New Hemophilia Treatment Center Staff Orientation: A Standardized Approach

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Introduction
New staff orientation enhances an understanding of the National Hemophilia Network as well as the roles and responsibilities of various Hemophilia Treatment Center (HTC) team members. The lack of standardized programming among all regions can result in a misunderstanding of national goals and initiatives and limit access to helpful staff resources. Properly oriented HTC staff are more likely to demonstrate greater participation in the regional program and will have better access to relevant activities and best practices. The standardization of new staff orientation is expected by federal partners, such as HRSA, and welcomed by other partners and stakeholders.

The National Hemophilia Program Coordinating Center (NHPPC) conducted a national technical needs assessment in 2011 through the American Thrombosis and Hemostasis Network (AT-HN). HTC staff (n=314) ranked staff development second in terms of future technical support needs. Many regional core centers provide routine orientation for new staff members. The lack of a standardized orientation program, however, has led to gaps in knowledge and access to resources. A consistent, uniform introduction to hemophilia and the comprehensive care model can help improve care, enhance participation in national programs and lead to greater job satisfaction.

Objective
A multi-disciplinary NHPPC working group was formed to identify available resources and best orientation practices and develop a unified approach for all regions to promote optimal training for new HTC staff. A tool kit was developed based on this review.

Methods
The working group—consisting of two regional coordinators, a HTC pediatric social worker, a regional director and the NHPPC director—collected existing orientation materials. Common elements and gaps were identified. A PowerPoint presentation, a guideline by learning modality and a checklist were developed. These materials are discipline agnostic and may be used with all new staff.

Training content is based on the recognized need for all new staff members to gain a basic understanding of:
- Critical partnerships (e.g., ATHN) for data collection and monitoring
- The efficacy of the comprehensive care model
- Federal grant requirements
- The regional HTC structure

Figure 1. LEARNING OBJECTIVES

Define hemophilia and Von Willebrand disease
Describe federally funded HTC program: Regional structure, funding issues and CDC and MOCH (HRSA) priorities
Recognize grant administrative requirements
Identify components of the comprehensive care model
Recognize need for consumer involvement in planning
Understand data management and outcomes
List public health priorities and Healthy People 2020 evaluative measures
Identify training opportunities:

Figure 2. CONSUMER INVOLVEMENT

Family/professional partnerships
Parents as partners in clinical care

Figure 3. Centers for Disease Control (CDC) Health Resources and Services Administration (HRSA/MCHB) Regions

11 Regions

CDC Regions

C4 Region: Central, Texas, & South South
C5 Region: Lower South
C6 Region: Upper South
C7 Region: Midwest South
C8 Region: Midwest North
C9 Region: Northeast
C10 Region: New England

8 Regions

MCHB Regions

NHF Regions

Region 1: North and Middle
Region 2: South
Region 3: Midwest
Region 4: Northeast

Results
The regional leadership, the NHPPC and HRSA have embraced the concept of uniformity in staff training. The newly developed orientation materials were highly rated by pilot participants, who recommended them as beneficial during the initial phases of HTC employment. A plan for national dissemination is currently in development.

Figure 4. HRSA PRIORITY AREAS

Division of Children with Special Health Needs—Six Core Outcome Measures
Family/Professional Partnerships
Medical Home
Insurance

Figure 5. Guidelines for New HTC Staff Orientation

The purpose of this document is to guide and assist treatment center employees as they provide orientation to new HTC staff members. There are numerous resources available for this purpose; this list is not exhaustive. Orientation and education for new staff members are recommended within the first six months of their employment.

Figure 6. Orientation Monitoring Tool

Conclusions
We thank the new staff members who participated in the pilot phase of this project. We also thank the Regional Coordinators (Judith Baker, Danielle Deery, John Drake, Suzanne Kapica (former), Brenda Riske, Kathryn Renee (former) and Travis Tussing) for sharing orientation materials to aid in the development of these resources.

Acknowledgments
This project was funded through HRSA Cooperative Agreement U58MC24079.