Connect Care Readiness Playbook Summary for Physician Leaders

Wave 2, Chapter 5: Launch Readiness
August 19, 2020

Welcome to the Readiness Playbook Summary for Physicians

Connect Care will be rolled out across the province over nine Waves. 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 Playbook contains information that is relevant for physicians. This information is cued with a physician icon. Each of the chapters will be complemented with a Summary for physicians that contains relevant information for physicians in one place. This document is the Wave 2 Chapter 5 Summary for physicians.

Tasks within the Readiness Playbook are organized as work packages. Work packages are the primary means by which Clinical Operations disseminate readiness information to their staff. Some work packages 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. For example, resources for coaching, change management, dealing with resistance and eHealth competency.

Process Readiness

Process Readiness describes the logistical, detailed, practice and procedural impacts of Connect Care, which includes information, explanations and tools to understand interim state and implement new workflows.

MyAHS Connect

- MyAHS Connect is the secure online portal that will provide patients with easy access to their Alberta Health Services' health information. In addition, it allows for two-way communication and information sharing between patients and Connect Care providers.
- MyAHS Connect users need to have a MyAlberta Digital ID (MADI) and their own MyHealth Records (MHR) account before they have an active MyAHS Connect account.
- Staff, Prescribers, students, and trainees are encouraged to create a MADI account and MHR account.
- During clinic visits prior to launch, staff and Prescribers should introduce the features and benefits of MyAHS Connect, and encourage patients to create a MADI and MHR account, so that they will have completed two of the three steps required to obtain a MyAHS Connect account. Resources can be found in the Connect Care Training materials.
- After Connect Care is launched, suitable patients can be offered a MyAHS Connect account and the account set to pending. The account will move to active once the patient has signed into their MADI and MHR account. Patient will automatically receive activation instructions by email once set to pending. The same information is available on the After Visit Summary when it is printed upon discharge. There are After Visit Summaries for Emergency visits, Inpatient visits, and Ambulatory Care visits.

For support for MyAHS Connect: 1-844-401-4016

Reconciling Outside Information with data in the patient's chart

- You can see a patient's allergies, medications, and problems that have been reported by outside sources using the Reconcile Outside Information activity within Connect Care.
- This includes allergy, medication and problem list data converted from legacy systems. After reviewing the information you can choose to add it the patient's chart.
- This information comes from other organizations that see the patient, the patient's pharmacies, or even the patient themselves, if they use MyAHS Connect.
- Learn more by searching "Reconcile Outside Information" on the Connect Care Knowledge Library.

Registries

Registries within Connect Care aid in the clinical treatment of chronic disease patients and optimize the analytical review of these groups of patients. Registries run "in the background" of the system, and a clinical user will never directly interact with the Registry itself. Users will interact with the tools and functionality of the system through the patient chart and Reporting Workbench. Reports can generate lists of patients that can be clinically actioned in some way – bulk communications, bulk orders, patient outreach, direct patient follow-up etc.

To learn more please refer to the synopsis of the Connect Care Registries

Connect Care Downtime & Recovery

Downtime & Recovery Work Package
Downtime & Recovery Practice Package (Supplemental Training, including Downtime practice drills - coming soon!)

What is Downtime?

Downtime refers to a period of time when Connect Care will be unavailable. Clinical Operations will designate a downtime champion in each clinical area that will be trained on the process and guide staff through. There are two types of downtime and the process to manage them is the same:

- Scheduled downtime: Allows for updates or upgrades to the application or technical infrastructure. They are usually controlled and the duration is normally predicted and communicated in advance.
  - o The Downtime Schedule window falls on the 2nd Thursday of the month from 0030-0430 hrs.
  - o If it is not required, it will not be taken.
- Unscheduled downtime: These are unplanned events and are related to the system going down unexpectedly.

What is Recovery?

Recovery is the process of which data charted during downtime is reconciled back into the clinical information system (CIS) when it is available again to maintain accurate patient information.

What is the purpose of the Downtime & Recovery work package?

Completion of the Downtime & Recovery Work Package is integral to the successful launch of Connect Care The Work Package provides training opportunities on Downtime Tools and instructions to order your Downtime Kit Completion is imperative for patient safety and successful navigation of a downtime An optional Downtime & Recovery Practice Package will be available on Insite for staff wishing to learn more

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Reconciling a Code or Code-Like Event following a downtime

Resources are available to help guide Emergency Department and Inpatient staff through reconciliation using Specialty Narrators of such events on Downtime & Recovery Insite Page.

Where can resources be found?

Resources and up to date information can be found on the Connect Care Downtime & Recovery Insite Page. This includes the Downtime & Recovery Procedure Manual, quick links to the Prescriber Downtime Support Page, and Policies & Forms. A link to the Connect Care Status Page is available for users to get up to date information regarding upcoming or current downtimes.

Confidentiality in Connect Care

Confidentiality in Connect Care Work Package

Connect Care has many features that provide an additional layer of confidentiality to help reduce or manage concerns associated with information sharing.

As is the case with all clinical interactions, physicians have a professional responsibility to maintain patient confidentiality and limit access to those patients that are within the circle of care. The Connect Care system fulfills all legislated and professional obligations that are required to use a Clinical Information System in Alberta. The InfoCare On Our Best Privacy Training describes some of these and is an absolute prerequisite for Connect Care access.

More information about the nuances of confidentiality settings within Connect Care will be available on MyLearningLink in the near future.

See the Knowledge Library (search: confidentiality) for more resources.

How to Prepare My Staff

Managers are encouraged to discuss with their staff to ensure there is a consistent approach to the assessment, understanding, and application of the confidentiality features in Connect Care, according to AHS policies and guidelines.

Consent

Informed Consent in Connect Care Work Package

ACTION REQUIRED: Managers and Leaders are encouraged to review existing practice and policy expectations for Informed Consent.

ACTION REQUIRED: Perform a gap analysis to identify and plan for differences between current and future states regarding paper and electronic informed consent forms. A gap analysis should follow the steps outlined in the Work Package.

- **Why?** Policy requirements for Informed Consent will not change. However, the process of how we document consent will move from a paper to an electronic process.

Current Process

- Paper documentation
- Multiple Informed Consent forms used across AHS

Connect Care Process

- Electronic documentation
- Six provincial Informed Consent forms used across AHS

Easy accessibility of forms:
- Forms used most commonly in AHS available via quick buttons
- Additional high-use related forms will be available through an "add" button in the Consent Navigator to support the vast majority of Informed Consent discussions

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Privacy

- AHS must provide a notice of privacy to patients informing them that their individually identifiable health information will be used for purposes of providing services, billing for health services, educating medical staff, conducting approved research studies, or for internal management purposes.
- These notices provide the primary basis for the collection, use, and disclosure of health information and is required by the Health Information Act.
- AHS requires all registration stations and clinical areas to display the privacy notice poster.
- Should patients request a copy of the privacy notice poster and additional printed copies are not available, it can be found on Insite.
- If patients have specific questions regarding the privacy or security of Connect Care, please review the Connect Care Privacy and Security FAQ document.

Research

- For the first time in AHS, patient participation in research studies will be included in the integrated electronic patient record. As such, clinicians should expect that patients participating in interventional studies will have this information documented in their patient records.

Benefits:

- Increases patient safety by informing ALL healthcare providers regarding the patient's full healthcare journey, including their participation in research (interventional studies) and the impact on their care.
- By clicking on the Research Flask icon, the care team can find out more about the study and find contact details for the study team.
- For more detail on the Research Flask icon, see this one-pager.

Additional Resources:

- Clinical Inquiry Newsletter
- Externally available Connect Care Research Resources hosted on the Health System Access (formerly, PRA) website (right-hand side of page)
- For any questions, contact: CC.Research@ahs.ca

Technology Readiness

Technology Readiness covers resources for understanding and developing the capacity to integrate technology into workflows and practice.

> ### Have questions about Connect Care Technology?
>
> Send an email to connectcare_tech@ahs.ca

This includes clear information about:

1. Types of technology
2. Skills required to use the technology
3. Expectations for implementation.

For more information: Technology FAQ

Non-Medical (End User) Devices (NMD): Technical Dress Rehearsal (TDR)

Technical Dress Rehearsal (TDR) is the phase of the Non-Medical Devices (NMD) project that takes place immediately before launch. TDR is key to ensuring all Connect Care NMD are ready for launch.

During TDR, the computers you have now and the new computers that are deployed are tested to resolve any issues. TDR typically occurs two to three weeks after your devices have been deployed, but can take place up until launch. TDR is a dependency for Shadow Charting, Workflow Dress Rehearsal, and Downtime and Recovery, so it imperative that the TDR work is completed before those activities.

Who will be doing the testing?

- IT testers may be joined by Operational testers (staff located at the sites) to test the devices.
- Site managers will be responsible to identify the operational staff who will test the devices at their sites, if that is the approach taken.
- Some Unit/Clinical Managers may have staff in their areas who are selected for testing. These testers will be responsible for testing in all of the areas/units in scope for TDR at the site.
- If you have staff who are selected to do testing, please work with your site leadership to ensure your staff have the capacity to complete the TDR testing training and test devices during the TDR phase.

What to expect?

- The testers will need to use workstations to log into the testing application, which means staff will not have access to some workstations while the tests are taking place.
- If at any time a tester is using a device that needs to be used for clinical purposes, please let the tester know and the tester will move onto a different device or area to free up the device for clinical staff.
- Many of the tests require printing to ensure workstations point to the right printers and function properly. You may see some of the tests printed from your printers.
- Before and during testing, you will see stickers placed on your workstations. These stickers indicate if a device has passed all tests or if a device requires re-testing (see figure below).

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 transferring patient data from the legacy system into the Connect Care record. 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:

Conversion of all appointments/cases, referrals and wait lists for ambulatory (including lab), surgical services, cardiology and diagnostic imaging into the Connect Care system.

Appointment / Case & Referral / Procedure Request Conversion

Cutover 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.

Cutover

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.

Connect Care Launch Incident Management Branch (CCLIMB)

Research Conversion

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

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.

Manual Clinical Data Conversion

Manual Clinical Orders Conversion

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

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

CCLIMB consists of coordinated teams including clinicians, staff, care providers, and vendor participants working together within the work periods defined for the incident to provide support as needed.

Proper coordination of operational and support staff ensures prompt response for any issues related to launch.

CCLIMB is responsible for the cross-organizational planning, preparation and implementation of processes necessary to support Connect Care end users during launch periods. Strategies are developed to deal with any problems that could impact meeting the incident objectives. The tactical response to the strategy is governed by CCLIMB in accordance with the ICS.

ACTION REQUIRED: It is important to understand how your operational dyad will be involved in the CCLIMB and your role as a medical leader. In general, front line physicians are not involved, but as a Facility Medical Director, Zone Clinical Department Head or Site Chief you will likely a role. During Launch, there will be a daily meeting (sometimes twice a day depending on the wave) where the Office of the Chief Medical Information Officer (CMIO) will coordinate activity and raise important issues that are emerging into the CCLIMB process. To fully access the benefits of ICS, all resources providing support in the Connect Care Branch should complete MLL training Incident Command System (ICS) (I-100) prior to launch and coordinate with the Associate CMIO in your zone.

Your Implementation Leaders will engage and guide you in your tactical site plans as presented in the Bootcamp, CORe Summit, CORe Day, and Orientation sessions. During the Launch period, there will be a Daily Launch Bulletin

Have questions? Check our FAQs or contact us.

As you go through the Launch, documenting lessons learned and submitting them to us will provide real time information.

Manual Clinical Data Conversion

- As AHS transitions to the Connect Care clinical information system (CIS), we continue to focus on conversion of data from health information systems that will be replaced by the CIS.
- Decisions around conversion were made by weighing the clinical value of the data against the effort needed to convert it. These decisions also take into account the usability, reliability and quality of the data and the compatibility of the data within the Connect Care CIS.
- The data conversion team has created and posted a Data Conversion Fact Sheet to outline what information will be electronically converted; the fact sheet is organized by data categories.
- Any information from source systems that are required for clinical decisions that cannot be located in Connect Care will still be made available through:
    - Alberta Netcare – will be available to launch from within Connect Care, directly into the chart of the patient in question. No additional log-in will be required.
    - Enterprise Content Services (ECS) - enable clinicians to digitize, store, manage and view clinical documents and images that currently reside outside the provincial CIS on paper or electronically in other systems.
    - Other solutions are in place that will ensure AHS will comply with all provincial rules for record retention requirements.

For more information, please visit the Data Conversion FAQs page or contact cc.converssion@ahs.ca

Manual Clinical Orders Conversion

The Manual Clinical Orders Conversion Project is responsible for engaging with, preparing, and supporting stakeholders for clinical orders conversion. This activity is necessary for those clinical areas who need to either action orders such as therapy plans prior to launch or at the time of the patient encounter, and real-time order entry is not possible or practical. Physicians and clinicians will participate in the orders conversion activities. Preparation activities have been underway and clinical areas have been engaged in the process for converting of clinical orders:

- Members of clinical areas are participating in Clinical Orders Conversion Action Group sessions to prepare for conversion activities.
- Appropriate Training and requests for early system access in process for those participating in this activity.
- Conversion of clinical orders occurs 4-6 weeks pre-launch (September).
- Resources including Step by Step guides, Tip Sheets, a demonstration video, and FAQs are available.
- Lunch and Learn, Physician Facilitated, and virtual support sessions begin prior to and occur during conversion activities (September, October).

For more information please contact cc.conversion@ahs.ca

Patient Safety Surveillance

What is it?
An approach used during launch and beyond to support patient care by identifying unexpected use patterns, address potential clinical risks, and promote patient safety best practices.

Four areas will monitor patient safety metrics, dashboards, and reports for patient safety purposes:

- Inpatient
- Ambulatory
- Oncology
- Laboratory

These analytics are used during launch to ensure that:

- The system is working as intended
- Staff are prepared to effectively work in the system

- Potential clinical risks associated with implementing the system are identified early to mitigate any risks to patient safety
- Staff and frontline managers have the support they need at the time of launch, and the immediate weeks following, to monitor and address any areas of concern.

When does this happen?

During Launch, the specified metrics and dashboards will be monitored by the Connect Care Patient Safety team and will check in with leaders to ensure they are aware. This is specific to launch and the immediate 2-3 weeks following. Leading up to and during launch, you can expect Patient Safety Surveillance support staff to touch in and give some tips on how to use the metrics to best support your patients.

Connect Care will communicate Patient Safety Surveillance information through a variety of avenues,

i.e. end user training, Virtual Office Hours, etc.

For more information:

- Virtual Office Hours Recording: Patient Safety Surveillance
- Inpatient Patient Safety Surveillance Quick Start Guide
- Ambulatory Patient Safety Surveillance Quick Start Guide

eQuality & eSafety

eSafety events are any event related to a patient safety hazard, close call, or adverse event where technology contributed to or triggered the event.

When there is an eSafety event noted during launch, **perform the following steps:**
(These steps align with the Connect Care Launch Implementation Management Branch)

Patient is always your first priority!

1. Call the Super User / Onsite Support to report the issue and indicate that there is a direct risk or impact to patient safety and care
2. The Super User / Onsite Support will triage the issues to the:

   - IT Service Desk and Solution Centre if it is a related technical issue
   - A ticket will be created in vFire (IT ticketing system) to track the issue
   - Site Connect Care Launch Implementation Management Branch Centre/Structure if it is a non-technical issue

3. Complete a report in RLS and indicate that digital health technology was involved.

   - **NOTE** that the issue was also reported to the IT Service Desk and Solution Centre or Super User and include ticket #

4. (FYI – no action required by end user): The eQuality and eSafety team will review relevant reports twice a day during launch, which will be used to triage and escalate RLS and vFire tickets for discussion and resolution. Follow-up with the reporter and/or operational leaders will take place.

Connect Care Information for Prescribers

Connect Care Information for Prescribers covers important 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 Physicians

Connect Care Provider Portal for Non-AHS Providers & Clinicians

A small number of community providers will have access to the Connect Care Provider Portal, which allows them to access a view only version of the Connect Care chart and to use the messaging and In Basket services. Providers who have privileges at AHS facilities will have direct access to Connect Care and therefore will not need a Connect Care Provider Portal account.

- You may receive "In Basket" messages from a non-AHS provider
- You may receive Referrals sent via the Connect Care Provider Portal from a non-AHS provider

Communication: Video Demonstrations & Simulations

Videos have been created and are targeted towards Prescribers to increase knowledge and understanding of workflow changes. These include topics include Discharge Documentation, Consults, Consent, etc. Videos are found here.

Introduction to Connect Care: Connie and Carey – Our Virtual Connect Care Team

Connect Care Prescriber Change Impacts

The information below is highlighted because it has been identified as having the largest impact on a Prescriber's day-to-day operation in Connect Care:

Mandatory Computerized Provider Order Entry (CPOE)

- 100% prescriber order entry in Connect Care
  - Hybrid order management is not permitted.
- High change impact for most Prescribers
- Benefits patient safety and enables enhanced decision support
- Supported by evidence-based order sets, preference lists and ability for personalization
- Manual Clinical Ordering Norms

Dictation and Transcription

A real time digital dictation assistant is built into Connect Care leveraging Dragon Medical One.

- Real-time Speech Recognition – Dragon Medical One (DMO): Available from mobile phone and iPad (Haiku and Canto)
  - Greatly enhances efficiency in Connect Care
  - Improved quality of care and patient safety
- E-Scription will be maintained as an option for current users.
- Dragon Medical Network Edition and Dictation, Speech Recognition & Transcription users will transition into Dragon Medical One in alignment with the Connect Care implementation waves.
- PowerScribe 360 will continue to be used by Diagnostic Imaging.

  View a Video Demonstration of Dragon Medical One and Epic Hyperspace
  Manual Connect Care Mobility/Devices

Orders/Order Sets

- Connect Care contains hundreds of order sets and these continue to be refined as each Wave is launched and new specialty areas come online.
- Each clinical area should have an admission, discharge, and transfer order set (if required). Users are able to personalize order sets within certain parameters.
- Cross-department order sets will be used to reinforce consistent standards of care.

In Basket

The In Basket is a task management system that coordinates many activities within Connect Care. Prescribers will receive lab and imaging results in their "In Baskets" and can complete orders

- Knowledge Library: Filter: Tags by "In Basket"
- Manual Connect: In Basket

For more information:

- View an In Basket Video Demonstration
  - ○ You will need an Epic UserWeb account; view this tip sheet to learn how to get started with the Epic UserWeb)

Results Routing

At the present time there are a number of challenges that remain with routing of laboratory and diagnostic imaging reports that are the result of having multiple systems in play and some system limitations.

- Effective results and reports management is essential for patient safety, provider efficiency,
- and care coordination
- Complex process involving many stakeholders (currently varies across the province)
- Results Reporting Working Group in place
- Ordering providers will need to learn & use appropriate provider ID & site ID codes
- Manual Connect Care: Results Routing

Clinical Decision Support (CDS) /Best Practice Advisories (BPA)

Best Practice Advisories alert users to items requiring attention in the system. This might include drug-drug interactions, suggested order sets, or suggested health maintenance activities.

- Slight learning curve for many Prescribers in training or after gaining access to Connect Care when first using the CDS tools
- Benefits:
  - ○ Improve patient care outcomes and quality metrics
  - ○ Real-time CDS alerts, order sets, and interventions are integrated appropriately into clinical workflow

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NOTE

Build awareness and understanding that the CDS tools support and do not replace Prescriber clinical judgment

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For more information:

- CIS Key Concepts: Clinical Decision Support
- Bytes Blog: What's in a Name? – Clinical Decision Support

Mobility Applications (Haiku/Canto)

- Haiku, Canto and Limerick allow users to work in Connect Care on their tablets, smart phones and other mobile devices
  - Access schedules, patient lists, charts, chat and In Basket notifications
  - Take clinical images, use integrated voice recognition DMO and capture charges
- Minimal training required, as the applications are intuitive to use
- Bring Your Own Device (BYOD) Policy and EIM (Enterprise Information Management) Framework will support the use of mobility apps
- Guides and FAQ resources are being developed
- Haiku Demo
- Canto Demo

Pre-Charting

- Opportunity for the registration staff to document on the patient's chart prior to patient visit (pend orders, enter visit diagnoses, write notes)
- Unused pre-charting information will be stored electronically and stored for up to 60 days, after which it will be automatically removed from the system.
- Save time by pre-completing work to maximize value of face-to-face time with patients

Prescriber Trainee Access

- Increased coordination and communication required between the resident, their residency program, and medical affairs
- Residents at AHS facilities will gain access to Connect Care by:
  - Completing Connect Care basic training
  - Passing the End User Proficiency Assessment (EUPA)
  - Completing AHS privacy training
  - Having Medical Affairs confirm their access and AHS IT provision the access
- Steps should be completed before beginning their residency

People Readiness Assessment Survey #2

Physician leadership is being engaged to help identify areas where custom supports can be developed. These supports will help ready physicians for the launch of Connect Care at the sites where they work.

Two surveys will be circulated:

- Survey 1 (Baseline), May 2019 - *Complete*
- Survey 2 (Readiness Assessment) - September 23, 2020

These surveys are timed so that the CMIO office, zone and site leadership can develop plans to support areas where gaps are identified and to measure that physicians are ready to launch Connect Care.

List of Important Dates

September 2020

August 17 - October 2	Wave 2, Patient Movement Readiness Series
September 9	Wave 2/3, CMFR Summit
September 14 – October 16	Wave 2, Shadow Charting
September 23	Wave 2, 30 Day LRA

October 2020

August 17 - October 2	Wave 2, Patient Movement Readiness Series
September 14 – October 16	Wave 2, Shadow Charting
October 1	Wave 2, CORe Day
October 5 – 16	Wave 2, Workflow Dress Rehearsal
October 24	Wave 2 Launch

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Edmonton Zone Website
https://www.albertahealthservices.ca/info/Page16106.aspx

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