Preparing health care professionals to the ongoing digitalisation of care: Innovation readiness, digital leadership and literacy

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PROFILING AND TRAINING THE HEALTH CARE WORKERS OF THE FUTURE

#EUWORKFORCE4CARE
Welcome

Moderators: Sabri Ben Rommane (EHMA)
J. Laura Candé (EHMA)
To support European Commission and its Members States in **profiling the healthcare workers’ needs** for the future of care, **identifying and improving their core competences** and pointing out their critical role in the debate about health system reforms, digitalisation and new models of care.

**Scope & Objectives of the Thematic Network**

**Health workforce education and training is essential** to develop skills and competences for the provision of integrated care, in wider inter-disciplinary teams, coping with patients with multiple chronic conditions and exploiting digital solutions.

We need to **profile the needs of the healthcare workers of the future** and identifying their core competences and role for promoting innovative, digitalization of care, patient-centred and integrated models of care.
Webinars

Topics

CONTINUITY AND COORDINATION OF CARE: PREPARING THE HEALTH CARE WORKFORCE TO MEET THE NEED OF ON CHRONIC PATIENTS (E.G. DIABETES, HEART FAILURE, ETC.)

PREPARING HEALTH CARE PROFESSIONALS TO THE ONGOING DIGITALISATION OF CARE (FROM EHR TO DIGITAL MONITORING OF THE PATIENTS) AND INNOVATION READINESS

NURSES’ TRAINING AND CORE COMPETENCES (2020 IS THE YEAR OF THE NURSES)

PREPARING HEALTH CARE PROFESSIONALS TO ‘FUTURE’ HEALTHCARE CHALLENGES (AI AND ROBOTICS)
Speakers

David Farrell
Head of Digital Readiness
Health Education England

Trine Unger mann Fredskild
Fredskild, MSc in Nursing, Ph.d., Head of Innovation, SHS, Denmark
Digital & Innovation Skills Helix in Health (DISH) project
Digital Readiness
(and Digital Leadership)

1. What is digital readiness?
2. What is digital leadership?
3. What are we doing to address these needs?
1. What is digital readiness?
Adaptability = digital readiness
Digital readiness = being digitally willing and able

Digital ready
- Digitally willing
  - Individual attitudes
  - Organisational “drivers”
- Digitally able
  - Skills
  - Technology

Everyone
- Organisation leaders
- Everyone (informaticians / digital workforce key to success)
Blockers can and do exist

• If an organisation...
  • Doesn’t have a culture that supports solving problems
  • Is too hierarchical
  • Is too risk averse
• ...it is difficult to see it as digitally willing
• If an organisation...
  • Doesn’t have the right tools available for use
• ...it is difficult to see it as digitally able

• Imbalance - frontline staff often say things like,
  • “Digital Readiness is great and we get it, but what we actually need is...”
    • Devices that work and the space to use them
      • Connectivity
        • Better electronic patient record
    • Easy to access training and knowledge
  • ...and policies that are not obstructive to these things”
How to bridge the gap?

Technological change - landscape

rate of change vs time

Human adaptability
time

Technology
2. What is digital leadership?
Key dimensions of digital leadership

**People**
1: Does the board understand the **changes being brought about by the use of digital** in healthcare?
2: Does the organisation have a **culture of open discussion & experimentation** led by visible leaders?
3: Does everyone understand **users’ needs** and are they empowered to act to improve them?
4: Does the organisation have a **suitably skilled and empowered workforce**?

**Process**
5: Is the organisation supportive of **cross-functional, non-hierarchical structures**?
6: Are organisational processes **fast, integrated and light** and do they meet users’ needs?

**Technology**
7: Are digital **risks understood, weighed against benefits** and is appropriate assurance is available?
8: Is technology **scalable, interoperable, flexible, fixable, resilient and fit-for-purpose** and does the Board understand how to assure themselves of this?
3. What are we doing to address these needs?
Professionalism: Establishment of professional membership bodies for the informatics workforce (est 40-50,000), for example the Faculty of Clinical Informatics (FCI). Includes establishment of the NHS Digital Academy – learning programme for digital change leaders, delivered through Imperial College London.

Leadership: Provision of a framework for digital development and awareness for board level leaders across health and care, supporting leaders to better understand digital technologies.

Capacity and Supply: Ensuring we understand both our current digital stock (current digital workforce) and supply needs (future digital workforce) with a plan to address the gap.

Digital Literacy: Development and rollout of the resources to support the digital skills and knowledge capabilities of the workforce, underpinned by capability/assessment framework.
David Farrell
Head of Digital Readiness
Health Education England
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The Digital & Innovation Skills Helix in Health (DISH) - project background

Structure of presentation

1. Presentation of Trine Ungermann Fredskild, MSc in Nursing, Ph.d. Head of Innovation, SHS
2. The Digital & Innovation Skills Helix in Health (DISH) project - *project background and aim*
3. Developing the project concepts:
   - Learning Innovation Unit
   - « On the Job Training »
   - Assessment
4. The testing of the concepts
5. How does this contribute to *preparing health care professionals to the ongoing digitalisation of care: Innovation readiness, digital leadership and literacy*
Educational background:
• MSc in Nursing.
• Ph.d. – Technology in Health care Education
• For years now working with Technologies and Innovation in Health Care

Employment:
• Since 2017 Head of Innovation at SHS; Learning and Research
• Since 2015 – Associate professor at Århus University
• Censor at KU, SDU

Publications:
Papers in the Field of Technologies in Health Care
Books and chapters in the technology and Health Care area.
A 2016 background analysis of healthcare staff skills in the 4 southern municipalities in the Region of Southern Denmark.

The analysis covered the primary sector (nursing care homes, GPs), the secondary sector (hospitals) and educational institution (nurses and health care workers).
WHAT IS DISH addressing?

The Erasmus+ DISH project is addressing the challenge of the innovation and digital skills' gap of the healthcare staff by establishing a triple helix partnership consisting of healthcare providers, educational institutions and enterprise representatives in each of the 6 countries piloting the project's results.

DENMARK, GERMANY, NORWAY, POLAND, SPAIN AND UNITED KINGDOM
The Digital & Innovation Skills Helix in Health (DISH) - project background

What is DISH addressing?

1. Secure and competent use of technology
2. Supporting citizens' in the use of technology
3. Readjustment to technological changes
4. Participation in technological innovation
5. Ethical and critical reflection over technology

Pejlemærker for sundhedsuddannelsernes teknologifokus Teknologi i sundhedsprofessioner og –praksis. 2018
Learning Innovation Unit (LIU) is an organisational concept providing a framework for co-creation which fosters multidisciplinary collaboration, innovative attitudes and team learning.

The LIU is a kind of an interview guide which is used during meetings to make the staff and management reflect upon the implementation of technology, and the training.

Objectives of the LIU

• To stimulate explorative behaviour

• To support implementation and change management processes

• To support competence/skills development and capacity building in a team rather than in the individual

• To enhance collaboration between healthcare professionals and enterprises and a better understanding of needs
The “on the job skills’ training” – for the healthcare professional – is focused on the process of acquiring and/or improving a set of new or complex skills (digital; innovation; eHealth skills) with the purpose of delivering improved service, through participation in hands-on practical exercises in a secure environment, without running the risk of disturbing or harming the patient.

It is not education - it is skills training taking offset in real time clinical practice.
Overall the training is oriented towards the achievement of concrete knowledge, skills, and competencies based on innovation and the daily use of the technologies.

- **Training** elements focusing on technical and manual skills, practical data and information
- **Training** in the use of the technology in relation to professionalism and ethics, as well as training in understanding the technologies
- **Training** skills to be able to participate in digital communication, as well as training the skill of teaching others, hereby colleagues, patients and citizens to use digital tools.
- **Reflections** on how to take part in the development and implementation of new digital technologies
- **Reflections** on how to be able to organize the use of the digital tools and see the organizational changes, which a new technology has the potential to bring at the workplace.
Developing the project concepts: 

Focus is on assessing and acknowledging the triple helix skills within health care staff, which are obtained outside the official education and training system such as:

- **Digital competences in health**: skills allowing healthcare professionals to adopt and work with new technologies.

- **Innovation readiness or innovation skills**: refers to a skill that allows the healthcare professionals to adopt: 1. new ways of working in both known and new areas, 2. new technologies, 3. ways of implementing new technologies in their everyday work.

- **Implementation and change management**: refers to skills that can help the healthcare professionals to ensure better uptake of new technologies and eHealth solutions in healthcare.
The testing of the concepts
- an example

**Testing on 100 staff in each country in 5 different settings**

1. LIU Meetings as preparation

2. On the job training:
   a) Only 12 participants – the “hands-on” issue
   b) Typical 3-5 hours
   c) Multidisciplinary
   d) Cross sectoral

3. Assessment during and after the training

**Examples:**
- Cross sectoral training of staff using video when discharging patients
- Staff training in the use of patient logistic boards
How does this project prepare health care professionals to the ongoing digitalisation of care:

**Innovation readiness, digital leadership and literacy**

The LIU meetings (before and after the training sessions), the “on the job training” and the assessment after the training involves both *management* and *staff* forcing them to reflect upon:

- How to take offset in real clinical needs
- How to lead the change
- How to change the workflows
- How to be involved in the process
- What they expect from the training sessions
- How to follow up after the training sessions
Possibilities for upscaling

• All concepts will be tested in the 6 participating countries
• Implementation recommendations based on good practices from the countries
• The concepts are generic and with the recommendations they can be transferred to other countries’ health care- and training systems
• European partners like ECHA and EHMA will assist with the promotion and dissemination of the concepts through their large member organisation.
• Council of European Dentists
• Standing Committee of European Doctors
• DG SANTE
Thank you for joining!