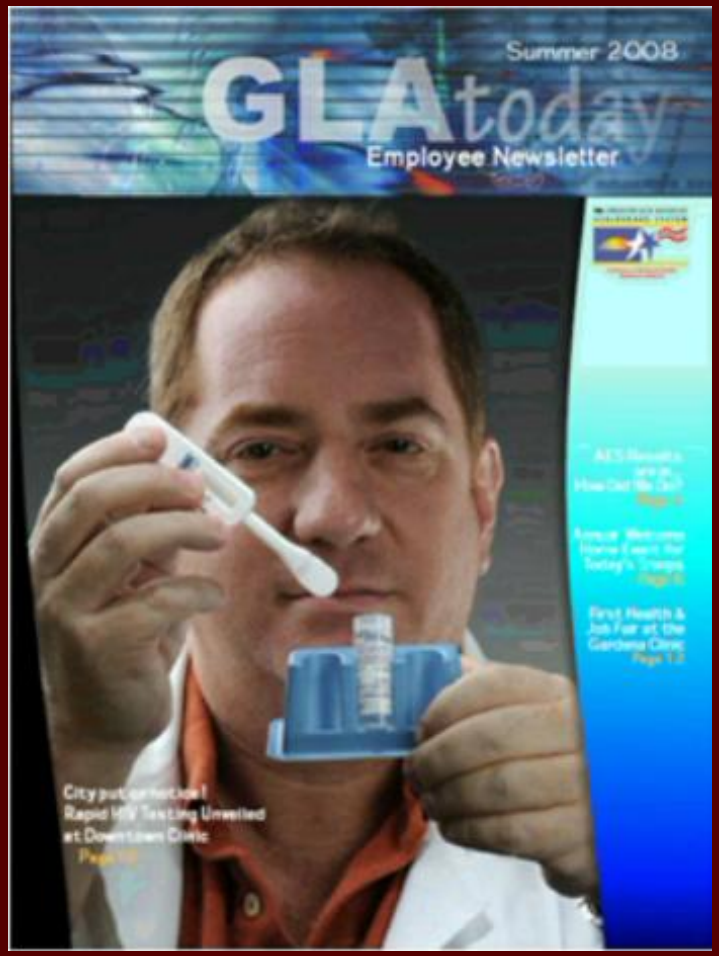


Using Live On-line Remote Interactive In-services for Training at Outlying VA Facilities

Herschel Knapp, Ph.D., M.S.S.W.

QUERI-HIV/HEP

Quality Enhancement Research Initiative

Seminar Contents

Overview of Live On-line Remote Interactive In-service (LORII)

- Example #1

  Use of LORII to promote HIV testing

- Example #2

  Use of LORII in training for performance of point of care testing

- Implications

Generalizability

Components of traditional (in-person) training:

- Presenter
- PowerPoint slides
- Narrative
- Q & A
- Handouts
- In-service evaluation
- Demonstration
- Competency quiz

Application #1

Use of LORII to promote HIV testing

In-Person Medical Center Kickoff Meeting (PPT)

Presentation Contents

- HIV background
- Benefits of knowing HIV status
- Successes to date
- Program components:

  Clinical reminder, patient media (posters & pamphlets), provider media (pocket cards), policy changes, audit feedback
- Consent process
- Ongoing support
- Tips for proposing HIV testing

Handout package

VA Healthcare System

Tips for Proposing HIV Testing

- *Would you like a **free** HIV test?*
- *As a veteran, you're **entitled to** an HIV test.*
- *Along with other regular tests - blood pressure, cholesterol, etc., we're offering **routine** HIV testing, do you want us to check for HIV?*

Providing HIV Education

- Testing is confidential and voluntary
- Cannot determine status without testing
- If positive, we can provide confidential care

Delivering Negative Test Results

- HIV antibodies not detected at this time
- Can take up to 3 months after exposure for detection
- Discuss safe behaviors and retest in 3 months

Delivering Positive Test Results

- Explain: HIV infection ≠ AIDS (CD4 < 200)
- Benefits of antiretroviral therapy
- Lifestyle: diet & exercise, drug & alcohol use
- Safer behavior: sexual & drug use
- Support: social, emotional, mental health
- Normal to feel sad, scared, angry, confused
- Call 911 if you feel you might hurt yourself

VA Healthcare System

Documenting Verbal Consent

- The HIV clinical reminder automatically enters: ***"The patient has verbally consented to HIV testing. An HIV antibody test has been ordered."*** in the NOTES section.

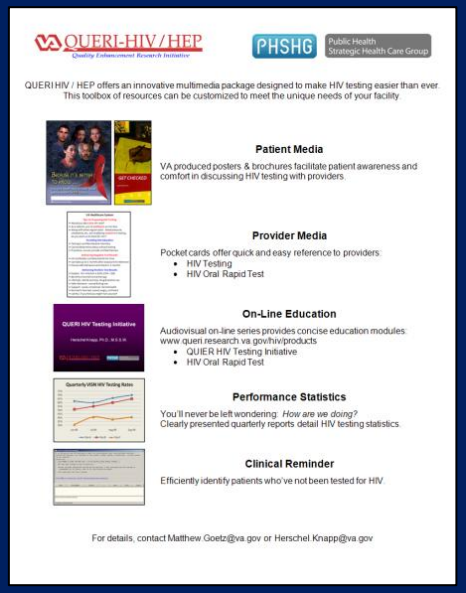
Discussion Points for Patients

- The ACP recommends that ***all adults*** be offered HIV testing
- Early HIV is asymptomatic and is highly treatable
- 21% of HIV-infected persons in the U.S. are undiagnosed
- 50 - 70% of at-risk VA patients haven't been tested
- 55% of veterans are diagnosed after advanced HIV disease
- VA surveys show undiagnosed HIV infection in 0.5% of 65 to 74 year olds
- Many OEF/OIF veterans are at high risk due to age, drugs and alcohol, non-use of condoms
- Timely HIV care keeps patients healthy and viable

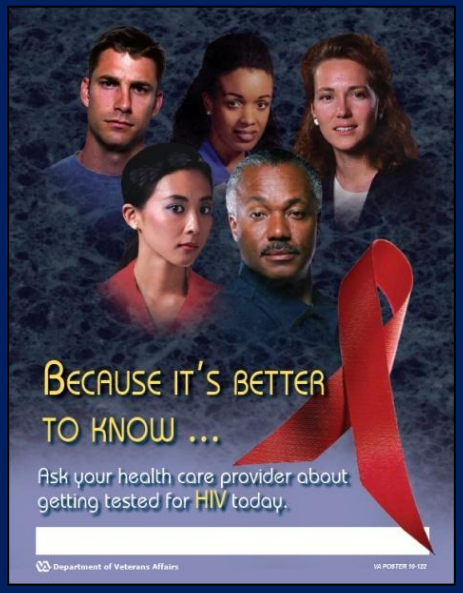
Resources

Dusty Jones, M.D.: (555) 555-5555 Pager #123

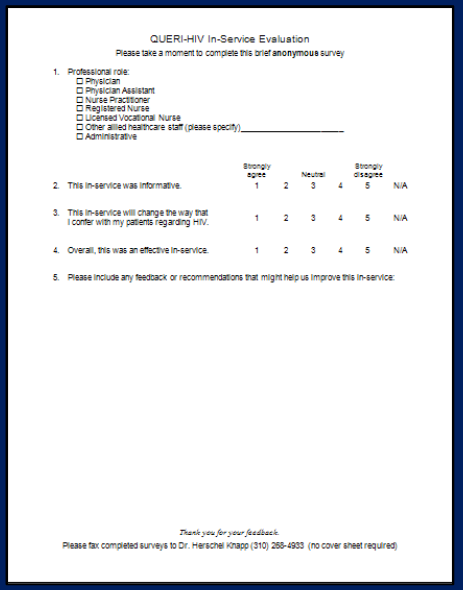
Pocket card



Overview Sheet



Poster & Pamphlet



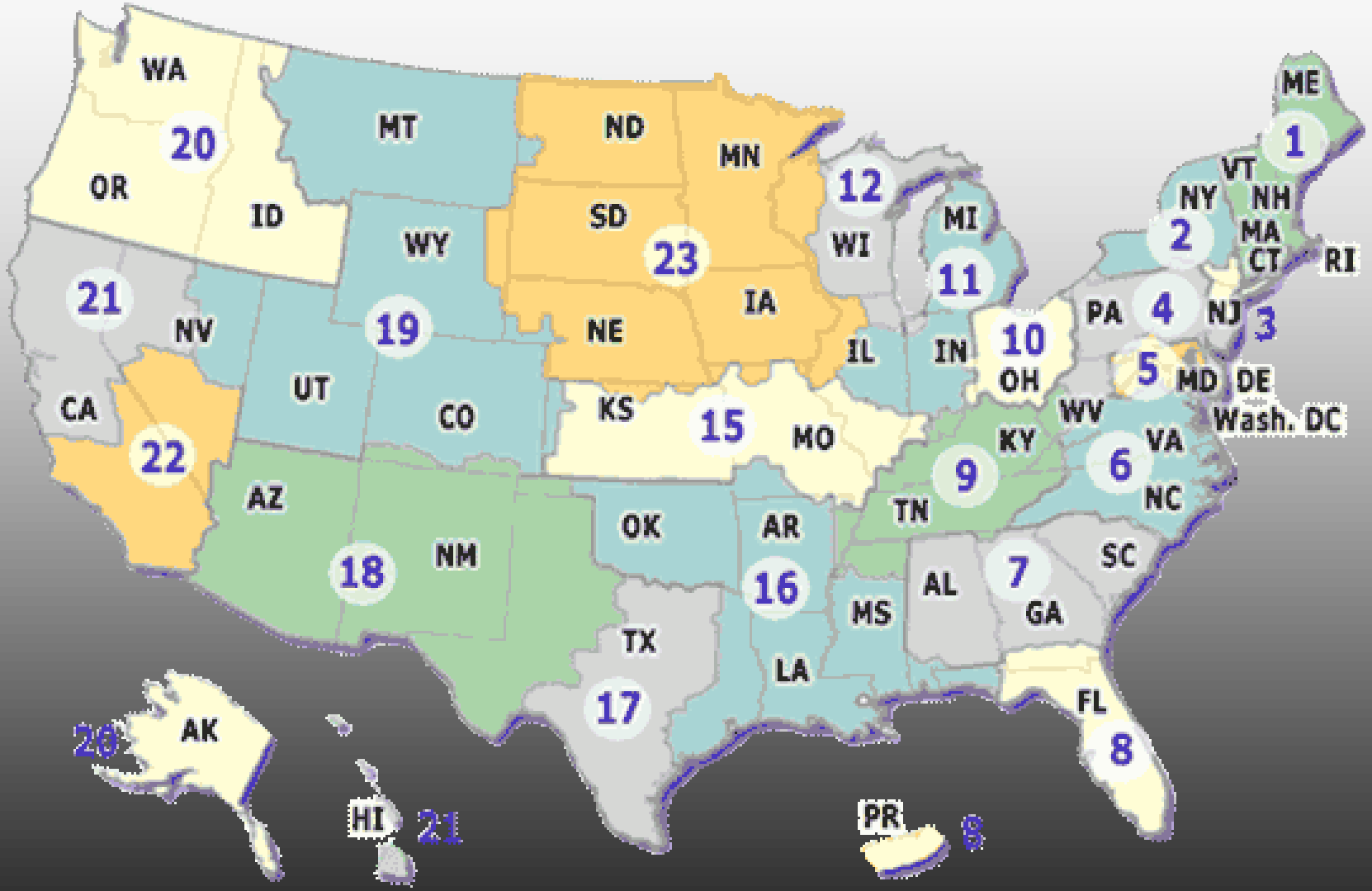
In-Service Survey

Rationale for Remote CBOC Contact

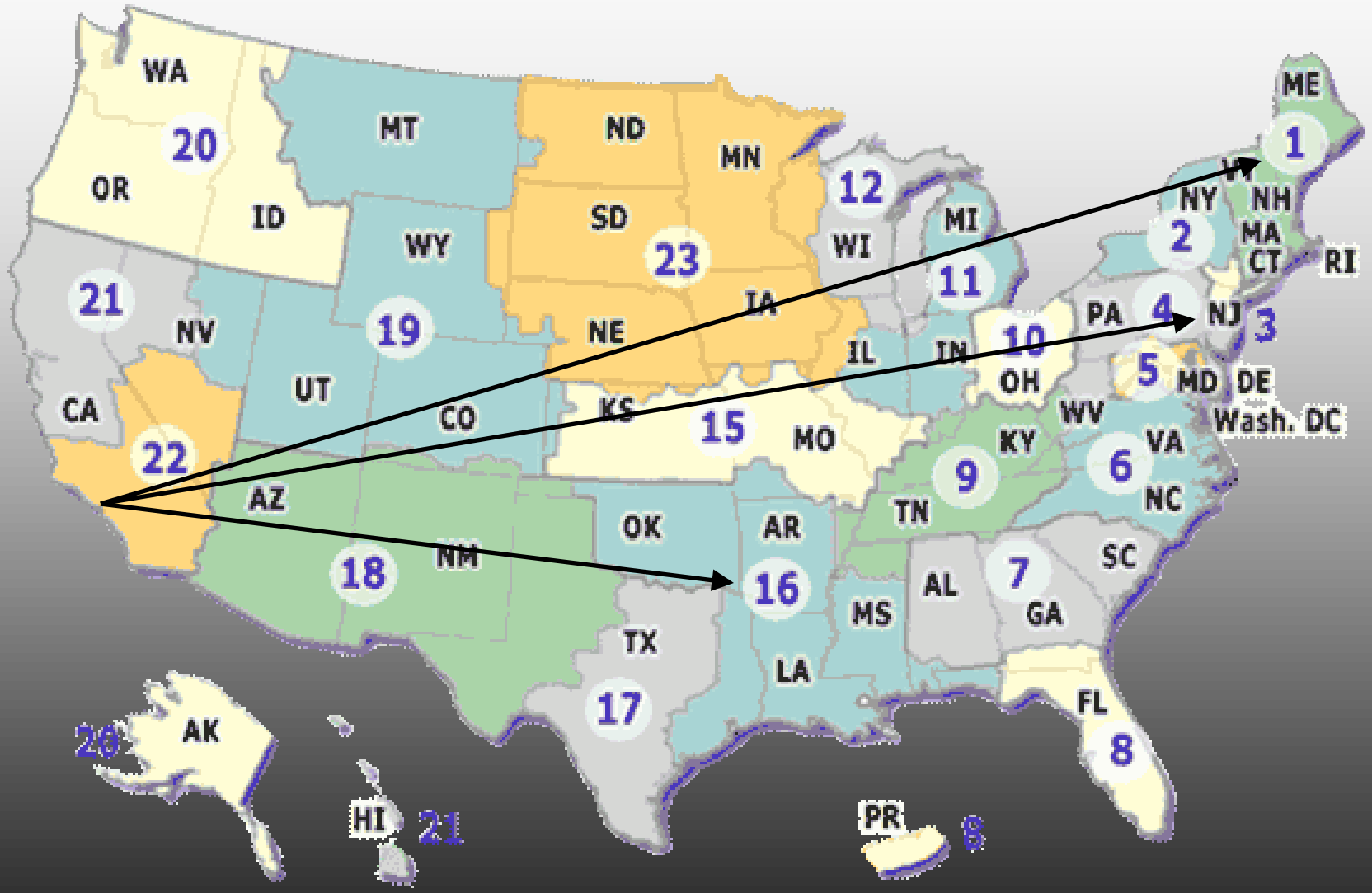
VISN	Medical Centers	CBOCs
22	In-person	In-person
1, 3, 16	In-person	On-line

- 40% of VA patients receive care via CBOCs
- Goal: Provide same presentation to CBOC providers *without* travel (limited staff, budget, time)

VISN (Veterans Integrated Service Network) Map



Access from VISN 22 to VISNs 1, 3 & 16



CBOC LORII Kickoff Meeting

After in-person kickoff meeting at medical center:

1. Contact CBOC clinical managers
2. Schedule on-line meeting per CBOC's availability
3. Ship handouts
4. Send e-vites: Live Meeting link & VANTS number
5. Conduct session w/ positive framework (inclusion)
6. On-line presentation = in-person presentation

Cost & Satisfaction Analysis

	In-Person	On-Line	p
Sites (*n*)	10	29	–
Attendees (*n*)	188	145	–
Costs (per site)	$4,387*	$157**	–
In-Service Satisfaction Survey (1 = strongly disagree… 5 = strongly agree)			
1. This in-service was informative.	4.67	4.13	.024
2. This in-service will change the way that I confer with my patients regarding HIV.	4.20	4.10	.702
3. Overall, this was an effective in-service.	4.70	4.10	.013

*In-person team: 1 M.D. & 1 Ph.D.
On-line team: 1 Ph.D. & 1 B.A.

Statistically significant ($p < .05$)

**Price per CBOC; anticipate several

On-Line Presenter Tips

- Use headset or speakerphone
- DND sign on door, mute PC, cell phone, pager, etc.
- Articulate clearly
- Have the handouts in front of you
- Set a positive environment; be enthused
- Imagine your audience
- Use your body (facial expressions, gestures, stand)

Application #2

Use of LORII in training for performance of point of care testing

Acknowledgements

LAOPC

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Lead Clinician

LAOPC Nursing Staff

WEST L.A.

Michael Fletcher, BA
Administrative Assistant

Holly M. Emerson, MHA
Point of Care Lab Manager

Jeffery D. Russell, Sr
Audiovisual Specialist

Use of LORII in training for performance of point of care testing

Example: HIV Oral Rapid Testing

Source: In-person in-service

- PowerPoint slides
- Narrative
- Demonstration
- Pocket cards
- In-service satisfaction survey
- Training certification documentation

On-line version derived from in-person (no edits)

HIV Oral Rapid Test Training

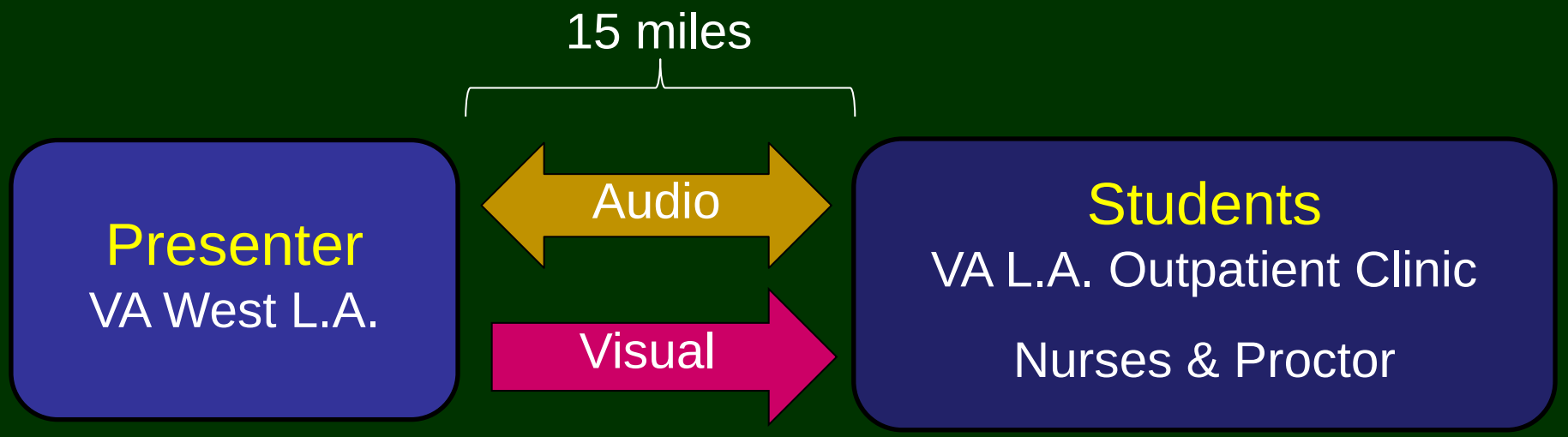
PowerPoint Slides

1. Proposing HIV testing
2. Verbal informed consent process
3. Test storage
4. Test administration
5. Test interpretation
6. Test disposal
7. CPRS documentation

Webcam

8. Q.C. validation

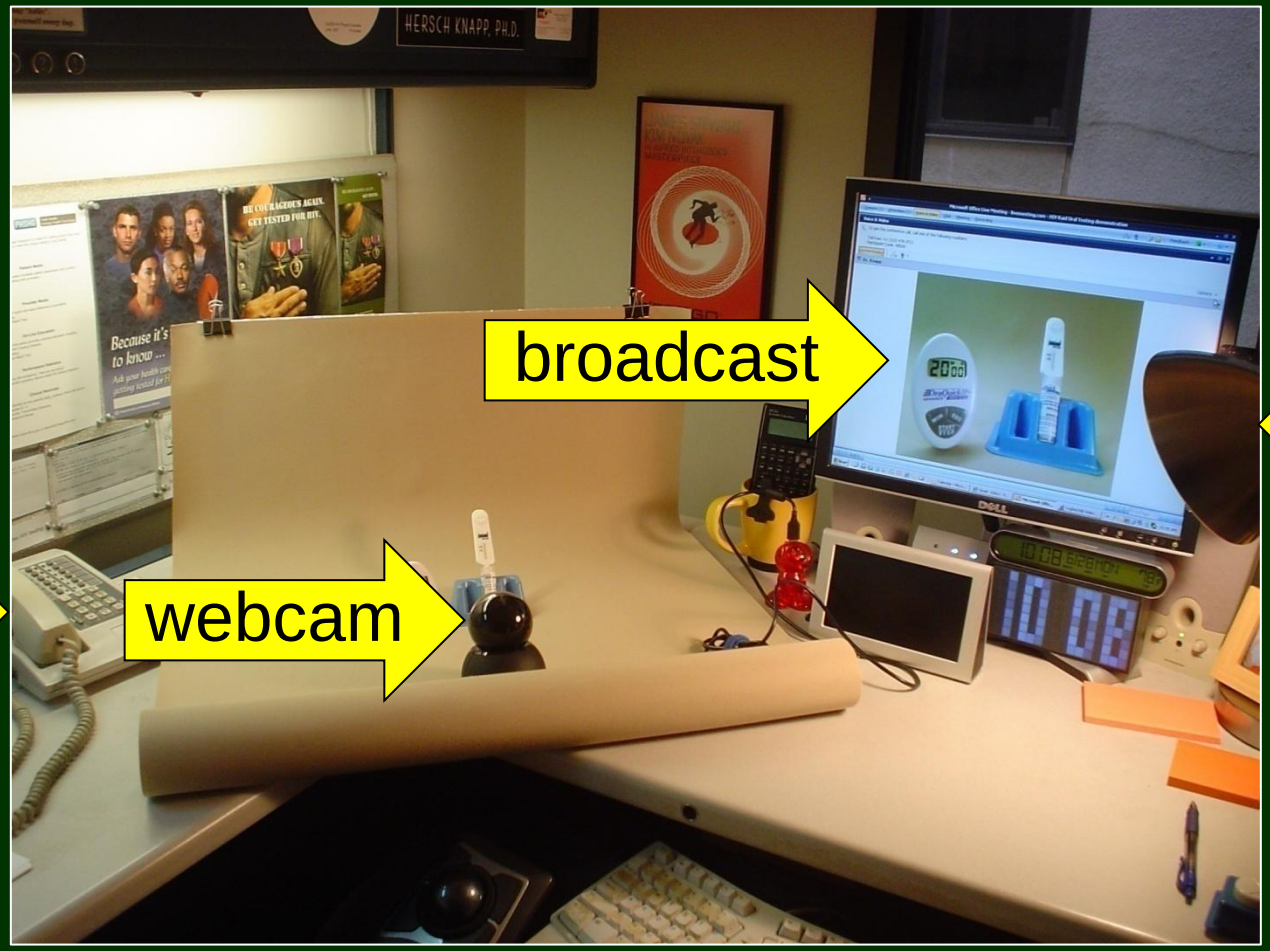
HIV Oral Rapid Test On-Line Training



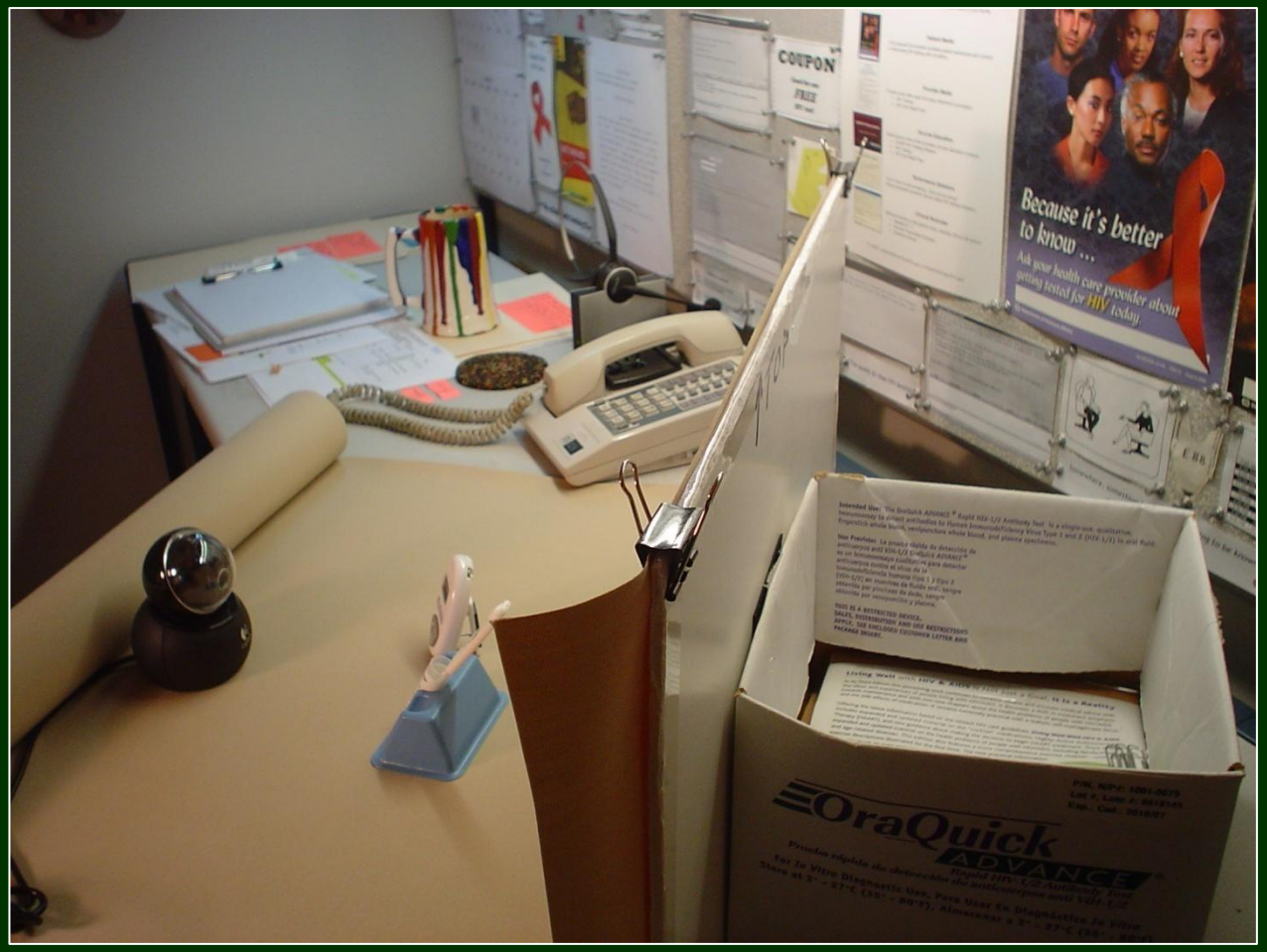
Webcam's View for QC Test Segment

Desktop Studio – Front

Desktop Studio – Front



Desktop Studio – Backstage



Desktop Studio – Backstage

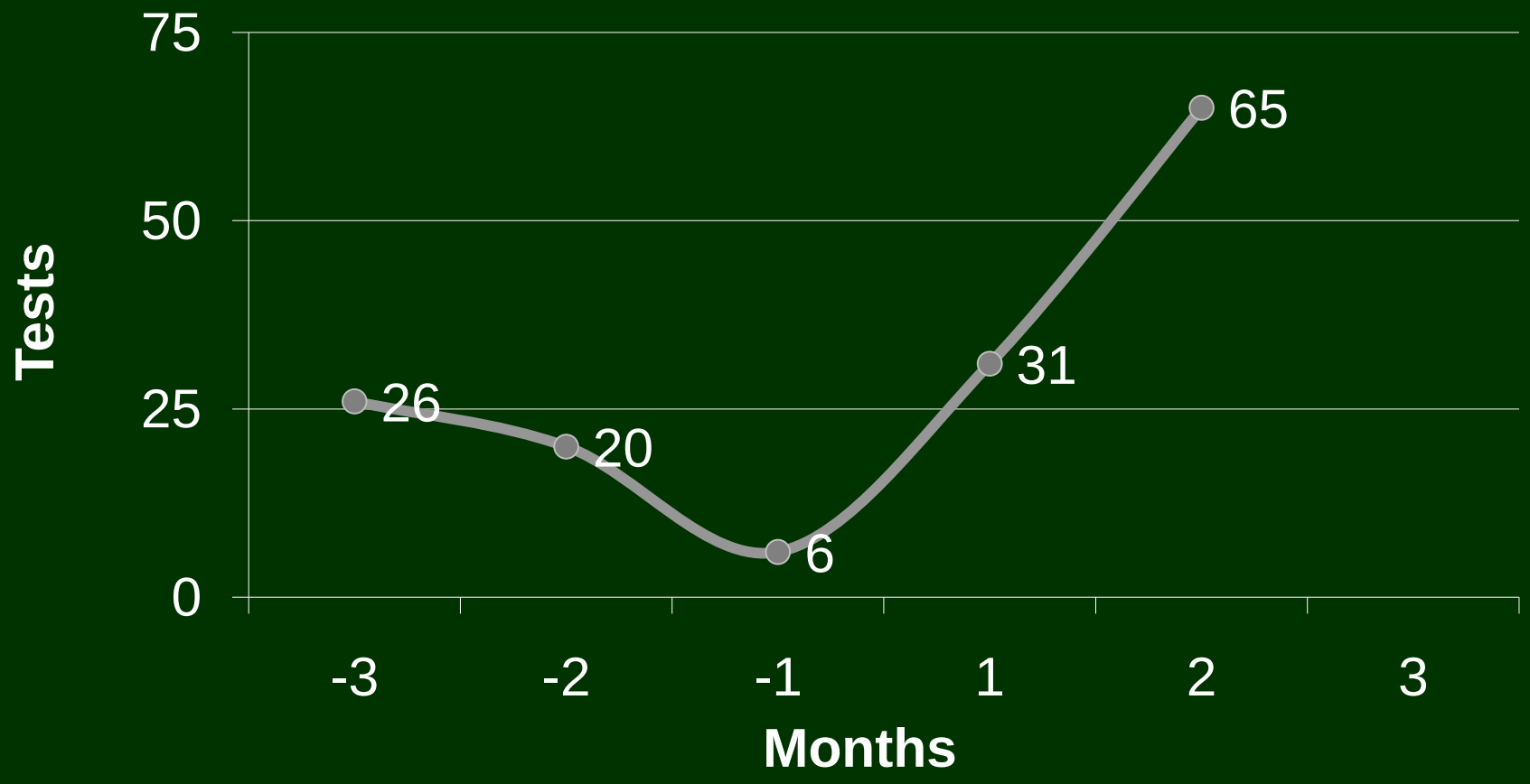
Webcam's View for QC Test Segment

HIV RT In-Service Evaluation

In-Service Section	In-Person (n = 13)		On-Line (n = 14)		p
	Mean	SD	Mean	SD	
1. proposing HIV testing	4.85	.376	5.00	.000	.137
2. verbal consent process	4.92	.277	5.00	.000	.309
3. test storage	4.92	.277	5.00	.000	.309
4. test administration	5.00	.000	5.00	.000	–
5. test interpretation	5.00	.000	5.00	.000	–
6. test disposal	5.00	.000	5.00	.000	–
7. CPRS	4.92	.277	5.00	.000	.309
8. Q.C. validation	4.92	.277	5.00	.000	.309

Likert scale: 1 = low comprehension… 5 = high comprehension

HIV RT Rates



5. Implications

Implications

Effectiveness

- In-Service Satisfaction Surveys reveal consistently high scores (in-person ≈ on-line)

Cost savings

- Initial setup costs $135 (webcam, foam core, fabric)
- Reduces travel expenses and trainer salary hours lost to round trip commutes
- Travel cost replaced by materials shipping cost

Implications

Efficiency

- Eliminates the trainer travel time (reclaimed travel time restores availability)
- Nullifies geographical constraints
- Could recruit expert training staff throughout VA
- Reduces total number of trainers
- Potential to train multiple sites simultaneously

Implications

Accessibility

- Prompter access to in-services
- Potential for increased frequency of in-services
- Could engage more staff members (initial trainings, recertifications, training new staff, refresher courses)

Inclusion

- Defies geographical barriers
- Expands specialized education to remote facilities
- Reduces provider isolation via new skills
- Enhances patient care

Other Potential Uses

Reproduce HIV remote training protocol using other POC diagnostic devices:

- ACCU-CHEK® (glucose level)
- i-STAT® (troponin and blood gases)
- Hemochron® (blood volume and Active Blood Clotting Time)
- ICON® 25 hCG (pregnancy test)
- Uristix® (urinalysis)
- FOBT-CHEK® (colorectal cancer)

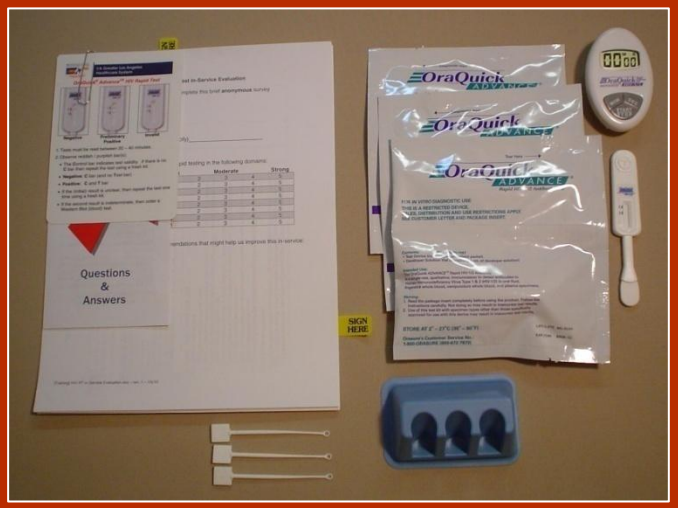
Potential Further Enhancements

- 1:1 LORII for site champion
- LORII for staff proctored by site champion:
  - Site champion distributes materials (PAKs), gathers completed forms, and electronically files forms with appropriate lab manger

PAK – Participant Activation Kit

One PAK per participant

PAK contents



Conclusion based on Pilot Studies

- Interactive on-line training ≈ in-person training
- On-line trainings easily derived from in-person
- Prompter service
- Eliminates trainer commute time; restores availability
- Cost savings
- Can connect expert trainer(s) from any site to any site
- Enhances outreach to remote providers
- Provides leading-edge care to patients
- Continue research using HIV RT & other POC devices

Final Notes About HIV Testing

Questions about VA HIV Testing policies and procedures should be directed to the VA Public Health Strategic Healthcare Group:

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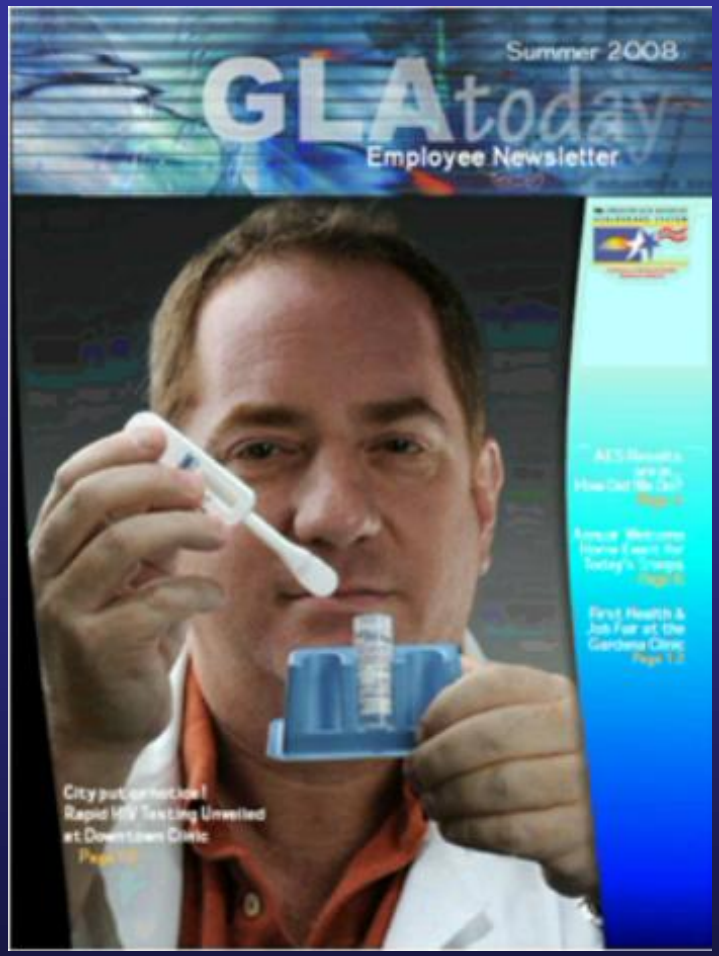

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