Creating a COVID-19 Disaster Playbook for Training and Support

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Purpose: During the COVID-19 crisis, there was an unprecedented increase in hospital admission rates throughout the state, with a peak of up to 800 daily hospitalizations in March 2020 within a northeastern health system. The health system faced the dual challenge of training and rapidly deploying surge staff amidst this unprecedented healthcare milieu. Electronic Medical Record (EMR) competency is a crucial component of the onboarding process towards clinician preparedness. As the pandemic escalated, there was a need for a disaster playbook on virtual training and Clinical Informatics support. The challenge was two-fold:
   1. Transitioning a 2-day EMR education plan to a virtual 8-hour session
   2. Initiating remote clinical documentation support for EMR reinforcement

The purpose of this abstract is to analyze the process of creating a disaster playbook for implementing virtual training and remote Clinical Informatics support for a hospital system during a pandemic.

Methods: Overall planning for the playbook incorporated feedback from meetings with executive nursing and administrative leadership to outline a strategy to train and support the influx of surge staff. The collaborative team of Clinical Informatics and EMR trainers created the virtual training content over a weekend working session and modified as needed. The content focused on the adult learners' needs intertwined with nursing workflow. Operationalizing remote support required multiple demo sessions and application troubleshooting. Support resources included Clinical Informatics and Site Support Analysts (SSAs). Our teams utilized Agile methodology to respond to evolving clinician needs and challenges.

Results: An eight-hour disaster virtual training session was created, increasing training capacity ten-fold within a one-month period. Clinical and Administrative leadership were satisfied with the reduction in resource hours while maintaining the effectiveness and engagement of the participants. Simultaneously, new resources dedicated to address EMR documentation questions via telephone and virtual chat were established as an additional part of our help desk resources. Clinical Informatics and SSAs resolved clinical and technical questions while surge staff were acclimating to the current pandemic work environment.

Conclusion: During the COVID-19 pandemic, the Clinical Informatics and Training team organized and implemented a 100% virtual training program for over 1400 RN's from across the country, preparing them in as little as 8 hours to hit the ground running.

In addition to virtually onboarding clinicians to the EMR, we operationalized clinical documentation support systemwide.

Lessons Learned:
- Delineation of clinical documentation support and workflow questions versus help desk technical issues
- Anticipation of technical difficulties that could occur with implementing remote support and a virtual classroom
- Creation and distribution of pre-onboarding/training documents focused on utilization of EMR tools

Recommendations:
- Identify experience of the surge staff to focus in on their specific needs
- Leverage existing means of communication among support staff to provide just-in-time feedback
- Implement data collection methods and conduct debriefs to capture limitations and identify gaps in the process

Preparing, planning, and implementation of virtual training and remote support are at the forefront of the COVID-19 response. Creating a disaster playbook that focuses on training while following the Agile methodology is recommended for healthcare organizations responding to a crisis.

Title:
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COVID-19 Disaster Playbook, Surge Staff Support Plan and Virtual Training Onboarding

Abstract Summary:
As the COVID-19 pandemic escalated, there was a need to create a disaster playbook on virtual training and Clinical Informatics support. We will discuss our challenges which were two-fold:
1. Transitioning a 2-day EMR education plan to a virtual 8-hour session
2. Initiating remote clinical documentation support for EMR reinforcement

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