

# Connect Care Readiness Playbook

## Summary for Physician Leaders



Launch 5 Chapter 5: Launch Readiness  
September 21, 2022

### Welcome to the Readiness Playbook Summary for Physicians

Connect Care will be rolled out across the province over nine [Launches](#). The Readiness Playbook will guide operational leaders in preparing for launch starting one year before launch. The six Readiness Playbook chapters will be released on a set schedule, based on the Prosci ADKAR® model that guides individual and organizational change. ADKAR is an acronym that represents the five tangible and concrete outcomes an individual must achieve for lasting change: **A**wareness, **D**esire, **K**nowledge, **A**bility and **R**einforcement.

The [Readiness Playbook](#) contains relevant information based on the Launch's stages of launching Connect Care. Tasks within the Playbook are organized as work packages which could have impact on physician workflows and require physician input. If this is the case it will be identified in this summary.

We encourage you to team up with your operational leader dyad to learn more about the Playbook. Some of the operational resources from the Playbook might be of interest to you or your physician group which includes resources for coaching, change management, dealing with resistance and eHealth competency.

#### Awareness

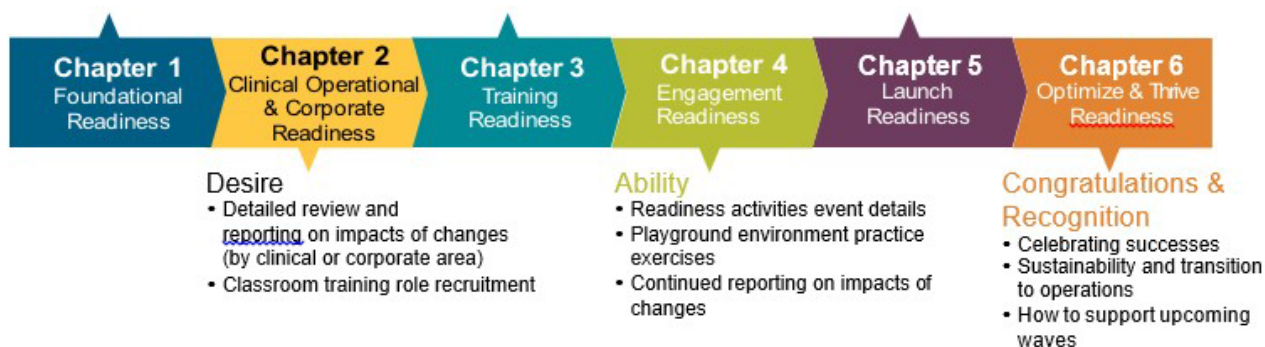
- Look ahead for the year
- Organizational changes and benefits
- Introduction to readiness reporting

#### Knowledge

- Detailed classroom training logistics
- Continued reporting on impacts of changes

#### Reinforcement

- What to expect at launch
- Support and escalation processes
- Activities to reinforce training



### Information for Physicians

#### COVID-19 Precautions in Connect Care Classrooms

Due to COVID-19 response, all Trainers and Learners need to complete the “Daily Fit for Work Screening” assessment each day before they come to class. Each center has a different door screening process at present.

All Trainers and Learners are currently continuously masking in all areas. There is a supply of hand sanitizer and masks available in each training room. Enterprise Square is a non-clinical site with no patients present, so you are able to wear a cloth mask at the Training Centre if you prefer but this is not an option at our other teaching sites.

The learners are instructed to clean the high touch surfaces and equipment at their workstation before and after class- keyboards, mouse, table top etc. Cleaning supplies are provided in each classroom.



## Physician Training

Effective training is one of the most powerful predictors of clinical information system (CIS) adoption. Training needs to reflect physician workflows, accommodate different learning styles and empower for personalization. The Connect Care physician training strategy serves these goals by having physicians train physicians, offering flexible pathways to competence and supporting different learning styles.

The Chief Medical Information Office (CMIO) portfolio includes the organization of training and launch supports for [prescribers](#) (physicians, trainees, nurse practitioners, clinical assistants, etc.).

## Phases

Training occurs in phases. **Basic** training covers essential skills for logging on, navigating Hyperspace and using common functions safely. **Personalization** training teaches how to adapt the CIS environment for a more satisfying experience. **Optimization** training explores workflow improvement for productivity. Basic and personalization training occur pre-launch, while optimization training occurs post-launch.

Training also occurs in Launches, with cohorts of prescribers moved through basic, personalization and optimization training at times that befit their anticipated launch date for Connect Care adoption. Training usually starts within the 6 weeks prior to a launch. Training for Launch 5 began on August 29, 2022.

### Basic Training

Basic training prepares prescribers for first use of the Connect Care clinical information system (CIS). This usually involves instructor-led and/or self-directed training selected from a schedule of offerings for different specialties and roles. Registration and scheduling for basic training begins in the 6 months prior to a Launch launch date. [Timeline: Connect Care Launch Sequence](#)

### Personalization Training

Physicians can participate in personalization workshops after completing their basic training and demonstrating competence on the End User Proficiency Assessment (EUPA) for their training track. Self-registration via [MyLearningLink](#) is supported on a first-come-first-scheduled basis.

A successful personalization workshop allows physicians to leave with:

- A mental map of parts of the clinical information system (CIS) where appearance, menus, lists, orders and text automations can be personalized... enough to prime essential follow-up work in preparation for launch.
- Knowledge of where to go, and who to call, for help with personalization.
- Proven login access to the "production" instance of the Connect Care CIS.
- Working exposure to the Dragon Medical One in-system dictation system and installation of PowerMic Mobile on personal mobile devices.

Participants should come with the personal mobile device(s) they intend to use for CIS access. Better still, follow tips for installation of Connect Care Mobility Management software, then the CIS clinical applications (Haiku and/or Canto) and PowerMic Mobile (next section of this Manual). Ideally, mobile devices should be ready to use at the workshop.

- Complete the appropriate training track EUPA in MyLearningLink.
- Identify and bring any SmartPhone (Apple or Android) or Tablet (Apple only) that will be used for mobile CIS access.
- Bookmark this Manual for future reference, [Physicians Manual](#)
- Follow instructions for Installing Connect Care Mobile applications (Haiku and/or Canto, PowerMic Mobile) on personal devices.

More Information and Resources:

- Review: Definitions of Epic's "[Smart Tools](#)"
- Skim: [Key Concepts - Order-Related Clinical Decision Supports](#)



Subsections provide extra tips and suggestions for personalization that may not have been well covered in training.

- [Personalization Tasks](#)
- [Personalization Tips](#)
- [Personalizing Mobile Apps](#)

Clinician update and other blogging channels often deal with personalization.

- [Connect Care Tippiies](#)
- [Updates: Personalization](#)
- [Tips: Personalization](#)

Resources

- [Checklist: CMIO Personalization Checklist](#)

### Self-directed Learning

A personalization workshop is the best way to start one's personalization journey. Self-directed learning and peer-to-peer support help continue the journey.

- Learning Home Dashboard - Be sure to find and favourite-mark the "learning home dashboard" for your clinical area. This will have links to personalization guides for different clinical contexts (e.g., inpatient, outpatient). The guides cover the basics.
- It's Possible Videos - The eLearning section ("[WeLearning](#)") of the Epic UserWeb has a series of short "[It's Possible](#)" instructional videos that include a number [focused on personalization](#). These are especially helpful for introductions to more complex personalizations, like adjusting and saving OrderSets.

## Delivery

Training blends self-directed (online), directed (classroom and virtual classroom) and experiential (case-based) delivery methods. All online activities occur through MyLearningLink ([MyLearningLink](#)), where physicians can find the track they are registered for and the associated competency assessment.

### In-Person Training

Basic training occurs as structured experiential learning in computer laboratory settings (in-person or via Zoom). One or more trainers work with clinical informaticians to guide a of learners through a set curriculum. Attendance is noted. Additional time and resources are available to those who need additional help.

### Virtual Training

Currently the majority of sessions are virtual as in-person is limited due to COVID (e.g., pandemic social distancing) or practical (e.g., small groups of locum or elective prescribers needing rapid onboarding), virtual interaction offers alternative access to instructor lead training (ILT). Virtual (online) training takes two forms: independent and guided.

#### 1. Independent

Independent learning is not recommended if the user has no prior Epic experience; however, online learning modules for self-directed instruction are available for many roles and specialties, including Emergency, Critical Care, Inpatient Admitting and Surgery. More independent learning modules are being developed.

Required modules are highlighted in training invitation and registration emails. They can be found in [MyLearningLink](#) by searching for courses with names following the pattern: "CMIO [Track] - Independent Learning". The independent learning module should be completed in its entirety to satisfy basic training requirements. Instructions are provided for completing End User Performance Assessments (EUPAs).



## 2. Guided

Guided online training occurs in a "virtual" computer laboratory using [AHS Zoom](#) webinar technology. Trainers and clinical informaticians help a small group of learners who observe, discuss and share during a scheduled online session. Participants register just as they would for in-person training.

The sessions can be found in MyLearningLink by searching for courses named using the pattern: "CMIO [Track] ILT" (e.g., "CMIO Surgery ILT"). The learner clicks on their ILT of choice to select a session to register for. Instructions are provided about how to prepare for the AHS Zoom session and which meeting identifier to use when joining the session. [Tip: Preparing for Virtual Courses](#)

Virtual training is supported by trainers and clinical informaticians via [help.cmio@ahs.ca](mailto:help.cmio@ahs.ca), 07:00-21:00, 7 days a week. Virtual assistance is provided via just-in-time AHS Zoom sessions.

### AHS Videoconferencing

AHS Zoom videoconferencing is used to support Connect Care training in a number of ways. Virtual classroom instruction occurs through Zoom. Drop-in and optimization training is facilitated by Zoom webinars, and person-to-person consultation and troubleshooting with Area Trainers and Super Users take advantage of 1:1 Zoom sessions. Uses of Zoom for training and user support are managed by the CMIO Team ([help.cmio@ahs.ca](mailto:help.cmio@ahs.ca)) with help to trainees available 07:00-21:00, 7 days a week, via an email provided to them in their registration materials.

The following tip sheets can help trainees get started with [AHS Zoom](#) ([ahs-cis.ca/zoom](http://ahs-cis.ca/zoom)):

- [Tip: Using AHS Zoom for Collaboration](#)
- [Tip: Using AHS Zoom for Mobility](#)

### Support

For issues relating to online training, prescribers should start with the resources available through the [MyLearningLink Support Centre](#) and its email intake at [helpmylearninglink@ahs.ca](mailto:helpmylearninglink@ahs.ca).

For prescribers who need additional Connect Care training support when seeking the right courses, then registering, using personal computers, contact: [help.cmio@ahs.ca](mailto:help.cmio@ahs.ca).

## Course Registration - MyLearningLink

MyLearningLink (MLL) is Alberta Health Services' (AHS) online learning management system. It facilitates the registration, scheduling, delivery, completion tracking and assessments (End User Proficiency Assessments, or EUPAs) for Connect Care training.

Short demonstrations cover key tips for [prescribers](#) (physicians, nurse practitioners, midwives, clinical associates, etc.):

- [Tip: Using MyLearningLink](#)

### Accessing MLL

1. Using Internet Explorer (Windows) or Chrome (Apple), go to [mylearninglink.ahs.ca](http://mylearninglink.ahs.ca).
2. Enter your AHS username and password, then "Log In".

A valid AHS username and password is needed ("Healthy" network credentials, same as those used for AHS email; see [Access](#) for more information). If connecting to MLL from outside an AHS network, there may be two login steps, one to get into the AHS network and a second (with the same credentials) to log in to MLL.

Prescribers anticipating Connect Care should have MLL accounts automatically assigned. If the MLL screen does not accept a prescriber's AHS username and password, please contact [medicalstaff.mllaccess@ahs.ca](mailto:medicalstaff.mllaccess@ahs.ca) to request account activation.



## Devices and Browsers

MLL is optimized for Windows computers on AHS networks. Although [MLL](#) will load on all popular browsers and operating systems, prescribers using personal desktop or laptop devices should use Microsoft Internet Explorer or Edge on Windows computers and Google [Chrome](#) on Apple computers. Safari should not be used. [Tip: Using MyLearningLink](#)

MLL will open on mobile devices (smartphones, iPads, tablets), allowing such actions as registering for or withdrawing from a course. Some eLearning courses will load but only if explicitly marked as mobile-ready. Most Connect Care courses are not designed for, or compatible with, mobile devices.

## Finding and Registering for Required Courses

Connect Care courses are normally part of prescriber basic training and are delivered through in-person or virtual laboratory-based sessions. Increasingly, select courses are made available for self-directed online completion.

Courses are pre-assigned to prescribers based upon anticipated role(s) and needed clinical information system functions. Prescribers can find their assigned courses by clicking the "Required Courses" tab within the "Learning Home" section on MLL. Find supplemental eLearnings by searching in the "Courses & Registration" section of MLL for course titles containing the keyword "CMIO".

Please note that the MLL support team is unable to make changes to Connect Care prescriber roles. If prescribers find their assigned role(s) inappropriate, contact medical affairs.

For more instructions about how to register for and complete required training: [Guide: MyLearningLink for Connect Care](#).

## Completing eLearning Courses

MLL is used to access Connect Care eLearning courses and demonstration videos. Each eLearning is available in MLL as a unique course. [Tip: Finding eLearning Courses](#)

As eLearning courses are completed, one's learner record should automatically update to indicate a "pass". Check this via the "Completed" tab within the "Learning Home" section on MLL. If an expected pass does not happen:

1. Ensure compliance with [configuration tips](#) for non-AHS computers (particularly for Apple computers, set Chrome preferences).
2. Refresh the "Completed" page, as the course status can take a few minutes to update.
3. Relaunch the course to ensure that ALL sections and slides have been viewed and any completion questions or instructions have been followed.

## Supplemental eLearnings

Basic, personalization and optimization training courses are supplemented with eLearning videos. These are short illustrations of workflows or features, usually sensitive to a particular specialty. [Tip: Finding eLearning Courses](#)

## Resources

Prescribers requiring additional training support while using personal devices can contact [help.cmio@ahs.ca](mailto:help.cmio@ahs.ca).

- [Tip: Using MyLearningLink](#)
- [Tip: Finding eLearning Courses](#)
- [Tip: Preparing for Virtual Courses](#)
- [Guide: MyLearningLink for Connect Care](#)
- [Blogs: MyLearningLink](#)
- [Support: MyLearningLink](#)



## Competence

Basic training provides the knowledge needed to attain 80% or better on a simple competency assessment. This End User Performance Assessment (EUPA), plus [InfoCare](#) privacy training, is required to gain access to the production Connect Care environment.

### Completing End User Proficiency Assessments (EUPAs)

Some courses prepare you to take an "End User Proficiency Assessment" (EUPA). These are found in MLL (e.g., in "Required Courses" or search for "Epic - " courses and register for the desired EUPA).

Follow the provided instructions carefully, including how to have both the EUPA and a Connect Care environment open at the same time. It is important to work through EUPA questions all the way to the end, note whether a pass score is attained or not, and close the EUPA as instructed.

### Unsuccessful EUPAs

The EUPA must be completed with a minimum score of 80% before participants can proceed in training through personalization to optimization. A EUPA pass is also required to gain access to the production Connect Care environment.

While progressing through the EUPA, participants are advised if a response is correct or incorrect. References to learning materials make it easy to review a missed concept or skill. If unsuccessful at the end of the EUPA, it is possible to re-take as soon as one is ready to try again. If struggling, please contact [help.cmio@ahs.ca](mailto:help.cmio@ahs.ca) to arrange extra help.

### Unrecorded EUPAs

Difficulties have been reported when prescribers working remotely complete and pass a EUPA, but MLL fails to record this automatically. There may be problems at the level of the network, computer or browser.

To check whether a EUPA moved to "Pass", log out of MLL, refresh the browser and log back in. Click on the "Completed" tab under "Learning Home"; the completion date will display beside the course name. [Tip: Completing EUPAs](#)

If, despite following the personal device configuration tip, a Pass assessment does not get credited, prescribers should complete an "attestation" process to document EUPA completion and grade assignment. This will allow progression to Connect Care access and the next stage of training: [Attestation: Connect Care EUPA Pass](#)

If EUPA difficulties persist, contact the MLL Support Centre ([HelpMyLearningLink@ahs.ca](mailto:HelpMyLearningLink@ahs.ca)) with the subject line "EUPA Move to Pass". In the body of the message, provide your name, email address, course name (EUPA), session number and final grade.

## Just-in-time and Supplemental Training

Prescribers may experience last-minute clinical reassignments to serve on COVID-19 inpatient units, or to free up other specialists by covering other units. Some are new to Connect Care and others encounter Connect Care modules (e.g., inpatient) that are new to them.

The following steps are followed for prescribers needing just-in-time basic or supplemental Connect Care training:

- Providers new to Connect Care will be contacted by the Zone ACMIO team ([Calgary Edmonton, Central](#)) to arrange virtual training.
- Prescribers who already have Connect Care training and need to cross-train in another track can access relevant Independent Learning on MyLearningLink by searching for "Independent". For example, those needing the inpatient tract would:
  - Search using "Independent" under "Courses & Registration".
  - Look for "Epic-CMIO Inpatient Admitting Consulting Independent Learning".
  - Use the "Register" button to access the course.
  - Course elements can be completed at the user's pace and in multiple sittings.





Independent learning is currently available for Critical Care, Inpatient, Emergency, Anesthesia, Pediatrics, Addictions and Mental Health, Ambulatory, Surgery and Personalization. Further help with just-in-time training is available via [help.cmio@ahs.ca](mailto:help.cmio@ahs.ca).

## Tips, Demonstrations and Instructional Videos

Connect Care users have prepared instructional videos and demonstrations. Useful gateways include:

- Peer-to-Peer Tips: [tips.connect-care.ca](https://tips.connect-care.ca)
- Physician Support: [support.connect-care.ca](https://support.connect-care.ca)
- Connect Care Demonstrations: [demos.connect-care.ca](https://demos.connect-care.ca)

## What Physicians Need to Do

- Be sure that [mylearninglink.ahs.ca](https://mylearninglink.ahs.ca) can be accessed wherever self-directed learning will occur.
- Carefully heed MyLearningLink Tips for users of non-AHS devices (see below).
- Complete MyLearningLink eLearnings for the assigned training track.
- Prepare for use of [videoconferencing](#) if enrolled in virtual classes.
- Be registered for and complete basic training (receive and respond to registration email).
- Complete EUPA and confirm its acceptance.
- Carefully follow Tips for installing [Connect Care Mobile Apps](#) and [PowerMic Mobile](#).
- Attend personalization training, gain access to full Connect Care and configure personal preferences.
- Apply for [Continuing Professional Development Credits](#).

## Sections

- [MyLearningLink](#)
- [Basic Training](#)
- [Personalization Training](#)
- [CPD Credits](#)

## Resources

There are many excellent resources that physicians can use to prepare for first use of the CIS. Other resources facilitate ongoing discovery of all the ways that the CIS can be shaped to personal preferences.

- [Byte: Physician Training](#)
- [Principles: End-User Training](#)
- [Backgrounder: Physician Training](#)
- [FAQ: Physician Training](#)
- [Key Messages: Physician Training](#)
- [Blogs: Physician Training](#)

## Accessing Connect Care

The Connect Care clinical information system (CIS) can be accessed using computers (desktop, laptop, notebook, tablet) and mobile devices (smartphones, iPads). Mobile access (Epic's [Haiku](#), [Canto](#), [Limerick](#)) is optimized for specific tasks, such as communicating, preparing for encounters or rounding in facilities. Full computer access opens Connect Care and utilizes [Hyperspace](#), with a comprehensive set of all tools a clinician might need. It is also possible for non-Connect Care clinicians to access a simplified interface through the web-based Connect Care Provider Portal. Access to Connect Care should be acquired and tested prior to attempting installation and use of any other access method.

## Citrix Workspace

Although Connect Care is an independent software program (Windows), Alberta Health Services (AHS) has configured Connect Care so that it opens within a "virtual machine" (Citrix Workspace). Although Connect Care appears to be working on one's local computer, in fact it is running on a server computer with a fully



interactive view of the "virtualized" Connect Care. Understanding this helps one understand challenges interacting with printers, scanners, microphones and other devices attached to the local computer. In sum, access to Connect Care happens through a middle layer that requires "Citrix Workspace" to be installed and maintained. The latest version generally works best and Citrix Workspace can be set to update automatically: [Install: Citrix Workspace Application](#)

## MyApps Unified Access Portal

All Connect Care access happens via AHS's unified access portal (UAP), which uses Citrix Workspace. The UAP address is easy to remember. Either of the following work both inside or outside AHS networks (also via the "CIS" button below).

- [myapps.ahs.ca](https://myapps.ahs.ca)
- [ahs-cis.ca/cis](https://ahs-cis.ca/cis)
- [Tip: Accessing Connect Care Hyperspace](#)
- [Manual: https://manual.connect-care.ca/access](https://manual.connect-care.ca/access)

## More Information

Subsections explain how to register for UAP, remote access FOBs and Connect Care Hyperspace, as well as how to assure the best Connect Care experience.

- [Adoption](#)
- [Access](#)
- [Departments](#)
- [Roles](#)
- [Deactivation](#)
- [Remote Access](#)
- [Access Problems](#)
- [Identity & Contact Info](#)
- [Epic UserWeb](#)
- [Working Remotely](#)

## Access Problems

### Lack of Access

See the [CIS Access](#) section for reminders about requirements that must be met in order to gain access to AHS network ([institute.ahs.ca](https://institute.ahs.ca)), Unified Access Portal ([myapps.ahs.ca](https://myapps.ahs.ca)) or Connect Care production (PRD) systems.

Prescribers who are unable to log in to [Connect Care Hyperspace \(PRD\)](#) should report this as an urgent problem by calling IT Service Desk & Solution Centre ([1-877-311-4300](tel:1-877-311-4300)), being sure to declare a CMIO physician/prescriber role requiring Connect Care access to perform clinical duties.

## Password Hygiene

Physicians will be logging on to and off of Connect Care many times per day, indeed per hour, and mistakes may happen. If, for example, one is accessing Connect Care from outside an AHS network, their AHS ('Healthy' network) username, password and FOB soft token are needed at [myapps.ahs.ca](https://myapps.ahs.ca); once logged in to the access portal, they select Connect Care and log in again (possibly both to the Citrix server and to Epic). If they forget their credentials or enter them in error too often (3 times), then their account may get locked. In some situations, use of certain special characters in an AHS password (#, %, &, @) can interfere with mobility logins.





## Password Changes

AHS credentials need to be updated periodically. The password expires approximately yearly, forcing selection of a new password. Connect Care users may be presented with a message that their password must be updated. Typically, a warning is issued a number of days before the change must be in place.

There are two easy ways to take care of an AHS password change:

1. Integrated Access Management ([iam.ahs.ca](http://iam.ahs.ca))
  - Log in to IAM ([iam.ahs.ca](http://iam.ahs.ca)) with your AHS ('Healthy' network) username and password (note that the password is your RSA FOB code, if connecting from outside an AHS network). Look for, use and follow the instructions in a "Change Password" link in a left-column "Self Service" box on the IAM webpage.
2. AHS Webmail
  - Log in to AHS webmail ([outlook.office.com](http://outlook.office.com)) with your full AHS email ("[firstname.lastname@albertahealthservices.ca](mailto:firstname.lastname@albertahealthservices.ca)") and your AHS password (same as Connect Care password).
  - If your password must be changed immediately, prompts will appear on the screen to guide through entering the old password and the new password requested.
  - If the password needs to be changed in the near future, look to the top right of the Outlook 365 webmail screen, click on the personal icon found there, select the "My Account" link, then the "Change Password" box from the screen that appears.

The changed password will be active for the next Connect Care login.

## Citrix Problems

Some access problems may relate to the Citrix Workspace software used by [myapps.ahs.ca](http://myapps.ahs.ca). These may be solved by (re)installing a current version of the software.

- [Install: Citrix Workspace for Windows](#)
- [Install: Citrix Workspace for MacOS](#)
- [Install: Citrix Workspace for iPadOS](#)

Many physicians will connect to the portal using computers quite unlike the standard-issue AHS Windows desktop. Apple computers (iMac, Macbook, etc.) may interact with the portal and its Citrix software in unique ways, and it can help to know a few configuration tips that make working with Hyperspace easier: [Tip: Keyboard Fix for Citrix Workspace in MacOS](#)

Some prescribers serve as Super Users, Area Trainers, Provincial Trainers, Knowledge Leads, Medical Informatics Leads, Design Leads or Builders. They have access to other Connect Care environments optimized for prototyping, training, validation or other advanced tasks. [Tip: Accessing Connect Care Environments](#)

## Getting Help

If access is frustrated by username or password failure, and you have time, consider fixing the password problem yourself. There is a self-service password reset tool available through the Identity and Access Management (IAM) portal (need to do this from within an AHS network or have a working RSA SecurID token):

- Log in to IAM ([iam.ahs.ca](http://iam.ahs.ca)) with your AHS ('Healthy' network) username and password (note that the password is your RSA FOB code if connecting from outside an AHS network).
- Click on "Forgot Password" or "Locked Out?" ([Password Reset Guide](#))
- First visit to IAM? [Set up Your Security Profile](#)

It is important to know what to do in the event that one cannot get in to Connect Care when clinically active. If a clinician loses access previously provisioned, or otherwise cannot get in to Connect Care, and is on active clinical duty, call the **IT Service Desk** (1-877-311-4300) to request emergency help. The help desk knows that this is a top priority. Be ready with your full name and clinical role.

If a clinician has not been provisioned or finds that they do not have the right access but is not currently on active duty please contact Medical Affairs.



## 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 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.

### 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](#)

## 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](#).

