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| **Funnel Entry Date:**  12/19/2024 | **Epic Owner:**  Andrew Wilson | | | | **Key Stakeholders:**   * End User Support Services (EUSS) * Veterans Health Administration (VHA) Leadership * EHRM-IO Program Office * VA Councils and VISNs * Oracle Cerner Representatives | |
| **Epic Description:**  For VHA clinical and administrative staff, informatics teams, and leadership who require consistent, effective, and scalable EHR training to support post-go-live adoption the Federal EHR Post-Go-Live Training Office is a centralized training and governance solution that establishes standardized, workflow-integrated training and ongoing support. Unlike relying on external contractors or fragmented training approaches our solution builds sustainable, in-house capacity, ensures consistency across the enterprise, and reduces long-term costs.  This overarching epic focuses on the creation and implementation of a comprehensive, scalable, and standardized Federal EHR Post-Go-Live Training Program for VHA. The initiative is divided into five distinct phases, each addressing critical components needed to establish and sustain the training office and its services. The program will ensure that all VHA facilities receive consistent, workflow-integrated training to support the effective adoption and use of the Oracle Cerner EHR system. Phase 1 is complete.  The phased approach incorporates SAFe Agile principles, allowing for iterative evaluations, continuous stakeholder feedback, and adjustments to meet the evolving needs of the VHA enterprise. | | | | | | |
| **Business Outcome Hypothesis:**  We believe that establishing the Federal EHR Post-Go-Live Training Program through a phased approach will:   1. Improve EHR Adoption: Provide role-specific, workflow-integrated training that accelerates end-user proficiency and system adoption. 2. Enhance Operational Efficiency: Reduce variability in EHR usage, leading to more efficient clinical and administrative workflows. 3. Ensure Standardization: Deliver consistent training across all VISNs to achieve uniformity in EHR use and best practices. 4. Support Continuous Improvement: Incorporate stakeholder feedback and data-driven evaluations to refine training strategies continuously. | | | | **Leading Indicators:**   1. **Phase 2: Establishing the Training Office and Strategy**    1. Staffing Milestones:       1. Description: Track the hiring or contracting of core office staff (Director, Program Manager, LMS Administrator, Regulatory Compliance Officer, Data Analysts).       2. Why It Matters: Staffing is essential to begin office operations and deliver initial training services.       3. Measurement: Percentage of critical roles filled by target dates.    2. Governance Framework Implementation:       1. Description: Measure the establishment and adoption of the initial governance framework.       2. Why It Matters: Effective governance ensures clear decision-making and accountability.       3. Measurement: Completion of governance documents and initial meetings held.    3. Learning Needs Analysis Completion:       1. Description: Track the progress of the Learning Needs Analysis conducted with HSI.       2. Why It Matters: Identifying learning gaps and needs is critical for developing effective training strategies.       3. Measurement: Completion percentage of the Learning Needs Analysis report.    4. Training Strategy Approval:       1. Description: Document and seek approval for the overall training strategy, including methodologies and delivery approaches.       2. Why It Matters: Ensures the strategy aligns with stakeholder expectations and enterprise goals.       3. Measurement: Approval status of the training strategy by leadership.    5. Program Total Cost of Ownership (TCO) Approval:       1. Description: Document and seek approval for the total cost of ownership for the training program.       2. Why It Matters: Provides a clear understanding of long-term costs and resource needs for program sustainability.       3. Measurement: Approval status of the TCO document.    6. Stakeholder Alignment:       1. Description: Assess the alignment between EHRM-IO deployment training and the post-go-live training office.       2. Why It Matters: Ensures a seamless transition and continuity of training support.       3. Measurement: Number of coordination meetings and documented agreements. 2. **Phase 3: Developing and Piloting Training Programs**    1. Training Content Development Progress:       1. Description: Track the development of workflow-integrated training materials.       2. Why It Matters: Ensures readiness for pilot testing.       3. Measurement: Percentage of training modules developed compared to the plan.    2. Pilot Program Participation:       1. Description: Measure the number of VISNs and facilities participating in pilot programs.       2. Why It Matters: Broad participation ensures diverse feedback and validation.       3. Measurement: Number of pilot sites engaged and users trained. 3. Pilot Feedback and Iterations:    * 1. Description: Track feedback collected during pilots and the number of iterations made to training content.      2. Why It Matters: Continuous improvement ensures training meets user needs.      3. Measurement: Number of feedback points addressed and changes implemented. 4. **Phase 4: Scaling and Optimizing Training Delivery**    1. Training Deployment Coverage:       1. Description: Track the rollout of training across all VISNs and facilities.       2. Why It Matters: Full coverage ensures standardized training delivery.       3. Measurement: Percentage of VISNs and facilities where training has been deployed.    2. Training Effectiveness Metrics:       1. Description: Measure improvements in user competency, workflow efficiency, and satisfaction.       2. Why It Matters: Indicates the impact of training on EHR adoption.       3. Measurement: Post-training assessments, user satisfaction scores, and reductions in EHR-related issues.    3. Advanced Analytics Implementation:       1. Description: Track the development and deployment of analytics and reporting tools.       2. Why It Matters: Supports data-driven decisions for continuous improvement.       3. Measurement: Completion and use of dashboards and reports. 5. **Phase 5: Continuous Improvement and Sustainability**    1. Ongoing Training Updates:       1. Description: Track the frequency and quality of updates to training content based on system changes and user feedback.       2. Why It Matters: Ensures training remains relevant and effective.       3. Measurement: Number of updates made annually and feedback satisfaction scores.    2. Sustainability of Training Program:       1. Description: Measure the ability to maintain the training program with existing resources and processes.       2. Why It Matters: Long-term sustainability is critical for ongoing success.       3. Measurement: Percentage of training objectives met with available resources.    3. Stakeholder Engagement Continuity:       1. Description: Assess ongoing involvement from VISNs, councils, and end users in training evaluations.       2. Why It Matters: Continuous input ensures the program evolves with user needs.       3. Measurement: Number of engagement sessions and feedback loops maintained. | | |
| **Overarching Scope:**   1. Establishing the Federal EHR Training Office within EUSS. 2. Developing a scalable and standardized post-go-live training program. 3. Aligning training content with workflows and EHR configurations. 4. Incorporating SAFe Agile evaluations and stakeholder feedback at each phase.   **Phased Scope Breakdown:**   1. **Phase 2: Establishing the Training Office, Conduct Learning Needs Analysis, Complete the Enterprise Training Strategy, and Provide a Total Cost of Ownership for the Program**    1. Objectives:       1. Formally stand up the training office within EUSS and begin operations.       2. Partner with HSI to conduct training needs analysis.       3. Document and seek approval of Enterprise Training Strategy       4. Document and seek approval of program Total Cost of Ownership    2. Key Deliverables:       1. Hiring/detailing/contracting of core office staff       2. Operational governance processes       3. IPT coordination with EHRM-IO, Councils, VISNs and the Field       4. Training Needs Analysis       5. Enterprise Training Strategy       6. Program Total Cost of Ownership 2. **Phase 3: Developing and Piloting Training Programs**    1. Objectives:       1. Hire and certify train the trainers and field trainers       2. Develop workflow-integrated training content and test it with select facilities.    2. Key Deliverables:       1. Certified trainers       2. Training content aligned with clinical workflows       3. Pilot programs with stakeholder feedback       4. Refinement of training materials 3. **Phase 4: Scaling and Optimizing Training Delivery**     1. Objective: Roll out the training program across all VISNs and optimize delivery.    2. Key Deliverables:       1. Full-scale deployment of training       2. Analytics and reporting tools       3. Optimization based on end-user feedback 4. **Phase 5: Continuous Improvement and Sustainability**     1. Objective: Ensure the training program evolves with system updates and end-user needs.    2. Key Deliverables:       1. Ongoing updates to training content       2. Long-term governance and sustainability plan       3. Continuous stakeholder engagement       4. Use of analytics to monitor training effectiveness and collect feedback | | **Out of Scope:**   1. Initial deployment training (managed by EHRM-IO) 2. Funding for non-training-related EHR enhancements 3. Activities beyond training scope, such as hardware upgrades | | | | **Nonfunctional Requirements:**   1. Compliance:    1. Ensure all training materials meet Section 508 accessibility standards.    2. Adhere to HIPAA and VA data privacy regulations. 2. Scalability:    1. Design the training program to support all VISNs and facilities, regardless of size or complexity. 3. Standardization:    1. Ensure consistency in content, delivery, and evaluation methods across the enterprise. 4. Integration:    1. Align training content with real-world clinical workflows and Oracle Cerner EHR configurations. |
| **Minimum Viable Product (MVP) Features**  The **Minimum Viable Product** for the Federal EHR Post-Go-Live Training Program establishes the foundational capabilities necessary to launch and sustain effective enterprise-scale training. It also includes **initial training delivery** to validate the framework and processes before scaling.   1. **Enterprise Training Strategy Framework:**    1. A high-level framework outlining the approach, guiding principles, and methodologies for post-go-live training.    2. Incorporates workflow integration, role-based learning, scalability, and continuous improvement principles. 2. **Centralized Training Governance Model:**    1. An initial governance structure to oversee training decisions, standards, and processes.    2. Ensures consistency, accountability, and alignment with deployment training efforts. 3. **Core Roles and Responsibilities Defined:**    1. Identification of essential roles (e.g., Training Managers, Instructional Designers, Training Specialists).    2. Clear delineation of responsibilities at the enterprise, VISN, and facility levels. 4. **Initial Content Management Process:**    1. A process for creating, managing, and updating training content.    2. Ensures content aligns with clinical workflows, system updates, and end-user needs. 5. **Initial Training Delivery:**    1. **Pilot Training Sessions**: Conduct initial pilot training sessions with select VISNs or facilities.    2. **Focused Training Areas**: Prioritize high-impact workflows and user roles to address immediate needs.    3. **Evaluation**: Gather feedback from pilot sessions to refine content, delivery methods, and support mechanisms. 6. **Stakeholder Engagement Framework:**    1. Processes for ongoing collaboration with VISNs, councils, informatics teams, and end-users.    2. Ensures the training program is responsive to enterprise needs and priorities. 7. **Measurement and Feedback Mechanism:**    1. Initial metrics for evaluating training effectiveness, user competency, and workflow adoption.    2. Feedback loops to continuously improve training content and delivery methods. 8. **Technology Integration Roadmap:**    1. A plan for leveraging existing technologies (e.g., LMS, analytics platforms) to support training delivery, tracking, and reporting.    2. Ensures efficient scalability and integration with enterprise systems. 9. **Sustainability Plan Outline:**    1. A preliminary plan for maintaining and evolving the training program.    2. Includes resource needs, funding strategies, and continuous improvement processes. | | | **Additional Potential Features**  These features build on the foundational MVP and initial training delivery, enhancing the program's capabilities as it scales.   1. Expanded Training Content Library:    1. Comprehensive modules for all clinical and administrative roles.    2. Covers advanced workflows, troubleshooting, and optimization. 2. Advanced Analytics Tools:    1. Dashboards to track user adoption, workflow efficiency, and training effectiveness. 3. Role-Based Learning Paths:    1. Customized training paths tailored to specific user roles and responsibilities. 4. Continuous Improvement Framework:    1. Processes for updating training content based on user feedback and system changes. 5. Simulation and Scenario-Based Training:    1. Interactive environments for hands-on practice with real-world clinical scenarios. 6. Mentorship and Peer Support Programs:    1. Networks for ongoing peer-to-peer learning and support. 7. E-Learning and Microlearning Modules:    1. On-demand, bite-sized training content for flexible learning. 8. Mobile Training Options:    1. Training delivery through mobile platforms for accessibility and convenience. | | | |
| **Analysis Summary:**  The VHA Federal EHR Training Office fills a critical post-go-live gap by providing centralized, standardized, and scalable training programs. A phased implementation ensures alignment with stakeholder needs, while leveraging iterative feedback mechanisms supports continuous improvement. | | | | | **Go / No-Go:**   1. Phase 1 to Phase 2 – **Awaiting Approval**    1. Requirements Document Approved       1. Comprehensive and validated by stakeholders.    2. Governance Framework Established       1. Initial governance roles and processes defined.    3. ROM Approved       1. Initial funding secured for establishing the office and conducting initial training delivery. 2. Phase 2 to Phase 3    1. Core Office Staff Hired       1. Key roles filled to support initial operations.    2. Training Strategy Approved       1. Documented strategy aligned with stakeholder expectations and workflows. 3. Phase 3 to Phase 4    1. Pilot Programs Completed       1. Training content tested, feedback gathered, and iterations made.    2. Training Content Validated       1. Workflow-integrated content approved for scaling. 4. Phase 4 to Phase 5    1. Full Deployment Achieved       1. Training delivered across all VISNs and facilities.    2. Effectiveness Metrics Met       1. User competency, workflow efficiency, and satisfaction goals achieved. | |

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| **Solution Analysis** | |
| **Which Internal and/or external customers are affected, and how?**  **Internal customers** include the VHA staff responsible for implementing, managing, and supporting the Federal EHR system. This group relies on the training office to ensure that training services are delivered consistently, efficiently, and in alignment with enterprise goals.   1. Informatics Teams    1. Needs: Accurate, up-to-date training materials and workflow-integrated support to assist end-users.    2. Solution: The training office provides standardized content, continuous updates, and tools to support informatics-led training efforts. 2. Clinical and Administrative Staff    1. Needs: Efficient training that minimizes disruption and enhances competency in using the EHR.    2. Solution: Workflow-integrated, role-specific training delivered through flexible methods (e.g., e-learning, pilot sessions). 3. EHRM-IO Deployment Training Teams    1. Needs: Seamless transition from deployment training to post-go-live support.    2. Solution: The training office ensures content consistency, manages updates, and coordinates with deployment training teams. 4. VISN and Facility Leaders    1. Needs: Reliable training programs that improve operational efficiency and clinical outcomes.    2. Solution: The training office delivers scalable training solutions that can be tailored to facility-specific needs.   **External customers** include the veterans receiving care and the broader federal healthcare system stakeholders who benefit from improved EHR adoption and efficiency.   1. Veterans    1. Needs: Quality care facilitated by accurate, efficient use of the EHR system by providers.    2. Solution: Effective post-go-live training ensures that providers are proficient in using the EHR, reducing errors and improving patient care. 2. Federal Partners (FEHRM, DoD)    1. Needs: Alignment and interoperability between the VA and DoD EHR systems.    2. Solution: The training office collaborates with federal partners to ensure consistency in training practices and content. 3. Congress and Oversight Bodies (GAO, OIG)    1. Needs: Accountability, transparency, and measurable improvements in EHR adoption.    2. Solution: The phased approach with SAFe Agile principles ensures continuous evaluation, stakeholder engagement, and data-driven improvements. | |
| **What is the potential impact on solutions, programs and services**?   1. EHR Solutions and System Adoption    1. Impact: The establishment of the Federal EHR Post-Go-Live Training Program will significantly enhance the adoption of the Oracle Cerner EHR system across the VHA enterprise. By providing standardized, workflow-integrated training, end users will be better equipped to navigate the system efficiently and accurately.    2. Outcome:       1. Reduced user errors and increased confidence in system use.       2. Faster adoption of new workflows and updates.       3. Improved data quality and documentation accuracy. 2. Clinical and Administrative Programs    1. Impact: Effective post-go-live training ensures that clinical and administrative programs benefit from consistent and optimized EHR use. This supports accurate documentation, better patient outcomes, and efficient administrative processes.    2. Outcome:       1. Enhanced clinical decision-making due to accurate and timely data.       2. Improved operational efficiency and reduced documentation burden.       3. Greater consistency in workflow execution across facilities. 3. Deployment Training Services    1. Impact: Seamless coordination between deployment training (EHRM-IO) and post-go-live training (VHA) ensures that end users experience a smooth transition from initial training to ongoing support.    2. Outcome:       1. Elimination of training gaps between deployment and post-go-live phases.       2. Consistent training content and messaging throughout the lifecycle of the EHR implementation.       3. Improved user satisfaction with the continuity of training support. 4. Patient Care Services    1. Impact: By improving end-user proficiency with the EHR system, the training program directly enhances patient care services. Efficient use of the EHR reduces delays, errors, and frustration, allowing providers to focus more on patient care.    2. Outcome:       1. Improved patient safety and quality of care.       2. Reduced incidence of documentation errors affecting patient outcomes.       3. Greater patient satisfaction due to more streamlined care delivery. 5. Informatics Support Services    1. Impact: The training program supports informatics teams by providing up-to-date content, tools, and processes that enable them to better assist end users.    2. Outcome:       1. Reduced burden on informatics staff for developing and delivering training.       2. Improved capacity to focus on optimizing workflows and resolving system issues.       3. Enhanced collaboration between informatics teams and end users. 6. Stakeholder Engagement and Governance    1. Impact: The program’s governance framework and continuous stakeholder engagement ensure that training solutions remain relevant and aligned with organizational goals.    2. Outcome:       1. Increased buy-in and satisfaction from stakeholders.       2. Continuous improvement driven by real-time feedback.       3. Enhanced accountability and transparency in training delivery. 7. Interoperability with Federal Partners    1. Impact: Collaboration with FEHRM, DoD, and other federal partners ensures consistency in training approaches, supporting interoperability between VA and DoD systems.    2. Outcome:       1. Improved coordination between VA and DoD providers.       2. Seamless exchange of patient data across federal healthcare systems.       3. Greater alignment of training practices across federal organizations.       4. Cost savings where applicable to training content and delivery | |
| **What is the potential impact on sales, distribution, deployment and support?**   1. Sales and Procurement    1. Impact: The establishment of the training program strengthens the justification for ongoing investments by demonstrating cost-efficiency and reduced dependency on external contractors.    2. Outcome:       1. Reduced Costs from Contracting with Oracle Health: By internalizing post-go-live training services, VHA can minimize the need for Oracle Health’s ongoing training contracts, leading to substantial cost savings.       2. Improved procurement efficiency with a clear roadmap for training investments.       3. Enhanced transparency and accountability in procurement processes. 2. Distribution of Training Content    1. Impact: The program ensures standardized distribution of training materials across all VISNs and facilities, supporting equitable access.    2. Outcome:       1. Consistent quality and accessibility of training materials.       2. Efficient updates and distribution of new content across the enterprise.       3. Reduced variability in user training experiences. 3. Deployment of Training Services    1. Impact: Seamless coordination between deployment training (EHRM-IO) and post-go-live training reduces confusion and ensures continuity for end-users.    2. Outcome:       1. Smooth transition from deployment to post-go-live support.       2. Reduced training gaps and improved user confidence.       3. Fewer last-minute contracting needs for deployment support. 4. Support Services    1. Impact: Establishing an internal training program reduces the reliance on Oracle Health for post-implementation support.    2. Outcome:       1. Cost Savings: Decreased need for Oracle Health contracts for end-user training and support.       2. Reduced Burden on Help Desks: Improved user competency leads to fewer support tickets for basic EHR issues.       3. Informatics Efficiency: Allows informatics teams to focus on workflow optimization rather than ad hoc training.       4. Peer Support Networks: Ongoing peer-to-peer support reduces dependency on external contractors. 5. Organizational Readiness and Change Management    1. Impact: Effective training supports change management efforts and improves organizational readiness for EHR adoption.    2. Outcome:       1. Improved staff acceptance and confidence in using the EHR.       2. Better management of resistance to new workflows.       3. Reinforced learning through continuous support and feedback. 6. Federal and Interagency Collaboration    1. Impact: Consistent training practices across VA and DoD facilities improve interoperability and joint operational readiness.    2. Outcome:       1. Seamless data exchange and workflow integration.       2. Strengthened collaboration with FEHRM and other federal partners.       3. Reduced duplication of training development efforts. | |
| **Forecasted Costs** | |
| **MVP Cost:**  The Minimum Viable Product (MVP) for the Federal EHR Post-Go-Live Training Program focuses on establishing the foundational elements necessary to launch the program. The following cost estimates cover the essential resources, processes, and activities required for the MVP, including trainer costs for initial pilot training delivery.   1. Staffing Costs - $2,245,000 2. Training Development and Delivery - $500,000 3. Travel Costs - $75,000 4. Total Estimated MVP Cost  | Category | Estimated Cost | | --- | --- | | Staffing | $2,245,000 | | Training Development and Delivery | $500,000 | | Travel | $75,000 |   **Grand Total: $2,820,000**   1. Rationale for MVP Costs    1. Staffing:       1. Essential roles for establishing the office, governance, and delivering initial pilot training.    2. Initial Training Development and Delivery:       1. Develops and delivers pilot training sessions to validate the training framework.    3. Travel:       1. Supports stakeholder engagement, site visits, and pilot training logistics. | **Estimated Implementation Cost:**  The full program implementation includes all phases of establishing and sustaining the Federal EHR Post-Go-Live Training Program. These costs cover staffing, content development, deployment, optimization, travel, and ongoing support over a 10-year period. Please note that these are very generic estimates that were conducted without a training needs analysis, strategy, or plan.  **Cost Categories:**   1. Fixed Costs (Office Staff and Infrastructure)    1. Includes salaries for core office roles, instructional designers, training specialists, IT support, and administrative staff. 2. Variable Costs (Scalable Field Training Resources)    1. Trainers assigned at the VISN and facility levels, adjusted for growth and turnover rates. 3. One-Time Costs    1. Initial certification, setup, and infrastructure investments. 4. Travel Costs    1. Site visits, pilot training sessions, and ongoing field support.   **Detailed Cost Estimates:**   | Category | Cost Estimate | | --- | --- | | Fixed Costs (10-Year) | $123,290,000 | | Variable Costs (10-Year) | $129,600,000 | | One-Time Certification Costs | $4,363,067 | | Travel Costs (10-Year) | $145,800,000 | | Facility Capability Development | $37,000,000 | | Optimization Costs (10-Year) | $54,700,000 |   Total 10-Year Cost: $530,453,067  **Key Considerations for Full Program Costs:**   1. Scalability: Costs for field trainers are scalable based on the number of VISNs and facilities. These costs increase as deployment expands to more sites. 2. Sustainability: The fixed costs for office staffing ensure the ongoing capability to manage and deliver training, maintain content, and support optimization. 3. Travel Budget: Travel costs account for continuous support, site visits, and pilot implementations across the enterprise. 4. Alignment with Deployment: These costs are aligned with the projected deployment of the EHR system across the VHA over a 10-year period. 5. Optimization: Ongoing optimization efforts are critical to ensuring the EHR system remains efficient, user-friendly, and effective. |
| **Forecasted Returns** | |
| 1. Improved EHR Adoption and User Competency    1. Description: The training program will provide standardized, workflow-integrated, and role-specific training, ensuring that end users are proficient in using the EHR system efficiently.    2. Returns:       1. Faster Time to Proficiency: Reduction in the time required for users to become competent with the EHR.       2. Decreased User Errors: Fewer documentation errors, improving data quality and patient safety.       3. Increased Productivity: More efficient workflows, allowing clinicians to spend more time on patient care rather than navigating the system. 2. Cost Savings from Reduced Dependency on External Contractors    1. Description: By internalizing post-go-live training and reducing reliance on Oracle Health for ongoing support, the program will lead to substantial cost savings.    2. Returns:       1. Reduced Contracting Costs: Estimated savings from reduced Oracle Health contracts for post-go-live support.       2. Internal Training Capacity: Building in-house capability to handle training needs sustainably. 3. Enhanced Support Services Efficiency    1. Description: The training program will reduce the burden on help desks and informatics teams by addressing common training-related issues through proactive education and support.    2. Returns:       1. Fewer Support Tickets: Reduction in Tier 1 help desk calls related to basic EHR issues.       2. Informatics Focus on Optimization: Informatics teams can shift focus from ad hoc training to workflow optimization and issue resolution. 4. Improved Clinical Outcomes and Patient Safety    1. Description: Effective training leads to better documentation, improved clinical decision-making, and safer patient care.    2. Returns:       1. Higher Quality Documentation: Accurate and complete patient records reduce medical errors.       2. Improved Patient Safety: Fewer errors related to incorrect or incomplete use of the EHR.       3. Better Clinical Outcomes: Enhanced decision-making based on reliable, real-time data. 5. Increased User Satisfaction and Reduced Burnout    1. Description: Providing comprehensive and ongoing training support reduces user frustration and burnout associated with EHR use.    2. Returns:       1. Higher End-User Satisfaction: Improved confidence and ease of use with the EHR.       2. Reduced Burnout: Less frustration from navigating complex workflows or poorly understood processes.       3. Retention of Skilled Workforce: Better morale and retention rates for clinical and administrative staff. 6. Consistency and Standardization Across VHA    1. Description: A centralized training program ensures that all facilities receive consistent, high-quality training.    2. Returns:       1. Standardized Workflows: Consistent EHR use across facilities improves efficiency and interoperability.       2. Equitable Training Access: All users, regardless of location, receive the same quality of training and support.       3. Compliance with Best Practices: Ensures adherence to clinical and administrative standards. 7. Continuous Improvement and Scalability    1. Description: The program incorporates continuous feedback loops and SAFe Agile principles to refine and scale training based on real-world needs.    2. Returns:       1. Adaptive Training Content: Training evolves with system updates and user needs.       2. Scalability: Framework supports expansion to new facilities and roles as the EHR deployment continues.       3. Long-Term Sustainability: Structured approach ensures the program remains effective over time. 8. Enhanced Interoperability with Federal Partners    1. Description: Collaboration with FEHRM, DoD, and other federal partners ensures training practices align across federal healthcare systems.    2. Returns:       1. Seamless Data Exchange: Improved interoperability between VA and DoD providers.       2. Consistent Training Practices: Shared standards reduce variability and enhance joint operational readiness. | |

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| **Development Strategy** |
| **In-house or Outsourced Development:**  **In-House Development vs. Outsourced Development:** The development strategy for the Federal EHR Post-Go-Live Training Program will be a hybrid approach that leverages both in-house resources and outsourced expertise to ensure efficiency, scalability, and quality. This strategy balances the benefits of internal knowledge retention and flexibility with the need for specialized expertise and rapid development.   1. In-House Development    1. Roles for In-House Development:       1. Director of Training       2. Program Manager       3. Regulatory Compliance Officer       4. LMS Administrator       5. Data Analysts (Analytics and Reporting)       6. Workflow Integration Specialists    2. In-House Focus Areas:       1. Governance and Strategy Development: Establishing policies, frameworks, and decision-making processes.       2. Content Management: Developing and maintaining training content tied to VHA workflows.       3. Continuous Improvement: Iterative updates based on feedback and performance data.       4. Stakeholder Engagement: Managing relationships with VISNs, councils, and federal partners. 2. Outsourced Development    1. Roles for Outsourced Development:       1. Training Managers       2. Instructional Designers       3. Trainers       4. Video Content Developers       5. Technical Developers (Microsoft Power BI)    2. Outsourced Focus Areas:       1. Initial Training Development: Creating workflow-integrated training modules for pilot programs.       2. Specialized Content: Developing multimedia training resources (videos, simulations) to enhance learning.       3. Scalability Support: Assisting with the rapid scaling of training delivery during large-scale rollouts. 3. Rationale for Hybrid Approach    1. Efficiency: Leverages specialized skills of contractors for rapid development while maintaining internal oversight.    2. Scalability: Flexibility to scale resources based on deployment needs.    3. Knowledge Retention: Ensures core program knowledge stays within VHA for sustainability.    4. Cost-Effectiveness: Reduces long-term reliance on external vendors by building internal capacity. |
| **Incremental Implementation Strategy:**  The program will follow an incremental implementation strategy aligned with SAFe Agile principles. Each phase will focus on delivering specific components and capabilities, ensuring continuous evaluation and improvement before proceeding to the next phase.   1. Phase 1: **COMPLETE**    1. Objective: Establish the office and governance.    2. Deliverables: Requirements, ROM, initial governance framework. 2. Phase 2:    1. Objective: Staff the office and deliver initial pilot training.    2. Deliverables: Core staffing, Training Needs Analysis, Training Strategy, and Program Total Cost of Ownership 3. Phase 3:    1. Objective: Develop and pilot comprehensive training programs.    2. Deliverables: Full workflow-integrated content, pilot program evaluation. 4. Phase 4:    1. Objective: Scale training delivery across VISNs and facilities.    2. Deliverables: Enterprise-wide training rollout, optimization processes. 5. Phase 5:    1. Objective: Continuous improvement and sustainability. |
| **Sequencing and Dependencies:**   1. Sequencing    1. Phase 1: - **COMPLETE**       1. Complete governance framework and requirements gathering.       2. Deliver a ROM for establishing the office.    2. Phase 2:       1. Hire core staff for the training office.       2. Training Needs Analysis       3. Training Strategy       4. Program Total Cost of Ownership    3. Phase 3:       1. Develop full training content.       2. Conduct pilot programs and incorporate feedback.    4. Phase 4:       1. Deploy training across the enterprise.       2. Optimize training delivery and support structures.    5. Phase 5:       1. Implement continuous improvement processes.       2. Maintain and update training programs. 2. Dependencies    1. Funding Approval:       1. Funding for core office roles is required to move from Phase 1 to Phase 2.       2. Full program funding is needed to scale training delivery.    2. Stakeholder Engagement:       1. Input from VISNs, councils, and informatics teams is necessary to validate requirements and content.    3. Technology Infrastructure:       1. Access to Learning Management Systems (LMS), analytics platforms, and collaboration tools.    4. EHRM-IO Coordination:       1. Seamless coordination with deployment training teams to ensure consistency and avoid duplication.    5. Contracting Processes:       1. Timely execution of contracts for outsourced roles and services. |

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| **Additional Supporting Data** |
| **Attachments:**  Whitepaper and Decisional Slide Deck from Phase 1  Phase 2 Epic |
| **Other Notes and Comments:**  All other Phase Epics will continue to be built out. |