

# Better Training for Less Money— From Outer Space

by Carol J. Honaker, Norma Kay V. Sprayberry, and Michael L. Smith

*Agencies that wish to develop innovative, interactive, and entertaining inservices for their employees may want to look at the Alabama Department of Public Health's program, which has developed cost-effective inservice training for more than 6,000 employees working at 120 sites across the state. It works by using satellite technology—rocket science to bring the caring touch closer to home.*

Once upon a time there was a stream flowing quickly to join the sea. One day the stream reached a desert. As it flowed over the burning sands, the stream noticed it was beginning to disappear. Yet it knew that its destiny was to cross to the mountains on the other side. The stream did not know what to do. The sand whispered to the stream that it should allow the wind to carry it across the desert. Afraid, the stream asked, "Where will the wind drop me? What if I'm never the same again?" The sand responded, "You will never stay the same, no matter what you do. But if you stay here, you will become a quagmire." The stream finally agreed and gave itself up to the welcoming arms of the wind. The wind carried it gently to the mountain top where it fell as rain. Once again, the stream became a river, flowing to join the sea.

Today's home care industry is not unlike the stream, wondering how it will get across a "desert" of changes occurring in Medicare entitlement and reimbursement, with even more changes on the horizon. These changes threaten many agencies with becoming quagmires; worse, they threaten the agencies' very survival. How do providers address the changes and challenges ahead? By developing what could be called desert survival tactics. To survive in this desert environment and succeed in the years ahead, two strategies are critically important: developing a well-trained workforce and taking advantage of new advances in technology.

One organization, the Alabama Department of Public Health (ADPH), has combined the two strategies to use new technological advances as a means of developing a well-trained workforce. Specifically, it has developed a satellite conferencing capability for educating home care aides (HCA) and nurses throughout Alabama.

## Why Satellite Conferencing?

In 1990 Omnibus Reconciliation Act 87 changes mandating training and/or competency testing for HCAs went into effect. Legislation required that aides providing care to Medicare patients receive training in 12 areas, such as observation, reporting, and documentation; temperature, pulse, and respiration; infection control procedures; normal range of motion and positioning; and adequate nutrition and fluid intake.

Also in 1990 ADPH became the first statewide home care program to be awarded full accreditation by the Foundation for Hospice and Home Care. To meet the standards required for accreditation, the program developed 80 hours of training for newly employed HCAs, as well as an additional 12 hours of inservice education.

But reaching HCAs across the state became increasingly difficult. Educators were traveling as many as 1,000 miles a week to conduct onsite classes for HCAs throughout Alabama. There was a clearcut need for a more efficient, effective way to educate home care providers throughout the state in a manner that also met regulatory and accreditation requirements.

In 1994 ADPH developed a pilot program to conduct four satellite teleconference training programs for paraprofessional staff. Selected topics were drawn from the OBRA-mandated requirements for HCAs. Evaluations of the pilot were overwhelmingly positive, with 97.3% of participants reporting they would like to receive more training via satellite teleconferences.

ADPH implemented a review process to ensure that topics selected met regulatory and accreditation requirements. They identified site facilitators and mailed all handout materials and instructions to the facilitators for distribution to participants prior to the satellite conference. Interaction between conference faculty and participants at the viewing sites occurred by fax and telephone via an 800 number. The program used satellite technology involving one-way video, which enables participants to see the speaker on conventional television monitors.

**System Model**

ADPH's satellite broadcast system provides a model other providers can adapt and follow to offer distance learning in their states. The system involves the following elements:

- origination site (production studio)
- satellite uplink for transmission to satellite orbiting earth
- satellite transponder receives earth signal and transmits signal back to earth
- satellite downlink equipment
- viewing site with television monitors

Agencies that do not have their own satellite downlink equipment may arrange to use that of universities and county extension centers, which usually have downlink capability.

**Savings**

Throughout the home care industry, mandated changes are forcing providers to strive for lower operating costs. Consequently, even though regulatory requirements for education and training are increasing, training departments are likely to see staff and budgets contained or, in some cases, greatly reduced. Strategic use of technology provides a way to lower costs while retaining quality.

**SATELLITE PROGRAM TOPICS**

**For Nurses**

- Documentation
- Dying and death
- Diabetes and diabetic foot care
- Caring for the patient with congestive heart failure
- Personal safety
- Chronic wound management
- Management of the patient with Alzheimer's

**For HCAs and Home Attendants**

- Diabetic foot care
- Personal safety in the home
- Care of the patient with cardiac problems
- Rehabilitation
- Caring for the patient with Alzheimer's
- Caring for the patient who is blind and visually impaired
- Adult abuse
- Hair care
- Skin and oral care
- Fire and electrical safety
- Care of the patient with cancer

In 1997 ADPH conducted a comparative analysis of classroom education versus teleconference via satellite. Findings were that if 581 registered nurse participants traveled three per vehicle, they would incur a cost of \$43,370— versus \$1,900 for total teleconference costs. Furthermore, if 1,703 HCA participants traveled three to a vehicle to a training site, they would incur \$104,567 in classroom costs, versus \$1,742 for teleconference costs.

Having confirmed the program's cost-effectiveness, ADPH began to increase the use of satellite conferencing by offering programs geared to administrative updates, public information and education, grant-funded projects (such as women's health and osteoporosis programs), and news conferences. Teleconference participation increased from 15,351 participants in 1995 to 44,405 participants in 1997. As participation increased, production costs per participant decreased from \$6.88 in 1995 to \$2.98 in 1997.

The benefits were enormous. This multicounty agency, with employees dispersed throughout the state in both rural and urban areas, now has immediate access to its staff of thousands. In addition to providing inservice training for more than 6,000 employees working in 120 sites across the state, the applications of satellite technology have provided the following benefits:

- uniformity of information
- immediate access to staff at distant sites
- reduction of training/travel costs
- availability to wide geographical area
- elimination of staff travel for training
- rapid notification of changes in policies and procedures
- communication of agency philosophy

Change is never easy. But like the stream, ADPH was able to adapt to changes in health care requirements and take advantage of changes in technology to provide a training program that has paid off handsomely in the long run. □

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