Current State Assessment of

Staff Training for Health Lines

October 30, 2004

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Making The Right CONNECTIONS

INTRODUCTION

The primary objective of human resource planning in a health call centre environment ensures that the right people are in the right place, at the right time, doing the right thing. This requires a comprehensive program of staff recruitment, selection and training to ensure that human resource is responsive to the needs of the organization in order to achieve its mandate. This report represents the findings from a Current State Assessment of staff training for health lines that was undertaken August – October, 2004. This project represents a collaboration in support of health line programs that are in place or planned in seven jurisdictions (Alberta, British Columbia, Manitoba, Northwest Territories, Nunavut, Saskatchewan and Yukon). This project is specific to the jurisdictions with health lines conducting their own staff training, or contracting their training from their database or software vendor. The specific goals of this collaborative project were to:

- Conduct a review and assessment of initial and ongoing training programs currently used in, but not limited to jurisdictions that are part of the collaboration, including the following:
  - Describe the initial orientation/training program and ongoing training for nursing and other health staff
  - Identify core competencies, knowledge and skill areas incorporated into the training programs
  - Synthesize available information on the effectiveness of the initial and ongoing training program
  - Identify and analyze the skills assessment processes that are used prior to the hiring of nursing and other staff
- Make general recommendations on the following areas:
  - The content of a common training program that reflects best practice
  - The processes for measuring staff training program effectiveness, maintaining core competencies and managing deficiencies
  - The next steps in the development of a common training program

In times of limited resources and many obligations, we acknowledge that the time requirement of program staff and leadership to participate in this Current State Assessment. We are very appreciative of all of the efforts put forward by the programs of the Multi-Jurisdiction Committee, and the willingness of the other participating programs to provide comparison data for the purpose of this project.

APPROACH & METHODOLOGY

Participants

All programs in the Provincial jurisdictions having health lines in place and conducting their own staff training participated in the Current State Assessment survey. These jurisdictions included

- Alberta Health Link - Capital
- Alberta Health Link - Calgary
- British Columbia
- Manitoba
- Saskatchewan
- Northwest Territories – represented by Clinidata Corporation

In order to provide a more robust comparison, health line programs external to the Multi-Jurisdiction Committee were contacted to participate in the Current State Assessment survey. Several programs were identified in the United States and Europe through research and available contact information. Of all external programs contacted, two health line programs in the United States agreed to participate in the survey.

In total, eight programs participated in the Current State Assessment survey. Within this report, each program is provided with a unique identifier to maintain the anonymity of the program and ensure confidentiality.

Data Collection Tool

A review of the literature was undertaken to identify the key content areas for the Current State Assessment. A comprehensive data collection tool with 96 items was developed (*see Appendix A)* to ensure a standardized approach to the review and assessment of each health line staff training program. The content areas for data collection were identified based on existing standards and established best practice criteria and included the following:

- Program Background
- Core Competencies
- Recruitment
- Assessment Of Potential Applicants
- Interview Strategy
- Training Program
- Training Adjuncts
- Performance Management
- Quality Assurance
- Performance Metrics
- Program Leadership

Data Collection

All programs participating jurisdictions were provided an electronic copy of the data collection tool, with the option of submitting the completed questionnaire by email or fax; completion by telephone interview was also an option. Three programs elected to complete their questionnaire by telephone interview; five programs completed their survey and submitted by email or fax. All data obtained was entered into an electronic database. Quantitative and qualitative data analyses were conducted. Confidentiality and securing of the data has been maintained.

Preliminary Report

A preliminary report of the findings was made to the Multi-Jurisdiction Steering Committee on September 29, 2004. Following this meeting, each program within the Multi-Jurisdiction Committee was provided with the opportunity to review and amend the survey data provided. Data were revised as per each jurisdiction's request.

RESULTS

Program Background

A total of 8 programs are represented in the Current State Assessment – Training survey. In order to provide necessary context, programs were asked general questions about their program background, including length of operations, call services, call volumes and facility space and call taker positions. The programs participating in the survey had been in operations for various length of time (see Figure 1). Average monthly inbound call volumes for year 2004 are represented in Figure 2.

Figure 1.
Length of Operations by Program

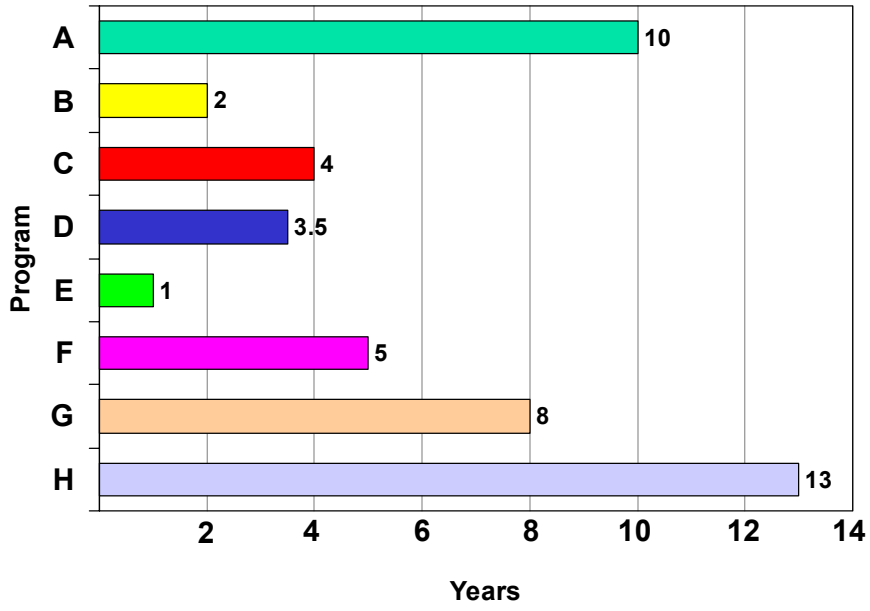
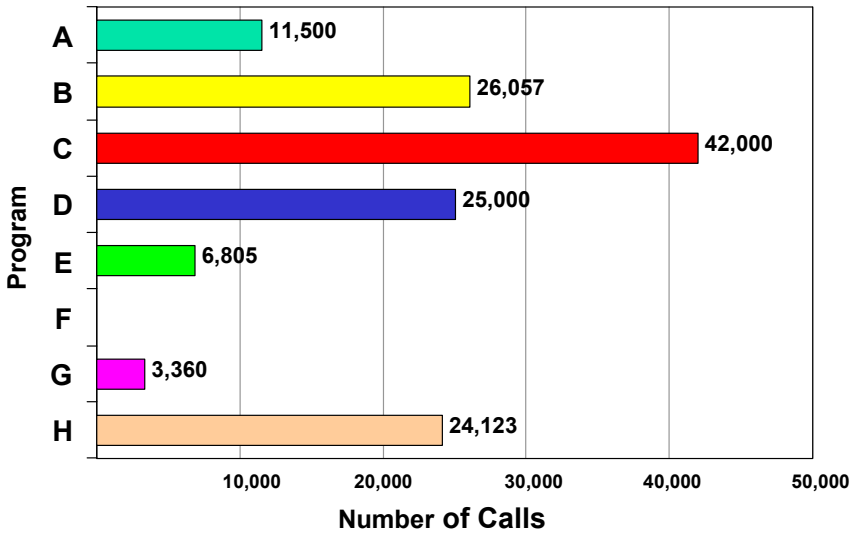
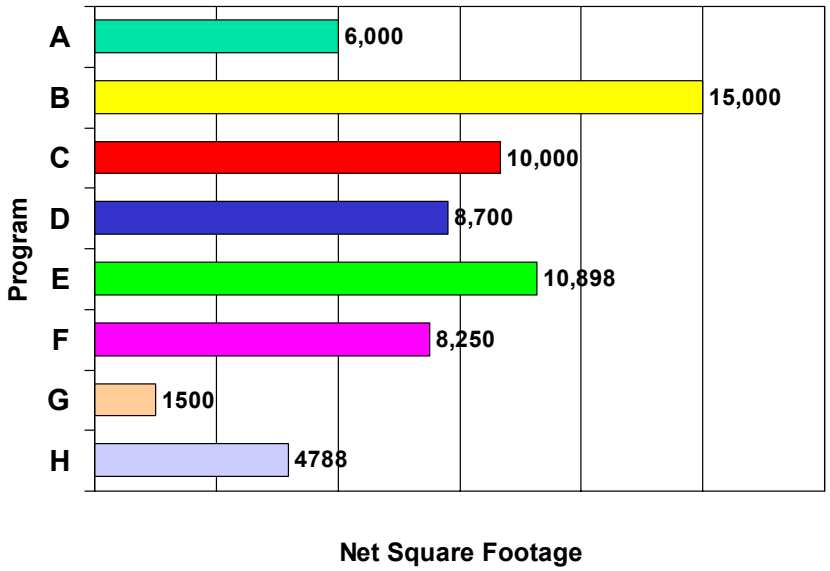


Figure 2.
Average Inbound Call Volume Per Month/2004



Six programs reported doing inbound only or inbound with some outbound calls (these outbound calls generated from original incoming calls). Two programs reported performing both inbound and outbound call services. Four programs reported using telephone only to provide service, 4 programs used other service channels such as Internet web access, email, and fax in addition to the telephone to provide services. The physical space allotted to each program also varied in square footage, with a range between 1500 square feet up to 15,000 square feet (see Figure 3).

Figure 3.
Physical Space of Facility



Call Takers

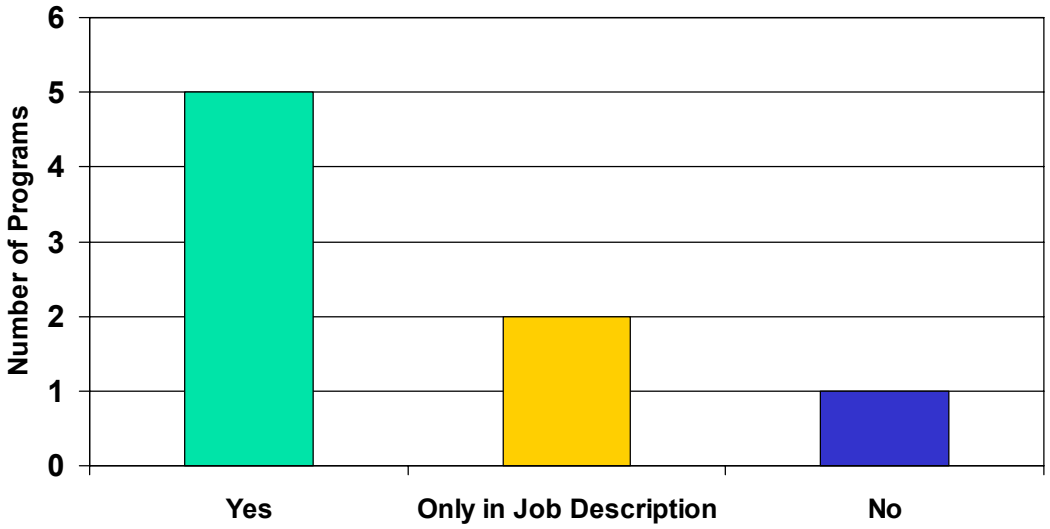
Of the programs represented in the Current State Assessment, four programs use Registered Nurses only in the call taker position. Four programs reported using positions other than Registered Nurses for various services, including way finding and referral or making follow up calls as part of a specific clinical program. Non clinical positions also received training to rule out priority calls. The years of experience for the Registered Nurses on staff was very robust: The average years of experience for Registered Nurses represented in the survey was 18 years (+/- 3.6 years). All staffing matrices included full time, part time and casual staff. Five programs reported unionized work environments. With respect to training, programs reported training from 2 to 25 new staff members in the first 6 months of year 2004.

Core Competencies

Core competencies are defined as “an attribute or behavior that individual managers and employees must demonstrate to succeed at their particular company”[1]. There were differences in the programs in relation to core competencies (see Figure 4). For the programs that reported having documented core competencies, one program described just beginning to work within a competencies framework. Each program reported having job profiles for existing clinical, non clinical and Management positions.

[1] Marie Gendron, Competencies and What They Mean To You. *Harvard Management Update,* September, 1996.

Figure 4.
Core Competencies Documented



Core competencies identified for the Nurse Call Taker position included the following:

- Communication skills
- Telephone skills
- Computer skills
- Typing skills (15 – 45 words per minute)
- Nursing process skills (assessment, planning, intervention, and evaluation)
- Critical thinking skills
- Independent decision making skills
- Demonstrated professional development
- Ability to use sound judgment in emergency situations
- Ability to interact with multiple an diversified consumers
- Ability to work within approved procedures and clinical guidelines
- Ability to assess age specific groups from birth to geriatrics
- Ability to work with defined policy related to child abuse, advanced directives, infection control

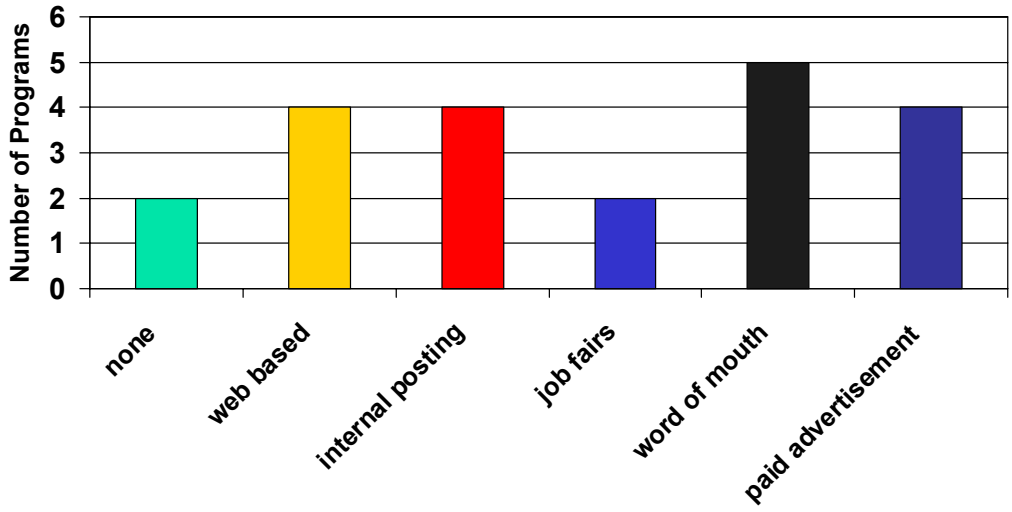
Within the Current State Assessment survey, the question was asked if benchmarks and standards were used as a service base. Some programs stated this was proprietary information and did not provide answers. Several programs cited the contractual agreements they hold with their respective Ministries of Health for service standards. One program was not able to answer the question. For some programs, benchmarking and service standards were identified through environmental scan or published standards (such as URAC) and adapted to program specifications according to parameters of staff or budget levels.

Recruitment

Six of the 8 programs surveyed reported linking core competencies to their program's recruitment for new nurse employees. For programs that are part of specific health regions, many of their recruitment opportunities were governed by health region policy or dictated by collective bargaining agreements (CBA) with the respective unions. Some programs are required to post their vacant positions through internal postings within their hospital or region and prospective candidates are largely selected on the basis of their seniority within the hospital or region according to CBA.

Advertising strategy varied by program (see Figure 5). Although 2 programs stated they had no advertising strategy in place, the remaining programs mentioned a combination of options comprising their strategy. Variations existed in each category, for example, some programs were able to offer compensated employee referral, whereas other specifically targeted recruitment at hospitals that were downsizing or closing.

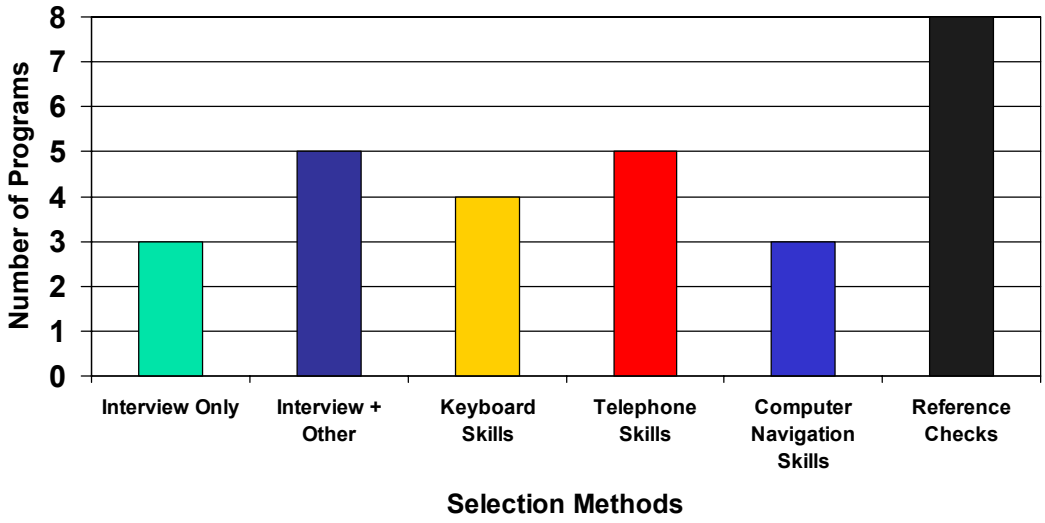
Figure 5.
Advertising Strategy



Assessment of Potential Applicants

Two programs reported using a screening grid to process applications. Two programs reported using a specific predictive recruitment tool that included a simulated work environment. All programs reported providing a pre-hire opportunity for the applicant to tour the clinical environment and observe a nurse in action either pre- or post- interview.

Figure 6.
Pre-Hire Assessment of Potential Applicants



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Interview Strategy

Six programs reported panel style interviews with selection teams comprised of a Director or Manager, a clinical leadership position (such as Charge Nurse, Trainer or Team Leader), a Human Resources Associate, and/or front line senior staff nurse. One programs relied on interview by Manager alone and one program relied on a two-staged interview process – stage 1 with Manager, stage 2 interview with the Charge Nurse. Several methods were used to train interviewers including coaching by Manager or Human Resources Recruitment officer, observation, and pre-interview briefings.

All programs confirmed their use of a standard interview template with behavioural style interview questions reflecting core competencies; several programs also reported using case scenarios in the interview process. Six programs stated they used behavioural style interview techniques, one program did not, and one program declined to answer. Four programs reported using a weighted selection matrix to support their applicant selection.

Reference checks were conducted for each program, however the number of references checked varied with a baseline minimum of 2 – 4 references, depending on the program. The usual reference contacted would be the applicant's current immediate supervisor and other individuals who have acted in a supervisory role for the applicant. The position responsible for reference checks was Program Manager or Designate (3 programs), Human Resources (3 programs), and shared responsibility between Program Management and Human Resources (2 programs).

Each program has an established process for communicating with successful and unsuccessful applicants. For 7 programs, program management contacts the successful applicant, human resources department is responsible for contacting the successful applicant for one program. For notifying unsuccessful applicants, most programs (6) human resources department will contact the unsuccessful applicant, for 1 program, the manager will contact the unsuccessful applicant, and for 1 program, it may be either program management or human resources who contacts the unsuccessful applicant. Several programs stated they strive to provide feedback to unsuccessful applicants to help them identify areas for development.

Training Program/Adjuncts

A description of the initial orientation/training program and ongoing training program for nursing and health line staff is a key component of the Current State Assessment – Training survey.

Position Responsible for Training

The programs represented heterogeneity in their approaches to training in personnel, but shared many similarities in training structure and topic areas. Three programs had personnel with sole responsibilities for training ("Trainer"); one of these three programs also had an Education Coordinator and Assistant trainer in addition to their Trainer position. The remaining 5 programs used Management Personnel to deliver training content, 3 programs used a private contractor to provide training specific to their decision support software. All programs stated that they had some components of their training provided by other staff members within their program, including Team Leaders, Staff Nurses, Information Technology, Human Resources, Operations Manager, with some content provided by external stakeholders in their health region (i.e. mental health, aboriginal health, public health). Several programs mentioned the involvement of coaches and preceptors in the training process, however these roles were not explicitly defined beyond a "buddy" situation whereby an experienced nurse would work beside the novice employee and provide feedback on calls as part of the training experience. One program pays preceptors a premium of 5% extra during the shifts they act as a preceptor.

Knowledge, Skill & Abilities of Trainer

Knowledge of the call centre environment and related clinical skills and expertise were identified as the core requirements for staff providing training. Expert user of decision support software product, teaching skills, demonstrated ability to work within approved procedures and clinical guidelines, meeting performance levels, and willingness to train were also cited as key requirements for staff providing training. Some programs required their nurses in training positions to hold baccalaureate degrees. Four programs had the absolute requirement that their trainers had to demonstrate call taker core competencies.

Training Topics

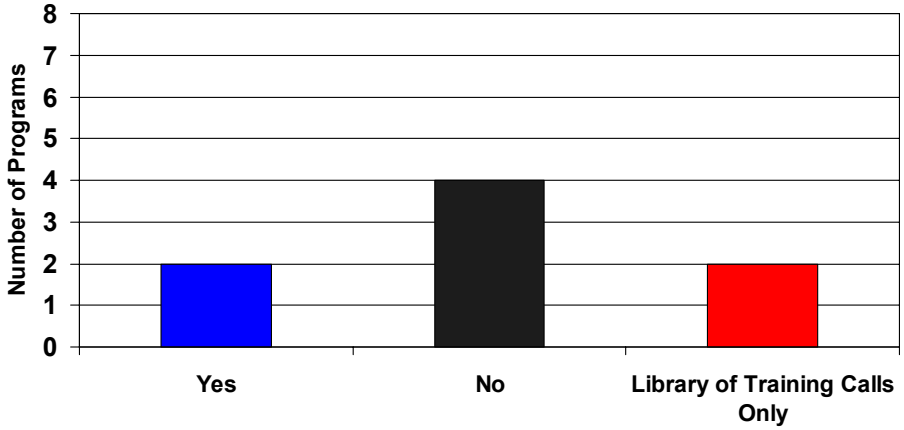
The training topics identified include

- Email and windows applications
- Decision support Software
- Telephony
- Ergonomics
- Collection of Demographics
- Stress management
- Program background
- Health Act and legal information
- Respectful workplaces
- Theory and practice of telephone triage
- Clinical topics
  - *Pediatric and adult illness review*
  - *Senior's health*
  - *New born, new mom*
  - *Nutrition*
  - *Environmental health*
  - *Rural vs. urban triage*
  - *Breastfeeding*
  - *Communicable diseases*
  - *Mental health*
  - *Cultural diversity*

- *Community/public health*

In addition, practice scenarios and case studies are used to facilitate learning. Two programs conduct needs assessments prior to training. All programs have pre-determined learning activities, and all programs provide learning objectives to the new hires. Some programs utilize training queues/pathways (see Figure 7).

Figure 7.
Use of Training Queues/Pathways



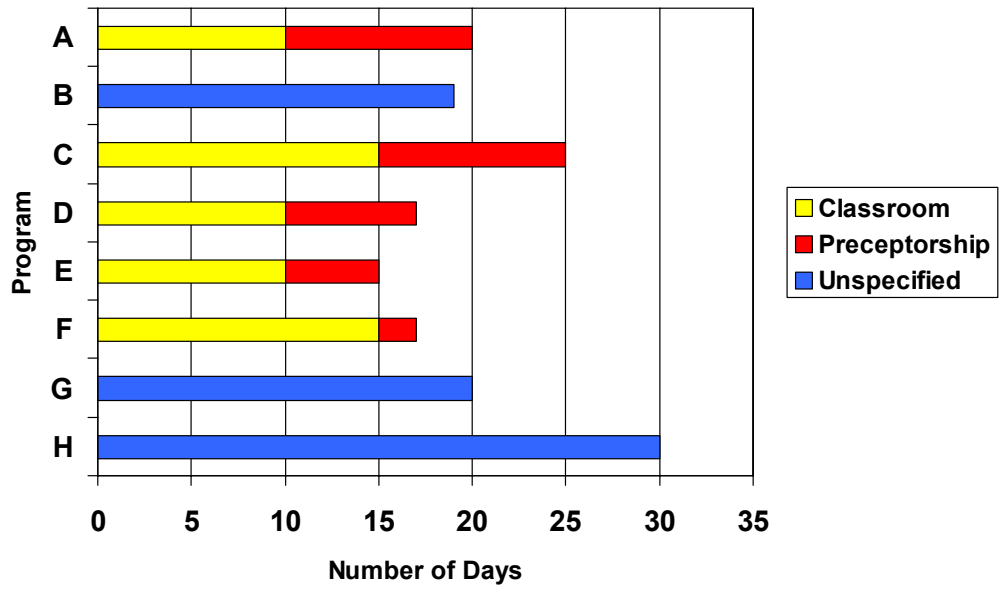
All programs support training by the use of self-learning modules, some programs only use as an additional, optional resource, whereas other programs use self-study as a requirement for some content areas (i.e. respectful workplaces, case studies).

Training Materials
For all programs, individual responsible for training developed the content for the training sessions. Program training manuals were developed on site, customized to the needs and objectives of the program – some programs used their Education Committee to develop the manual, with various contributors to the written material. Some training materials were already developed (i.e. vendor software training manuals), however, required a level of customization prior to their use in the training environment. Seven programs reported providing new hires with a copy of their own training manual/guide; one program cited for proprietary reasons, the training materials had to reside in the training room.

Training Environment
Six program reported having a specific training room with lecture and computer lab set up; 2 programs did not have a room specified, however had dedicated training PCs within their call centre environments for training purposes.

Length of Training Program
Majority of training programs represented their training time as a combination of classroom and preceptored shifts; some programs did not differentiate their training time (see Figure 8). All programs had the requirement for new employees to demonstrate competencies prior to progression from training. Seven programs reported having a transition plan in place to help the new employee bridge training to work environment, such as a preceptorship program.

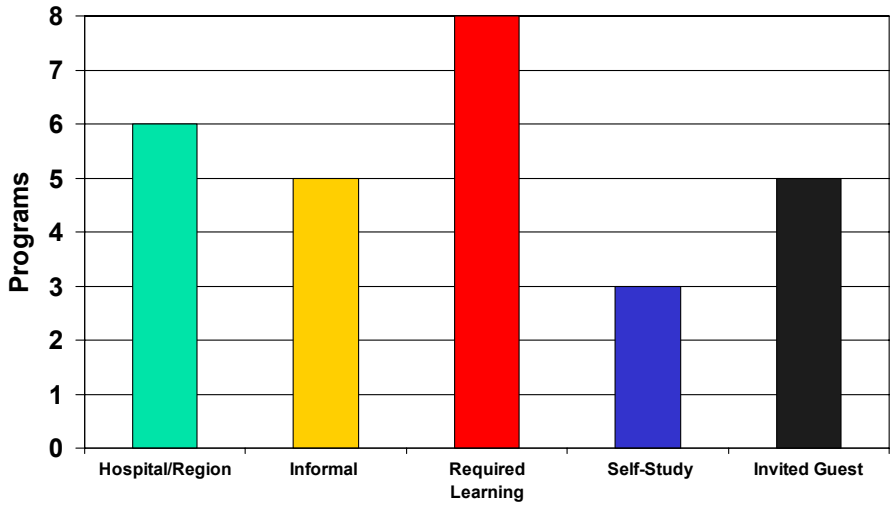
Figure 8.
Length of Training Program



Ongoing Training

Each program offers ongoing training for staff. Ongoing training is provided to support operational updates (i.e. software or telephony), and provide education on specified topic areas. Several programs offer "refresher" in-services promoting call calibration and telehealth skills to ensure staff have opportunity to 'recalibrate' their skills and demonstrate ongoing competency. Ongoing training is provided through a variety of venues (see figure 9).

Figure 9.
Types of Ongoing Learning



Programs that are part of a hospital or health region are able to participate in in-services offered by the hospital or region that are relevant to their telehealth program. Several programs have the capacity to

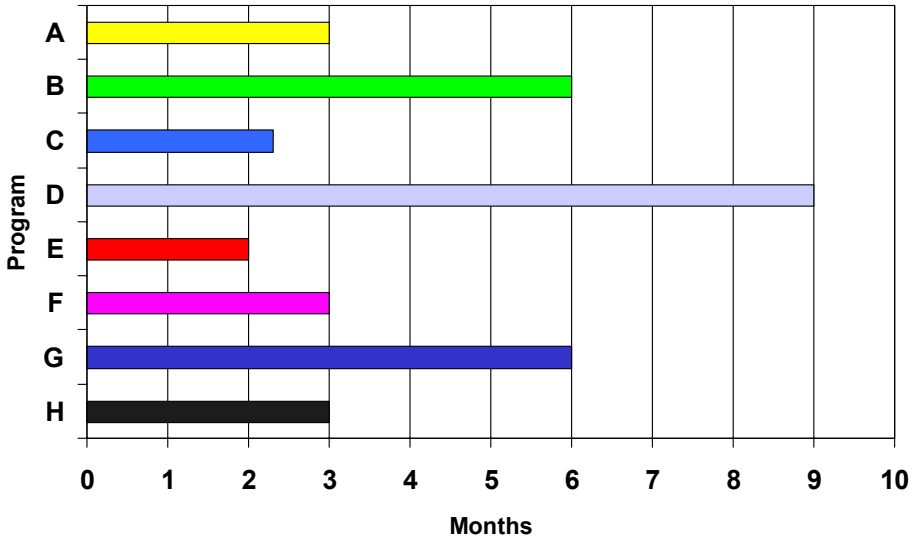
support university or college courses, particularly if they are relevant to telehealth (such as telenursing certification courses).

Some programs have a defined return to work training program for employees who have been away from the telehealth environment for a period of time. This type of training is individualized and based on the specific needs of the employee. Most programs compensate their employees for training time by straight time, however some CBA require that overtime be paid.

Evaluation

All programs provided new employees with a performance review at completion of training. Each program required new employees to have a probationary time period following their training in order to demonstrate competency (see Figure 10). Whereas the new employees are evaluated, not all programs were able to report that there was capacity for new or regular employees to evaluate the training program.

Figure 10.
Length of Probation Period - New Employees



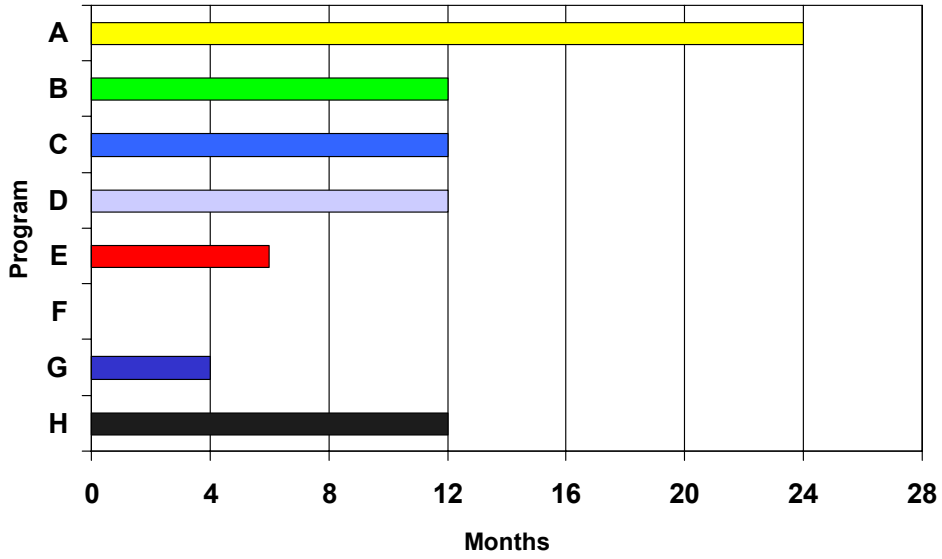
Performance Management

Developing employee performance furthers the mission of the organization and enhances the overall quality of the workforce within the organization. This is done by fostering a climate of continuous learning and professional growth; helping to sustain employee performance at a level which meets or exceeds expectations; enhancing career-related skills, knowledge and experience and enabling employees to keep abreast of changes in their field. The Current State Assessment survey asked several items related to performance management.

Performance Reviews for Regular Staff

Frequency of performance reviews for regular staff varied by program (see Figure 11). Most evaluations are done by Leadership positions; one program also uses peer call review to evaluate performance of staff. Six programs conduct random call audits and/or random chart reviews as part of staff evaluation. Five programs specifically mentioned a call monitoring checklist or tool used to evaluate the quality of the call against core competencies.

Figure 11.
Frequency of Performance Review - Regular Employees



Coaching/Mentorship
Outside of evaluation processes with ad hoc coaching, no program had a defined and separate coaching to performance excellence program in place. Preceptors were used in the training process for new hires, however no formal mentorship programs were established.

Performance Thresholds
Six program reported having established performance thresholds for regular staff based on service level requirements (call handle, documentation, ready, and not ready times, total calls handled per shift).

Employee Satisfaction
Programs with CBA environments were limited in their ability to establish a formal rewards and recognition program, however, some of these programs reported informal or ad hoc opportunities to acknowledge staff contributions. Commendations to specific staff were acknowledged to that staff member. Non CBA environments reported having funds and processes in place to acknowledge high performance, such as gift certificates to acknowledge high performance or performance outside of regular scope of duty. Staff efforts were also acknowledged by Staff Appreciation Days and gifts for program contests (i.e. best holiday decorated cubicle).

Three programs reported staff retention strategies, including exit interviews and established “open door” policy with access to Management personnel to receive concerns voiced by staff for immediate and preemptive resolution, where possible.

Quality Assurance

Six programs tape calls for purposes of evaluation and review. Information on call archiving was not provided. All eight programs reported having established customer services processes to receive both commendations and complaints. Complaints follow up process conducted by Management personnel usually within 48-72 hours of receiving complaint. Complaint resolution process includes a review of the call (including review of call audio, where possible, and documentation), discussion with staff

members involved, and escalation as required. Two hospital based programs involve the hospital's Patient Representative position (or Ombudsman) in the complaint resolution process.

Five programs reported regularly conducting some form of caller customer satisfaction survey. Two programs are currently involved in a customer satisfaction survey conducted by an independent evaluator group as part of a Provincial program.

Reports
All programs generate regular reports on program performance and productivity according to defined key performance indicators and service levels for program.

Performance Metrics

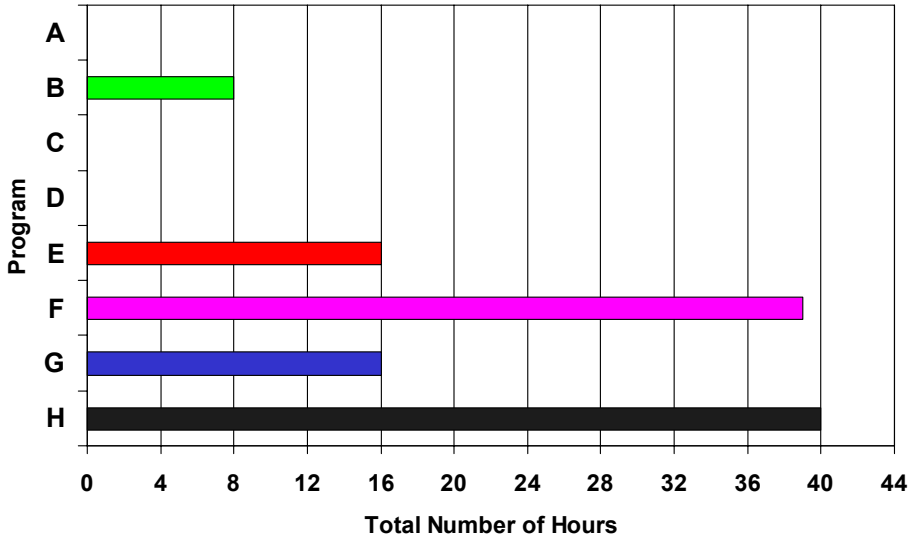
For Provincial programs, key performance indicators were contractual and developed in conjunction with, or determined solely by funder (i.e. Ministry of Health). Key performance indicators were typically established through established benchmarks, best practice and standards (i.e. URAC, National Guidelines for Telehealth Triage and Nursing Process). Six programs reported that key performance indicators were directly linked with quality improvement initiatives and with program training strategy.

Program Leadership

Seven of the eight programs having program policy in place to guide training requirements for the program. All programs considering expansion consider expansion opportunities in the context of training requirements. All programs reported having a policy in place to support funding for external training requests; some of this policy was external to the telehealth program and determined by hospital or regional policy.

Some programs provided a total number of budgeted training hours per person per FTE (see Figure 12); other programs had training accommodated through other budgetary processes. Majority of budgetary information was considered proprietary and not provided.

Figure 12.
Annual Budgeted Training per Person Based on FTE



GENERAL RECOMMENDATIONS

Management Systems Thinking

Best Practice ensures that training activities are directly aligned and support the Health Line Program's strategy and business goals. Training effectiveness through measurement should be traceable back to the business objectives. To capitalize on the effectiveness of a training program, an organization needs to use ongoing and integrated assessments to establish learning outcomes and link them to a coaching and performance plan with defined key performance indicators and core competencies.

Training and development plays a significant role in contributing towards strengthening employee core competencies and achievement of organizational mission. Training content, emphasis and outcomes should be developed through an understanding of the organization's strategies and competency assessments.

Most Health Line contact centers are recruiting Registered Nurses who possess a minimum of 5 years nursing experience. Training, as an activity, is focused on ensuring that "caller facing" positions acquire the right skills, behaviors and abilities to perform to the standards expected.

There should be a clearly written training plan; including training goals, delivery methods and outcomes linked to business goals. There should be process links between selection and recruitment, new hire orientation, performance management including ongoing skill assessment, coaching, career development and reward and recognition programs. Base training recommendations, content changes and training evaluations should be developed to determine effectiveness in terms of:

- Key Performance Indicators and achievement of Quality Performance measures
- New Hire Participant Feedback
- Coaching Information
- Performance Appraisal Results
- Average training hours per person
- Employee Satisfaction levels
- Caller Complaints
- Errors and re-work
- Legal and environmental compliance

Kaplan and Norton Balanced Scorecard learning and growth perspective includes employee training and corporate cultural attitudes related to both individual and corporate self-improvement. In a knowledge worker organization, people are the main resource. Kaplan and Norton emphasize that learning is more than training; it also includes items such as mentors and tutors inside the organization as well as ease of communication among workers that allows them to readily get help when it is needed[2]

The quality of employees and their development though training and education are major determinants in long term sustainability and consistency of service delivery.

[2] Kaplan & Norton Balanced Scorecard – Translating Strategy into Action. 1996.

Identifying Training Needs

A training needs assessment, or training needs analysis is to ensure that there is a requirement for training and to identify the content of the training program. The assessment is a means to gather data to determine the type of training, content, length and establish learner outcomes.

The analysis should provide:

- What must an employee learn and demonstrate in order to contribute to program excellence
- What is the training content required to demonstrate the job profile versus the end job performance requirements
- What training content will improve performance and make a difference
- How does current employee performance and the inventory of employee skills dictate refresher training requirements
- What are the customer survey results

The goals and outcomes of the training program should reflect the results of the Program Health Line needs and assessment:
As a strategy, both need to be integrated and reflected in the program's education strategy. Training course objectives should clearly state what behaviors or skills will be changed and learning outcomes should align with the Program Health Line's mission and key performance indicators.

The Kirkpatrick Model for Summative Evaluation

In 1975, Donald Kirkpatrick[3] first presented a four-level model of evaluation that has become a classic in the industry:

- Level 1: Participant Reaction
- Level 2: Learning
- Level 3: Behavior
- Level 4: Results

Level 1: Participant Reaction

Level 1; the participants evaluate the training experience after the end of the program to measure how well they liked the training. The feedback questionnaire could include questions about:

- Relevance of course objectives
- Ability of the course to maintain interest
- Amount and appropriateness of interactive exercises
- Ease of skill transferability to the workplace

Level 2: Learning Results

[3]Kirkpatrick, D.L. (1994). *Evaluating Training Programs: The Four Levels.* San Francisco, CA: Berrett-Koehler.

Level 2 in the Kirkpatrick model measures the participants ability to demonstrate the knowledge, skills and abilities learned during the program. Level 2 accomplishments are normally indicated through an achievement test; where participants complete a pre-test and post-test, making sure that test questions are scored to the learning objectives.

Level 3: Behavior in the Workplace
Level 3 evaluations are designed to determine if the participant or trainee, as a direct result of the training program, demonstrates enhanced skills, abilities or knowledge. Kirkpatrick's model indicates that in some organizations, this measurement is conducted 3 to 6 months after the training program. The selection of this particular time period allows for participants to have the opportunity to implement new skills and retention rates can be checked.

Level 4: Business Results
Level 4 of Kirkpatrick's model focuses on evaluating the business impact of the training program, including:

- **Sales training:** Measure change in sales volume, customer retention, length of sales cycle, profitability on each sale after the training program has been implemented
- **Technical training:** Measure reduction in calls to the help desk; reduced time to complete reports, forms, or tasks; or improved use of software or systems
- **Quality training:** Measure a reduction in number of defects, errors or re-work
- **Safety training:** Measure reduction in number or severity of accidents
- **Management training:** Measure increase in engagement levels of direct-reports

Developing an effective competency model linked to health line program strategic goals, aligning training to ensure staff meet those goals and using the performance appraisal process to evaluate results will facilitate the right decision regarding an allocation of training resources and budgets.

Next Steps

Given the results from the survey, there are several tactical and strategic areas of consideration and recommendations for participating Health Line Programs to focus on in order to strengthen their operational platform and ensure a strong foundation for service expansion opportunities. Specifically for training, considering principles include:

- Quality of performance must be built into the training process
- Emphasis is on the number of qualified and graduated "Call Takers" versus the number of attendees enrolled in training
- Enhanced competency and confidence occurs as a result of training, given that participants know what level of performance is expected, how evaluation activities are managed and that there is support for practice while mastery is achieved

General Health Line Program Recommendations

Recommendation	Strategy
Build consensus on program core competencies for the core business of teletriage activities and standards	Defining the job competencies for a position is the first step in the hiring or development process with any organization.
Explore predictive recruitment tools specific to this environment, that provide the opportunity to customize and create simulated work situations for potential applicants	Processes that use job simulation, video and computerized scoring to evaluate job skills and abilities in a fair and valid manner.
Review the training program to ensure it follows a competency based model. Develop a means to evaluate levels of skill proficiency achieved; not just knowledge	Focus on the skills and knowledge an individual has, rather than on how they attained the skills and knowledge.
Use total quality management tools to understand call taker variances at an individual level, establish performance expectations for the first 6 months of job performance and guide decision making at a leadership level	Build and use other total quality management tools to understand patterns of relationship in key performance indicators and new call taking employees, and to guide program strategies for performance expectations and overall performance.
Understand the key principles and program requirements to implement a coaching to excellence program	Develop an integrated approach to monitoring and improving the quality and provision of health line program services
Formulate a migration training approach that addresses expectations as new hires transition from the classroom to real time operations	Clarify role and responsibilities for the Educator, Trainer, Supervisor, Mentor and Preceptor positions
Develop questions used to generate customer satisfaction feedback and loyalty which support outcome health line program evaluations on prevention, health and wellness	Typical questions include: – *What is your overall satisfaction?* – *What extent have the services met?* – *How well did the services received compare with other similar services*?

SUMMARY

This project conducted a Current State Assessment of staff training for health lines. This project serves to establish a common education package that reflects best practice in terms of knowledge, skills and duration. In addition, this project identifies the core competencies required to function in health line services and provides mechanisms to address ongoing training needs. Also included are recommendations on measuring the effectiveness of training programs and how best to assess staff skill prior to hire. An anticipated outcome of this project is that it will inform future directions for staff training in the jurisdictions.

APPENDIX A

SURVEY TOOL

CURRENT STATE ASSESSMENT OF STAFF TRAINING FOR HEALTH LINES

Program Background:

1. How long has your program been in operation?

2. What is your average inbound call volume per month for year 2004?

3. How many callers did you provide service to in 2003?

4. What is your annual operating budget?

5. How much of your budget is allocated to training and professional development?

6. What is the square footage of your facility?

7. Are all call takers[4] registered nurses?
   ☐ yes ☐ no

8. What is the average number of years of experience of registered nurses in your program?

9. Do you use another position to collect non-clinical information from the caller?
   ☐ yes ☐ no
   If yes, please describe:

[4] *The term "Call taker" is used to recognize the position responsible for receiving the call and assisting the caller. In some health line environments, the initial contact with the caller may be with an employee who is not a nurse but is designated to collect and enter non clinical information*

10. What is your complement of full time, part time, and casual employees by position type? (admin, nurse, management, etc).

11. Do your employees belong to a union?
    ☐ yes ☐ no
    If yes, which union(s)?

12. What type of triage software do you use? Please include name of Vendor.

13. What type of software program do you use to collect caller information (demographics, etc)

14. Do you use any other software programs?
    ☐ yes ☐ no
    If yes, please specify:

15. Do you handle both inbound calls and outbound calls?
    ☐ inbound only
    ☐ outbound only
    ☐ both inbound and outbound

16. What service channels are available for callers to contact your program? (web, fax, mail, phone etc.)

17. For the first 6 months of 2004 how many employees were hired and completed training?

Core Competencies:

18. What current job profiles exist for each position in your program? Please specify:

19. Are core competencies documented for each position in your program?
    ☐ yes ☐ no

20. List core competencies for the call taker position – please be specific

21. Which benchmarks and standards do you use as basis for service provision?

Recruitment:

22. Do you link your recruitment strategy to the defined core competencies?
    ☐ yes ☐ no

23. What is your advertising strategy – please be specific (local paper, nursing journals, posting board in hospitals word of mouth, web email)

24. Do you have a posting strategy for internal candidates (if health line is part of regional health authority)
    ☐ yes ☐ no

25. Do you use a predictive recruitment tool that includes a simulation of the work environment?
    ☐ yes ☐ no

Assessment of Potential Applicants

26. What methods do you use to select potential applicants?

27. Do you use a screening grid to process applications?
    ☐ yes ☐ no

28. Do you conduct preliminary telephone screening?
    ☐ yes ☐ no

29. Do you short list potential candidates through prescreening?
    ☐ yes ☐ no

30. Do you conduct pre-interview skills testing?
    ☐ yes ☐ no

Interview Strategy

31. Describe your selection team – what positions participate in the interview?

32. Do you use behavioural style interview questions that reflect core competencies?
    ☐ yes ☐ no

33. Do you use behavioural style interviewing techniques?
    ☐ yes ☐ no

34. Do you use a standardized interview template ?
    ☐ yes ☐ no

35. Do you use a weighted selection matrix to support applicant selection?
    ☐ yes ☐ no

36. How have interviewers been trained or coached on the interview process?

37. What is the process for reference checking?

38. What position makes the reference checking phone calls?

39. Is there a process established for communicating with all applicants (successful and not selected)
    ☐ yes ☐ no
    If yes, please describe:

Training Program

40. What positions provide support to deliver the training program (example: administration, IT, external contractors, etc.)

41. In the trainer position, what knowledge, skills and abilities are required?

42. Is the trainer expected to demonstrate competencies for call taking?
    ☐ yes ☐ no

43. What are the components or topics covered in training? (please be specific)

44. Is there a needs assessment conducted for each new employee?
    ☐ yes ☐ no

45. Are learning objectives defined and provided to the new hire?
    ☐ yes ☐ no

46. Are learning activities pre-determined?
    ☐ yes ☐ no

47. Are training queues/pathways used?
    ☐ yes ☐ no

48. Is training delivered or supported by self-learning modules?
    ☐ yes ☐ no

49. What is your training environment? (please describe)

50. What is the length of the training program?

Total number of days:_____

Total number of hours:_____

51. Do you use a skills check list for new employee to demonstrate competency prior to progression from training environment?
☐ yes ☐ no

52. Do you have a transition plan identified to help the new employee bridge from the training environment to their work environment?
☐ yes ☐ no

53. What training, outside of new employee training, is provided to staff on an ongoing basis? (please describe).

54. Do you have other training avenues (i.e. return to work, substandard performance, related to specific clinical programs – mental health)
☐ yes ☐ no
If yes, please describe:

55. Does the program have mandatory training and/or in-services?
☐ yes ☐ no
If yes, please describe:

56. How are regular employees compensated for their training time (overtime, straight time, etc.)

57. What is your education strategy - short term (i.e. next 6 months) long term (next 12-24 months)?

58. What is process for provision of feedback on training program?

59. Who receives the feedback on training evaluation

Training Adjuncts

60. What positions provide support to the development of training materials

61. Is there collaboration with other providers to supplement or support training (vendor support, educational institutions, telephone providers, etc.)
    ☐ yes ☐ no
    If yes, please describe:

62. Is each new hire employee provided with their own training manual/guide?
    ☐ yes ☐ no
    If yes, please describe:

63. How is the training manual/guide developed (purchased from vendor, developed onsite, etc.)

64. How frequently is training manual/guide updated?

65. What technology-based avenues are incorporated into training?

Performance Management

66. Is there a defined orientation program that supports the recruitment and training process?
    ☐ yes ☐ no
    If yes, please describe:

67. What is the length of probation for new employees?

68. Is a performance review provided to new employees at completion of training and/or probation period?
    ☐ yes ☐ no

69. How frequently are performance reviews conducted for regular staff?

70. How is work quality of employees evaluated?

71. Does the transition plan from training to the work environment include gradation of expectations from novice-to-expert?

72. Has a call calibration tool been developed to evaluate the quality of the call against core competencies?
    ☐ yes ☐ no
    If yes, please provide a copy of the tool.

73. What is the coaching program for continuous quality improvement and risk management?

74. What are the performance thresholds to indicate satisfactory and unsatisfactory performance?

75. Describe your mentorship program (please be specific)

76. What is your rewards and recognition program?

77. Do you have a strategy in place focusing on staff retention?
    ☐ yes ☐ no
    If yes, please describe

Quality Assurance

78. Do you conduct random call audits?
    ☐ yes ☐ no
    If yes, how many random call audits are conducted in what time period? Are the results communicated?

79. Do you tape calls for evaluation and review
    ☐ yes ☐ no

80. What are your customer service processes (3rd party complaints, compliments, etc)

81. How frequently do you survey customers on satisfaction levels?

82. Is the customer satisfaction survey ad hoc, or performed by an independent group?

83. Is program performance and individual productivity measured by use of key performance indicators?
    ☐ yes ☐ no
    If yes, which key performance indicators are used?

84. What reports are generated to monitor program quality?

Performance Metrics

85. How are your key performance indicators established?

86. Do you link key performance indicators with quality improvement initiatives?
    ☐ yes ☐ no

87. Are performance indicators or measurements linked with training strategy?
    ☐ yes ☐ no

88. List key performance indicators reported on and communicated to staff and stakeholders?

Program Leadership

89. Do program expansion opportunities consider training requirements?

☐ yes ☐ no

90. Does training program document all training updates or changes to clinical policy or procedures
☐ yes ☐ no

91. Is there a policy to support to funding for external training requests (going to conferences)
☐ yes ☐ no

92. What are the determinants for selection of funded opportunities by individual?

93. What is the number of budgeted training days per person based on FTE?

94. For unionized environments, is there language in the collective agreement that references training opportunities?

95. What policies exist that guide training requirements for program?

96. Is training provided to other lines of business that co-exist within the facility?
☐ yes ☐ no

Please provide any other comments or feedback significant to training programs, processes, and systems:

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Please see the attached Appendix A – Request for Documentation.

Thank you for your participation in this survey.
Please submit this questionnaire by August 20, 2004

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