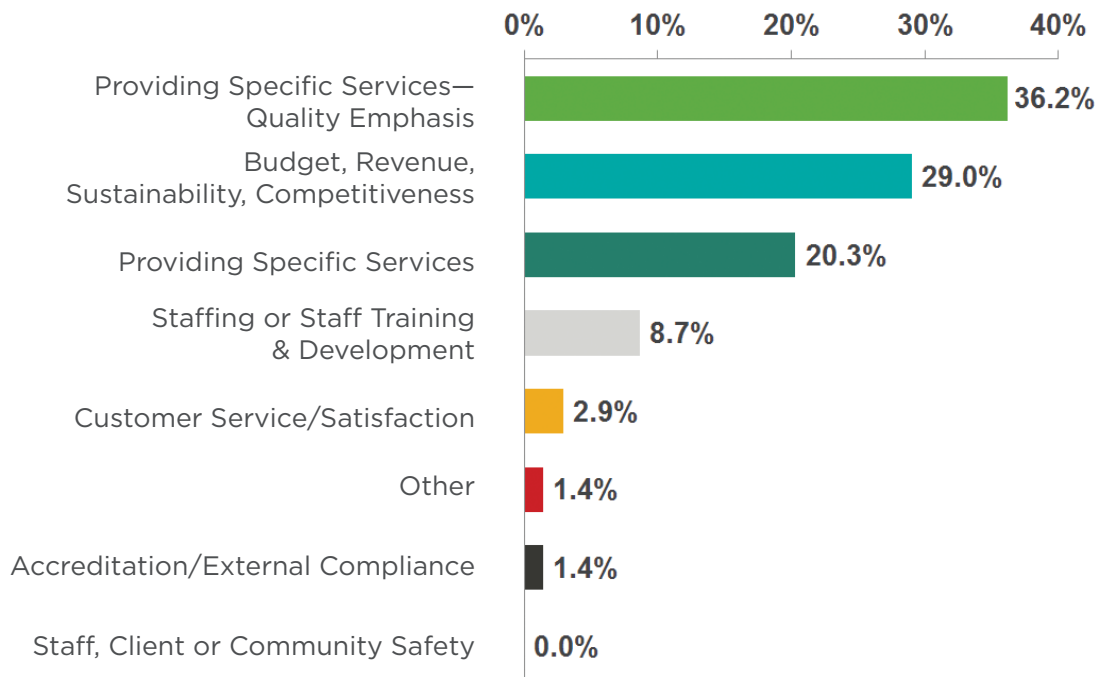## Business Alignment, Value and Impact

When asked to specify their organization's current #1 business priority, the most common response to this question (36% of executive responses) was to list **service with an emphasis on quality** as the business' #1 priority. Sample verbatim responses coded as **service with a quality emphasis** include:

- *"Quality care provided by quality caregivers."*
- *"Excellent patient and family care within the culture of caring."*
- *"Providing excellent care in combination with outstanding customer service."*
- *"Providing excellent care to our clients."*

The second most frequent priority mentioned was **Budget/Revenue/Sustainability/ Competitiveness** (29% of executive responses). Sample responses included:

- *"Continue to grow our census, as we are a small privately owned hospice."*
- *"Growing the census without sacrificing quality."*
- *"Increasing patient referrals."*
- *"Revenue."*

#1 Business Priority

Category	Percentage
Providing Specific Services—Quality Emphasis	36.2%
Budget, Revenue, Sustainability, Competitiveness	29.0%
Providing Specific Services	20.3%
Staffing or Staff Training & Development	8.7%
Customer Service/Satisfaction	2.9%
Other	1.4%
Accreditation/External Compliance	1.4%
Staff, Client or Community Safety	0.0%

Although staff development and training was not often mentioned as a top business priority (just 9% of the mentions), almost 70% of executive respondents indicated that their staff development and training program does significantly or substantially support their #1 business priority (a rating of 6 or 7 on a 7-point scale).

69%

believe that staff development and training strongly supports the #1 business priority.

Training support for #1 business priority
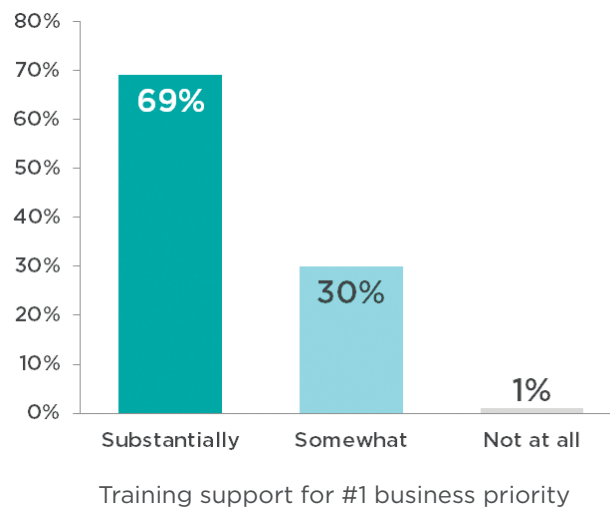
EXAMPLES OF VERBATIM RESPONSES:

We provide both classroom and eLearning opportunities. The struggle comes with short staffing and direct care staff allocating time to complete training.

We integrate our mission into our content and use training as an opportunity to reinforce mission.

Company provides two inservices a year for therapists that are paid. Otherwise do some internal education but nothing specific.

Training is highly segmented/not collaborative.

We need to increase mentoring capabilities/ relationships.

Expert View

DeAnna Looper RN, CHPN, CHPCA
Senior Vice President of Clinical Operations, Crossroads Hospice

Crossroads Hospice offers hospice and palliative care services in the home and in facilities throughout the Midwest, Northeast and South regions of the U.S.

Q. Survey results show that many organizations are increasing training funds in 2015. Are there any new training initiatives that your organization is using funding for this year?

A. Yes, as a growing hospice organization that focuses on excellence, we are driven to stay current and ensure that our staff receive all the training, education and resources needed to provide highly innovative, competent and compassionate care to our patients.

This year, our mission is to become more "tech savvy" and offer electronic tablets with multiple resource apps, geared toward increasing the employee's knowledge base by providing easier and immediate access to such educational and resource materials.

We will also focus this year on expanding our employee's access to online learning by uploading additional training materials unique to Crossroads. In conjunction with our focus on EMR, we are also offering education on the utilization of, and education regarding, electronic documentation. Another aspect includes our focus on the ever-changing climate of the hospice industry, including comorbid, secondary conditions and how these are becoming ever more related to the previous concept of "terminal diagnosis" and how that impacts determining eligibility and what is and is not the hospice's financial responsibility.

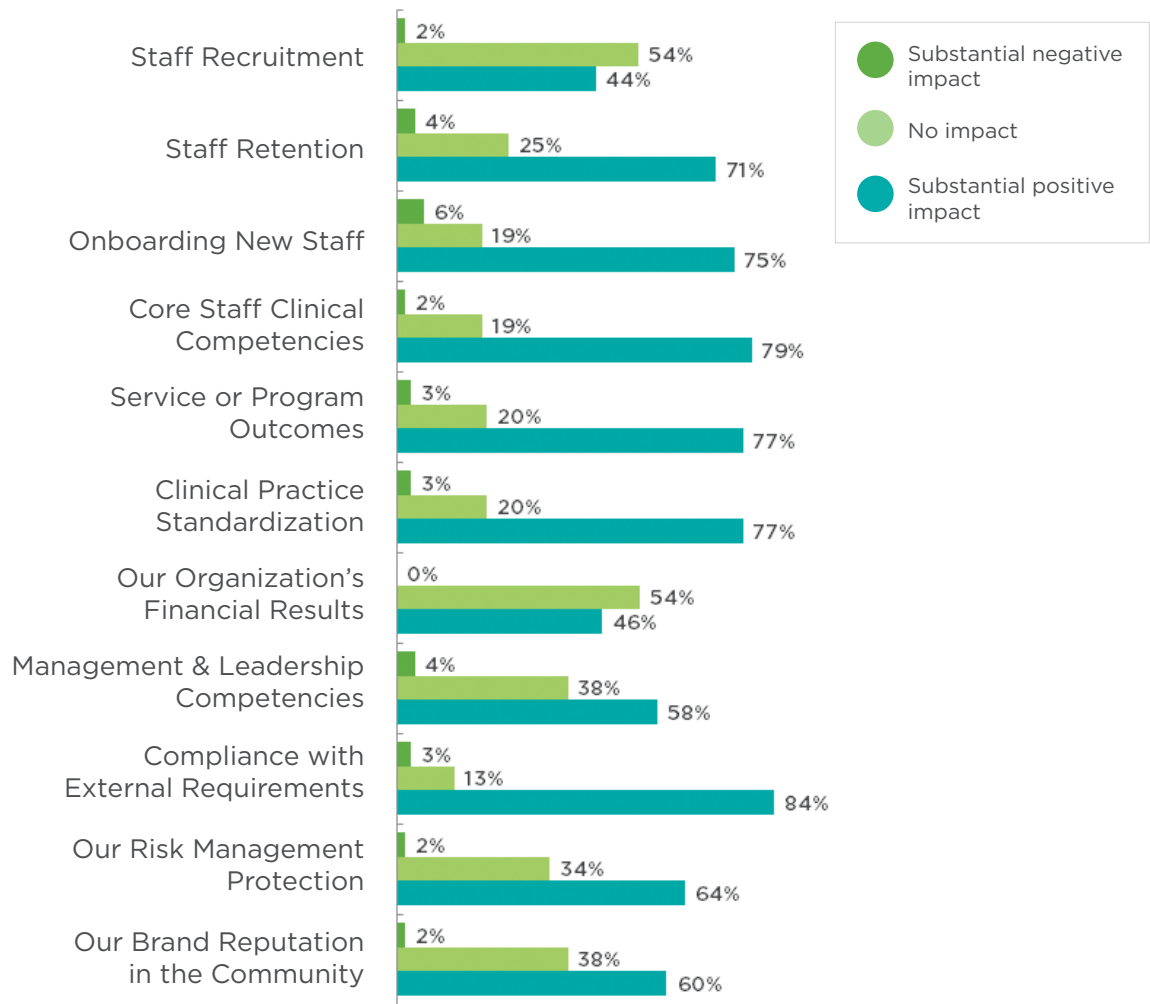An added benefit is when our staff increases their knowledge base, it is also shared during the course of patient care with our contracted Long Term Care, Assisted Living and GIP facility personnel. In conjunction with Relias Learning, we are excited about the new training initiatives for Crossroads Hospice employees.

> *This year, our mission is to become more "tech savvy" and offer electronic tablets with multiple resource apps.*

Impact on Results in 11 Key Areas

Executive respondents ranked the extent to which their current staff development and training program positively or negatively impacts results in 11 distinct areas. Responses indicated a positive impact in all 11 areas, with the two highest impact areas reported as being **compliance with external requirements** (84% reporting substantial positive impact) and **core staff clinical competencies** (79% reporting substantial positive impact). The three lowest reported (but still positive) impact areas were **staff recruitment** (44% substantial positive impact), the **organization's financial results** (46% substantial positive impact), and **management and leadership competencies** (58% substantial positive impact).

Percent of Respondents who Reported that Training Impacts the Following Areas:

Legend:
- Substantial negative impact
- No impact
- Substantial positive impact

Staff Recruitment: 2%, 54%, 44%
Staff Retention: 4%, 25%, 71%
Onboarding New Staff: 6%, 19%, 75%
Core Staff Clinical Competencies: 2%, 19%, 79%
Service or Program Outcomes: 3%, 20%, 77%
Clinical Practice Standardization: 3%, 20%, 77%
Our Organization's Financial Results: 0%, 54%, 46%
Management & Leadership Competencies: 4%, 38%, 58%
Compliance with External Requirements: 3%, 13%, 84%
Our Risk Management Protection: 2%, 34%, 64%
Our Brand Reputation in the Community: 2%, 38%, 60%

Importance of Staff Development and Training Compared to All Other Priorities

Asked to indicate how staff development compared in importance to all other priorities, 53% of all respondents rated it a 6 or 7 on a 7-point scale of importance.
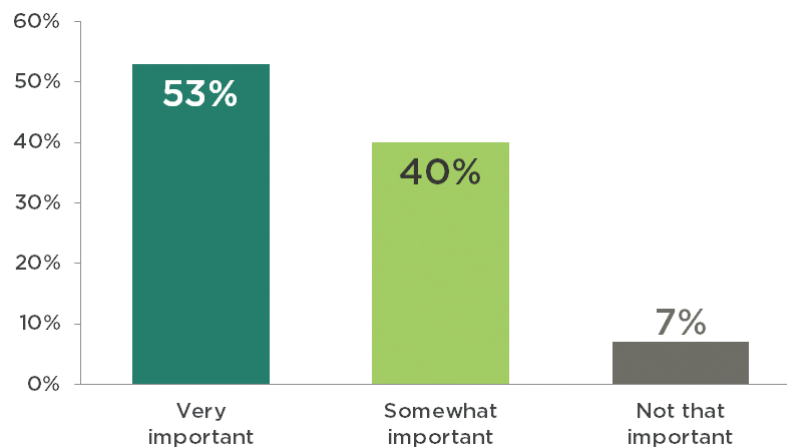
Ranking the importance of staff development and training

QUESTION: Considering all of your organization's top business priorities, where does staff development and training **rank in importance**?

SAMPLE RESPONDENT COMMENTS:

53%
Very important

It is very important, but unfortunately the trend has been to decrease the Staff Educator's hours or add other responsibilities.

40%
Somewhat important

There is recognition that without a well-equipped workforce, our care and services would not be possible.

Becomes top priority whenever there is a matter needing to be correcting.

7%
Not that important

The program is not currently getting the priority it needs.

Does Your Staff Development and Training Program Afford You a Competitive Advantage?

Responses to this question varied. 16% reported that it afforded them little to no advantage. An additional 46% reported that it offers some competitive advantage (4 or 5 on a 7-point scale) and the remainder (38%) indicated that it did afford a significant or substantial advantage (6 or 7 on a 7-point scale).
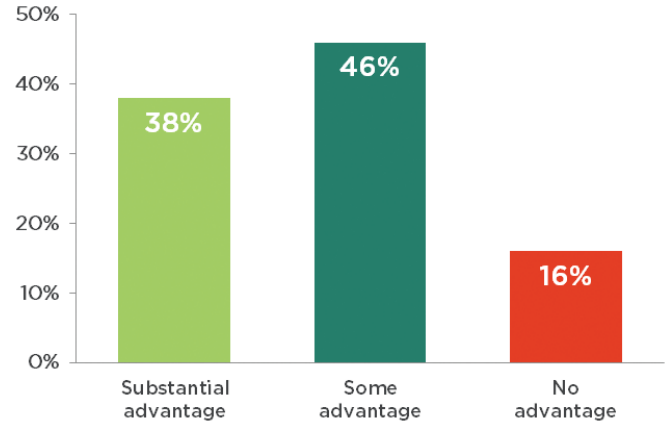
Ranking the competitive advantage a staff development & training program can afford

QUESTION: To what extent do you believe that your current staff development and training program affords your organization a **competitive business advantage**?

RESPONDENT COMMENTS:

38%
Substantial advantage

The training help the staff with rehab and therapy. It helps the nursing staff.

46%
Some advantage

Training ensures quality but other agencies do not train as well so this initiative will reflect in ratings a future CBA.

16%
No advantage

Training has deteriorated, as evidenced by customer service complaints and quality audits.

How important is it that the Staff Development and Training Program Support the Licensing/Certification Needs of the Staff?

The response to this question represented one of the strongest areas of consensus for all the survey questions. Nearly 80% reported that it is very important that their program supports these needs of staff (6 or 7 on a 7-point scale).

79% Extremely important

18% Somewhat Important

3% Not at all
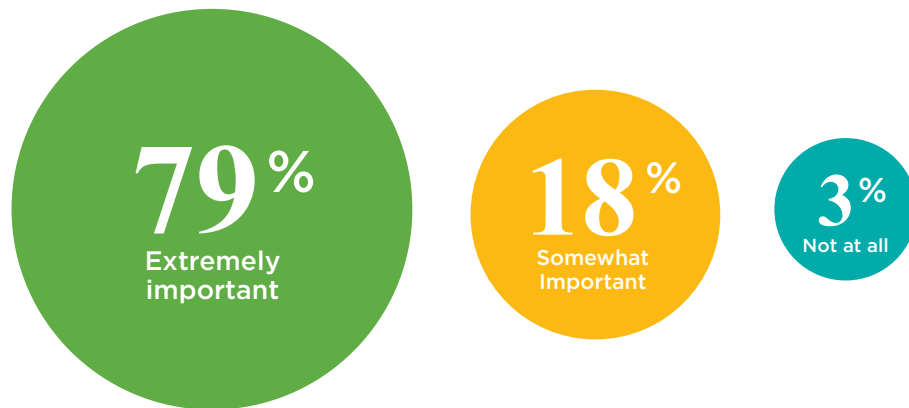
RESPONDENT COMMENTS:

This benefits us for C.N.A.s & licensed administrators only.

The training is a upgrade with our job skills.

New P.T. Cont Educ Regs especially!

Relias modules provides ample opportunities for CEs. As an employer we can offer that as a "perk" employees needing CEs.

It supports the needs of each learner to maintain their licensure or certification hours.

Hiring qualified staff helps keep a low turnover.

For those that cannot afford outside education, CEs are a benefit we can provide.

Training and certification is something we need improvement on.

Meets re-licensing requirements.

Budgeting and Economics

Cost of Training per Employee

A series of cost ranges were offered as possible response choices for this question. 56% of respondents did not offer a response. For those who did offer an estimate, the modal response (28% of respondents) indicated that between $101-$300 was spent per employee per year on staff development and training.

56%
of executives report they do not know their annual cost of training per employee

**Annual Cost of Training per Employee
(Executive estimates only)**
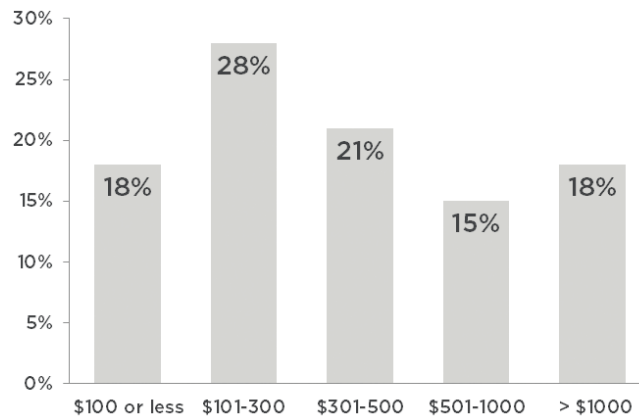
Training Cost as a Percent of Total Budget

As a variant of the previous question, we also asked what percent of the total annual budget is devoted to staff development and training. Again, ranges were offered as possible response choices for this question and once again, a large percent of respondents (69%) said they did not know. For those who did offer an answer, the modal response (35%) said that it was between 3% and 5% of their total budget. 29% believe that it is 2% or less.

Taken together, the results from these two questions suggest that the specific economics of staff development and training are not generally well known within all levels of the organization.

Annual Percentage of Overall Annual Operating Budget Allocated to Staff Training and Development
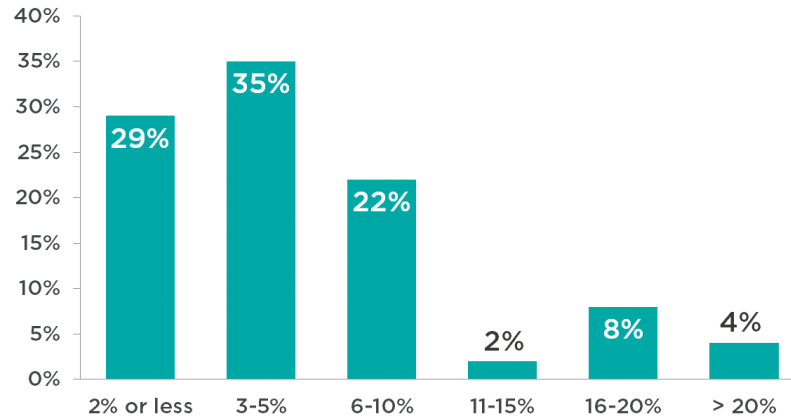
What Percent of Budget Should it Be?

A comparison of the "is" versus "should be" budget responses is revealing. Whereas 64% believe that staff development and training is less than 5% of the total budget, only 18% believe that it should be 5% or less—the remainder (82%) believes that this should represent a higher percent of the total budget. One respondent commented, *"More needs to be allocated in order to develop adequate programs to meet all staff needs."*
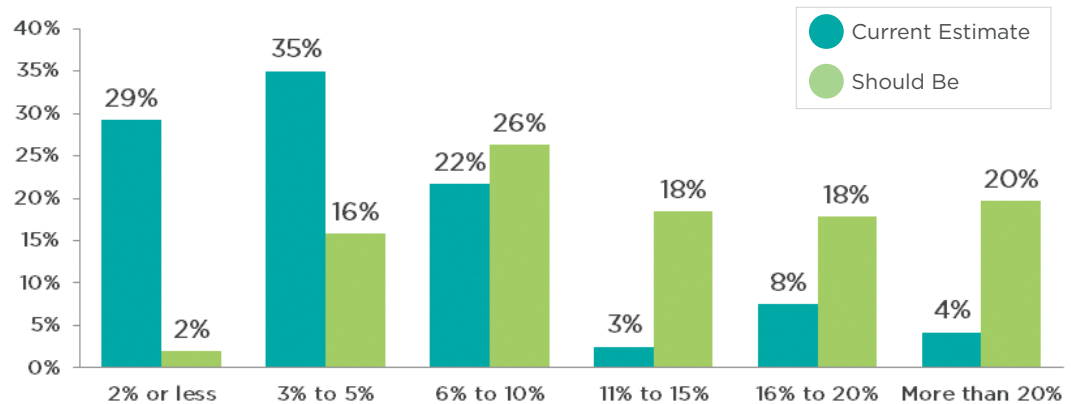
How Much is the Staff Development and Training Budget Likely to Change in the Next Few Years?

Responses to this question varied, but nearly three-quarters of the respondents believe that there will be no change or only a slight increase in their staff development and training budget in the next few years.

43%
of respondents believe there will be little change to their training budgets in the next few years.

9%

48%

43%

- Increase
- No change
- Decrease
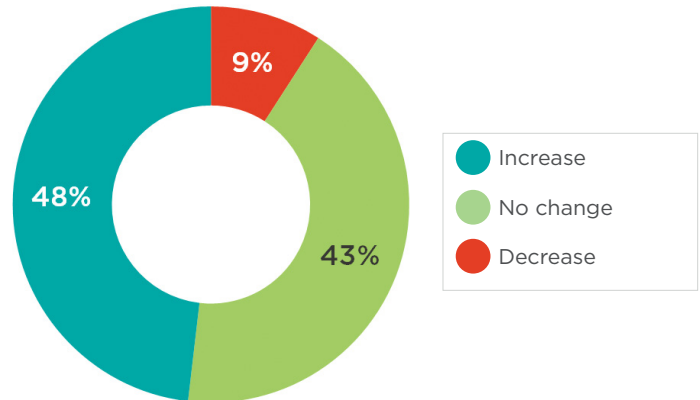
Likely percentage of budget change in the next few years for staff development and training programs

QUESTION: How much do you think that the **budget** for your staff development and training program is likely to change in the next few years?

SAMPLE RESPONDENT COMMENTS:

48%
Increase

We added more dollars for leadership training in the proposed budget for supervisor and management employees.

43%
No change

The reimbursement environment is very tenuous at this point; emphasis is on keeping the doors open.

Thank-you managed care.

9%
Decrease

Our one-year and five-year forecast demonstrates a large and substantial reduction in expenditures for training.

Training Drivers and Emerging Influences

Macro-Environment Influences

We asked respondents how much changes in the macro environment (e.g. legislation, state or federal regulations, public financing changes in accreditation standards, or other) were likely to impact their staff development and training program. Opinions on this question vary considerably: 19% believe that changes in the macro-environment are likely to have a negative impact on their staff development and training program; an additional 43% believe that these changes are likely to have either no impact or a slightly positive impact; 38% believe that these changes are likely to have a significant to substantially positive impact.

- 19% (Negative impact)
- 38% (Positive impact)
- 43% (No impact)

Legend:
- Positive impact
- No impact
- Negative impact
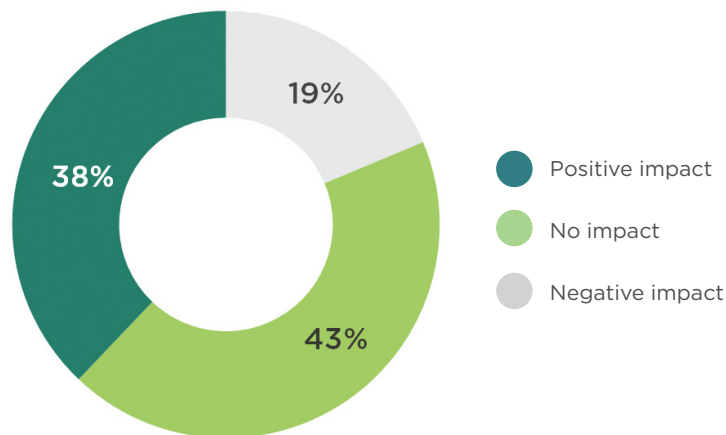
Percent of respondents who believe that changes in the macro environment will impact staff development and training programs during the next few years

QUESTION: To what extent do you believe that **changes in the macro environment** are likely to directly impact your staff development and training programs during the next few years?

RESPONDENT COMMENTS:

Regulatory requirements always drive additional costs for training and impact standards

New regulations will force more spending on training to meet these regulations.

Less monies could be made available due to reimbursement changes.

If regulations change, we will have to change the appropriate education and provide education to current staff and future staff.

I can see an increase in hours, but unfortunately it is always an unfunded mandate.

Any mandated changes from federal or state guidelines will change the training offered for sure in our nursing staff.

What is the #1 External Factor That Will Have an Impact?

We followed up the previous question by asking what the #1 external factor was likely to be. On this question there was substantial consensus, with 70% of the responses falling into two broad categories:

- 45% believe that **government regulations or contract requirements** will be the highest impact driver
- 25% cited **money or other resource reductions** as most significant factor

External Factors Impacting Staff Development Programs

Factor	Percent
Government regulations, rules or other contract requirements	44.5%
Money & other resource reductions, limits, gaps	25.4%
Changes in client or program mix, or program size	5.7%
Other	5.5%
Workforce factors	5.5%
Managed Care, The Affordable Care Act, insurance factors	4.4%
Technology factors	4.1%
Accreditation or other survey, audit, or licensing factors	4.1%
Emerging EBP, expanded knowledge base, focus on outcomes	1.4%
Public perception, political factors, media, investigations	0.0%

QUESTION: What is the #1 external factor that will have an impact on your staff development and training program?

RESPONDENT COMMENTS:

Stricter Medicare guidelines.

State and OSHA regulations. We have to be able to accommodate changes to training and training requirements to meet the standards.

New regulations that would dictate more staff training such as emergency preparedness, EBOLA, etc.

ACOs and the Affordable Healthcare Act.

Medicaid & Medicare reimbursements plus being under a "Managed Care" environment.

Reimbursement issues as well as volume.

External versus Internal Drivers

We asked survey participants how training drivers are weighted today, and how they should ideally be proportioned. The results show a gap between what is driving training today and what is perceived as ideal. Respondents told us that today, 43% of training drivers are external and only 25% are driven by strategic aims. However, respondents indicated that ideally, they would like to see strategic and tactical aims take on a more even weighting with external requirements.

Weighting of Training Drivers: Today vs. Ideal
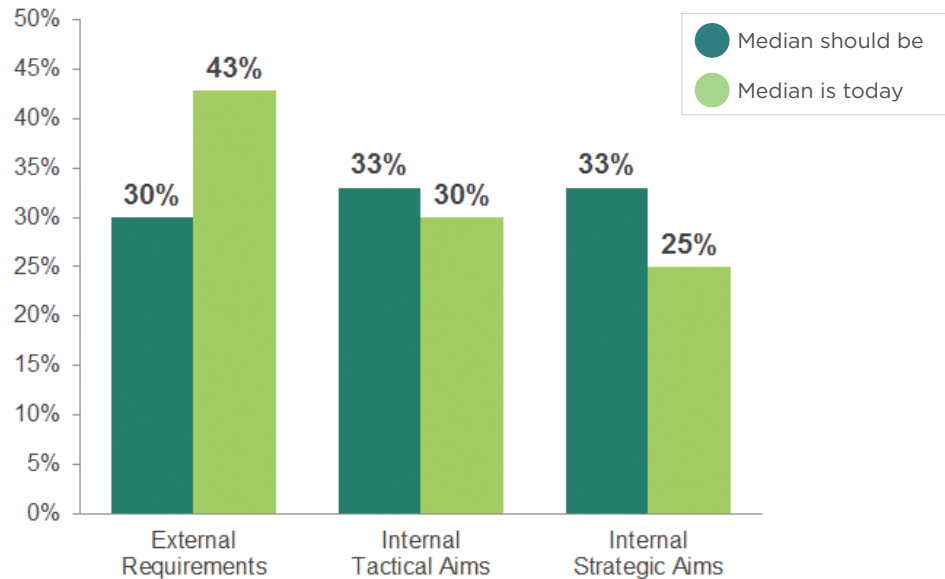
QUESTION: What comments do you have about how training drivers are weighted today?

RESPONDENT COMMENTS:

Our training is typically driven by survey results.

Regulatory matters dictate our annual education requirements.

Regulatory requirements drive many of our actions even if they do not directly benefit the residents.

Would like to see a higher percentage on tactical and strategic aims within my organization.

Training drivers can be thought of as falling on a continuum:

Support External Requirements

Example: Regulatory Requirements
State licensing authority requires that "All staff will have annual fire safety training."

Support Internal Tactical Aims

Example: Onboarding New Staff
"All new staff will be oriented to the agency benefits package."

Support Internal Strategic Aims

Example: Better Program Outcomes
"The rate of rehospitalization will be significantly reduced by training on risk factors."

Results show there is **a gap between perceived versus ideal** *training drivers.*

Perceived Strengths and Weaknesses

Most Commonly Cited Strengths of Training Programs

Strengths:
Today's training programs give staff easy access to topics that meet their unique needs.

Respondents were asked to list the top two strengths of their staff development and training program. These free-form text responses were coded into 16 strengths categories. Responses were relatively evenly divided amongst the categories. The three strengths categories that received the most mentions as the top strength of their program were **availability and accessibility** (16% of the mentions), followed by **staff development and training personnel** (12% of the mentions) and **job relevance** (10% of the mentions). These three categories accounted for 38% of all strengths mentioned with the remaining mentions divided among the 12 other strengths categories.

Main Strengths of Current Staff Development/Training Program

Category	%
Availability, accessibility, convenience, flexibility, easy to use & understand	16.4%
Staff Training and Development Personnel	11.7%
Relevant to job, needs of the organization; individualized	10.1%
Online technology resources	9.7%
Consistency; quality of training material	7.9%
Administrative Support; Resources; Organized	7.8%
Breadth / mix of training made available; up-to-date	7.0%
Addresses requirements	6.9%
Variety of Instructional / development methods; is engaging	6.2%
Onboarding, orientation	4.4%
Other	3.7%
Support for staff licensure, certification, development	3.0%
Impact on key indicators, performance metrics, quality	2.6%
Data driven; responsive to input; continuous improvement	1.6%
Positive staff response	1.1%

It is worth noting that respondents did not spontaneously mention their onboarding/orientation program as a top strength very often (only 4% of total mentions). Given the foundational importance of onboarding and orientation, this may suggest an area that warrants additional attention.

QUESTION: What are the **main strengths** of your current staff development and training program?

RESPONDENT COMMENTS:

Accessed through online Learning Management System.

Ease of access.

We have the convenience of computerized training.

Web-based makes it convenient for staff to complete.

Invested on-site trainers.

The Director of Education.

Practical hands-on presentations.

Strong commitment from a multi-dimensional staff.

Provide caregivers with tools to do highest level quality of care.

Lots of training experience by the person doing most of it.

Company values staff development and training.

Comprehensive.

Consistency.

Content revision and updating regularly.

Most Commonly Cited Weaknesses of Training Programs

Weaknesses:
There is never enough time or money to create the ideal training program.

Respondents were asked to list the top two weaknesses of their staff development and training program. These free-form text responses were coded into 17 weakness categories. While there were mentions in all weakness categories, two areas stood out with considerably more mentions than other categories. The category labeled **time/competition with regular duties/loss of billable hours** received the most mentions (18%), followed by the category **limited availability, staff participation, buy-in, compliance** (13%).

QUESTION: What are the main weaknesses or limitations of your current staff development and training program?

RESPONDENT COMMENTS:

Time available to complete course in a busy day, with the training also being considered work time and not want to go OT.

Time away from daily job location.

Time-consuming in addition to current work requirements.

Time. Staff development requires time that clinicians don't have.

Sometimes the orientation cannot be given on dates/ times clinician is available.

Staff is spread out and rarely in the same location.

Staff learning retention - some training not being retained by staff and used in practice.

Time in schedule.

Time limitations.

Compliance.

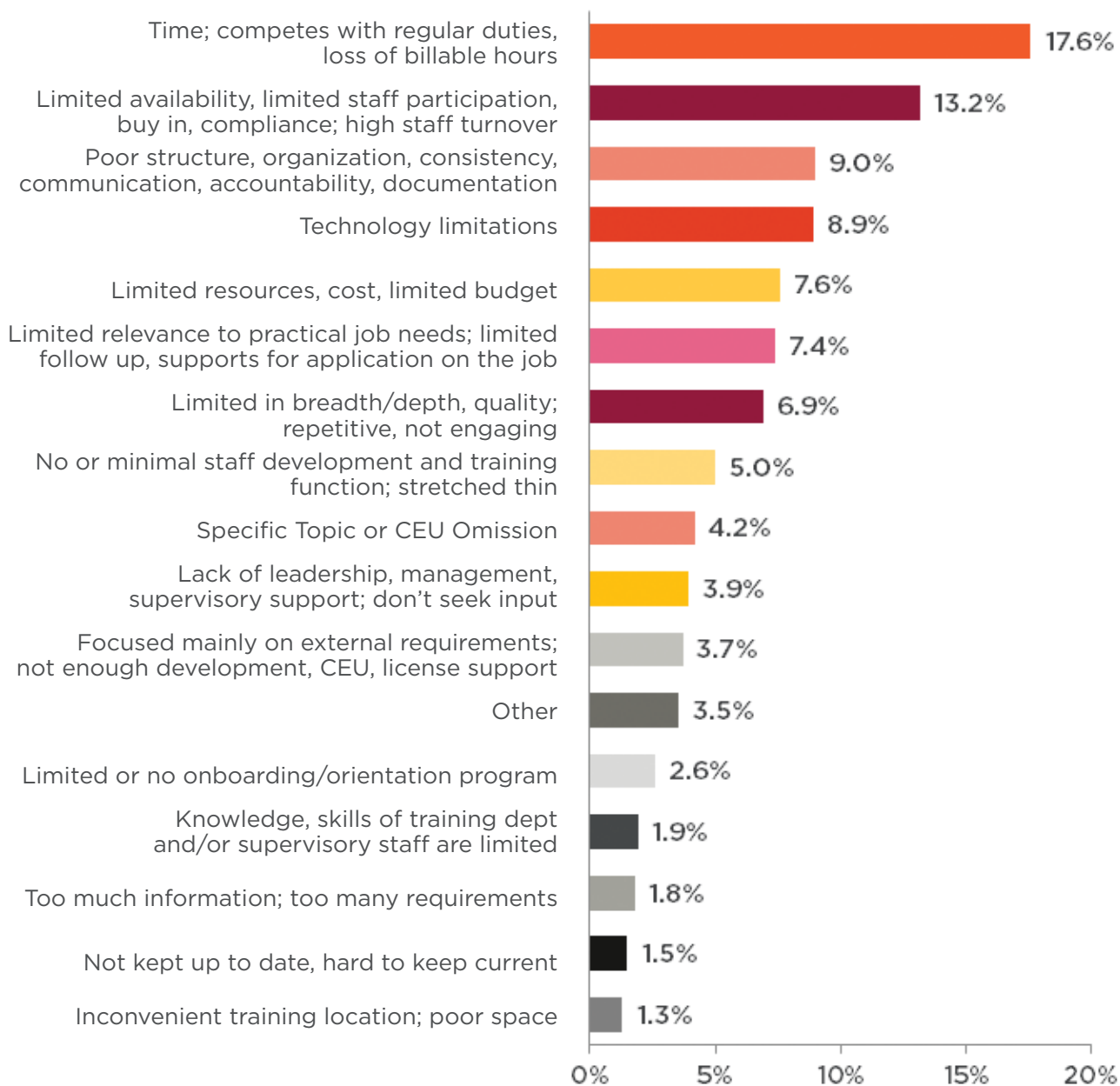*Employee growth and development, limited advancement opportunities.*

Follow up training needs to be completed more regularly.

Fragmented overall program.

Frequency of classes offered.

Front line staff finding the time to complete training when staffing is short.

Main Weaknesses of Current Staff Development/Training Program

Weakness	Percentage
Time; competes with regular duties, loss of billable hours	17.6%
Limited availability, limited staff participation, buy in, compliance; high staff turnover	13.2%
Poor structure, organization, consistency, communication, accountability, documentation	9.0%
Technology limitations	8.9%
Limited resources, cost, limited budget	7.6%
Limited relevance to practical job needs; limited follow up, supports for application on the job	7.4%
Limited in breadth/depth, quality; repetitive, not engaging	6.9%
No or minimal staff development and training function; stretched thin	5.0%
Specific Topic or CEU Omission	4.2%
Lack of leadership, management, supervisory support; don't seek input	3.9%
Focused mainly on external requirements; not enough development, CEU, license support	3.7%
Other	3.5%
Limited or no onboarding/orientation program	2.6%
Knowledge, skills of training dept and/or supervisory staff are limited	1.9%
Too much information; too many requirements	1.8%
Not kept up to date, hard to keep current	1.5%
Inconvenient training location; poor space	1.3%

Training Management, Delivery & Common Practices

Methods to Evaluate Whether Training is Put Into Practice?

The results suggests that organizations do not have well-developed methods to evaluate whether training is actually put into practice. 17% report few or no methods in place, 58% report some methods, but only 25% indicate that they have good or well-developed methods to accomplish this. Since the results from another survey question indicated that basic compliance itself with training requirements is often a weakness, it is perhaps not surprising that this more complex evaluation process is not uniformly well-developed.
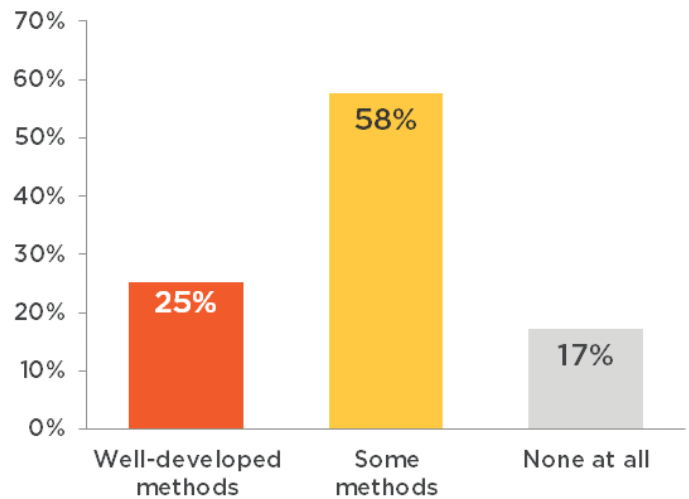
Extent to which current methods evaluate whether training is put into practice on the job

QUESTION: To what extent does your organization have any methods in place to evaluate whether what is taught in training is put into practice on the job?

RESPONDENT COMMENTS:

Well developed methods

Quarterly coaching plans are reviewed with every employee—quarterly and/or monthly. Employees are very involved in the process.

Visits in the client's home when the caregiver is on duty.

From a regulatory standpoint this is very developed—for all other areas it is a cursory evaluation, if any.

Some methods

Regular supervisor visits and retraining as necessary.

Not nearly enough follow-up from supervisors to observe staff to ensure training transfer occurred.

Direct observation, but not for all positions.

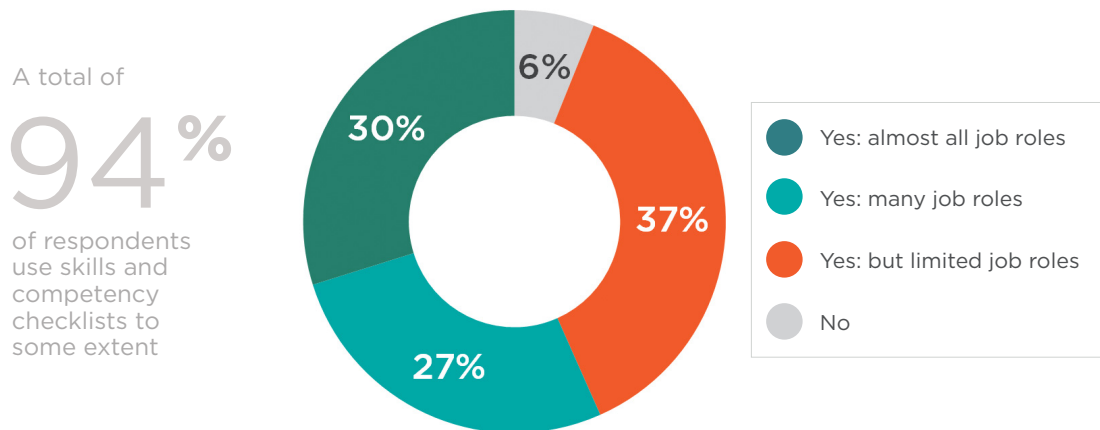*Supervisory visits and documentation reviews.*

Few or no methods

This is a significant area of opportunity.

Random audits only.
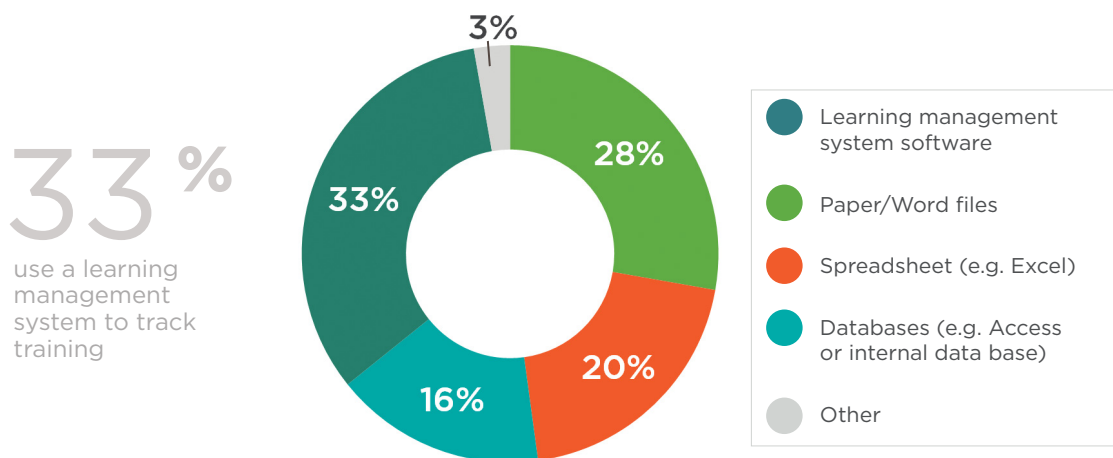
Use of Skills or Competency Checklists?

43% of respondents indicate that skills or competency checklists are either not used or are only used for some job roles. 57% of respondents report that they are used for many or almost all job roles.

A total of

94%

of respondents use skills and competency checklists to some extent

6%

30%

37%

27%

- Yes: almost all job roles
- Yes: many job roles
- Yes: but limited job roles
- No

Percent that skills and competency checklists are being used

### How is Training Tracked, and What is the Level of Satisfaction With Your Tracking Methods?

48% report use of "old school" methods such as paper (28%) or spreadsheets (20%) to track training. The most commonly reported method of tracking training was "use of a learning management system" (33%).

33%

use a learning management system to track training

3%

28%

33%

20%

16%

- Learning management system software
- Paper/Word files
- Spreadsheet (e.g. Excel)
- Databases (e.g. Access or internal data base)
- Other

Current methods used for tracking training

Looking at the results reported for satisfaction with their training tracking methods, 35% report that they are very satisfied (6 or 7 on a 7-point scale). Most (46%) are neutral to slightly positive, and the remainder (19%) reports varying levels of dissatisfaction with current methods.

Satisfaction with Tracking Training with Current Tracking Method
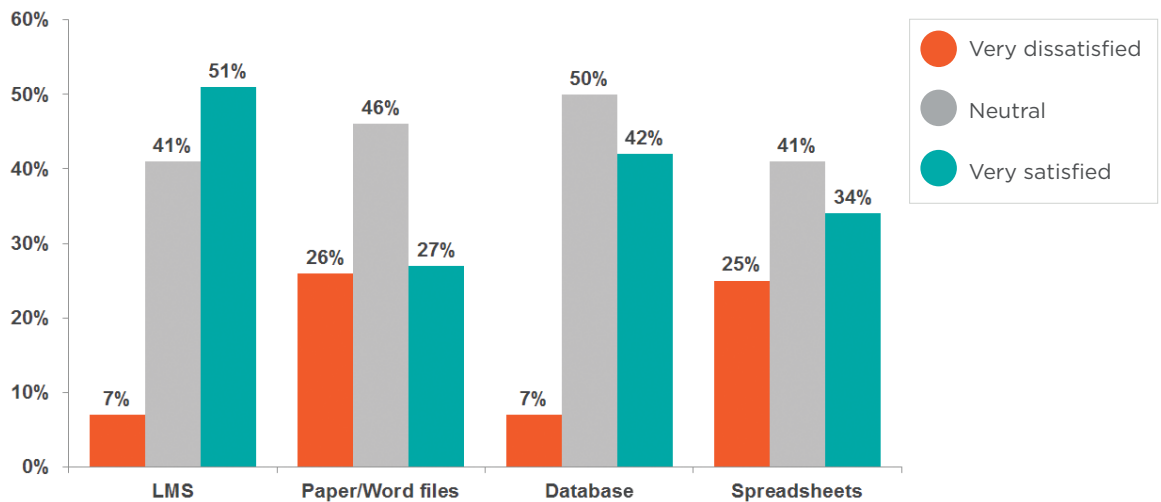
When the tracking method is cross-tabulated with the level of satisfaction, the results show that the group that reports the lowest level of satisfaction is the group that relies on paper methods (only 27% report satisfaction at the 6 or 7 levels on a 7-point scale). The group that reports the highest level of satisfaction with tracking is the group that makes use of a learning management system for tracking purposes (51% report satisfaction at the 6 or 7 levels on a 7-point scale).

Blended Training: Still in the Early Stages of Adoption:

There is good research evidence supporting the efficacy of blended training,[3] and anecdotally we know that organizations are adopting a blended learning approach as part of their staff development and training program. The results of this survey suggest various levels of adoption at the present time. 18% of respondents report that it is not used at all or only to a limited degree only; 53% report some use of blended learning, and 29% reported significant or extensive use.

Blended Training:

A method of training in which online courses are paired with related face-to-face instruction.

The Extent to Which Blended Learning is a Part of Staff Development and Training Programs

- Some use
- Extensive use
- Not at all
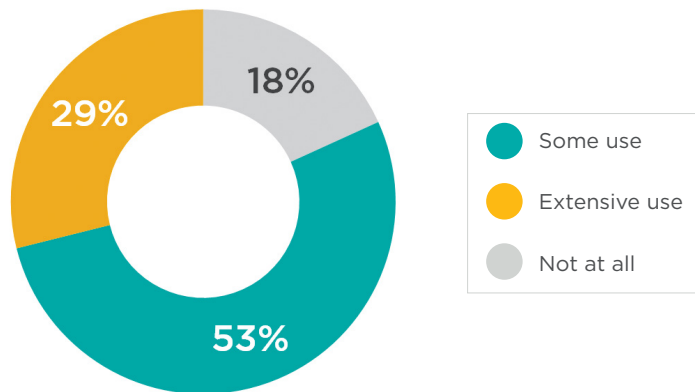
QUESTION: To what extent is "blended training" a part of your of your staff development and training program?

RESPONDENT COMMENTS:

Our trainer reviews the online content and augments if necessary.

Online courses get the information out to employees. Face-to-face training can't always happen due to cost and time commitments.

Needs to be more one-on-one education and not all virtual courses.

[3] *Means, B., Toyama, Y., Murphy, R., Bakia, M.,& Jones, K. (2010). Evaluation of evidence-based practices in online learning: A meta-analysis and review of online learning studies. U.S. Department of Education Office of Planning, Evaluation, and Policy Development Policy and Program Studies Service. https://www2.ed.gov/rschstat/eval/tech/evidence-based-practices/finalreport.pdf*

Expert View

Heather P. Wilson, PhD, CHC
CEO, Weatherbee Resources, Inc.,
Founder and former owner, CEO of the Hospice
Education Network

Weatherbee Resources, Inc. is a firm that provides regulatory and compliance consulting and education to hospice programs across the country. The Hospice Education Network was acquired by Relias Learning in December 2013.

Many professionals responsible for staff training and development bemoan the fact that regulatory and compliance requirements drive so much of what must be offered in staff education programs. I would suggest that it is not necessarily a bad thing.

In my work with hospice programs over the past 20 years, I have been struck, time and again, by the intersection of compliance, education and quality. I am sure it must also be true for other health care providers. Let me explain...

Compliance

Any health care provider that accepts Medicare or Medicaid reimbursement is subject to a plethora of regulations —including, but not limited to, conditions of participation, conditions of payment, HIPAA, OSHA, state regulations, etc. What it takes to comply with the requirements of all of these regulations is onerous, time consuming and challenging. So often it seems that the resources (human and financial) necessary for compliance would be better spent at the bedside. Regulatory compliance is often considered an unnecessary evil and a tremendous burden.

The general purpose of regulations is to protect patient health, safety and privacy. If you think through all the regulations you know, can you find one that is "bad" or not in the patient's best interests? When placed in this context,

reframing the understanding of regulations from a patient's perspective, it is apparent that in fact regulations are a good thing.

Compliance and Education

Where education and compliance intersect is that a health care provider's staff cannot comply with regulations if they do not know what they are. Consequently, onboarding programs, annual mandatories and competency assessment programs are replete with courses related to regulations. The challenge for staff training and development departments is to figure out the most efficient and effective ways to present the information, hopefully in an engaging manner. Fortunately, online education technologies have significantly decreased the burdens of staff educators as well as the costs of providing critical information to their workforce.
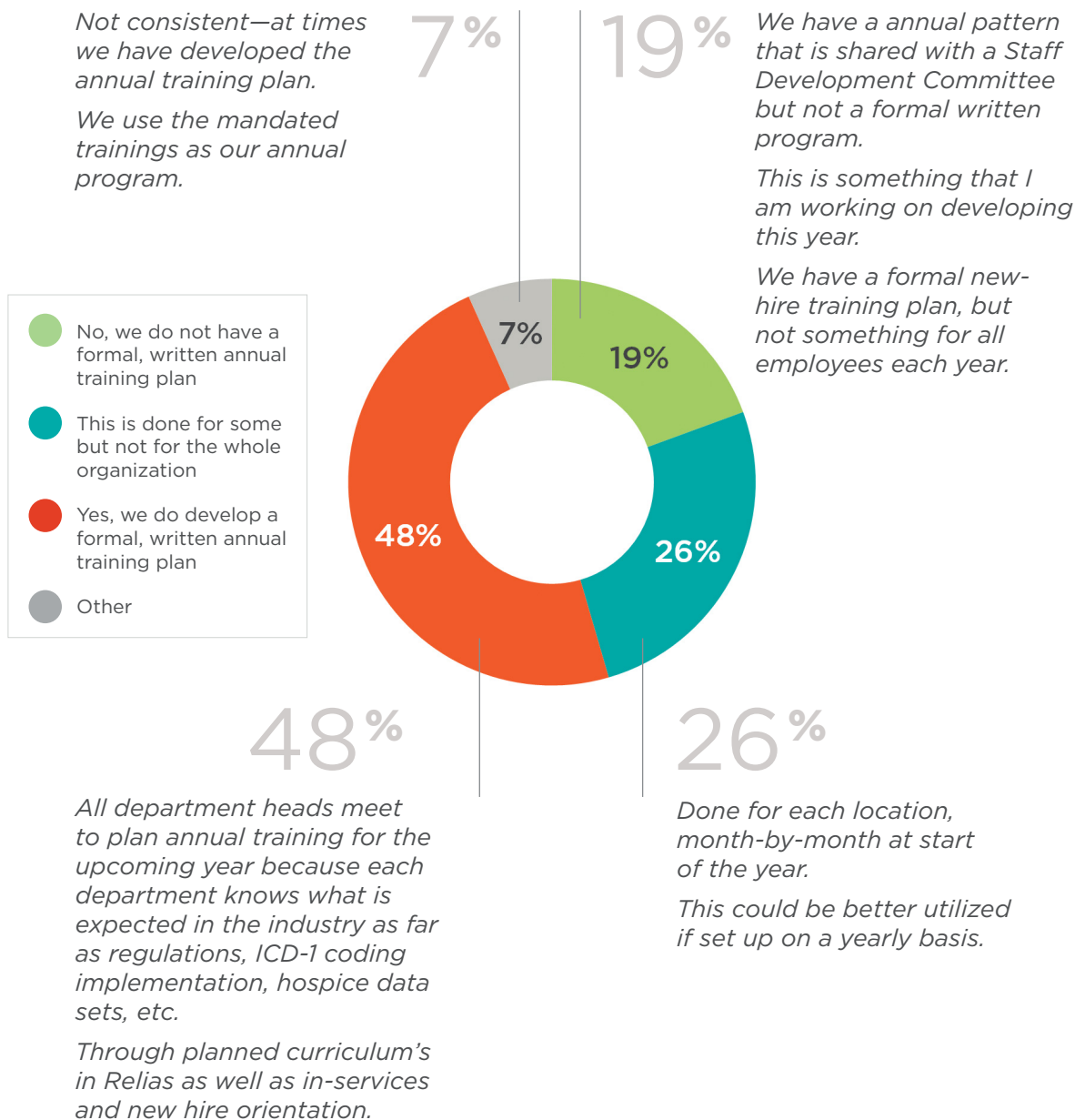
Compliance, Education and Quality

The intersection of compliance and education is readily apparent. It is not so easy to make the connection between compliance, education and quality. I would love to see research conducted on the relationship between the three, so I would not need to depend on observation and intuition. In my experience working with hundreds of hospices, those that are compliant with regulations have the most effective staff education departments and tend to offer the highest quality of care to their patients. Regulations provide requirements of what health care providers must do in order to guarantee at least a minimum baseline of acceptable care for patients. If providers are not even meeting that minimum baseline, how could anyone have confidence in the quality of care provided?

Use of Written Annual Training Plans

Only 19% of respondents report no use of an annual training plan. 26% report use of annual training plans for parts of the organization but not for the organization as a whole. 48% of respondents reported that written annual training plans are developed for the organization as a whole.

Does Your Organization Create Written Annual Training Plans?

Not consistent—at times we have developed the annual training plan.

We use the mandated trainings as our annual program.

7%

19%

We have a annual pattern that is shared with a Staff Development Committee but not a formal written program.

This is something that I am working on developing this year.

We have a formal new-hire training plan, but not something for all employees each year.

Legend:
- No, we do not have a formal, written annual training plan
- This is done for some but not for the whole organization
- Yes, we do develop a formal, written annual training plan
- Other

48%

26%

All department heads meet to plan annual training for the upcoming year because each department knows what is expected in the industry as far as regulations, ICD-1 coding implementation, hospice data sets, etc.

Through planned curriculum's in Relias as well as in-services and new hire orientation.

Done for each location, month-by-month at start of the year.

This could be better utilized if set up on a yearly basis.

Survey Methodology

The invitation to participate in the online survey was extended to more than 30,000 executives, managers, and training personnel in multiple markets. Links to the survey were also made available through several associations to their memberships, and through social media channels. As an incentive, respondents were entered into a drawing for a gift certificate for one of seven iPad minis.

The survey was open during the period from October 22, 2014 through November 8, 2014. Respondents who only answered the first question in this thirty-one question survey were eliminated. This report provides a synopsis of findings for 391 respondents in the Senior Care sector whose organizations provide either Home Health and/or Hospice services as one of their services. (Note: We have published another Senior Care report covering organizations in this sector who do not necessarily provide and Home Health or Hospice services).

Data was received and processed by the Center for Outcome Analysis (COA), a non-profit research organization.

Some of the questions involved free text responses, and in these instances, responses were hand-coded into broad categories.

About the Team

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About Relias Learning

Relias Learning provides online training solutions to 4000 organizations, across a variety of health care sectors, and is the leading provider in the Senior Care field.

The Relias platform includes content needed for accreditations, CEs, and staff development—as well as the ability for customers to create unique content and incorporate live training—all in a singular, feature-rich learning management system. For more information, please visit us at www.reliaslearning.com.

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