Connect Care: Launch Package: Net New Users

LAUNCH 6

ROCKYVIEW GENERAL HOSPITAL

SOUTH HEALTH CAMPUS

AMH INPATIENT AND AMBULATORY

Resources for Prescribers: Challenging Workflows

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Launch Readiness Checklist

☐ After Basic Training, complete the End User Proficiency Assessment (EUPA) and confirm its acceptance.

☐ If you do not receive credit in MyLearningLink, complete a EUPA attestation.

☐ Access Connect Care production (PRD) through the Unified Access Portal (myapps.ahs.ca).

☐ Access from outside AHS networks requires use of a security fob or token.

☐ If you did not attend an instructor led Personalization Class: Complete your "virtual login lab" to confirm that you have access to the right tools in the right way. For instructions, refer to Tip: CMIO Login Lab.

☐ Install the Connect Care Mobile Apps and PowerMic Mobile for voice recognition.

☐ Complete independent personalization training if you haven't been able to attend an instructor led class (https://manual.connect-care.ca/Training/personalization-training).

☐ Log into workstations and set up local printing for those workstations you frequently use. (If possible do this before launch)

! Important Information - Monitor Your In Basket
- As soon as you gain access to PRD, you have an active "In Basket" and secure messaging presence within Connect Care (i.e. test results and communications will be sent there – https://manual.connect-care.ca/Communications/InBasket).

Additional Information and Supports
- **Refresh your training** via Independent Learning.

- Review the process for Cutover, the activity leading up to the Launch where key pieces of information about admitted patients are entered into Connect Care prior to Launch.

- Visit the Launch Support for Prescribers page in the Connect Care Manual (Connect Care Manual - Launch Supports (connect-care.ca) to learn about the supports that will be available before and at Launch, including virtual and site drop-in centers.

- Review the Connect Care Bytes Blog Launch 6 Countdown Checklist (checklist.connect-care.ca) summarizing helpful Launch preparation activities. Subscribe so each post is sent directly to your preferred email.

- For any issues, please email cmio.caz@ahs.ca for support.

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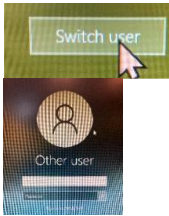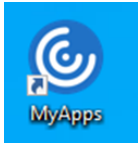
Generic Logins: Decommissioning and Accessing CC Environments

Currently, shared generic IDs are in use in sites that have not launched Connect Care (CC) yet. They are used to connect multiple workstations at the same time. Prior to launch of Connect Care, generic login IDs will be decommissioned.

Why is this happening? When shared generic IDs are used with Epic, "session stealing" occurs. What this means is that, when a second clinician logs in to a workstation using the shared generic ID, the first clinician is logged out and their Epic session is transferred to the second clinician; the second clinician then sees all the patient information the first clinician was working on and has all the first clinician's access permissions.

Once generic IDs are decommissioned, users will need to log in to all Windows computers using their own AHS username and password. *Users can start using their own AHS username and log in now* to access Connect Care applications including PLY (practice environment), PRD (live environment), and PRDSRO (read-only version for downtime), as well as SCM.

Step 1: Use your AHS username and password to log in to each workstation, giving you access to Connect Care applications, including PLY.	Step 2: Look for the following icons on your desktop. If unable to find/access, please call IT at 1-877-311-4300.	Step 3: Use the post-class email **or** use this QR code to access PLY Exercises and logins.	Step 4: In the Connect Care Clinician Manual, go to **Training & Readiness >> Basic Training >> Post Basic Training**. Scroll down to Section 2 for **Exercise Booklets** and Section 3 for **PLY logins** and resources.
	CC PLY OR MyApps		*Note*: Users also receive these resources in a post-class email.

For Frequent-Use Workstations:

➢ **Remember you can lock the workstation for quicker login next use**
How? → Simultaneously press the Windows ⊞ key and the "L" key.

For Shared Workstations:
➢ **Remember to log out of the computer when finished**
How? → 1) Click Windows icon in bottom left
    2) Click on your name
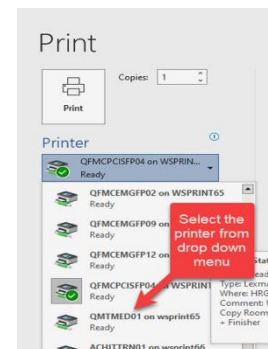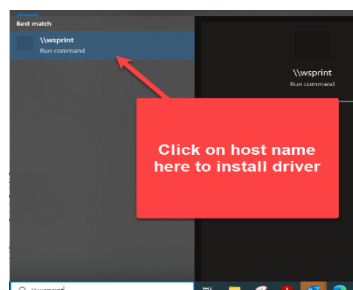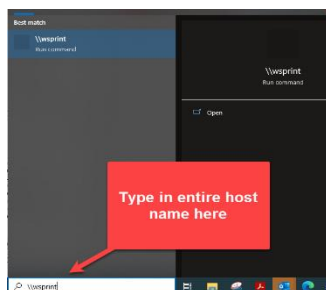   3) Click "Sign out"

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Printing Changes with Connect Care

Generic login IDs will be decommissioned 1 week prior to launch, and users will have to start using their own AHS usernames and passwords to log in to Windows. This will have impacts on what will print to what location.

- **What prints to patient location**: Inpatient/ED Prescriptions, Requisitions, Discharge AVS (After Visit Summary), Pick up Slips, printing from a navigator, ambulatory orders on an inpatient. See below if you wish to print to a local workstation.
  - *If patient is perioperative or HOD (Hospital Outpatient Department)*, it prints to workstation department printer.
- **What prints to local workstation printer**: Patient list, Chart review documents, etc. I.e., user must click a button to print.
- **How to find out where something from Connect Care printed**: In the patient chart in Connect Care, go to the far upper-right search bar, type "print", and go to "Printout Tracking".
- **How to print/reprint to the local workstation**: In the patient chart in Connect Care, go to the far upper-right search bar, type "My Print", go to "My Printouts", select the item to print, click "Print Again", and select the local printer in the printer dialogue box.

You will need to choose/map a printer the first time you log in to a workstation, or if the patient location and/or workstation location is not mapped to a specific printer. Users will also have to map a printer for any printing outside of Connect Care (e.g., from Insite, a PDF, website), starting 1 week prior to launch. Use the below steps to map a local printer. Local printer names are found on stickers on the printers, and they begin with \\WSPRINT → **enter all characters of the printer name**.

Step 1	Step 2	Step 3
In your Windows search bar, enter the _entire_ name of the printer (located on the printer) _starting_ with **\\WSPRINT**	Click on the verified entered printer name, with printer symbol to install driver	Go to the document you wish to print and select the correct printer from the dropdown menu

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Patient Transfers

Keynote: Use the **Interfacility Transfer** (IFT) Navigator **for all** patient transfers that are moving from one AHS facility to another AHS facility: **Discharge tab>Interfacility Transfer tab**

Keynote: Do not use the 'Transfer' tab when sending a patient to another AHS facility

IFT - Connect Care site to Connect Care site:

If the Sending and Receiving Sites _are_ using Connect Care:
   ➢ **Discharge tab>Interfacility Transfer Orders (Connect Care)**
Note: All Calgary sites are using Connect Care

Tip: Complete Med Rec Status _before_ completing IFT orders

Med Rec Status: Check to ensure that Order Reconciliation has been completed:

IFT Orders: Complete each section
   • Complete the order for **Discharge >Transfer 'to another acute care facility'**
   • **Review Current Orders** – provide direction for each of the current orders. Note: the bulk order buttons are available for mark Unreconciled orders as continue or discontinue

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- **Reconcile Home Medications** – Review home meds and make any changes that are needed for current inpatient medications.
  Keynote: Review all orders in shopping cart to ensure there are no duplication orders
- **Order Sets** – Add any 'additional orders or order sets' [purple] in this section if needed
- **Phase of care:** Click on Phase of Care (above order box) and ensure "sign" is clicked for Discharge order (do not leave as Sign & Hold). All other orders are in Sign & Hold phase of care.
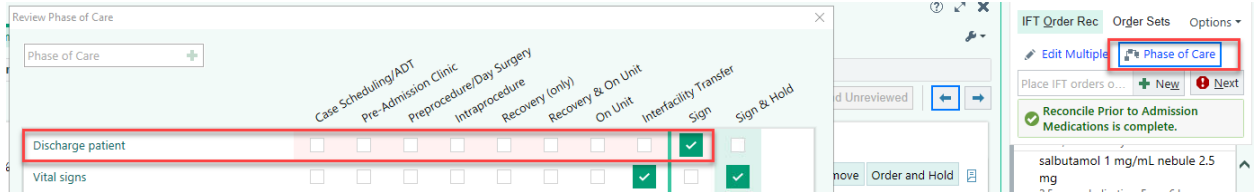
- Review orders in shopping cart > **Click on**

Keynote: All patient transfers (except to South Zone and some LTC sites) are all CC to CC IFTs (Interfacility Transfers)

IFT - Connect Care site to Non Connect Care site:

If the Sending Site is using Connect and Receiving Site is not using Connect Care:
  ➤ **Discharge tab>Interfacility Transfer Orders (Non Connect Care)**

Note: South Zone and some LTC sites are not using Connect Care. To determine if a site is live on Connect Care, click this link and search by site name or other keyword. If a site has not launched on Connect Care, it will not appear on the list.
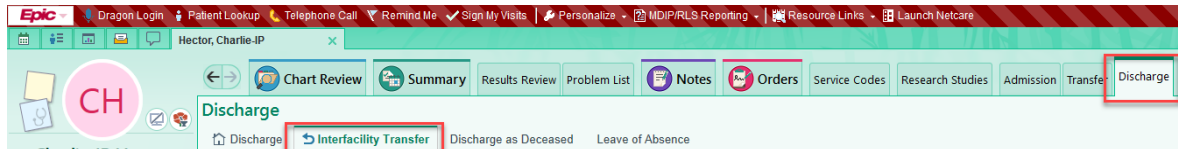
Keynote: IFT Orders Note must be completed for each patient transferring to a Non Connect Care site
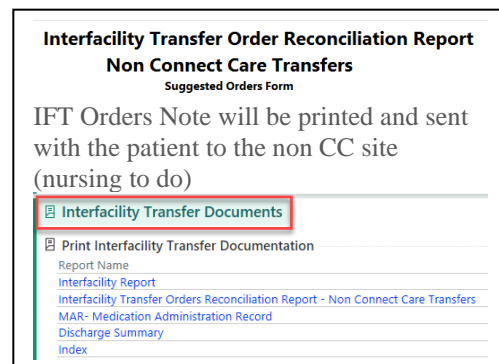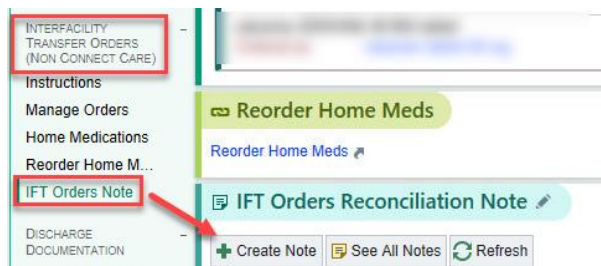
Patient Consults & Referrals

Outpatient Referrals: In Connect Care, these are called **"Referrals"** and are either 'internal' or 'outgoing'.
Internal vs Outgoing Referrals:
➤ Outpatient services that **are using** Connect Care are "**Internal**" referral resources.

Ambulatory Referral to Physical Therapy	✔ Accept	✖ Cancel
Class: Internal Ref 🔍 **Internal Referral (To Connect Care Department)** Outgoing Referral (To Non Connect Care Provider/Location)		
Process Inst.: ✏ Internal referrals WILL be sent electronically ⬅		

➤ Outpatient services that **are not** using Connect Care are "**Outgoing**" referral resources.

Ambulatory Referral to Physical Therapy	✔ Accept	✖ Cancel
Class: Outgoing R 🔍 Internal Referral (To Connect Care Department) **Outgoing Referral (To Non Connect Care Provider/Location)**		
Process Inst.: ✏ Outgoing referrals will NOT be sent electronically. A fax request to accompany this order is required. F1 for Help ⬅		

==Keynote:== Ensure that the correct option, internal or outgoing, is selected as this will determine the receiving site/service options in the Ambulatory Referral.

Outpatient Referral Resources:
- Outpatient Referral Request**:** tms-cmio-AHS_CC_TIP_Referral-Request.pdf (albertahealthservices.ca)
- Outgoing Referrals – Quick Start Guide: Outgoing Referrals Quick Start Guide (albertahealthservices.ca)
- Managing Private Practice Referrals: https://insite.albertahealthservices.ca/Main/assets/cistr/tms-cis-tr-clinic-referrals-useroutgoing-referrals.pdf

==Keynote:== Inpatients requiring an Ambulatory Referral (e.g.: service to be completed after the patient is discharged) must be placed via the **Orders tab>External>+New Order>Ambulatory Referral**
- Outgoing Referral Requests from an Inpatient Context: tms-cmio-AHS_CC_TIP_Referral-Inpatient.pdf (albertahealthservices.ca)
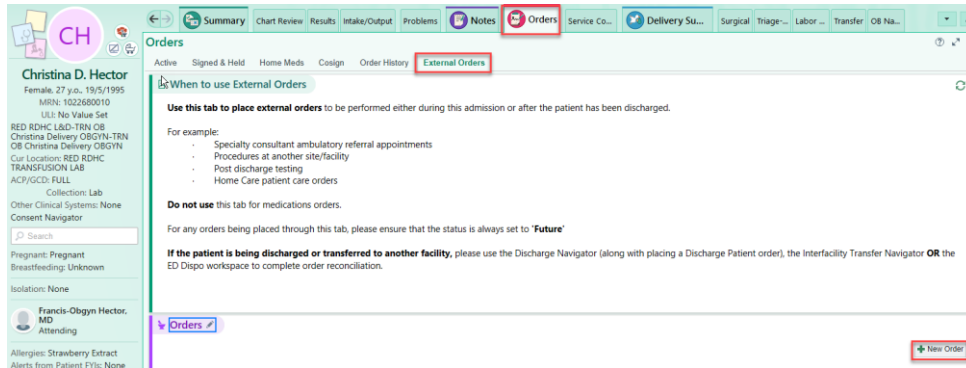
Inpatient Consults: In Connect Care, these are called "**Consults**".
Inpatient Consult Resources:
- Inpatient Consults Orders**:** tms-cmio-AHS_CC_TIP_Consult-Request.pdf (albertahealthservices.ca)
- Video demo for Inpatient Consult Orders: Workflow QuickStep - Inpatient Consult Order - Connect_Care Demonstrations (ahsnet.ca)

Additional Resources:
Referral & Consultation FAQs: AHS_CC_FAQ_Referral-Consult.pdf (albertahealthservices.ca)
Referral & Consult Personalization: Personalization - Referral & Consultation - Connect Care Demonstrations (ahsnet.ca)

Isolation Workflows

Inpatient & Emergency: Tip: Isolation Precautions - Inpatient and Emergency (albertahealthservices.ca)
Outpatient: Tip: Isolation Precautions - Ambulatory (albertahealthservices.ca)

NEW Patient List Overview Report – IPC_Overview

Personalization > Infection/Isolation column to add to Patient List

There is a new Patient List overview report to provide information regarding isolation and Infection Control. There is also an available patient list column for Infection/Isolation.

How to use:

1. On the patient list activity, there are default reports (teal highlight) are available to view without having to open the patient's chart.
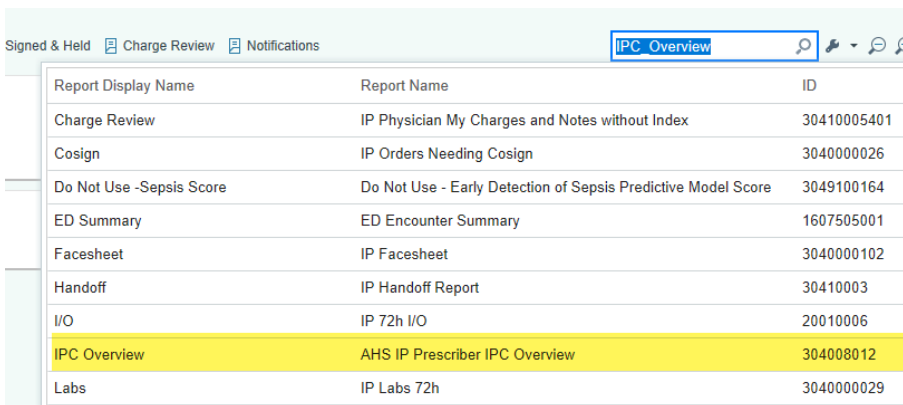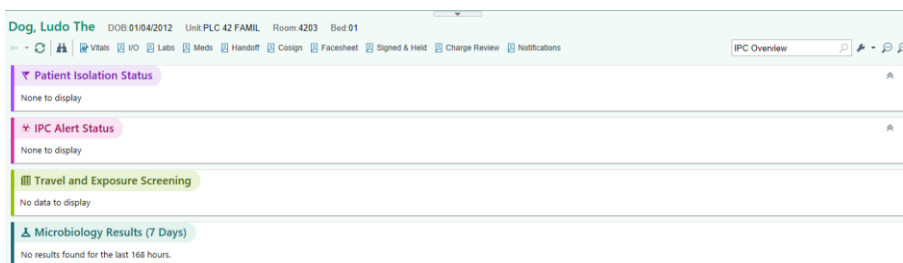
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2. The new IPC_Overview report is not currently a defaulted option. If you wish to view the report and/or add it as a default, search IPC Overview in the search window (purple highlight).
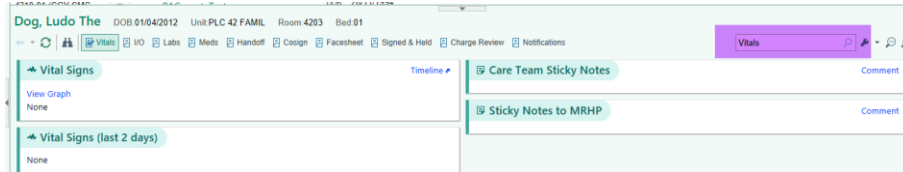
3. The search window will open, and you will need to choose the IPC Overview option (yellow highlight).
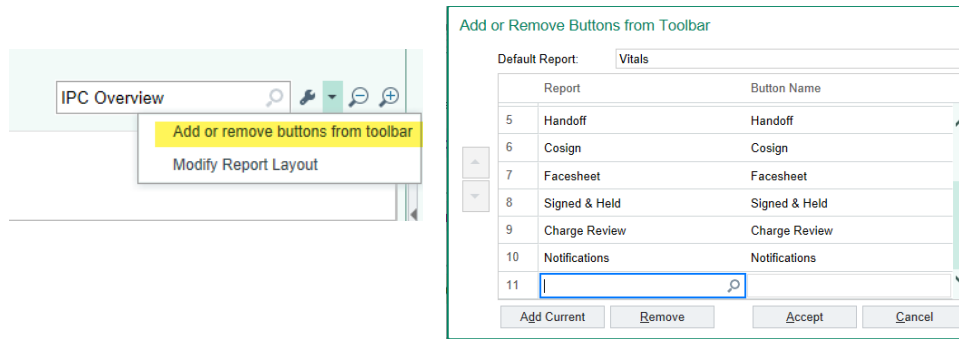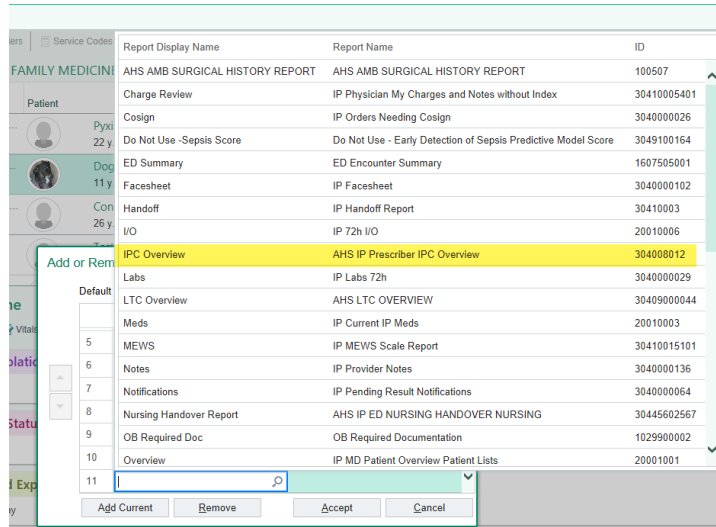

4. The report will open under the patient list.

5. In order to default the report, it will need to be "wrenched in". Choose the "Add or remove buttons from toolbar" option.
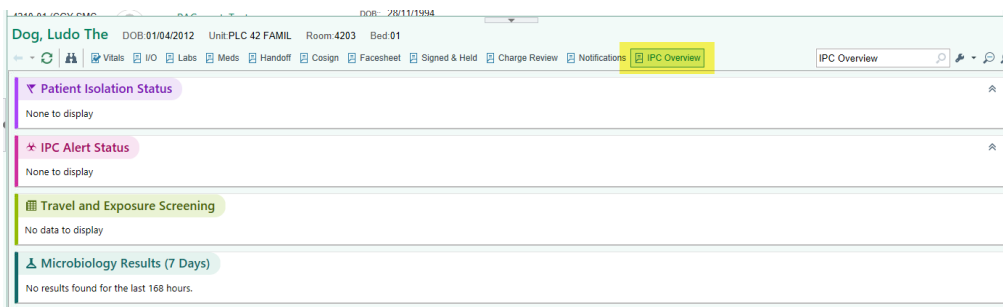
6. Click on the magnifying glass in the open text field. This will allow you to search for the IPC Overview report. Once found, click on the IPC Overview report and then accept.

7. Now the IPC Overview report will be defaulted in the toolbar.

8. An example of the IPC Overview report populated.

9. Option to add a patient list column for Infection/Isolation
   a. 1st step – right click on My Patients header (in My Lists section) and choose Properties.
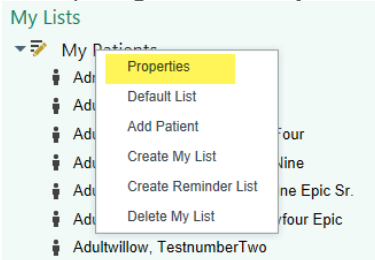
   b. In the properties window, you can search for the column using the term "IPC".
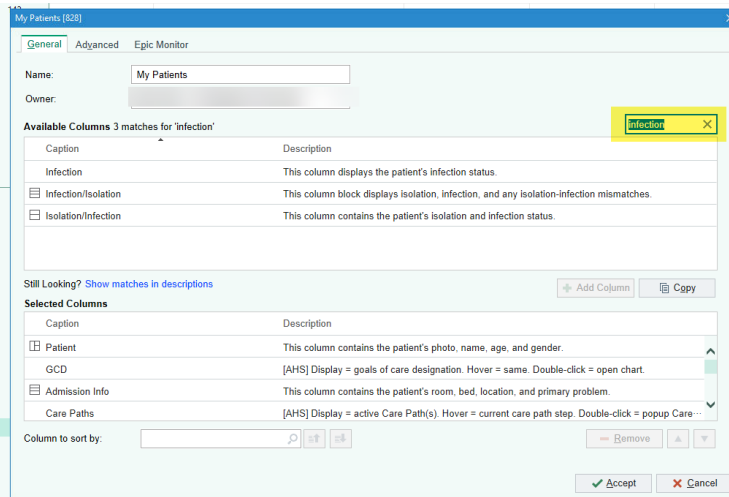
10. In order to see both the infection and isolation status, the best column to choose is the "IPC Alert/Isolation (ID#1900000007)" option.

11. Click on the column you wish to add, and the "Add Column" button becomes active.

12. Once you click on the Add Column button, the chosen column will populate the bottom window "Selected Columns" and will be at the bottom of the list. You can choose to move it to a different location in the sequence by using the "up/down" arrows. The arrows will become active when you choose a column to move.

13. In the screenshot below, you can see the Isolation and IPC alert columns have been added.

Patient Results Routing

Where are Results Routed? The general rule is that Results are routed to the context in which they were ordered.

- Results ordered in Connect Care are resulted internally (In Basket & Chart Review).
- Results ordered in External (non-Connect Care) contexts <u>always</u> route to the system where order was placed.
    - Results routing options to external contexts: 1. Facsimile (fax) 2. Mail 3. eDelivery
    - Mixed context prescribers (using CC and non-CC clinical systems) indicate a preferred delivery method from the above options.
    - Note: Only one method is supported for routing to an external system.
    - Which delivery methods (Chart Review, In Basket, Mail, Fax, and/or eDelivery) are used to route Results depend upon a mix of context, location configuration, and system capabilities.

<mark>Keynote:</mark> Inpatients being Discharged that have outstanding labs/tests not yet resulted: These results will route to the Discharging Provider (not the Ordering Provider)

Result Management Resources:
Links below can be found in the Connect Care Manual>Results Management

Results Routing: Connect Care manual: Connect Care Manual - Results Management (connectcare.ca)
Results routing for Providers working at Different Sites: AHS_CC_FAQ_Results-Routing-Multisite_brochure_2.pdf - Google Drive

Results Routing for Mixed Context Providers:
https://publicshare.albertahealthservices.ca/Main/assets/cmio/AHS_CC_FAQ_Results-Routing-Mixed-Context_CMIO.pdf
Community Providers Results Routing: Delivery of Results to Community-based Providers from Connect Care | Alberta Health Services
Result Management Toolkit: Toolkit: Results Management (albertahealthservices.ca)
Prescriber Set Up/Termination Requests: Forms to Request eDelivery | Alberta Health Services

Ambulatory Scheduled Patient Telephone Encounters/Check In

<mark>Keynote:</mark> **All patients who are <u>scheduled in CC</u> (e.g.: Appear on the Schedule tab) that are Telephone Encounters <u>must be 'Checked In'</u> by the Prescriber [or someone on behalf of the Prescriber]. Prescribers <u>do not</u> have to 'Check Out' the patient.**

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Therapy Plans

Therapy plans help organize the delivery of tests and therapies across multiple encounters for a specific health condition. Plans and protocols, like templates, express best practice and cannot be favorited.

Therapy Plan Quick Start Guide: Microsoft Word - Therapy Plans Generic (albertahealthservices.ca)

Therapy Plan Videos: Orders Conversion Therapy Plans Demo - Connect Care Demonstrations (ahsnet.ca)

Addiction and Mental Health: Neuromodulation:

Electroconvulsive Therapy (ECT), ketamine infusions, and Repetitive Transcranial Magnetic Stimulation (rTMS) are ordered through a Therapy Plan.
- Guide: ECT Therapy Plans and Documentation

Managing Orders for Admitted Patients on Hemodialysis

Where Medications Will Be Ordered?

Keynote: **To avoid duplicative orders that may lead to patient safety concerns**, medications for admitted patients on hemodialysis must be ordered as per below:

Location:	Medications:
Inpatient Orders	Supportive Medications (e.g. dimenhydrinate, diphenhydramine)
	Chronic medications scheduled in dialysis (e.g. IV calcitriol or IV levocarnitine) **except** anemia management medications
	Parenteral antibiotics

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Hemodialysis Therapy Plan	Anemia management medications (parenteral iron, epoetin and darbepoetin)
	Intradialytic anticoagulation (e.g. tinzaparin and heparin)

! What You Need to Do

➢ Place a consult order to Nephrology

➢ Be aware that the dialysis treatment prescription, anemia and intradialytic medications are already included in the **Hemodialysis Therapy Plan**

➢ **Do not re-order** any medications that are already listed under intradialytic anemia management and anticoagulation within **Hemodialysis Therapy Plan**

➢ Hemodialysis treatment prescriptions as well as all related intradialytic medications are ordered via the **Hemodialysis Therapy Plan**

➢ When the patient is admitted to a hospital, the Hemodialysis Therapy Plan is automatically placed **On Hold,** providing the opportunity for the Nephrology team to make adjustments to orders

- All CC users can see a yellow banner on the Storyboard that the patient has an active Therapy Plan
- To see further details, the user can click on the yellow banner

➢ Orders for any PRN meds such as dimenhydrinate or diphenhydramine or regular scheduled medications given during dialysis such as IV calcitriol should be placed in the **Admission encounter**

➢ To ensure these meds appear on both inpatient medication list (as held) and on the discharge med rec it is recommended to 'Order & Hold' these meds during home medication reconciliation process:

➢ For medications that need to be given only during dialysis OR both as an inpatient and during dialysis (e.g. antibiotics):
   - Do <u>not</u> use any dialysis frequencies (e.g. in dialysis) to order medications and instead use the frequency at which they should be administered (e.g. daily, 3 times per week)
   - When applicable, include the following in administration instructions: "*On dialysis days, give dose after dialysis*"

➢ Request Nephrologist to order blood transfusion as per the details in the Blood transfusions and hemodialysis Quick Start Guide

Resources:

Hemodialysis Tipsheet: tms-cis-tr-CMIO-IP-Physician-Hemodialysis-Tipsheet.pdf
(albertahealthservices.ca)

Quick Start Guide: Blood transfusions and hemodialysis Quick Start Guide

Professional Billing in Connect Care

Billing in Connect Care
In getting ready to launch, you have likely heard that Connect Care can do physician billing. Below is an outline of the billing options.

Option 1: No Change. Keep providing billing as per usual which can include printing patient lists in Connect Care.

Option 2: Enter billing into Connect Care through Service Code Capture (SCC). Billing can be entered into the clinical module in Connect Care, primarily in the tab called Service Codes. This billing will continue to be submitted for payment by your current billing submitter. Watch the short video linked here to learn more about using Service Code Capture.
To find out what billing submitters have the functionality to receive billing extracts from Connect Care or to opt in to have your billing sent from Connect Care to your billing submitter, visit the Professional Billing page on the AHS external website here.

Option 3: Enter billing into Connect Care through Service Code Capture and submit billing for payment through Resolute. Resolute is Connect Care's Professional Billing Module. Billing through Resolute is currently focused on AMHSP's, ARP's and unique historical agreements with AHS.
UCMG Physicians. UCMG currently bills through Healthquest. AHS has been working with UCMG leadership to ensure billing for their members continues to work smoothly when Connect Care is implemented in Calgary Zone.
- Starting Launch 4, all UCMG physicians were setup for sFTP meaning that any billing they enter into Connect Care would flow to Healthquest in the secure nightly electronic feed. This was setup for all UCMG members even though not all members had Connect Care access at that time. This is active for Launch 6 physicians at Connect Care sites.
- It is optional for UCMG members to enter billing into Connect Care. Even if they have Connect Care, UCMG members can still enter and submit billing as per usual.
- Privacy will not be compromised as billing through Connect Care and Healthquest will remain confidential. AHS will not be able to view assessed claims.

Additional Links: Manual: Professional Billing	Provincial Professional Billing Office
Manual: Charge Capture	Manual: Internal Claims Management
Manual: External Claims Management	Insite: Nurse Practitioner Professional Billing

Provincial Speech Recognition – Dragon Medical One (DMO)

Training Options for Dragon Medical One (DMO)

Independent Learning:

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PSR: Provincial Speech Recognition (PSR) | Insite (albertahealthservices.ca)
Basic Dragon One Medical Video Demonstration:
https://ahamms01.https.internapcdn.net/ahamms01/Content/InSite_Videos/HIM/tms-him-psr-basic-dmo-demonstration.mp4
Advanced Dragon One Medical Video Demonstration:
https://ahamms01.https.internapcdn.net/ahamms01/Content/InSite_Videos/HIM/tms-him-psr-advanced-dmo-demonstration.mp4
Connect Care Manual: Connect Care Manual (connect-care.ca)
Connect Care Learning Home Dashboard: 'Bar graph' tab once logged into Connect Care

What Microphone Options Are Available?
PowerMic Mobile (PMM) is the tool to use!
1. PMM is an iOS and android app that turns your device into a dictation microphone.
2. Downloading PMM to an AHS or personal mobile device is done through Workspace ONE.
3. Mobile Wireless Devices and Service Policies: https://extranet.ahsnet.ca/teams/policydocuments/1/clp-cell-phones-other-mobile-devices-1160-policy.pdf
➢ If you are already have your own USB microphone, earbuds or headset, those are DMO friendly.
➢ USB microphones are not a standard offering at AHS. Microphone peripherals are the responsibility of the user to purchase as bring your own device (BYOD).
➢ DMO Microphone Compatible Devices: One Pager Template (albertahealthservices.ca)

Transfusion Medicine - Blood

Although there are many transfusion medicine related resources available in the Connect Care Blood Administration Guide on the Learning Home Dashboard as well as in Knowledge Library and Training Course materials, this is a quick reference of correct processes that were found to be areas of concern with previous launches.

Transfusion Testing and Component/Product requests
A current Type and Screen is required to access crossmatched red blood cells.

There are three parts to a routine order for red cells.
1) Type and Screen = serologic testing which includes three elements when complete (ABO/Rh blood group, the antibody screen and the type and screen expiry date).
2) Prepare order = communicates to transfusion medicine the details of the components/ products needed.
3) Transfuse order = administration order.

• Transfuse emergent orders – are intended for the documentation of the administration of transfusion and will not generate an order in Transfusion Medicine. All Transfuse emergent orders must be accompanied by a phone call to replace the prepare order. The attestation workflow will be required if the request is for uncrossmatched blood.

• Platelets, plasma, and plasma protein products / derivatives do not require type and screens (i.e.: no TSIN band required) to be collected but do need to have an ABO Rh on file for that patient.

Platelets and plasma – complete a Prepare and Transfuse Order and release the order from the Blood Administration workflow.

Plasma Protein products / Derivatives – complete a Prepare order and release the order from the Worklist tab.

Consistent with historical practice, a wristband with a transfusion service identification number (TSIN) **must** be placed on the patient at the time of collection. The TSIN form is not replaced by Connect Care orders.

When collecting a Type and Screen, three labels will print. Place one on the TSIN form in the collection record section and place the additional specimen labels on the TSIN tube labels and apply to the specimen tubes (two tubes recommended). Each tube requires the TSIN number.
The collection process requires a two-step identification of the patient.
• In fully launched sites, the Rover device scanning of the patient ID barcode can be used as one identifier for positive patient ID if the labels are printed at bedside, the collector identification must also be recorded.
• If Rover is not used, the person identifying the patient must be different than the person collecting the sample. 2 different names or identification numbers are required on the TSIN card. Checking the Patient Self check box indicates the person has identified themselves verbally.

The completed TSIN form must be submitted to the Transfusion Medicine lab with the specimen. If specimen labelling or the TSIN form documentation is incomplete or incorrect, it will be automatically rejected and will require recollection – no exceptions.

2) Patient Transfers

If your patient has been transferred to another location from or to another Connect Care live site, double check to see whether there is an in-date Type and Screen with the same associated information as the patient identification armband and TSIN band. A new Type and Screen does not need to be collected if the information matches. Call the Transfusion Medicine laboratory if there is uncertainty before removal of the TSIN band and recollection.

3) Communicating with Transfusion Medicine

The WellSky system used by Transfusion Medicine does not allow for searching of patients using their EPIC preferred name. For requests or queries, the legal name, pMRN or ULI of the patient must be provided.

4) Transfusion Tags

All completed Transfusion tags must be retained following administration.
- If there is no transfusion reaction, remove the Transfusion Tag from the component / product /derivative and affix to the Transfusion Tag Mounting record.
- This record must be document scanned into the patient's chart using the Media Manager under "Blood Administration Tags".
- If there is a transfusion reaction, the tag should be left on the bag or box and returned to Transfusion Medicine, with the remaining products, the printed Blood Flowsheet and transfusion reaction specimen.

5) Blood Bank "forms"

If the ordering of blood components / products or derivatives is occurring within the Connect Care system, the completion and submission of historical Central Zone, Edmonton Zone or Calgary Zone request forms for plasma, IVIG or prothrombin complex concentrate are not required.

Alberta Health Services
Connect Care