

Connect Care Readiness Playbook Summary for Physician Leaders



Wave 3, Chapter 1: Foundational Readiness

April 29, 2019

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 3 Chapter 1 Summary for physicians.

Tasks within the Readiness Playbook are organized as work packages. 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.

People Readiness Survey

Operational leaders will be asked to complete a survey at regular intervals to measure progress in readiness for their team. Physicians will have their readiness monitored through a process run by the CMIO and Medical Affairs.

Top Organizational Changes

Connect Care will offer many advantages over our current processes. Helping your team(s) understand *why* we are implementing Connect Care is a crucial part of encouraging readiness. The chart below outlines some of the biggest changes. The impacts of Connect Care changes will be explored in depth in future chapters.

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| Organizational Impacts | Single Patient Record: All patients in Alberta will have a single birth-to-death health record, accessible anywhere and anytime. |
| | Electronic Medical Record: The patient record will be electronically available to all members of a patient's care team. This means multiple clinicians can document in the patient chart simultaneously using different devices. |
| | Standardization of Provincial Programs and AHS Documentation: Processes, clinical content, information transfer, patient safety, and quality outcomes will be consistent and standardized across AHS provincial programs. This will enable consistent communication between care sites and quality care for patients. AHS documentation will also be standardized, such as with standard reflection of date and time in a patient's medical record. |

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| | <p>Electronic Safety Alerts: Clinicians will see alerts in the electronic medical record for potential safety risks, such as MRSA infection, allergies, duplicate therapies or drug interactions.</p> |
| | <p>Best Practice Advisories (BPA): Clinical decision support will be available using Best Practice Advisories for certain health conditions. These advisories can help improve clinician decision making and patient outcomes.</p> |
| | <p>Referral and Appointment Management: Non-AHS physicians will have the ability to create a referral using the provider portal – minimizing faxing. Referral triage will be improved due to integrated access to the patient’s chart. The ability to see all past and future appointments for a patient will allow for improved coordination of care. Wait list functionality that acts like a cancellation list will allow for easy filling of cancelled appointment slots.</p> |
| | <p>Access to Operational Reporting and Metrics: Information will be available for real time decision making around patient flow, capacity management and workload balancing. In addition, managers and supervisors may have access to dashboards and data query tools to further explore clinical or operational questions for specific patient populations, providers or long-term trends.</p> |
| Electronic Documentation | <p>Electronic Ordering: To have the best information available to support safe, efficient and accurate patient care, all care providers must place and manage all orders using Connect Care. When lab testing or diagnostic imaging is ordered, orders are received on a work queue in the diagnostic area. If the order triggers other requirements, such as sending a phlebotomist to collect a sample, this will be handled automatically. All diagnostic orders become part of the patient chart.</p> |
| | <p>Closed Loop Barcode Medication Administration: All aspects of medication administration will be supported electronically, through the use of barcodes identifying both patient and medication, and barcode scanners to read the patient wristband and medication label.</p> |
| | <p>Closed Loop Barcode Order Management: Where unit staff draw their own samples for lab testing, samples are labeled and scanned and compared to the patient wristband to ensure positive patient identification. When accepting a patient for diagnostic imaging, the same positive patient identification will be done.</p> |
| | <p>Charting-by-Exception (CBE) and Within-Defined-Limits (WDL): When using Epic, you will be introduced to a form of Charting-by-Exception and Within-Defined-Limits documentation for use with flow-sheet assessment charting (Documentation of interventions and outcomes will still be direct charting). Charting-by-Exception (CBE) is a method of documentation that focuses on recording “significant findings or exceptions,” which helps reduce the amount of documentation a health care providers performs. Using a Within-Defined-Limits (WDL) system with CBE helps provide clarity about what has been assessed and identifies which findings may be significant and/or exceptions. If your assessment findings fell within the WDL parameters for a system, then your assessment is recorded as “WDL” – identifying you completed an assessment of all the WDL parameters for that system and ALL the parameters were within the defined limits. If your assessment findings fell outside of the WDL parameters, you will be able to document a more extensive assessment, including specific clinically significant findings.</p> |
| Communication Tools | <p>Patient Portal: Patients will be able to securely access their health information online, receive reminders for appointments and view diagnostic results that have been shared with them. Patients will also be able to securely communicate with their care team using the patient portal.</p> |
| | <p>In Basket: The In Basket will support secure communications for all members of the care team to coordinate care, ask for advice, stay informed of referral status, and follow up on patient progress. The In Basket, in combination with the patient portal, will allow care team members to securely communicate with patients. Providers will receive lab results and other reports in their In Basket and will ‘action’ the messages as required.</p> |
| | <p>Mobile Applications: Epic’s mobile applications will support clinician access to Connect Care from anywhere, at any time, on any device.</p> |

Technology Readiness

Technology will play a big role in Connect Care. Here is an overview of projects and initiatives that focus on key technological priorities.

Wireless Networking and Wi-Fi

Wi-Fi technology is critical for supporting Connect Care and for those providing care on the front lines. The Connect Care Wi-Fi project will extend existing Wi-Fi coverage to enable site staff and physicians across the province to wirelessly access the private and secure AHS network using a variety of devices. Wi-Fi services will also be available to patients and their families.

To help AHS Wi-Fi services meet the needs of Connect Care, sites with newly implemented or enhanced Wi-Fi are invited to share their service experiences through a [Connect Care Wi-Fi Performance Check-in](#).

Non-Medical (End User) Devices

The Connect Care non-medical device assessment team is working with contacts at Wave 3 facilities to define the type, number and locations of the shared non-medical devices required for Connect Care. These device services include:

- Computing devices (mounted and mobile)
- Wristband printers
- Label printers
- Barcode scanners
- eSignature pads
- Web cameras
- Tracker boards

Bio-Medical Device Integration

Clinical Engineering staff are completing an inventory and needs assessment of biomedical devices at Wave 3 sites. The purpose of this activity is to determine which devices will need integration; namely: anesthesia machines, ventilators, perfusion, and some monitors (cerebral function monitoring, physiological monitoring, bedside monitoring systems, and electronic fetal monitors). Not all AHS medical devices will be interfaced with Connect Care. Decisions will be based on Epic recommendations, technical capabilities, funding requirements and patient care needs.

The following principles (approved Sept 19, 2018 at Connect Care Council) should guide decisions about when to interface medical devices to Connect Care, with what functional requirements:

Data Conversion Strategy

The Data Conversion Strategy identifies what data from which legacy systems and across what timeframe will be brought into Connect Care. The scope for the data conversion strategy was established using a principle-based approach that enables AHS to configure and use the Epic system.

For more information about this strategy, see [Conversion—Why is this Important?](#)

Application Ins and Outs

The Connect Care CIS will replace some, but not all, of our current applications. The application ins and outs process has been designed to support transparency in determining which applications will be replaced by Connect Care and which applications will remain. For more information regarding the scope of the applications ins and outs process, visit the [Application Ins and Outs Portal](#) for more information.

Portals (Patient and Provider)

Note: The exact scope for the deployment of the patient and provider portals is still being finalized.

AHS Patient Portal: The patient portal will be a powerful tool for connecting patients with their health information and to their care team. With this portal, patients will be able to securely access their health information online, schedule or change their own appointments and receive appointment reminders. Specialty working groups continue to make decisions around what information will be uploaded into the patient portal for both inpatient and outpatient encounters.

Provider Portal: The provider portal will be a web-based system that will allow AHS to extend patient information to care providers external to AHS. This will improve the continuity of care in our community and offers many benefits for patients, families and AHS, including:

- Providing a more transparent flow of information between physicians and the services provided within AHS.
- Making it easier for physicians external to AHS to place referrals and orders when appropriate within AHS.
- Connecting clinicians external to AHS with specialists using video visits – providing care to a broader group of patients.
- Allowing AHS to send electronic releases of information to clinicians external to AHS.

The provider portal is a key element for AHS’s strategy to engage external users in the community. The application is designed to be secure and easy to roll out to large populations of end users who might need web portal access to patient data.

Physician Training Program

Below is a high-level look at what to expect during training. More detailed information will be included in Chapters 2 and 3.

Physician training will follow the committee-approved training principles outlined in handbook.ahs-cis.ca

Key implications for physicians, with a goal to support physicians to become competent and proficient in using Connect Care.

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

Physician Training Pathways

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

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| Inpatient Admitting (including General Internal Medicine; Critical Care; Medicine Subspecialties; Hospitalists; Family Medicine) | Pediatrics |
| Surgery (including General Surgery and Surgical subspecialties) | Cardiology |
| Rural Medicine | Obstetrics and Gynecology |
| Ambulatory | Psychiatry |
| Gastroenterology | Emergency |
| Pathology | Oncology |
| Anesthesiology | Radiology |
| Medical Learners | Critical Care |

These training pathways

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

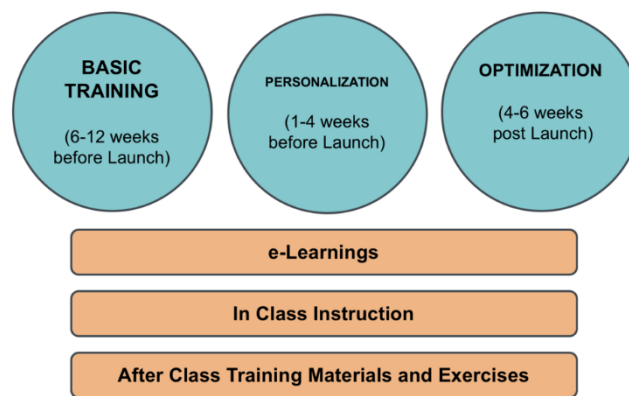
Physician Training Delivery

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

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

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

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



Chief Medical Information Office (CMIO)

What is the Chief Medical Information Office (CMIO)?

Under the direction of the Chief Medical Information Officer 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 physicians through the Connect Care transformation.

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

- [Connect Care - Physicians](#) (AHS external website)
- [CMIO](#) (Insite)
- CMIO and Connect Care [link to Insite tab when available]
- [North](#), [Central](#), [South](#), [Edmonton](#) and [Calgary](#)

- [Resources for Clinicians](#) (external website)
- [Bytes Blog](#) (external website)
- [Online Handbook](#) (external website)

Professional Billing

Resolute Professional Billing is the Epic business module used to translate physician service codes into claims and manage payments. Physicians 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 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.

Clinical Informatics Resources – Epic UserWeb

All Alberta Health Services (AHS) staff and providers have access to the Epic UserWeb, an online collection of tools and information. The Epic UserWeb gives access to education, training materials, and discussion forums with other organizations using Epic in Canada and around the world, industry and Epic news, and much more.

To create your Epic UserWeb account, follow this [Epic User Web Orientation Guide](#)

After you've created an account, the [Epic eLearning Overview & Resource Guide](#) contains a list of links to learning videos posted on the Epic UserWeb.

NOTE: The videos are not a reflection of how Connect Care has been configured, but they will give you a sense of Epic system functionality.