

Contents

Welcome to the Readiness Playbook Summary for Physicians	1
COVID-19 Precautions in Connect Care Classrooms	1
Implementation Readiness	2
Overview	2
Appointment/Case & Referral/Procedure Request Conversion	2
Manual Clinical Order Conversion	2
Manual Clinical Data Conversion	2
Research Conversion	3
Cutover	3
Connect Care Launch Incident Management Branch (CCLIMB)	3
Connect Care Project Information & Updates	3
Connect Care Patient Advisors	3
eQuality & eSafety	3
Human Factors	4
System Access and Permissions: Role / Competency-Based Access	4
Connect Care Information for Physicians & Prescribers	5
Connect Care Manual for Prescribers	5
What is the Chief Medical Information Office (CMIO)?	5
How is the CMIO connected to Connect Care?	5
Where can I learn more about the CMIO and find resources for Prescribers?	5
Professional Billing	5
Hospital Billing	5
Patient Estimates	6
Single Billing Office	6
Prescriber Training Program	6
Prescriber Training Pathways	6
Training Tracks for Prescribers	6
Physician Area Trainers	7
Connect Care Provider Portal for Non-AHS Providers & Clinicians	7
(MOA) Medical Office Assistants Connect Care Access and Information	7
Instructor Led Training (ILT)	8
Access to Connect Care (EPIC)	8
Readiness Events Information for Physicians and Key Dates	8
Workflow Walkthrough	9
Readiness Checkpoints	10
Patient Movement Readiness Series	11
Workflow Dress Rehearsal	11
Technology Readiness	12
Non-Medical (End User) Devices	12
Third Party Applications	12
MyAHS Connect	13
Resources for Physicians	13

Connect Care Readiness Playbook Summary for Physician Leaders



Launch 6, Chapter 1: Foundational Readiness
October 11, 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 Launches' 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

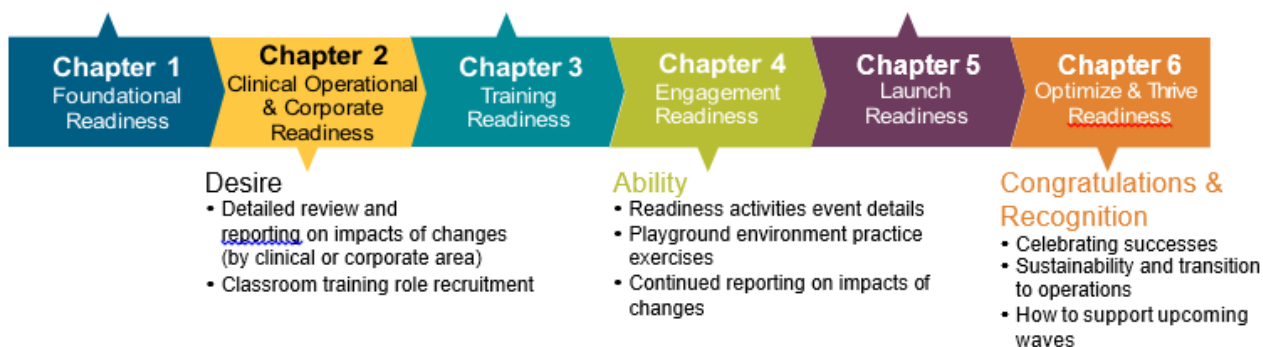
- Look ahead for the year
- Organizational changes and benefits
- Introduction to readiness reporting

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.



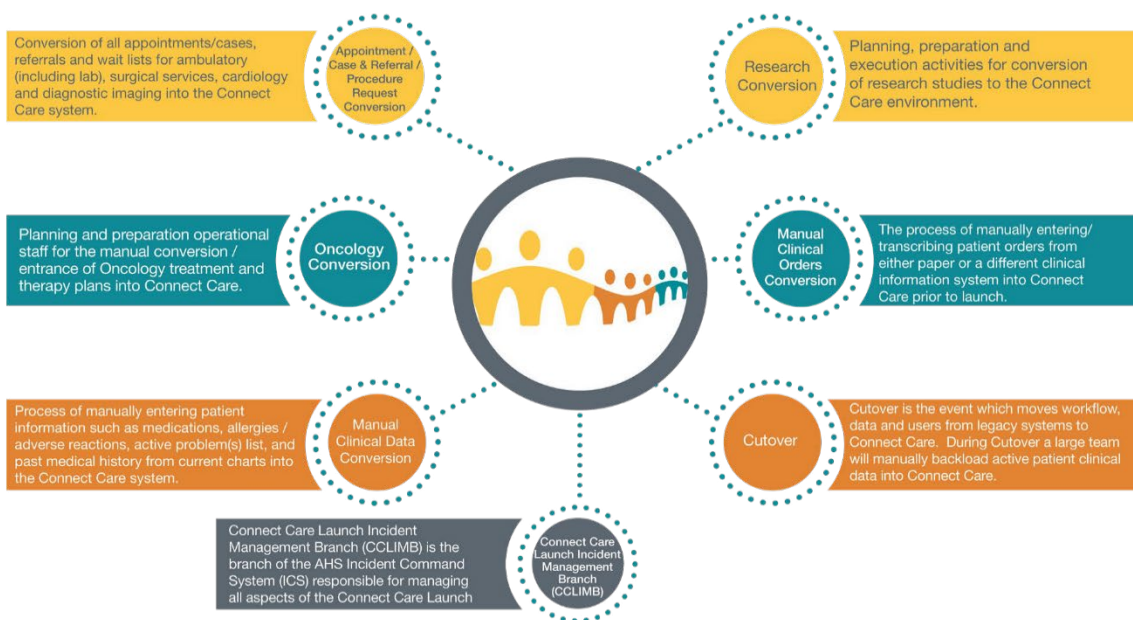
Implementation Readiness

Implementation Readiness covers activities and structures that need to be in place to support a successful launch. This section highlights key Implementation activities that convert patient information into Connect Care, along with supporting staff at launch.

Overview

Conversion is the process of converting something from one thing to another. In preparation for launch, there is a need to convert five categories of patient information into Connect Care. Below is a diagram of these five categories, as well as the 6th area of the Implementation Stream: Connect Care Launch Implementation Management Branch (CCLIMB).

The Implementation streams include the activities and structures needed to be in place to support a successful launch. That includes different types of Conversion activities, Cutover as well as the Connect Care Launch Implementation Management Branch. There are 6 areas within the Implementation Streams:



Appointment/Case & Referral/Procedure Request Conversion

The process of converting appointments, surgical cases, registration, referrals, recalls, and waitlists from paper/legacy systems into Connect Care.

Manual Clinical Order Conversion

The process of manually entering/transcribing patient orders from either paper or a different clinical information system into Connect Care prior to launch.

Manual Clinical Data Conversion

Process of manually entering patient information such as medications, allergies / adverse reactions, active problem(s) list and past medical history from current charts into the Connect Care system.



Research Conversion

Planning, preparation and execution activities for conversion of research studies to the Connect Care environment.

Cutover

This is the event which moves workflow data and users from legacy systems to Connect Care. During cutover, a large team will manually backload active patient clinical data into Connect Care.

Connect Care Launch Incident Management Branch (CCLIMB)

Connect Care Launch Incident Management Branch (CCLIMB) is the branch of the AHS Incident Command System (ICS) responsible for managing all aspects of the Connect Care Launch beginning at Cutover and through the launch period (2-4 weeks post launch).

ICS principles, practices, and tools are used to manage the launch event. As a branch of AHS' ICS the CCLIMB can leverage principles, processes and tools to ensure:

- Safety
- Achievement of objectives
- Efficient use of resources

Have questions? Check our FAQs or email us at ConnectCare.LaunchSupport@ahs.ca

Connect Care Project Information & Updates

Connect Care Project Information & Updates is essential information for Operational Leaders specific to the Connect Care Project.

Connect Care Patient Advisors

Patient Advisories work with AHS to encourage partnerships between those receiving health services, leaders, staff, and health care providers. The purpose is to enhance the principles of Patient and Family Centered Care (PFCC) and help strengthen the quality and safety of patient care for all Albertans. The four principles associated with PFCC

- Respect & Dignity
- Information Sharing
- Participation
- Collaboration

Connect Care embraces the partnership with patients and families through the nearly 80 Patient Advisors. As such, the patient advisors act as a resource and consultative group for Connect Care as per the Connect Care Patient and Family Centered Care (PFCC) mandate.

If you have questions about how to get Patient Advisors involved in your work, or if you want to consult with a group, contact ConnectCare.PatientFamilyAdvisoryCommittee@ahs.ca.

eQuality & eSafety

eQuality & eSafety ensures that digital health initiatives, including Connect Care, are designed with patient safety and quality of care in mind. The eSafety Transformation project is a Connect Care initiative working to implement eSafety guidelines across AHS. This includes embedding eSafety principles into policies and procedures, training and more.

You can help AHS lead the way by incorporating eQuality & eSafety practices into your day-to-day.

Additional Resources:

- [eQuality & eSafety Insite Page](#)
- Email eSafety@ahs.ca



Human Factors

Usability of a Clinical Information System (CIS) is “one of the major factors, and possibly the most important factor hindering wide-spread adoption.” Usability refers to the quality of a user’s experience when interacting with systems based on effectiveness, efficiency, and overall satisfaction. The AHS Human Factors team collaborates with the organization to integrate human factors engineering methods into all aspects of electronic systems design, implementation, and the analysis of safety incidents.

The AHS Human Factors team is supporting Connect Care by providing expert guidance on usability:

- Supporting build teams on workflows, content design and usability.
- Developing style guides to help ensure consistency, alignment to design best practices and usability of content for all end users.
- Facilitating Non-medical Device simulation evaluations and developing guidance on the type and placement of hardware and mobile solutions to match operational needs.
- Conducting workflow safety reviews on prioritized workflows with end users.
- Working with test and build teams to assess the usability of the system.
- Supporting the High Risk/High Volume workflow teams to proactively identify and mitigate risks prior to launch.

System Access and Permissions: Role / Competency-Based Access

Access and permissions to Connect Care is competency and role based. This means end users have the necessary knowledge, skills, and permissions to safely and appropriately use Connect Care. This will help protect patients and contribute to a supportive environment for care providers by ensuring that providers are well prepared to use the system appropriately. This access model provides safe transitions of care through appropriate sharing of information within and across care settings.

Patient records in Connect Care are part of the legal record of care. Members of health professions are subject to professional, legislative and organizational standards, expectations and norms – both regulated and unregulated staff are subject to AHS policies. Healthcare providers are responsible for documenting the care they provide. Implementation of the access solution will conform to the following principles of practice:

- Access is based on the full scope of practice as defined by legislation, profession-specific regulation (for regulated providers) or by job description (for unregulated providers). The solution will support scope adjustments to restrict access permissions for specific provider roles.
- Some Connect Care users have multiple concurrent or consecutive roles; access, permissions, and audit history should correspond to the applicable role or license.
- Access, permissions, and the audit trail will accommodate users who progress from student through post-graduation roles.
- Access, permissions, and audit trail for inter-professional care teams will support collaborative care and practice and documentation of team-based care.

As a tool of practice, Connect Care adds a layer of meaning and significance to each of the following key terms:

- Authorized users can access/view information as defined for their role(s).
- Permissions or privileges control the user’s ability to write, edit, order, prescribe or sign off.
- A designation often signals occupational (clinical and non-clinical) competencies, grounded in training and practice. Occupational competencies underpin roles.
- Clinical information system (CIS) user competency refers to a person’s capable use of the Epic application.
- Within a given job or position, roles (understood as sets of work activities and as actions performed in Connect Care) may vary.
- Those role-specific nuances may be driven by several factors: the service stream, location or by program.
- AHS employees and members of the Medical and Midwifery Staffs (i.e., physicians, midwives) will be protected through:
 - Appropriate training for each set of permissions granted in Connect Care



- Standard expectations, conditions, and processes for deactivation of access to Connect Care for users of Alberta Health Services (AHS) information systems and applications.
 - This is important because exposure and use of Connect Care is vital for periodic reinforcement of Connect Care skills and safety measures.
- Consistent deactivation definitions and principles that can be applied to any AHS CIS (current and future).

Connect Care Information for Physicians & Prescribers

Connect Care Information for Prescribers is essential information for Physicians and other Prescribers within AHS specific to the Connect Care Project.

Connect Care Manual for Prescribers

This online manual 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 Manual for Prescribers](#)

What is the Chief Medical Information Office (CMIO)?

Under the direction of the Chief Medical Information Officer (CMIO) and supported by Associate Chief Medical Information Officers, the CMIO provides leadership, coordination and facilitation of clinical informatics initiatives for AHS. The CMIO oversees provincial clinical informatics efforts, while the Associate CMIOs guide clinical informatics and Connect Care engagement in their respective zones.

How is the CMIO connected to Connect Care?

The CMIO represents the interests of physicians and prescribing providers. The office provides leadership in designing Connect Care and in supporting Prescribers through the Connect Care transformation.

Where can I learn more about the CMIO and find resources for Prescribers?

- [CMIO Zone Websites](#)
- [Physician Manual](#)

Professional Billing

Resolute Professional Billing is the Connect Care business module used to translate prescriber service codes into claims and manage payments.

Prescribers will fall into three broad groups:

- Independent: providers who practice independently, but use Connect Care as the record of care, can continue their current professional billing practices or take advantage of one of the Connect Care professional billing offerings.
- ARP or AMHSP: providers contracted for clinical services through alternate reimbursement plans may need to comply with whatever billing arrangement their practice group undertakes, which could include the use of Connect Care.
- AHS-funded: providers fully employed by, or in total compensation contracts with, AHS already have billing services provided by AHS, and AHS will use Connect Care professional billing.

Hospital Billing

Through Connect Care, the Accounts Receivable – Billing Cash and Collection Department of AHS will be consolidating the various provincial billing systems. The Resolute Hospital Billing Module will be used for all charges that are accrued for services provided or resources used for a patient in inpatient or outpatient facilities.



Patient Estimates

The current state for the patient estimates process will change, with the introduction of the Resolute Hospital Billing Module of Connect Care.

Changes include:

- Back-end users to provide estimates to patients who are:
 - Uninsured
 - Seeking elective/cosmetic procedures
- These estimates are initiated when a surgical end user marks a surgical case as “fully uninsured.”
- Patients are required to submit 100% prepayment before their procedures are scheduled
 - Back-end users can also provide estimates to patients for specific procedures (e.g., labour and delivery) when they receive estimate requests via phone.

Single Billing Office

The Single Billing Office is the integration of self-pay services for hospital and professional billing to enhance patient experience with a single statement. The functionality will help give patients a more precise and complete picture of what is owed out of pocket for both hospital and professional services. The Single Billing Office is an opportunity to reassess as well as align policies between hospital billing and professional billing for statement processing, prompt pay, and bad debt.

Prescriber Training Program

Below is a high-level look at what to expect during training—more detailed information in upcoming chapters. Prescriber training will follow the committee-approved training principles outlined in the Prescriber Handbook.

Training will address key implications for prescribers. The goal of training is to support prescribers to become competent and proficient in using Connect Care.

- Prescribers will train Prescribers.
- Prescriber training has been developed around a “Day in the Life” philosophy, with a clear mandate of:
 - Respecting prescriber time
 - Communicate critical information
 - Sensitivity to the circumstances of Alberta Prescribers
 - Flexible access and learning options (eLearning and In-Class) to support a variety of learning styles

Prescriber Training Pathways

Different training pathways will address Prescribers needs within different practice types and settings.

Prescriber learning pathways include the basic track (essential knowledge and skills needed for safe use of Connect Care), plus one or more of the following 16 tracks (additional training about specific applications/modules as appropriate):

Training Tracks for Prescribers



Training will also cover working with Connect Care on different environments (desktop, portal, mobility) both inside and outside AHS protected networks.



Physician Area Trainers

Connect Care Area Trainers are physicians drawn from representative clinical areas that will teach the Connect Care system to their peers in a classroom setting. They are 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.

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 Associate Chief Medical Information Officers (ACMIOs). Area Trainers are expected to contribute approximately 160 hours to this role over a six-month period, including receiving training (64 hours), delivering training (60 hours) and providing launch support (36 hours).

Physicians working in both fee for service and other contractual relationships including 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.

Applications for Area Trainers can be found:

- Calgary Zone: cmio.caz@ahs.ca
- Central Zone: cmio.cez@ahs.ca
- Edmonton Zone: cmio.ez@ahs.ca

Connect Care Provider Portal for Non-AHS Providers & Clinicians

Connect Care Provider Portal is a web-based application that provides non-AHS providers and clinicians with a way to:

- Access their patient’s Connect Care health care record
 - View their patients’ upcoming appointments with AHS specialists
 - View Lab and Diagnostic test results in real-time
 - View notes, e.g., discharge summaries from Inpatient admission or Emergency Department visit
 - Place and track the progress of referrals
 - Receive notification of emergency department visits, inpatient admissions and discharges
 - Send advice requests to AHS specialists by sending them an In Basket message
- Improve the continuity of care for patients as they move throughout the health care system.
- Integrate with AHS Patient Portal that facilitates integrative health care while enabling coordination of care across the continuum of care
- Align with AHS’ strategy to engage external users in the community

(MOA) Medical Office Assistants Connect Care Access and Information

Physicians need to indicate the names of all non-AHS MOAs who do work for them to support their activities within AHS. Certain activities within Connect Care are the responsibility of the physician. They can delegate some of those activities to an MOA they employ (private).

Activities that can be supported in Connect Care by a private MOA include:

Workflow tasks supported by MOA	Connect Care role assignment
- Create AHS letters - Register patients to be seen in AHS facilities	Private Practice Ambulatory Unit Clerk



- Schedule out-patient appointment for patients to be seen in AHS facilities - Read and/or edit AHS clinical documentation	
- Create surgical cases	Private Practice Surgical MOA
- All of the above tasks	Private Practice Surgical Ambulatory Unit Clerk

Instructor Led Training (ILT)

- Based on the role(s) required, non-AHS MOAs must attend the following in-classroom session.
- Physicians will be responsible for wages and clinic costs associated with training.
- AHS will provide the content and trainer and classrooms to supply training.

Connect Care role assignment	Required Instructor Led Training	Classroom Length
Private Practice Ambulatory Unit Clerk	- Ambulatory Unit Clerk ILT - Registration Basics ILT - Schegistrar ILT	- 3.75 hours - 7.75 hours - 7.75 hours (2.5 business days total)
Private Practice Surgical MOA	- Private Surgical MOA ILTs	- 3.75 hours (0.5 business day total)
Private Practice Surgical Ambulatory Unit Clerk	- All of the above ILTs	- 23 hours (3 business days total)
Referrals Coordinator	- Clinic Referrals User ILT	- 7.75 hours (1 business day additional)

- Non-AHS MOAs must complete all End User Proficiency Assessments (EUPAs) corresponding to their classroom training through MyLearningLink after class ends.

Access to Connect Care (EPIC)

- Non-AHS MOAs will be granted access on launch date if all their training requirements are fulfilled:
 - Complete Mandatory online modules
 - Attend all required in-classroom sessions
 - Complete all required EUPAs
- Some non-AHS MOAs will be granted early access if the Connect Care Patient and Access team identifies them as needing to participate in conversion weekends prior to launch.

Please send the list of MOAs for Launch 6 to:

Calgary Zone: cmio.caz@ahs.ca

Central Zone: cmio.cez@ahs.ca

Edmonton Zone: cmio.ez@ahs.ca



Readiness Events Information for Physicians and Key Dates



Each Readiness Event builds on the knowledge from the previous session. The goal of all four 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 new Connect Care environment helping users to be successful and confident in their work during launch periods.

An important part of the Connect Care readiness strategy includes the planning and execution of readiness events. These events are meant to:

- Illustrate where the operating environment is and/or is not prepared for the pending implementation.
- Serve as a good opportunity to review high-volume, high-risk and net new workflows.
- Provide leaders with a sense of how end-users may be responding to the changes and other operational functions.
- Identify and resolve any cross-functional processes that might present challenges or be difficult to manage.

Detailed packages (and any required materials, tools) will be developed to support the planning and deployment of the following readiness activities:

Workflow Walkthrough

Overview:

The Workflow Walkthrough (WFWT) event allows SMEs, 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; a chance to increase engagement and enthusiasm for the install prior to training.

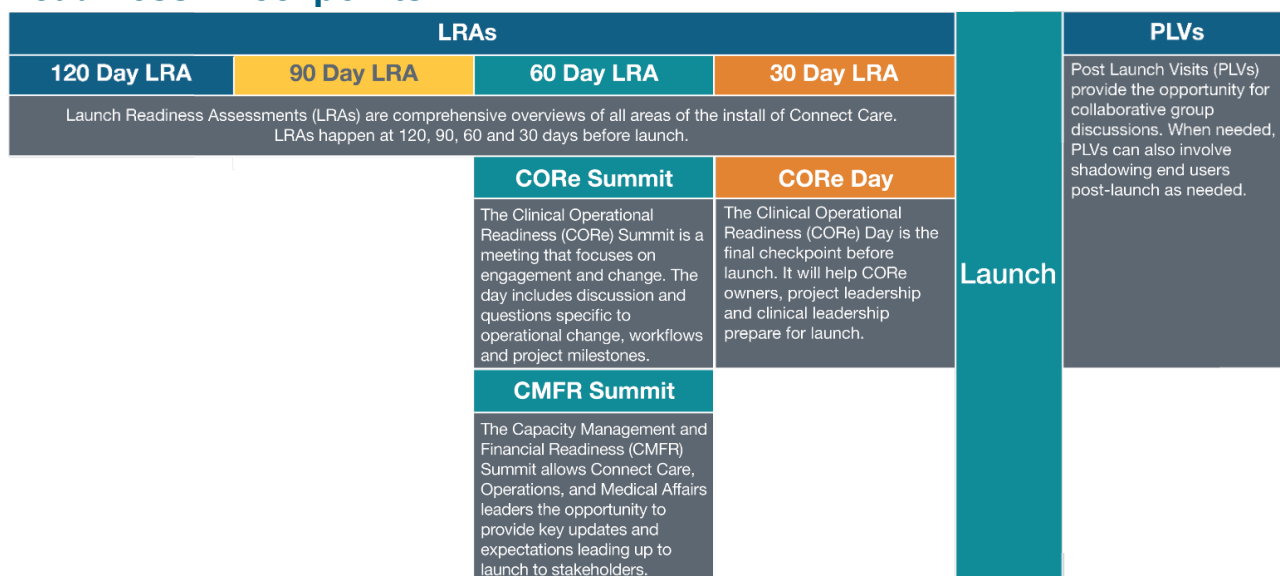
Event Details:

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



Key Dates	Event Goal(s)	Recommended Attendees
5-6 months before 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 MIL attendance is optional Interested Medical Leaders Interested Physician End Users Other CMIO/ACMIO leadership

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; launch leadership presents relevant issues, risks and action items from the Launch Readiness Assessments (LRAs) with CORe and 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, launch, 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
Clinical Operations Readiness Summit (CORe)	2-3 months before launch	<ul style="list-style-type: none"> Zonal ACMIO team Key MILs Medical leadership Physician End Users not expected to participate Other CMIO/ACMIO leadership
Capacity Management and Financial Readiness Summit (CMFR)	2-3 months before launch	<ul style="list-style-type: none"> ACMIOS CMIO leadership and core team
Clinical Operations Readiness Day (CORe)	1-2 months before launch	<ul style="list-style-type: none"> N/A



Patient Movement Readiness Series

Overview:

Patient Movement Readiness Series provides demonstrations and hands-on experience for both common and complex patient movement workflows. The session educates End Users and operational leaders about how integrated patient movement workflows will change after Connect Care implementation. This discussion forum will help users understand how their patient movement handoffs affect other users' workflows in Epic.

Event Details:

- **Workflow Demonstration** - Connect Care system demonstrations using multiple screens to demonstrate the action/workflow for each user.
- **Practice Centres** – drop-in centres for each department/area to allow End Users to practice common/complex patient movement workflows using scripts to follow along.

Date	Event Goal(s)	Recommended Attendees
2-4 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 • Medical leadership • All other physician groups are optional

Workflow Dress Rehearsal

Overview:

Workflow Dress Rehearsal 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.

Date	Event Goal(s)	Recommended Attendees
2-3 months 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 • All Launch MILs • Medical Leadership • All Launch physicians are optional • Other CMIO/ACMIO leadership are optional



Technology Readiness

Non-Medical (End User) Devices

The Connect Care Non-Medical Devices (NMD) assessment team continues to work with managers and site readiness owners to define the types, numbers and locations of the shared non-medical devices that will be needed for Connect Care. These device services include:

- Computing devices ([fixed and mobile](#))
- eSignature pads
- Wristband printers
- Web cameras
- Barcode scanners
- Label printers

Third Party Applications

To meet the needs of clinicians and facilitate safe patient care the following 3rd Party applications will be available in addition to Connect Care.

1. Provincial Speech Recognition

- [Dragon Medical One](#) (DMO) is a provincial speech recognition solution that will provide physicians and other care providers an alternative or a supplement to the use of Connect Care tools for documentation, an alternative to traditional dictation and access to documentation tools for providers who are currently handwriting patient reports.
- An introduction to DMO will be provided during Connect Care CMIO training sessions.
- AHS DMO Trainers will provide one-hour optional training during Personalization Training for those who are looking for a more in-depth view of personalizing Dragon.
- Prescribing Providers and Lab users will have access to integrated e-learning and training tools available through the Dragon tool for those who have a passion for learning more!
- For more information or questions email: speechrecognition@ahs.ca

2. Barcoding

- The barcoding project will assist with the development of standards and support the integration of barcoding practice within various areas, including Pharmacy, Laboratory, Diagnostic Imaging, Transfusion Medicine, Children's Health, Women's Health, Cardiology, and Endoscopy.
- The barcoding process will be reviewed during Connect Care training for those workflows where barcoding is being used. Additional detailed information will be available on Insite regarding printing and scanning of barcodes.



MyAHS Connect

MyAHS Connect is the secure online portal that will provide patients with easy access to their Alberta Health Services' health information and allow for two-way communication and information sharing between patients and Connect Care providers. MyAHS Connect is Epic's "MyChart" software, customized to serve the needs of AHS and the patients and families it serves. It is a tool that enables patients to actively participate in their care before, during and between encounters. The portal is accessible by patients through their desktop or mobile devices (smartphone - iPhone and Android, tablet - iPod, iPad, Android).

Patients can view scheduled appointments, test results, and other information such as health history and medication list. Documents and images can be uploaded. They can view their After Visit Summaries (AVS) from inpatient, ambulatory and emergency visits.

Providers and Clinicians will be able to communicate with their patients using secure messaging for example to send questionnaires to be completed prior to an office visit.

Patients will access MyAHS Connect via a link from Alberta Health's MyHealth Records personal health portal (myhealth.alberta.ca). To access either of these portals for the first time, the sign-up process begins by first creating a MyAlberta Digital ID (MADI) account. MADI is a secure online account that gives a user seamless access to Alberta Government sites and services without having to go in-person to a specified site to access information. All users will need a MyAlberta Digital ID (MADI) account in order to access MyAHS Connect. MyAlberta Digital ID (MADI) [MyAlberta Digital ID](#).

Once the MADI sign-up process is completed, an Albertan can view some lab results, dispensed medication information and immunization record through the MyHealth Information tab. The MyAHS Connect tab will provide patients with access to their AHS healthcare information. MADI processes and technology helps to manage secure user access to MyAHS Connect.

Resources for Physicians

For the latest information pertinent to physicians please follow the Connect Care Bytes Blog and for a deeper dive into topics concerning physicians be sure to check out the Connect Care Clinician Handbook.

- Bytes Blog – bytesblog.ca
- Clinician Handbook – handbook.ahs-cis.ca
- Zone ACMIO Insite pages:
 - [North](#)
 - [Edmonton](#)
 - [Central](#)
 - [Calgary](#)
 - [South](#)
- Resource Guide – [Connect Care Manual \(connect-care.ca\)](http://connect-care.ca)
- Contact – cmio@ahs.ca

