
PROMISING PRACTICES IN STATE SURVEY AGENCIES

Interactive Technology for Trainings and Meetings

New York

Summary

The New York State Department of Health's Surveillance Training Academy (STA) provides clinical update training for nursing home, hospital, intermediate care facilities/mental retardation (ICFs/MR), and home health/hospice surveyors via videoconferences. The STA is an intensive residential training institute for new and experienced surveyors. The content and recommendations for presenters for the videoconferences are determined by surveyor feedback and suggestions of the STA guidance committee.

Introduction

This report describes the structure and functioning of New York's videoconferencing program, its impact, and lessons learned that might benefit other agencies considering use of interactive technology for trainings and meetings. The information presented is based on interviews with agency management staff and review of documentation supporting the program.

Background

The Surveillance Training Academy was established in January 2001 in response to a substantial increase in surveyor hires after a waiver of exemption from the statewide hiring freeze was approved. The Academy, organized and coordinated by The School of Public Health at the State University of New York under a Memorandum of Understanding with the Department of Health, was designed to provide a consistent training approach for newly hired long-term care surveyors and soon was expanded to include home health and hospital surveyors and additional state health department personnel. The Surveillance Training Academy is held in Albany and provides four-day orientation sessions for new surveyors and a three-day annual update session for all surveyors. In December 2004, the Academy began to provide additional training on clinical topics to surveyors based out of New York's four regional offices (in seven locations) via videoconference, in response to surveyor requests to receive clinical updates without the burden of traveling. Agency management believed that providing additional

training would benefit staff morale and improve the clinical consistency and knowledge of surveyors across the regions. New York's large geographic size and challenging winter weather provided additional impetus for the use of videoconferencing as a lower cost and convenient training alternative.

Intervention

Through a public telephone connection, surveyors access live videoconferences for clinical training. Videoconferences feature a speaker, often an expert brought in to speak on a particular topic, and may incorporate a PowerPoint presentation. Opportunities for questions and clarifications are part of the videoconference.

Bridging technology is employed to connect the sites to the presenter and to each other. Videoconferencing equipment remains set up at each of the regional office locations and in the Central Office's Delmar location and is maintained by technical staff who also handle the technical aspects of connecting participants to the videoconferences. The Health Department had been involved with videoconferencing for over a decade; the survey agency recently used grant funding to upgrade equipment and improve technical compatibility across the regional offices. In addition to live viewing, videoconferences also are archived and available for on-demand viewing in libraries maintained at each regional office.

Videoconferencing topics are selected with input from both managers and surveyors. The School

of Public Health recruits and hires external expert speakers as consultants and provides administrative support to the program, including tracking attendance. The clinical videoconferences produced to date have addressed a range of topics, including Ventilator Update, Epidemiological Investigations Process, Pharmaceutical Update, and End-Stage Renal Dialysis Update. A program on Communicating with Individuals with Behavioral Issues is currently in production. The agency also holds occasional meetings via videoconference. Because the equipment is available through the Health Department, the only cost incurred by the survey agency is the cost of honoraria provided to expert presenters.

Implementation

The agency utilized the videoconferencing equipment owned by the Health Department to produce the first videoconference in 2004. Agency management announced to surveyors that the agency had developed a videoconference program in response to surveyor requests for additional clinical training and indicated that surveyors were required to view the videoconferences, whether participating in the live conference or viewing the archived videotape.

Impact

Surveyor evaluations of the videoconferences are highly favorable, with the majority of surveyors reporting that the videoconferences are a worthwhile experience and improve their effectiveness as surveyors. Given restrictive training resources, agency management believe that the training offered via videoconference would simply not be available to surveyors if the training required regional staff to travel to a central location or expert presenters to travel to various locations around the state. In addition to increasing access to clinical training, the

videoconferencing program improves the consistency of information across individual surveyors and across regions.

Lessons Learned

Because the videoconferencing program requires no travel time, it is a cost-effective and convenient modality for providing clinical training updates to surveyors and may be particularly useful for large states and states with long periods of inclement weather. The agency's current technology does not allow for simultaneous viewing of the presenter and PowerPoint slides, which is a source of frustration for some viewers. However, because the agency has confined its videoconference program to speakers using a PowerPoint presentation followed by a question-and-answer session, equipment costs are kept low while the program still meets the objective of providing surveyors throughout the state with clinical training updates without incurring travel costs. Agency management staff recommend analyzing the benefits and costs of videoconferencing vs. classroom training and considering the level of technology appropriate for desired purposes. For example, current technology options that incorporate various rich media sources, while requiring greater financial investment, can enhance production and may help to diminish staff perceptions that video or Web conferences are an inferior training option when compared to face-to-face training. It was noted that traditional classroom style training might remain a preferred modality for some surveyors accustomed to that training environment.

Contact Information

For more information about the videoconferencing program at New York State's Surveillance Training Academy, please contact Joan Pivorun-Wehrle at 518/402-5340 or jpp01@health.state.ny.us.

This document is part of an issue brief on the use of interactive technologies for trainings and meetings in state survey agencies. The issue brief is one of a series by the Division of Health Care Policy and Research, University of Colorado Health Sciences Center, for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in state survey agencies. The entire series is available online at CMS' Website, <http://www.cms.hhs.gov/SurvCertPromPractProj>. The issue briefs are intended to share information about practices used in state survey agencies and are not an endorsement of any practice.