

A Case Study for Pediatric Educators

STANDARDIZING PEDIATRIC CARE EDUCATION ACROSS A LARGE HEALTH SYSTEM

Online courses deliver consistent content and quality education leading to standardized care of children.

Challenge

Mercy Health, the fifth largest Catholic health care system, set out to meet a challenge—improve the care of children in their 44 facilities across four states. The strategic goals and vision for the project included serving their pediatric population with little variation in care between facilities.

The call for standardizing care was a complex goal due to the size of the system. Mercy Health includes two children's hospitals within a hospital, six level 3 NICUs, and 14 locations with birthing services. System hospitals vary in size from a 900 bed suburban hospital with teaching services to 25 bed critical access hospitals in small, rural communities. Although the system focuses on the care of adults, they set out to establish a similar standard of care among the pediatric services within the practice areas of inpatient general pediatrics, PICU, NICU, surgical services, well newborns, emergency services, ambulatory, and outpatient services.

A gap analysis highlighted educational resources and standardized policies across all locations as top priorities. Mercy's solution—provide Pediatric Learning Solutions (PLS) courses to give staff access to the same education content, from any location.

Results

- Staff have access to pediatric education and content materials that were not previously available at all locations.
- Standardized content has provided consistency between and among disciplines
- Layered learning helps prevent learners, particularly new graduates, from becoming overwhelmed.
- Instructor led classroom time decreased by 40 hours.

Details

First, Mercy gathered groups of clinical subject matter experts (SMEs), who established core competencies necessary for clinicians who work with pediatric patients of varying acuity levels. The SMEs then divided those competencies into levels (e.g., Level 2 versus level 3 NICU, well newborn, and three levels of pediatrics). Due to the variety of services offered across the health system, leaders at individual locations were given the freedom to choose the competencies that best met their patient population and educational needs.

With pediatric core competencies identified, Mercy examined options to ensure that staff at all locations had access to the same evidence-based information for each competency. The system already had a robust learning management system (LMS) which they used to deliver online education. The SME team determined that using this familiar platform to deliver education was a viable solution to Mercy's shortage

STANDARDIZED

- New hire orientation
- Annual competency review

Learners have a wide variety of pediatric knowledge and can create a pathway through PLS courses to meet their experience needs.

FLEXIBLE OPTIONS

- Self-identified learning needs
- Support strategic initiatives
- Complement quality initiatives

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of educators, particularly in rural areas. After some research, Mercy purchased Pediatric Learning Solutions' clinical courseware and aligned online courses to their core competencies. The organization was then able to distribute the same learning opportunities to all staff. They began using PLS courses as part of new hire orientation, annual competency review, fulfilling self-identified learning needs and to support strategic and/or quality initiatives.

Lessons

- Change management is a challenge in the transition from location-based education to a standardized model.
- Developing a process for assigning courses and tracking utilization is critical.
- Since PLS content is updated frequently, have a process in place to ensure current versions are loaded into the LMS.