Building Bridges

Bridges™

Summary

In 2004, the Maryland Hospital Association (MHA) built a clinical placement solution called Clinical Assignments for Healthcare Students (CAHS) to replace the manual and inefficient clinical placement process between their school and healthcare facility members. But while initially very well received, MHA was ultimately unable to keep up with their membership's requests to evolve the technology. For the future of CAHS and the well being of their members, MHA approached technology leader, CastleBranch, about a partnership that would not only improve the functionality of CAHS, but also evolve the system to streamline other administrative responsibilities within the student life cycle. With a shared vision and technology expertise, CastleBranch accepted the challenge. By reinstating twice-annual user group meetings and reestablishing a policy task force to meet monthly, CastleBranch was able to reengage MHA membership and has since rebuilt CAHS as a solution called Bridges with a redesigned, more user-friendly interface and improved functionality like smarter notifications and enhanced reporting. CastleBranch currently works with nearly two thirds of colleges and universities in the US providing student background checks, drug testing and immunization record management solutions and in early 2016 will release Bridges nationally. Also in development for Bridges is the integration of CastleBranch's student screening services and additional administrative functionality like student compliance, clinical placements, clinical site orientation, clinical scheduling and more.

While the concept of change is simple, the act of changing is often not. Especially change to a culture, which requires collaboration toward a common goal. In the world of health care service and academia, no one understands this process better than the Maryland Hospital Association (MHA). Their development of the Clinical Assignments for Healthcare Students (CAHS) system—pronounced "cause"—is a case study in cross discipline collaboration to solve a systemic issue and proof that if you work together, great things can happen.

About the Maryland Hospital Association

The Maryland Hospital Association (MHA), founded in 1970, is not only the leading advocate for health policy and health care in Maryland, but also a hospital association gold standard nationwide. This is largely because, in addition to a history of stable leadership, Maryland is the only state in the country that has an agreement with the Centers for Medicare and Medicaid Services requiring all payers to pay the same rate for the same service at the same hospital. "Because of our unique rating setting system, our members see the value of the greater good in a different way and they're not as competitive. We pull together for finances, which allows us to be engaged on all other issues," said Meghan Allen, Senior Vice President of Operations. Also, MHA members meet multiple times a year as a platform for cross-talk among the different disciplines. As witnessed throughout MHA's history, "We're really good at seeing an issue and processing a solution through our membership," said Allen.

The Problem with Clinical Placements

In 2004, members of MHA identified one such issue—inefficiencies with the clinical placement process for health care students, a critical step in the education and job training of health care workers. Every semester, school instructors are tasked with finding clinical spots for all their students. With typically 24-32 students in a class, 8 clinical rotations in every program and only a maximum of 4-6 students placed at each facility, this meant school instructors were spending countless hours on the phone calling clinical sites to ensure each student had a proper placement. And it was up to the head nurses at the clinical sites to field all these calls from schools in their area – a constant interruption and distraction to their workday. Needless to say, it was a desperate problem that everyone was eager to fix, but the question was how?

Changing the Culture with CAHS

Spearheading MHA's quest for a solution was Vice President, Catherine Crowley. And with a career focus on the theory of change, or a process or pathway required to reach a long-term goal, no one could have been better suited. Because to get the group to adopt a new process when it's "always been done this way," would definitely be a challenge. Ultimately, it was determined that developing new technology, an electronic system later named Clinical Assignments for Healthcare Students (CAHS), was the best course of action. According to Crowley, "We didn't know it any better. We just figured out that we could build CAHS and went ahead and did it. The hard part was getting everyone to the table and deciding what we were going to do and then getting everyone to abide by the rules they made so it would work." Meghan Allen adds, "Introducing a new system like CAHS is typically not a process problem, but a culture problem. If you get the group to buy into it and the culture doesn't change, the system fails." So although there was some resistance to the idea of new technology and fear that CAHS would somehow replace the personal relationships that schools and clinical partners had worked so hard to build, the group ultimately decided, "if we really want to fix this, this is what's going to have to happen," and together we'll make it work.

For the People, By the People

To change the culture of clinical placements and ensure the success of CAHS, it was crucial that MHA members processed each step in the development, starting with identifying the needs of the system, or how it should work. To help translate the specs defined by MHA membership to the web programmer building the system, MHA hired a nurse with an IT background. They then formed work groups with representatives from both clinical partners and schools to beta test the system, requesting and approving mock clinical placements, and identify necessary tweaks. Feedback like, "this is great, but would be greater if…" was applied at each step in the development. According to Crowley, "The idea for CAHS and other solutions developed by MHA have always originated with the power users because those are the people that come to the meetings, identify the innovations and keep their peers in line." In Allen's words, CAHS was truly "developed for the people, by the people," with the unique needs of both schools and their clinical partners in mind.

As could be expected, there were growing pains with adopting technology to replace a manual process, but it was clear almost immediately that CAHS had "smoothed a path" for a more efficient clinical placements. According to Crowley, the launch of CAHS simply "brought order to chaos" and, as intended, lessened the administrative burden for both schools and clinical partners.

Keeping Up with CAHS

To ensure the new system met the needs of both MHA schools and clinical partners, members met twice annually for user group meetings. Initially very productive, these discussions helped to uncover some interesting findings that would shape system updates and ultimately the way the group worked together. For example, it was quickly apparent that there was a hierarchy of priority school partners when electronic requests for clinical placements sat unapproved until the higher ranking schools' requests were submitted. So partnership levels were added to help clinical sites more efficiently manage their requests. And in centralizing the clinical placement process though CAHS, schools soon realized that each clinical site was requiring different student background checks and had different clinical contracts. So they decided to collaborate on one standard background check and baseline clinical contract, saving students money and schools the headache of managing multiple contracts. But for every positive system change the group was able to implement, there were many more system requests left unaddressed. Frustrated and feeling disengaged, the user group eventually stopped meeting. It was clear – to continue meeting the needs of its users, CAHS would need to be more quickly responsive to change than MHA resources could manage. According to Allen, "We've done this a couple times at MHA. Dipped our toe in a technology and were wildly successful at it, but couldn't sustain it. CAHS got to a point where our members were requesting features that were great, but we didn't have the staffing, resources or technology to be able to do that in a way that would be meaningful."

Approaching CastleBranch

To give CAHS the dedication it deserved, MHA looked no further than CastleBranch, a leading innovator of technology solutions for both the service and academia sectors and owner of technology incubator, tekMountain. CastleBranch works with nearly two thirds of colleges and universities nationwide and serves as the exclusive background screening, drug testing and immunization record management provider for all Maryland nursing and allied health programs. With their technology expertise and an existing integration with every Maryland school and clinical site, the partnership was a perfect fit. And, with a history of developing solutions like Student Immunization Tracker, which revolutionized the management of student medical records, CastleBranch knew they were up for the challenge. President of CastleBranch, Mark Johnson adds, "Developing technology to mitigate administrative burden is what we do, so we could really appreciate what a tremendous job MHA did in building CAHS to meet the needs of their school and hospital members and we immediately shared in their vision for the future of CAHS."

Building Bridges

To preserve the legacy of a solution built "for the people, by the people", it was MHA membership that CastleBranch would need to consult to outline what would be the new CAHS—aptly renamed Bridges. "Professionals from schools and healthcare facilities must work together to train students and the more technology we can provide to help with administrate tasks, the more time those professionals have for what's really important—student education and patient safety," said Johnson. CastleBranch's first order of business was reinstating the twice-annual user group meetings, as well as the policy task force that would closely work with CastleBranch during development and beyond. Based on feedback from the reengaged MHA membership, CastleBranch was able to rebuild CAHS, now Bridges, with a redesigned, more user-friendly interface and improved functionality like smarter notifications and enhanced reporting. But perhaps the best new feature of Bridges is the user training and technical support CastleBranch is able to provide. According to Lori Armstrong, Clinical Placement Coordinator for Towson University's Department of Nursing, "Every question or concern emailed to CastleBranch is answered within the hour, so I feel completely supported while using Bridges." CastleBranch's Mark Johnson adds, "Solutions like Bridges should make the clinical placement process easier, saving everyone time and money, so we put a lot of emphasis not only on user-friendly design, but also our commitment to providing ample training materials and responsive technical support." Though Bridges is a work in progress, the outlook is now positive with technology experts, CastleBranch, at the helm.

Forging Connections

With MHA's development of CAHS as proof of concept, the future of Bridges is all about cross-discipline collaboration and continually improving the connections between students, schools and clinical sites. Working with nearly two thirds of colleges and universities nationwide, CastleBranch knows that inefficiencies with clinical placements are not unique to Maryland, so in late 2016 Bridges will be offered nationally. According to Johnson, "For other hospital associations and consortiums, or 'communities' as we call them, who are willing to collaborate for more efficient clinical placements and other administrative processes, Bridges is a meeting place to do that. Our Market Development team's core focus is aligning technology with the unique needs of 'communities' across the country." Also on the horizon, connecting all processes and paperwork for student compliance, clinical placements, onboarding and recording keeping on the one Bridges platform essentially streamlining and simplifying the entire clinical portion of healthcare education. "With the growing shortage of healthcare workers, the advancement in technology for this segment couldn't be more important. With the continued feedback from MHA members and other system users, we are confident that Bridges will not only continue to improve inefficiencies, but actually change the way we educate and train future healthcare workers," said Johnson.