



Connect Care

Chief Medical Information Office

Launch Guide for Medical Leadership

Calgary Zone Wave 4

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Contents

Contents	1
Introduction.....	3
Connect Care.....	3
Chief Medical Information Office.....	3
CMIO Roles	3
Before Launch	4
Virtual Office Hours	4
Readiness Playbook	4
Readiness Events	5
Implementation Streams	5
Provider Teams.....	5
User Group Work Packages.....	6
Readiness Survey	6
Workload Adjustment	6
Training Readiness and Delivery	7
CMIO Training Roles	7
Area Trainers.....	8
Super Users	8
Physician Training Program.....	9
Mobility and Dictation	12
From Sunrise Clinical Manager (SCM) to Connect Care	12
Training for Non-AHS Medical Office Assistants	13
At Launch	13
Command Structure and Escalation and Resolution Pathway.....	13
Internal communication	13
Norms	14
Communication Norms	14
Documentation Norms	14
Minimum Use Norms	14
Clinical Ordering Norms.....	15
Clinician Information Sharing Compact.....	15
MyAHS Connect and Connect Care Provider Portal	15
Post Launch	16
Downtime and Recovery	16

Sustainability Plan..... 16

Additional Information & Resources..... 16

Appendix 18

Appendix A: Wave 3 Physician Timeline 19

Appendix B: Readiness Events 19

Launch Readiness Assessments (LRAs)..... 19

Workflow Walkthrough (WFWT) 20

Patient Movement Readiness (PMR)..... 20

Shadow Charting..... 20

Workflow Dress Rehearsal (WDR) 21

Readiness Checkpoints..... 21

Post Launch Visits (PLVs) 22

Introduction

The Launch Guide for Medical Leadership is a resource to support Medical Leaders in preparing their departments and peers for the implementation of Connect Care, the Clinical Information System (CIS) that is being implemented province-wide. The document assumes that the Medical Leaders have been briefed by their Zonal Associate Chief Medical Information Officer on Connect Care and possess a basic knowledge of the initiative, its given impacts and governance.

Please note that this is a working document and will continue to evolve as each Wave launches and new learnings and information are incorporated.

Connect Care

Connect Care is the bridge between information, healthcare teams, patients—and the future. The foundation of Connect Care is a common CIS that will allow healthcare providers a central access point to patient information, common clinical standards and best healthcare practices.

Connect Care is being implemented in multiple phases, called “waves” to minimize disruptions for patients and healthcare providers. For complete details, refer to the [Wave 1-9 Implementation Timeline](#). More information can also be found on the [Connect Care Insite page](#). Note that some types of information related to Connect Care, and in particular anything with screenshots of the software do need to remain secured on internal Alberta Health Services (AHS) websites. AHS Web sites require your AHS username and password (i.e. your “Active Directory Account”) to access.



Chief Medical Information Office

The Chief Medical Information Officer ([CMIO](#)) and the CMIO office provide leadership, coordination and facilitation of clinical informatics initiatives for AHS including a key role in the Connect Care initiative. The CMIO represents the interests of physicians and prescribing providers throughout the Connect Care initiative. The office provides leadership in designing the CIS and in supporting physicians through engagement, readiness and training activities throughout the Connect Care journey.

Each Zone has an Associate Chief Medical Information Office (ACMIO) responsible for Connect Care communication, readiness and engagement for prescribers in that zone. The team includes the ACMIO, Medical Informatics Leads (MILs), a Clinical Informatics Lead and Medical Informatics Educational Lead (MIEL).

CMIO Roles

Associate Chief Medical Information Officer (ACMIO)

The ACMIO rallies zone medical communities to facilitate the integration and update of CISs into everyday medical practice, and to support the provision of patient-centered and evidence-based care. The ACMIO leads and promotes the Connect Care vision among front line physicians across the care continuum while retaining awareness of existing zone imperatives. Acting as a physician-champion for medical informatics, the ACMIO

builds a network of committed and motivated medical informatics leads through engagement, collaboration and support. They promote effective change management processes, understand how to incorporate information technologies into practice, and help set priorities for informatics initiatives within their respective zones. The CMIO office funds several other types of physician roles that have been key to Connect Care success.

Medical Informatics Leads (MILs)

Support engagement, adoption and readiness activities by program or geography. In zones with well-defined departmental structures the MIL will often represent a particular clinical department, but in some geographies the MILs function more across disciplines. MILs work closely with Area Councils, Medical Affairs, and physicians at the zone, program and site levels.

Physician Design Leads

Five physician Design Leads serve Connect Care broadly throughout design, testing and implementation, with a primary reporting relationship to the CMIO. Physician Design Leads advocate effectively for strategic transformation, anticipate impacts on stakeholders, identify issues, and help resolve problems.

Physician Builders

Physicians Builders have completed certification in the Epic Physician Builder program and work closely with configuration and design analysts. They are well connected with frontline Communities of Practice and work with colleagues to advocate for meaningful data capture and point-of-care decision support.

- The Wave 4 Calgary Zone ACMIO team members can be found on the [Calgary Zone website](#)

Before Launch

Typically the Connect Care team starts activity for any particular implementation Wave about one year before the launch date. From the physician point of view, at the beginning, all we expect is a general awareness amongst your staff that this Connect Care is coming. At about the six month out time frame, there will be an emphasis on identifying physicians who will be more heavily involved in the training activities and as Super Users, as well as scheduling of training.

Once we are close to Launch, a set of readiness events and implementation activities are scheduled to help teams prepare for Connect Care.

- The Wave 4 Physician Readiness Timeline can be found in Appendix A at the end of this document. The timeline highlights key milestones, training dates and readiness events. We highly encourage you to work closely with your operational dyad partner to keep closely aligned through this process.

Virtual Office Hours

To help you prepare for Connect Care the ACMIO team organized monthly Virtual Office Hours (VOH) for physician leaders. These Virtual Office Hours will help you understand the different topics mentioned in this documents as well as tasks that are required. It offers the opportunity for asking questions and discussing important topics. Note that these Virtual Office Hours for physicians differ from the Virtual Office Hours for operational managers.

- The Wave 4 Virtual Office Hours for physicians take place monthly on Tuesday 12.15 pm. For more information please contact cmio.caz@ahs.ca

Readiness Playbook

The Readiness Playbook guides operational leaders, including your operational dyad, in preparing for launch. The whole process starts one year before launch and for your operational counterparts involves working

through a sequence of Playbook Chapters, each with a very detailed series of tasks and milestones that they must complete. The Playbook also contains information that is relevant for physicians, cued with a physician icon. To simplify and highlight key items for physician leaders, each of the chapters will be complemented with a physician summary that contains relevant information for physicians in one place. Tasks within the Readiness Playbook are organized into Work Packages, some of which require physician input. If this is the case it will be identified in a Physician Checklist that will accompany the summary. It is encouraged that medical leaders team up with their operational leader dyads to learn more about the Playbook, and to help best focus the required physician input.

- Wave 4 Playbook summaries can be found on the [Calgary Zone Website](#)
- Wave 4 Playbook chapters are also available on the [website](#)

Readiness Events

An important part of the Connect Care readiness strategy includes the planning and execution of readiness events. The goal of these events is to prepare end users to be confident and successful during launch periods. They will explain both simple and complex workflows for providers, then teach users how to work within the Connect Care environment helping users to be successful and confident in their work during launch periods. An overview of the readiness events can be found in Appendix B. The readiness events will be discussed during Virtual Office Hours including recommendations for physician attendance

Implementation Streams

The Implementation streams include the activities and structures required to support a successful launch. There are 6 Implementation Streams:

- Scheduled Events and Event Order Conversion – conversion of existing appointments, cases, referrals and wait lists into Connect Care
- Command Structure – the leadership structures required to support rapid and efficient issue escalation and resolution during the Connect Care launch period
- Manual Clinical Data Conversion – targeted manual entry of key health information from existing charts into Connect Care
- Cutover – moving data from active patients in the hospitals into the system, and turning on Connect Care
- Research Conversion – converting research studies into Connect Care
- Manual Clinical Orders Conversion - manually entering patient orders [e.g. standing IV orders] from paper or other CISs into Connect Care

Medical Leaders will be consulted for each of these activities and will have varied degrees of participation. For details on each of these activities, visit the following [infographic](#) on Insite.

Provider Teams

Within Connect Care, a Provider Team is a team of providers who work together to provide care for a designated group of patients. Sometimes these are known as a clinical “service”. Provider Teams are being used to create patient lists, which will allow members the ability to assign and manage patients assigned to the team.

As each Connect Care wave proceeds, each site across the province will need to ensure that Provider Teams are built out properly. Sites will vary in their needs. For example, smaller sites may want to create Provider Teams that will separate inpatients from long term care patients. Larger sites may want to create multiple Provider Teams based on the specialty departments that are located within the facility. Many sites, (e.g. sites

in Calgary using Allscripts Sunrise Clinical Manager) may already have built lists that are in use in a local Clinical Information System.

Examples of possible Provider Teams:

- Cardiology – Heart Failure
- Cardiology – Inpatient
- Peds – Hospital Medicine Team Purple, Team Green
- Peds Ophthalmology
- GIM – Team A
- Anesthesia – Acute Pain Service (APS)

Who is impacted?

- Inpatient Unit Clerks, Nursing, and Prescribers.

Why is this important?

- Provider Teams are a critical tool to manage patients in inpatient contexts.
- Align with current state care teams
- Used as part of the rounding process

User Group Work Packages

For each Wave, a committee structure called the User Group Forum will release work packages that need to be actioned by operational and medical leaders. The work packages fall into the following four categories; High Risk High Volume, Wave Readiness, Specialty and Interim State. The ACMIO teams will have physician-focused change management plans that align to these categories. These plans will include creating one pagers or leverage existing resources, recommending the target physician audience (i.e. Super Users, End Users, Medical Leadership, etc.) and denoting the optimal channels to disseminate the information.

Readiness Survey

Medical Leaders will be surveyed to help identify areas where custom supports can be developed to help ensure that physicians are ready for the launch of Connect Care at the sites where they work. This is a key point of the engagement process and is required as part of the overall oversight of Connect Care by Alberta Health and the Auditor General.

Two surveys will be circulated:

1. Survey 1 (Baseline), around 10 months prior to launch
2. Survey 2 (Readiness Assessment), around 2 months prior to launch

Workload Adjustment

The implementation of Connect Care requires a huge effort and the system takes time to learn. Best practice is to decrease scheduled appointments, surgical volume and have a zonal effort to generally divert non-urgent cases from a site until the launch is stable. In some specialty areas, such as Critical Care, Site-based specialty surgery, Labour and Delivery etc. diverting patients may not be feasible. The alternative is to add extra support staff. As such, the degree to which physician clinical productivity decreases at the time of Connect Care launch can be managed. A number of strategies can maximize physician productivity, clinical service resilience and capacity for change. Below are some workload management strategies that might be implemented prior to launch depending on particular needs.

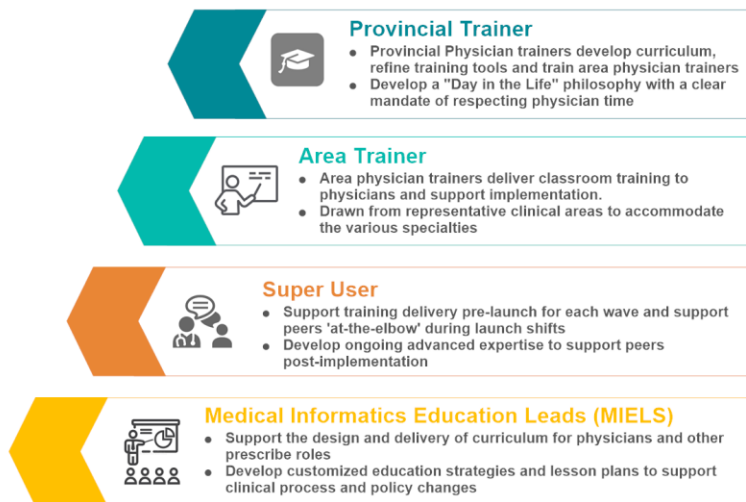
1. Reducing competing commitments, avoiding any meetings, initiatives, or activities demanding extraordinary physician attention during the weeks immediately before and after launch.
2. We know that successful training and personalization, in particular, are key success factors relating to patient satisfaction and productivity. The more attention that is paid to these activities the better physicians can regain any productivity dip that occurs during the immediate launch period.
4. High volume clinics, especially procedural clinics like cast clinic, or hand clinics require special attention. It is important to understand how interdisciplinary workflows might change, and the role of privately hired (i.e. non-AHS) Medical Office Assistants in facilitating work. Involving Super Users early and proper workflow analysis will be important to maintain high-volume clinic workflow.
5. Adjusting physician availability for clinics, procedures, consultations and other professional services can increase capacity at launch with physician/patient ratios, on-call or backup physicians, trainee availability protection, and avoiding team handovers at launch.
6. Maximizing physician supports so that well-prepared medical support staff, Super Users, Power Users, and informatics leads are deployed and organized optimally.
7. Adjusting service loads which may not be possible for clinical areas that have little control over incoming case-loads. Some redistribution of emergency loads within the zone may be possible, as well as adjustments to the number or type of scheduled clinic appointments, adjustments to the length of clinics, scheduling additional clinics, or re-distributing complex encounters.

Clinical service delivery varies widely between group and we have found it impossible to come up with guidelines that work in all circumstances. Physician Leaders are highly encouraged to work with their dyad partner, and liaise with other leaders who have gone through the process to discuss the best approach. Each clinical service area should consider how the launch of Connect Care might uniquely affect productivity and how the above, and other strategies can be used to address their needs. For more information, refer to the [Byte on Workload Planning](#).

Training Readiness and Delivery

[CMIO Training Roles](#)

One of the key responsibilities for the CMIO office, working closely with Medical Affairs, is to deliver training to physicians and other prescribers. A number of formal and informal physician roles will participate in prescriber training strategy and support:



Area Trainers

Connect Care Area Trainers are physicians drawn from representative clinical areas that teach the Connect Care system to their peers in a classroom setting and their participation has been an important success factor in Connect Care to date. They are physicians interested in training their physician colleagues and are excited to positively contribute to the further refinement of physician training. Area Trainers are guided by the CMIO Provincial Training team who have provincial scope and responsibility for design of curriculum content that can be adapted to clinical area and facility needs. They are expected to contribute approximately 160 hours to this role over a six month period.

Area Trainers are being recruited from a broad spectrum of specialty/clinical areas that align to the Connect Care physician training tracks. They will work closely with Zone medical leadership and co-report to relevant ACMIOs.

Physicians working in both fee for service or other contractual relationships including Academic Medicine and Health Services Program (AMHSP) are encouraged to apply. Physicians who are currently under a contracted relationship will be required to fulfill duties within the constraints of their existing contracts, negotiated with the assistance of Medical Affairs and their relevant medical leader or Arrangement Head.

- One pager information for [Area Trainers](#)
- [Physician job postings](#) for Connect Care Calgary Zone
- Applications or questions go to cmio.caz@ahs.ca

Super Users

Physician Super Users are critical to the success of Connect Care and will champion the initiative in their teams. Physician Super Users will be recruited from each of the clinical departments with the goal to train one in every ten physicians in this role. The total time commitment to fulfill the Physician Super User role is approximately 130 hours.

Physician Super Users will have three areas of focus:

- Provide in classroom support for colleagues who are going through Connect Care training
- Provide 'at the elbow' support during the two weeks around launch*
- Support post-launch activities

*Please note that the launch support schedule will be the responsibility of the Medical Leadership. The Zonal ACMIO team will provide Medical Leadership with the tools to complete this task.

To become a Super User, physicians take the training pathway for their practice area plus additional training to support them as change agents.

Hiring will be coordinated with Medical Affairs and the ACMIO's Office, working with the Zone Clinical Department Heads.

Physicians working in both fee for service or other contractual relationships including AMHSP encouraged to apply. Physicians who are currently under a contracted relationship will be required to fulfill duties within the constraints of their existing contracts, negotiated with the assistance of Medical Affairs and their relevant medical leader or Arrangement Head.

- One pager information for [Super Users](#)
- [Physician job postings](#) for Connect Care Calgary Zone
- Applications or questions go to cmio.caz@ahs.ca

Physician Training Program

The goal of physician training is to support physicians and other prescribers to become competent and proficient in using Connect Care. Training for physicians differs from training for front line operational staff. Below is a high-level look at what to expect during training.

Key Principles

- Physicians will train physicians
- Physician training will be developed around a “Day in the Life” philosophy with a clear mandate of respecting physician time: the goal is to impart critical information and develop competency as efficiently as possible in a modular fashion with flexible access options to support a variety of learning styles and baseline e-Health literacy of learners

Physician Training Pathways

Different training pathways (or training “tracks”) will address the needs of physicians within different types and settings of practice. Presently, prescriber learning pathways include the basic track plus one or more of the following 16 tracks:



These training pathways:

- Are informed by Epic’s specialist training tracks
- Are designed to be sustainable, flexible and sensitive to the circumstances of Alberta physicians
- Include one base training track covering the essential knowledge and skills needed for safe use of Connect Care
- Add training about specific applications (e.g. Emergency, Critical Care, Cardiology modules) as appropriate
- Cover different environments (desktop, portal, mobility) for working with Connect Care inside and outside AHS protected networks

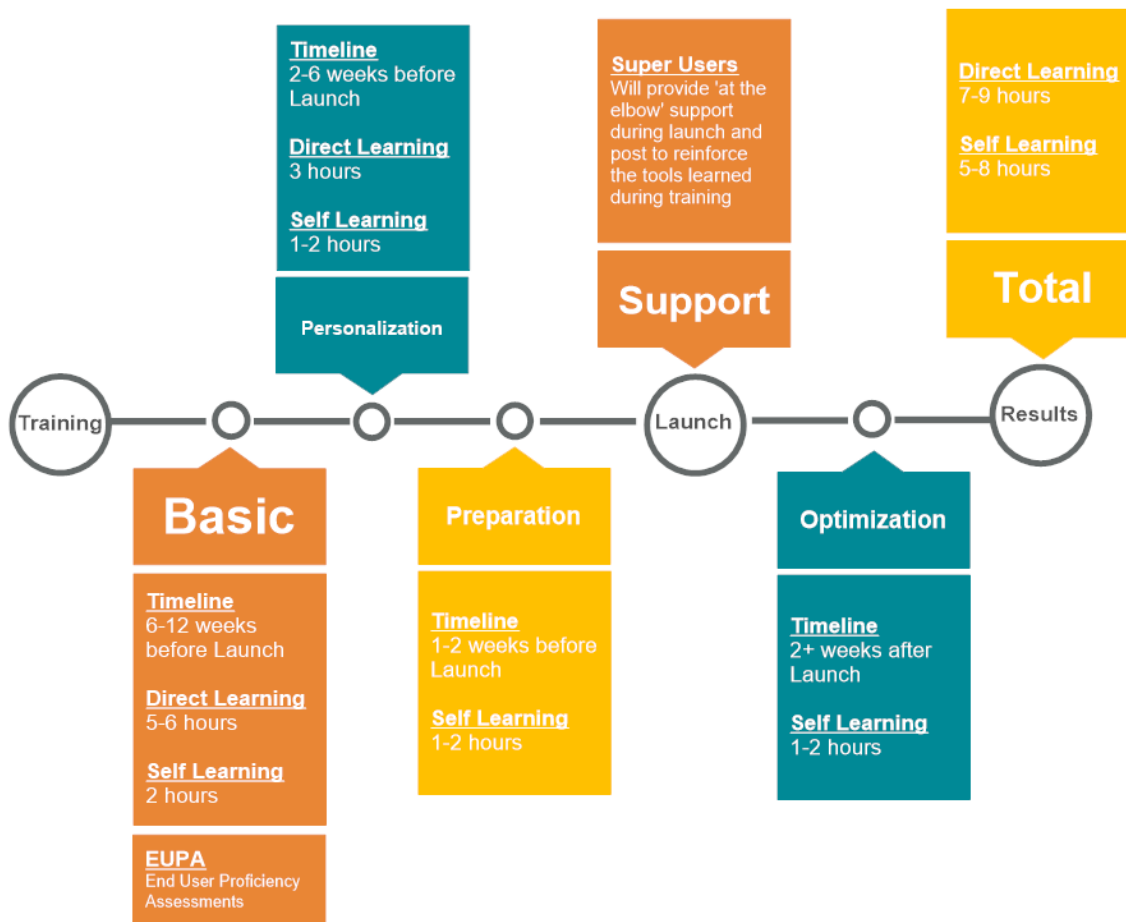
Training Delivery and Time

Training will be organized in three blocks. “Basic” training will cover everything needed to function on a prescriber’s first day of use and will be completed pre-launch. The basic block will also enable users to complete the competency assessment required to gain access to Connect Care.

A second “Personalization” block will act as a refresher and take learners deeper into specialty content. This too is offered before launch or first use.

An “Optimization” block will be offered post-launch. This will reinforce basic and personalization learnings and will delve even deeper into decision supports, documentation automations and workflow efficiency tips.

Each block will be delivered using a mix of in-person training, e-learning modules, and support materials such as workbooks, tip sheets and practice environments.



Training Registration

Training and basic competence in Connect Care use is a prerequisite for working at an AHS site where Connect Care is implemented. It is also required that physicians complete the InfoCare: On Our Best Behaviors privacy module, required for AHS privileges. Physicians will register for training through MyLearningLink (MLL), AHS’s online learning management platform. It requires a valid AHS userid and password ("Healthy" network credentials; same as those used for AHS email; see [Access](#) for more information) and facilitates the registration, scheduling, delivery, completion tracking and assessments (End User Proficiency Assessments, or EUPAs) for Connect Care training. A short (4 min) demonstration covers key information for physicians:

- [Demo: Using MyLearningLink](#)

MLL is optimized for Windows computers on AHS networks. Not all physicians use Windows computers on AHS networks. Physicians using personal devices are advised to use the [Chrome](#) internet browser configured as described in a step-by-step tip sheet:

- [Tip: Using MyLearningLink](#)

Once registered, physicians can find required Connect Care courses by searching in the "Courses & Registration" section of MLL for course titles containing the keyword "CMIO". Short tips illustrate how to find Basic and Personalization required courses; and how to find supplemental eLearnings:

- [Tip: Finding Required Courses](#)
- [Tip: Finding eLearning Courses](#)

[Completing Assessments](#)

Following Basic Training, physicians take the End User Proficiency Assessment (EUPA). The EUPA is accessed through MLL and is an open book and online assessment. It is important to work through the questions of a EUPA to the end, note whether a pass score is attained or not, and close the course as instructed.

Difficulties have been reported when physicians seek proficiency credit and MLL fails to record this automatically. There may be problems at the level of the network, computer or browser. If this has not been fixed at the time of your launch Wave we will work with you to clarify the process to ensure that physicians get credit for their training.

Zonal Medical Affairs will send out a series of reminder emails to physicians who still need to register for training, as part of an established escalation process. Following these reminders, a list of physicians who still need to sign up for training or complete the EUPA will be provided to Medical Leadership. Medical Leadership will then be asked to follow up with the individuals on the list.

[Mobility and Dictation](#)

Epic's mobile applications for Apple devices include [Haiku](#) for iPhones, [Canto](#) for iPads and [Limerick](#) for Apple Watches. Epic also provides Haiku for compatible smartphones running the Android operating system. All are enabled for Connect Care. Connect Care Mobility refers to these mobile applications (apps), plus any other apps that relate to the CIS (e.g. PowerMic Mobile for dictation).

AHS facilitates use of clinical mobile apps by Enterprise Mobility Management (EMM) which downloads a secure enclave of apps to your device that includes those required to access and work within Connect Care. All clinical apps used with Connect Care are installed and configured as part of an integrated EMM process.

The following information can help decide what to procure or prepare:

- [Tip: Considerations when Choosing a Mobile Device](#)
- [FAQ: Connect Care Mobility for Prescribers](#)

Connect Care also supports speech recognition and dictation. Speech recognition for in-system dictation happens with Nuance's Dragon Medical One (DMO) software, and physicians can dictate directly into their mobile phones or dedicated microphones if they purchase one. This is built-in to all Hyperspace configurations and is activated for all clinical roles where dictation is allowed. Physicians can also take advantage of DMO while using Haiku and/or Canto.

Physicians will be trained on Dictation during Personalization training.

[From Sunrise Clinical Manager \(SCM\) to Connect Care](#)

As the Connect Care waves continue, all sites in the Calgary Zone will be transitioning from SCM to Connect Care by Wave 6 (Spring 2022).

What you need to know:

- SCM will continue in full use until Connect Care is implemented at a particular site

- After Connect Care is implemented at a site:
 - o The SCM icon will remain on all desktops until the completion of Wave 6
 - o New Orders (after the Connect Care launch at the site) will only be possible in Connect Care
 - o New Documents (after the Connect Care launch at the site) should be placed on the correct Connect Care encounter
 - o Physicians or Clinicians who work at non Connect Care sites will not experience a change in SCM access
- Once a site launches with Connect Care, access to the SCM clinical chart data will still be possible via a Connect Care in-context browser link “Calgary Historic Patient Data”. This link will be available by the Wave 3 launch of Connect Care on February 27th 2021.
- Once Wave 6 has been completed in the Calgary Zone, SCM access will be disabled and icons removed from AHS desktops. Access to “Calgary Historic Patient Data” will remain in Connect Care.

Training for Non-AHS Medical Office Assistants

Zone Medical Affairs will collect the names of their Medical Office Assistants (MOAs) requiring Connect Care access. The Zone Medical Affairs team will assign a lead to liaise with leaders to collate this list and troubleshoot any questions or concerns.

Zone Medical Affairs will send out a brief survey to the MOAs to determine whether or not they are AHS employees. Only non-AHS identified MOAs will be required to continue the survey. Zone Medical Affairs will use the survey results to determine the training needs of the non-AHS MOAs and role assign them accordingly. Their Connect Care training will be delivered by Clinical Operations and the length of training will be based on their defined job tasks as indicated in their survey responses.

At Launch

Command Structure and Escalation and Resolution Pathway

The Command Structure refers to a series of meetings designed to oversee the launch, in a similar fashion to an Emergency Coordination Committee. The sites will have an in-person or virtual Incident Command Centre that you will have the opportunity to participate in. The Incident Command Centre will report up to centralized decision making and will be designed to rapidly identify and resolve important issues which are summarized in daily meetings. A physician-centric meeting will also be organized at the time of Connect Care launch to support rapid, efficient, and responsive issues escalation and resolution specific to physician concerns.

Once an issue surrounding clinical content is identified a ticket will be generated, a group of triage specialists that include application and clinical informatics leads will triage the issue. If it is determined that the issue can have an immediate fix, it will be sent for processing. Other issues, including high risk or patient safety issues, will be sent to a coordinating support unit for next steps. Appropriate Area Council/Governance Committees may be consulted after the issue is discussed at the coordinating support unit for a fix to be confirmed.

Other components of the Physician Command Center include organizing both classroom sessions for training support and regular leadership meetings. This will be defined by each ACMIO Zonal Team in consultation with the Zone’s Medical Leadership based on the Zone’s needs.

Internal communication

Internal communication will be pivotal at Launch. Standard communication channels such as Email can be difficult to access regularly and become overloaded with messages. Medical Leadership, Trainers and Physician Super Users require a just-in-time communication channel to relay messages and updates to each

other. This channel must be easy to access from a personal device and desktop. In addition to face-to-face and email channels, to simplify internal team communication, the CMIO office will be leveraging a modern communication solution called Slack.

Slack is an app that is accessible across all platforms (iPhone, Android, PC, Mac, web browser). Slack brings all your communication together in one place. Teamwork in Slack happens in channels — a single place for messaging, tools and files — helping everyone save time and collaborate together. These conversations are divided by **channels** as well as **direct messages** to help streamline our work by combining all communication into one app rather than via text, email, docs, and etc. and accessible at computers as well as on phones.

Upon joining the team, physicians will be invited to the AHS CMIO Slack workspace. In addition to the self-guided tools within Slack, the CMIO Office will be hosting virtual training lunch and learn opportunities as part of the onboarding process.

Norms

Part of the mandate of Connect Care is to try and standardize certain workflows across AHS sites. The safe and efficient use of Connect Care depends on it being used in the recommended fashion. These recommendations are outlined in a number of documents, which have been vetted by AHS stakeholders, the College of Physicians and Surgeons and the Alberta Medical Association and adhere to legislative and professional obligations in Alberta.

Where the focus is on expectations and accountabilities of users towards one another, we speak of "norms". These describe best behaviors that help all Connect Care stakeholders to do their best. As an example, allergies should be documented in the allergy field, not embedded within a dictated note. If the allergy field is not filled out, then an alert will not fire if another provider orders a medication to which the patient is allergic. Norms are in place to outline preferred use of the system, and there are six norms so far: Information Sharing, Minimum Use, Documentation, Communication, Ordering, and Naming, summarized in the Physician Manual [here](#).

[Communication Norms](#)

Communication Norms are about what Connect Care users expect of one another for effective, efficient, safe and respectful information sharing within and between groups.

All clinicians should familiarize themselves with the Connect Care Communication Norms, then gather in their clinical groups, learn the basics, discuss norms and derive a group “**Communications Pact**” to guide clinical communication behaviors in their area. The Connect Care Communications Norm is fully detailed in the following resource: [Communication Norms](#).

[Documentation Norms](#)

[Documentation Norms](#) are about how Connect Care users collectively improve the benefit-to-burden balance of documentation work. Documentation Norms relate to professionalism and accountability and are based on sound [clinical documentation principles](#). Our expectations of one another, and the digital behaviors that express those expectations, promote good documentation practices in regards to the documentation of: Health Problems, Diagnoses, Medications, Adverse Reactions, Clinical Documentation, and Encounter Documentation. More information, and practical do's and don'ts appear in:

- [Connect Care Documentation Norms \(Prescribers\)](#)

[Minimum Use Norms](#)

Given that improper CIS use can compromise service and safety, all CIS users have interest in peer-endorsed norms for appropriate and meaningful CIS use. These “minimum use” tasks constitute a subset of practices essential to safe patient care and coordination. Other CIS practices may be necessary for chronic disease management, integrated care planning and appropriate use of applications, modules, registries, portals and

analytics. CIS minimum use norms are consistent with best practice but should be followed in the spirit of not unfairly increasing information burdens for others contributing to a shared health record. The Connect Care can be found at [minimum use norms](#).

[Clinical Ordering Norms](#)

All members of the care team rely on complete, accurate, clear and specific orders.

[Computer Provider Order Entry \(CPOE\)](#)

Orders have many effects within a clinical information system. They indicate required investigations or interventions. They also initiate and coordinate care activities, assign accountability, and trigger workflows and start tracking logs. Orders are tightly coupled with clinical decision supports. These guide care while alerting to potentially harmful actions.

Any second-hand (e.g., verbal or scribe or other delegated order-entry) process can isolate prescribers from decision-supports and other order-dependent charting activities. Accordingly, it is essential that prescribers directly interact with the CIS when placing and managing orders. Moving to CPOE can be one of the biggest and most disruptive changes to prescriber practice during a Connect Care launch, but has overall quality and safety benefit.

There will be situations when prescribers cannot be expected to place time-sensitive orders directly and require the assistance of a qualified health care professional to transcribe important clinical instructions. Allowed exceptions to prescriber order-entry fall into three categories, each explained and exemplified in [FAQ](#) and [Order Norms](#) documents:

1. Protocolized orders
2. Urgent verbal orders
3. Urgent telephone orders

[Clinician Information Sharing Compact](#)

As clinicians move from paper records to shared digital records, it is important to recognize the impact this change has on how information is shared. For the Connect Care initiative to achieve its goals, it is essential that the right information be appropriately captured, documented, shared, disclosed and used. These are matters of information sharing. They touch the core of health care professionalism and change as clinicians move from paper records to shared digital records. To articulate these changes, an information sharing compact has been developed which defines the responsibilities of AHS and clinicians, this compact can be found online [here](#).

[MyAHS Connect and Connect Care Provider Portal](#)

The MyAHS Connect patient portal launched in Wave 1 and allows patients and designated members of their decision-making unit to participate more fully in health maintenance and care by viewing their test results, managing their appointments, securely messaging their health teams, tracking their health status, and receiving summaries of medical therapy and advice from appointments.

Patients can be invited to register for MyAHS Connect access after encounters with facilities or services where Connect Care is the record of care. Instructions appear in after visit summaries (AVS) but can also be generated by physicians. Once patients are active MyAHS Connect users, this is indicated to providers using Connect Care and it becomes possible to manage communications and information sharing with the enrolled patient. Physicians may be asked to facilitate things like proxy access.

The following resources contain more details on MyAHS Connect and its features:

- [Byte: MyAHS Connect](#)
- [Background: MyAHS Connect Features](#)

The Connect Care Provider Portal is designed for physicians who are not working within an AHS facility (and therefore will not be eligible for Connect Care) or those who will eventually get Connect Care but need access to the information therein. It allows users to view the complete Connect Care chart for patients in their Circle of Care, and to have access to other functions such as request consults, schedule appointments, place orders, and exchange secure messages with colleagues, patients and patients' circle of care team within AHA. They will receive notifications and view updates about lab, imaging, test and procedure results; admissions, transitions and discharges; referrals and consultations; clinical images and scanned files; notes, letters and documents and orders placed by other providers.

Follow the links for more information. A portals committee oversees the Provider Portal design and deployment and welcomes input from interested providers.

- [Byte: Connect Care Gateways](#)
- [Connect Care for Primary Care](#)
- [Overview: Connect Care Provider Portal](#)
- [Summary: Connect Care Provider Portal](#)

Post Launch

Downtime and Recovery

The [Downtime & Recovery Insite Page](#) offers many resources that can be helpful to prepare for a downtime. This includes the [Downtime & Recovery Procedure Manual](#) as well as unit specific resources to access downtime reports and checklists for reconciliation.

Sustainability Plan

A process for growing and sustaining end user competency, as well as training new physicians who begin or return from a leave of absence after launch is being developed in collaboration by the CMIO Office and Informatics Team (ACMIO/MIL/CIL), Medical Affairs and Medical Leadership, IT and HIM.

Additional Information & Resources

Physician Manual

The [Connect Care Physician Manual](#) (manual.connect-care.ca) gathers tips, guides, resources and norms for prescribers using the Connect Care clinical information system (CIS). The focus is essential information addressing the particular needs of physicians and other prescribers.

Connect Care Bytes Blog

The [Bytes Blog](#) is a collection of medical Informatics updates.

Connect Care Video Blog (Vlog)

The [Vlog](#) is a collection of video updates.

Connect Care Zonal Physician Webpages

The following webpages provide updates on zonal events, resources and key contacts:

- North Zone (www.ahs.ca/nzconnectcare)
- Edmonton Zone (www.ahs.ca/ezconnectcare)
- Central Zone (www.ahs.ca/czconnectcare)
- Calgary Zone (www.ahs.ca/cmiocaz)

- South Zone (www.ahs.ca/szconnectcare)

Nurse Practitioner Contacts

For any questions pertaining to Nurse Practitioners, please contact one of the following Provincial Senior Practice Leads at advancedpracticenursing@albertahealthservices.ca

Epic UserWeb

The [Epic UserWeb](#) is an online repository of information, discussion, content and training materials that serves the Epic user community. On it, you can find:

- Educational and training materials
- Information about upcoming events and webinars
- Downloadable guides, manuals, procedures & content
- User groups and discussion forums
- Health Informatics and Epic news
- Implementation, upgrades, and support documentation

Learn About Slack

Slack provides a comprehensive series of user support guides. The home page can be found here: <https://get.slack.help/hc/en-us/categories/200111606>

Connect Care Readiness Resources

[Readiness Resources](#) where the Readiness Playbook takes shape and key orientation presentations are added.

Connect Care Resource Library

[The Connect Care Resource Library](#) provides access to Connect Care support documents such as templates, infographics, timelines and more.

Build Skills as a Change Champion

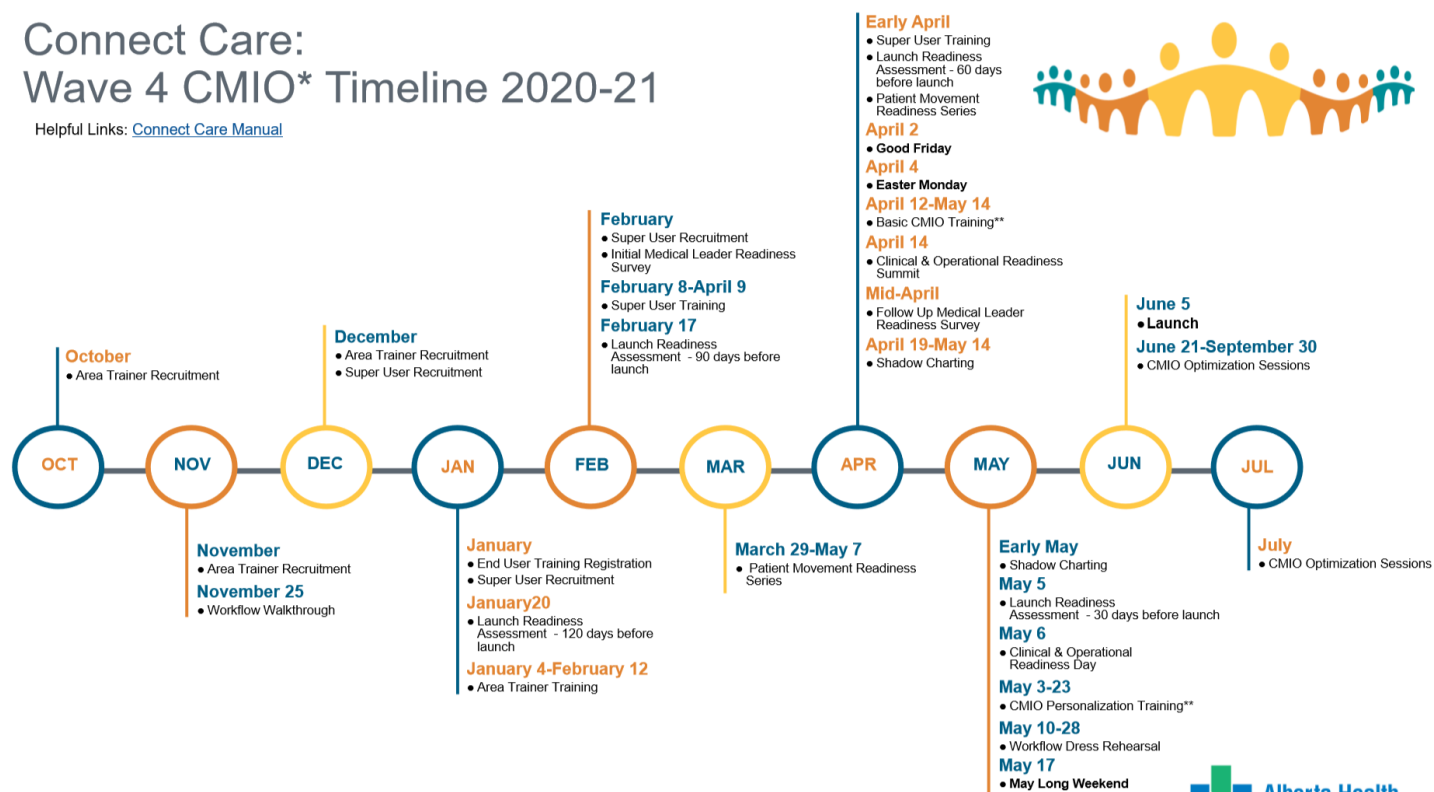
Visit Insite: <https://insite.albertahealthservices.ca/main/assets/hr/tms-hr-learning-change-adoption-learning-directory.pdf>

Appendix

Appendix A: Wave 3 Physician Timeline

Connect Care: Wave 4 CMIO* Timeline 2020-21

Helpful Links: [Connect Care Manual](#)



*CMIO stakeholders/trainees include Physicians, Nurse Practitioners, Dentists, Fellows, Residents, Medical Learners & Physician Assistants

** Area Trainers deliver training, Super Users support training.

Alberta Health Services
Connect Care
*Last updated August 2020
Subject to Change

Note that the timeline is subject to change. Please email cmio.caz@ahs.ca to obtain the latest version.

Appendix B: Readiness Events

Launch Readiness Assessments (LRAs)

Overview:

LRAs are checkpoints leading up to the launch.

Event Details:

- Full day meetings held virtually and in-person
- Ownership of risk/mitigation plans transitions from project-owned to operations-owned as the launch date nears

Key Dates	Event Goal(s)	Recommended Attendees
120 days, 90 days, 60 days, and 30 days before launch	<ul style="list-style-type: none"> Share milestones, status and risks of each key Connect Care area with project stakeholders 	<ul style="list-style-type: none"> Zonal ACMIO team Zonal MIL attendance Medical Leadership starting at the 90 day LRA

Workflow Walkthrough (WFWT)

Overview:

WFWT allows subject matter experts, operational leaders and members of the program team to see demonstrations of select end-to-end and high risk/high volume patient workflows. This event is the first opportunity to showcase the completed foundation workflows and content, as well as a chance to increase engagement and enthusiasm for the install prior to training.

Event Details:

- End-to-end Patient journey that is pre-recorded
- High Risk/High Volume facilitated workflow vignettes, followed by a question and answer period (Q&A)
- Interactive kiosks outside of the demonstrations (where possible)

Key Dates	Event Goal(s)	Recommended Attendees
6 months prior to launch	<ul style="list-style-type: none">• Participants will be able to picture workflows and how they will work in their environments	<ul style="list-style-type: none">• Zonal ACMIO team• Zonal MIL attendance is optional• Interested Medical Leadership• Interested Physician End Users• Other CMIO/ACMIO leadership

Patient Movement Readiness (PMR)

Overview:

This event provides demonstrations and hands-on experience for both common and complex patient movement workflows. PMR educates end users and operational leaders about how integrated patient movement workflows will change after Connect Care implementation. This discussion forum will help end users understand how their patient movement handoffs affect other users' workflows in Epic.

Event Details:

- Patient movement fundamentals virtual office hours
- Patient movement workflow demonstrations
- Readiness checklist and practice/play scenarios

Event	Event Goal(s)	Recommended Attendees
2-3 months before launch	<ul style="list-style-type: none">• Manage patient safety risks• Minimize launch confusion• Review cause and effect relationships• Establish clear ownership in the patient movement process• Help end users learn to troubleshoot independently• Orient and educate end users	<ul style="list-style-type: none">• Zonal ACMIO team• Medical leadership• All other physician groups are optional (interested Zonal MILs can assist with transition points)

Shadow Charting

Overview:

Shadow Charting serves as an extra round of testing for interfaces and hardware and gives the project team extended opportunities to identify and resolve issues prior to launch. Shadow Charting gives select end users the opportunity to practice using Connect Care in a real-world setting before launch.

Event Details:

- During Shadow Charting, select end users will document cases in both the legacy system and in Connect Care
- Provides some very focused readiness and testing within high acuity and highly procedural areas and how the information flows within an application (e.g. Anesthesia)
- This will include pulling in live data and checking the variables, ensuring everything is working in a near production environment, requiring support from Information Technology, analysts, Readiness team.

Event	Event Goal(s)	Recommended Attendees
2-3 month before launch	<ul style="list-style-type: none">• Increase end user readiness by reinforcing training• Enable Super Users to practice providing support• Test the system for critical fixes needed before launch	<ul style="list-style-type: none">• Zonal ACMIO team• All Zonal MILs• Physician End Users who have completed training and EUPA

Workflow Dress Rehearsal (WDR)

Overview:

WDR prepares stakeholders for launch. After they have completed training, end users will experience simulated workflow scenarios, and use the Connect Care CIS in their own physical area.

Event Details:

- Multiple end users and roles can be involved and actively participate
- End users practice using the Connect Care CIS and complete simulated workflow scenarios in their own physical area after completing training and before launch
- Project team can practice answering questions, issue tracking and issue resolution processes that will be used on the launch day

Event	Event Goal(s)	Recommended Attendees
1 month before launch	<ul style="list-style-type: none">• Increased End User confidence and launch readiness after they successfully log into the system and complete workflows using provided patient scenarios• Increased project team confidence and launch readiness after answering questions and resolving issues	<ul style="list-style-type: none">• Zonal ACMIO team• All Zonal MILs• Medical Leadership• All Physician End Users from the participating Units and Clinics• Other CMIO/ACMIO leadership are optional

Readiness Checkpoints

Overview:

Readiness checkpoints aim to confirm operational understanding and ownership of milestones, expectations, metrics, risks and associated mitigation plans leading up to the launch.

Event Details:

- Prepares for launch; wave leadership presents relevant issues, risks and action items from the Launch Readiness Assessments (LRAs) with Clinical Operations Readiness (COrE) and Capacity Management and Financial Readiness (CMFR) operational leaders
- Clearly communicates accountability and responsibility for different components of launch success with COrE and CMFR operational leaders
- Creates a forum for Q&A with project, wave, and operational leadership in advance of launch

- Increases engagement and builds the confidence of operational leaders who will support end users at launch

Event	Key Dates	Recommended Attendees
CORe Summit	60 days before launch	<ul style="list-style-type: none"> Zonal ACMIO team Key Zonal MILs Medical leadership Other CMIO/ACMIO leadership
CMFR Summit	60 days before launch	<ul style="list-style-type: none"> ACMIOS CMIO Leadership and Core Team
CORe Day	30 days before launch	<ul style="list-style-type: none"> Zonal ACMIO team

Post Launch Visits (PLVs)

Overview:

PLVs are checkpoints to support long-term success of end users and project teams after launch. They provide feedback about optimization, efficiency, and contentious workflows

Event Details:

- Post launch satisfaction surveys will inform site/program visit focus areas

Event	Event Goal(s)	Recommended Attendees
2, 4, and 8 months post launch	<ul style="list-style-type: none"> Identification and assessments of major issues post-launch PLV team develops plans to address identified issues; subsequent PLVs follow up on issues and ensure actions have been taken to resolve them 	<ul style="list-style-type: none"> TBD