

INTAKE SCOPE AND ALIGNMENT DOCUMENT: *Training Request – Privacy Rules Complaints* (Tool 1b)

Note: This tool is for the training professional. It is not a document for the client. Do not let the tool constrain your questions and the scope of your initial client interview. Complete as much of the document as you can before the interview. Modify the tool as required to suit your needs.

Even though the questions are ordered in what may seem to be a logical sequence, the truth is, often there is no logical sequence. The order of the questions may be driven by the nature of the project or by the information the client begins to offer during the interview. It may be best to go with the flow of the client’s comfort level and skip around the document as necessary. Some questions may not apply to a specific interview, but they are placed on the tool as a memory jogger. Some questions may need to be answered during a follow-up interview or with another designated source. *While listening to the signals from the client, establish the proper context and strategy and proceed with the appropriate line of questioning to complete the intake document.*

Project Leader: Lele Zhang	Initial Meeting Interviewer: Lele Zhang and David Xue
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PART I. PRELIMINARY PROJECT INFORMATION

A. Client Information

1.	Date of initial contact	<i>Monday, May 25</i>
2.	Name and department	<i>Ronda Locke, director, Big Sky administrators office</i>
3.	Telephone number and email	<i>668-1234 extension 5678 lele.zhang@anycompany.com</i>
4.	Target population	<i>3,450 employees. All hospital and clinic employees who have access to medical files and medical information.</i>

B. What Is Driving this Request (Six Signals)?

1.	Business outcome deficiency	<i>Increasing trend of complaints from patients and patients’ families due to hospitals and clinics inappropriately revealing patient’s private medical information. Also, the company is significantly at risk for legal action due to the violations.</i>
2.	Execution deficiency	<i>Numerous violations of patient privacy rules by hospital and clinical staff when handling patient medical records and when discussing patient healthcare issues.</i>
3.	New expectation	
4.	Business change	
5.	Business opportunity	
6.	Business compliance	<i>See responses to B2, C1, and D1.</i>

C. Business Strategy		
1.	What business goal or strategy does this project connect to (organization, department) and how?	<i>Hospital strategy to remain in compliance with the Health Insurance Portability and Accountability Act (HIPAA) guidelines, directives from hospital administrator, and federal law. This project has a direct link to this strategy and it will influence the measures that satisfy the strategy.</i>
D. Performance and Execution		
1.	What performance change or specific execution does client expect from this training and performance solution?	<i>100-percent compliance within four months. Follow the stipulations and requirements of the Privacy Act and HIPAA Privacy Rules in all activities when handling and releasing medical and personal information. Make proper decisions about handling and disclosure of information and require prior written authorization for disclosure as required.</i>
2.	Other key stakeholders and their expectations about this project.	<i>CEO has high interest and wants a successful program. She wants someone to meet with her, and she will provide her concerns and issues she feels strongly about. She also wants to be briefed on the training recommendations and wants frequent status reports.</i>
3.	What potential obstacles or “red flags” does client anticipate?	<i>Not an obstacle, but it’s just a fact that patients are more aware of their rights these days so they will find more violations. It means we must be even better at what we do.</i>
4.	Does client know of any sensitive issues we should know about?	<i>None at this time.</i>
E. Business Outcome Measures and Evaluation		
1.	What business outcome measures will be affected or influenced by this project, what is their status now, and what are the improvement targets?	<i>Decrease current trend of privacy-related complaints to zero within four months.</i>
		<i>Zero legal action associated with privacy-related matters.</i>
		<i>Foster an image of compliance with the Privacy Act and HIPAA Privacy Rules.</i>
2.	Does client want evaluation results reported and if so, what and how? <ul style="list-style-type: none"> • Readiness and initial reaction • Follow-up evaluation (rapid verification of results or traditional evaluation and ROI) 	<i>Summary of initial reaction feedback of training program as we go through the early phases of training.</i>
		<i>Track patient complaints to determine if reduction hits target of zero in four months.</i>
		<i>ROI forecast or evaluation not necessary.</i>
3.	Other	

F. Project Specifics		
1.	Why did this need arise? (Summary of client request regarding knowledge, skill, and performance issues.)	<i>Privacy rights are granted to healthcare patients by the Privacy Act and HIPAA Privacy Rule. There is an increasing trend in complaints from patients and their families, which shows that most of our hospitals are violating these rights. Apparently our employees do not know enough about these privacy requirements. Our hospitals and clinics are also at legal risk due to these violations.</i>
2.	When did the need first arise?	<i>During first quarter noticed the increasing trend.</i>
3.	What other goals or initiatives is this request part of or aligned with?	<i>See response to F4.</i>
4.	What other solutions have been considered (development efforts, nontraining solutions) and were any pursued?	<i>Policies for handling, processing, and communicating patient information are being revamped. Computer systems are being updated to provide reminder flags and other protection that support compliance processing of patient information.</i>
5.	Has the work setting environment changed recently?	<i>No.</i>
6.	Who has budgeted for the project and how much is the budget?	<i>Fifty percent of program research and development cost of \$xxx,xxx charged to compliance cost center# 3660. Remaining 50 percent allocated to hospital operation centers based on number of full-time employees on payroll at each hospital location. Hospital operation centers charged for delivery cost and facilitator travel expenses. Estimate provided later.</i>
G. Implementation Requirements		
1.	Training required or voluntary?	<i>Required. It is mandatory. This is a repeat of a compliance program with urgent emphasis.</i>
2.	Client and target population implementation preferences and constraints.	<i>Tuesday through Thursday on site at each hospital location.</i>
3.	Project timelines and expected finish date.	<i>Unavailable at this time. Will report this with recommendations in two weeks.</i>
4.	What prior knowledge, prerequisites, or job title must population have in order to participate in training?	<i>None. If they are in the vicinity of patient information, they must attend the training.</i>

PART II. TRANSITION TO ASSESSMENT STRATEGY

Note: During the initial meeting or if necessary in a follow-up meeting, the training professional should seek client approval to pursue additional information from other sources as necessary (Steps 2 and 3 of the process). Look for the appropriate timing to open this conversation. Carefully weigh your choice of words. For example, saying “We need to do a needs assessment” could be misunderstood. The client may say, “We already know the need; why can’t we just get this done?” The client may even be correct. Determine what additional information you need and communicate why you need it. Focus your conversation on the compatibility of the solution with work processes and the client’s performance requirements.

With some clients and some situations, you may discuss the performance issues and communicate that there may be other “readiness” needs that should be assessed before proceeding with a solution. With other clients and situations, you may choose to communicate that additional information is needed to ensure that the performance solution addresses all pertinent requirements. Or additional information is needed to ensure that the training details are customized to be compatible with the work processes, or to verify that a state of readiness exists to achieve the desired performance.

The client is usually concerned that the data gathering will disrupt operations, take longer than necessary, probe into unnecessary areas, and perhaps even build an unmanageable program. The training professional must choose the words and approach that ease these concerns.

Action		Example from Big Sky Scenario
1.	Explain to client the need for follow-up discovery (Step 2 assessment and analysis).	<i>Need to determine what people are doing wrong and why they are not following the rules. Obtain details on the Privacy Rules in order to design the objectives and content for the training. Determine what else may be influencing the inadequate performance and how it can be corrected (such as work processes).</i>
2.	Communicate the purposes of the Step 2 assessment and analysis and gain client approval to proceed.	<p><i>A. Obtain details of Privacy Act and HIPAA Privacy Rules.</i></p> <p><i>B. Determine reasons why privacy rules are being violated.</i></p> <p><i>C. Identify typical failures in handling information and develop corrective action scenarios on how to do it right.</i></p> <p><i>D. Identify ineffective habits that are contributing to the mishandling of medical information.</i></p> <p><i>E. Identify ways to influence proper execution in the work setting.</i></p>
3.	Communicate to client the potential assessment strategy and plan to proceed and seek answers to any remaining questions.	<i>One-on-one interview with small sample of employees at nurse stations and clinics to develop the realistic scenarios and to identify ineffective habits that should be addressed. Interview staff experts on the Privacy Act and HIPAA Privacy Rules in order to scope the objectives and content for the training. Have proposal ready in two weeks.</i>
	a. Who are the job	<i>Records manager Stacy Hinkle, chief nurse Nick Pierre,</i>

	performance experts I can use as sources?	<i>and chief of psychiatric ward David Martinez.</i>
	b. Who are the top performers I can use as sources?	<i>To be determined by running a six-month bonus report and follow-on discussion by end of week.</i>
	c. Who are other people matching the purpose of the assessment that could be sources?	<i>Legal department and network of hospital industry experts.</i>
	d. Who is a contact person to schedule interviews or focus groups, coordination for questionnaire, and so on?	<i>Jason Hendrix, staff assistant.</i>
	e. Number of people in sample size.	<i>Ten nurses, six administrative assistants at clinics, and three staff experts in the HIPAA and Privacy Act Rules.</i>
	f. Length of time interviewees will be away from job.	<i>Nurses and administrative assistants, about 30 minutes each. Staff experts, about 3 hours each and about 2 hours for a follow-up meeting to review content ideas.</i>
	g. Timeline for discovery and reporting back to client.	<i>Two weeks.</i>
	h. Additional information.	<i>No vendor support.</i>
4.	Questions remaining unanswered.	<i>The completion dates when revised compliance policies and computer systems updates will be ready.</i>
5.	Other	
<p>Next Steps: Part I and Part II on the intake tool completes most of what is needed for the initial client meeting. Part III is for additional internal use.</p> <p>After the initial client meeting, enough information is available to identify the purpose of a follow-up assessment and analysis (Steps 2 and 3 of the process). Next, the sources and instruments should be identified based on the purpose of the needs assessment.</p> <p>Proceed with the detailed needs assessment and analysis based on the Six Signals line of questioning and the information gathered on the intake document.</p>		

PART III. KEY INFORMATION GATHERED DURING NEEDS ASSESSMENT	
<p>This section is usually completed after the needs assessment is finished. It is a quick reminder document on the major issues and components regarding the training program.</p> <p>DATE DOCUMENT REVISED: <i>May 29</i></p>	
Justification for the training.	<i>Necessary.</i>
Priority relative to other projects.	<i>Top priority. Essential because it is tied to patient rights compliance, legal liability, and public image.</i>
Outside supplier options identified.	<i>None required; internal project.</i>
Budget considerations.	<i>Fifty percent of program research and development cost of \$xxx,xxx charged to compliance cost center# 3660. Remaining 50 percent allocated to hospital operation centers.</i>
Special considerations.	<i>Timing of training schedule must match the revision of compliance policy and computer enhancements. Both to be completed and approved by June 15.</i>
Performance readiness issues.	<i>All supervisors at all locations reinforce elimination of old habits of staff leaving "in-work" privacy information unattended and in view of other parties. Group managers at each facility responsible for implementing this.</i>
Pre-engagement action.	<i>Review tool kit online prior to participating in instructor led session. Tool kit content is HIPAA and Privacy Act Rules on patient confidentiality.</i>
Transfer strategy.	<p><i>A. Group managers at each facility perform unannounced walk around observation and conduct spot audits during the first ninety days following the training roll-out.</i></p> <p><i>B. Group managers ask frequent questions about action items that were developed during training and recognize employees who are implementing their action plan to end ineffective habits.</i></p>
Client sponsorship of transfer strategy.	<p><i>A. Communication from hospital CEO to group managers and lead nurses at each facility to clarify their role and expectations and to suggest immediate actions to influence compliance.</i></p> <p><i>B. All group managers should have a compliance implementation goal immediately placed on their personal performance plan and tied to their overall performance rating.</i></p>
Barriers to success.	<i>Old habits of leaving in-work patient records exposed for view.</i>