

Connect Care Readiness Playbook Summary for Physician Leaders



Wave 3, Chapter 4: Engagement Readiness
November 23, 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 3, Chapter 4 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.

Awareness

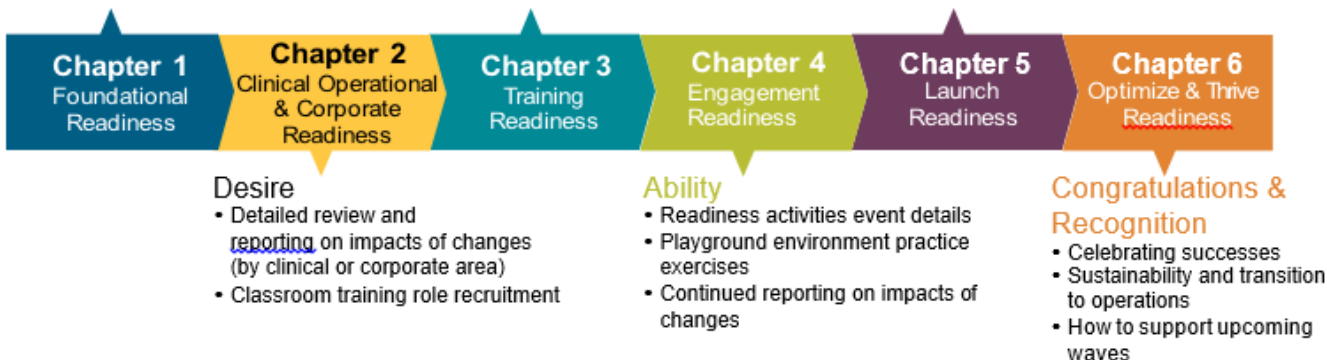
- Look ahead for the year
- Organizational changes and benefits
- Introduction to readiness reporting

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

Readiness Survey

The first of two physician leader readiness surveys was sent to operational physician leaders. If you did not receive the survey and feel you should have, please email cmio@ahs.ca. The CMIO will use the responses to tailor additional engagements, presentations, demos and outreach with identified areas of need.

eHealth Literacy

Physicians are concerned that Connect Care will require them to interact with a larger volume of information at a higher level of complexity in the normal course of providing patient care. Connect Care is not just an electronic filing cabinet filled with patient records, rather it is a tool to improve the health of Albertans. One way that we are preparing physicians for Connect Care is by developing eHealth Literacy resources. These resources offer physicians tools that will help them appropriately retrieve, understand, and appraise information, and also create information which will be accessed by others.

Available Resources:

- [Privacy](#)
- [eSafety](#)
- [Minimum Use Norms](#)
- [Clinical Information Sharing Approach](#)

Training & Learning

Reminder: Please Register for Connect Care Wave 3 Training

While our response to and management of COVID-19 continues across the province, we are carefully and thoughtfully moving forward with preparations for the implementation of Connect Care Wave 3. Training activities continue, with appropriate COVID awareness and precautions. There are virtual as well as in-person classes available. In-person classes have all the necessary measures in place to offer safe training. Contingency plans are in place for classes in the event of a facility-level outbreak. If required, all in-person training can be converted to virtual training. We will remain flexible and ready for COVID-19 patients in the weeks and months to come.

Registration for Wave 3 Connect Care training remains open through MyLearningLink (mylearninglink.ahs.ca). Besides completing the training, please remember that completion of the privacy training On Our Best Behavior (OOBB) is also mandatory for access to Connect Care. Registration information for Medical Staff is provided by Zone Medical Affairs, and for Nurse Practitioners by Advanced Practice Nursing.

For more information about Medical Staff training, please visit connect-care.ca. Nurse Practitioners can direct questions to advancedpracticenursing@ahs.ca.

COVID-19 Precautions in Connect Care Classrooms

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Registration for Wave 3 Connect Care training remains open for physicians, nurse practitioners, dentists, fellows, residents, medical learners and clinical assistants [select groups based on target audience]. Register for training through MyLearningLink (mylearninglink.ahs.ca). Trainees should have received an email from Zone Medical Affairs [or other leadership if appropriate to the channel] with registration information.

If you have questions about Wave 3 Connect Care Training, please contact: North Zone Medical Affairs (nz.privileging@ahs.ca) or Calgary Zone Medical Affairs (CAL.MedicalStaffOffice@albertahealthservices.ca). For more information about Medical Staff training, please visit connect-care.ca.



Playground – Learner Practice Environment

What is the Playground (PLY) Environment?



The Playground (PLY) environment is a copy of Connect Care (Epic) populated with simulated patients where end users can go to practice what they have learned in the ILT sessions. Connect Care users will have the opportunity to:

- Practice, reinforce, enhance, and retain skills learned in training
- Practice Connect Care (Epic) workflows in a simulated environment
- Explore the functionality of Connect Care without risk of confidentiality breach or disruption to real patient records
- Prepare to work in a live system when Connect Care is launched

Playground (PLY) Access: Key Points

- Playground access will be granted after the learner completes training
- Login with the generic user name and password provided at training.
 - With generic login, there will not be a way to track individual user time or activity
 - Do not use AHS user name and password in PLY
- Staff can practice the exercises they receive in their training program on the varied test patients without fear of 'breaking' anything or making mistakes that impact real patient records.
- The playground will be 'refreshed' nightly, meaning data entered will be erased and reset daily.

Managers can encourage staff to practice in PLY by:

- Mandatory 10 minute practice for each employee during their regular shift time (to not incur overtime)
 - **Knowledge Crowding:** When one person is practicing in the playground, others tend to crowd around and staff end up sharing their knowledge with each other
- Have a 'sign-in' sheet for staff to record their time spent practicing in the playground environment
- Encouraging super users or others who have completed their training to use the playground during staff meetings to show peers what they have learned.
- Offer some incentives, or some sort of recognition/reward for staff who have completed a defined amount of time practicing in the playground environment.

PLEASE SHARE YOUR IDEAS to encourage staff to use Playground: email Connect.CareLearning@ahs.ca

Training Reporting

As training is a required step for Connect Care users to gain access to the system, it is critical that Medical Leaders stay apprised of the training status of their teams. This includes knowing the details of their teams' role assignment, training scheduled in [MyLearningLink \(MLL\)](#) and completion of required training.

A Training Tableau Dashboard is available for Medical Leaders to see the status of their colleagues. Medical Affairs has developed an escalation plan to ensure physicians complete training and will work closely with you.

The [Training Tableau Dashboard](#) is a manager's primary source of consolidated training information. We encourage you to refer to this dashboard often to monitor your team's training completion and take the required steps to complete each step (role assignment / training scheduling / training completion)

For assistance in interpreting this information, please contact: Connect.CareLearning@ahs.ca



Speech Recognition: Dragon Medical One (Medical Dictation)

Dragon Medical One (DMO) works in conjunction with the Connect Care CIS to facilitate easy speech recognition for dictation, user interface navigation, activity commands and text automations. To make the most effective use of these features, users will need to customize personal preferences and text-hotkey-command sequences.

Training for DMO will be provided at the end of the personalization training sessions.

Additional Information:

- [Medical Informatics Updates: Dragon Medical One and Hyperspace](#)
- [Dragon Medical One Demo](#)

Notes from the Provincial Speech Recognition Team:

- Dictation can be done using a variety of input devices, downloading the Nuance PowerMic Mobile app to your android or iOS device to use as microphone or headset with your computer.
- This tool replaces the keyboard and mouse allowing you to dictate directly into Epic in real time. Turn on the microphone, dictate and DMO inserts directly what you say, allowing for review and sign off immediately. You can also use Epic integrated voice commands (for example “Open in basket”) to move around the chart.
- The PSR project is currently moving towards User Acceptance Testing to prepare for use starting in Wave 2/3.

Consent Documentation in Connect Care

Connect Care will provide a new opportunity to have all informed consent documentation in one place: the Consent Navigator.

The Consent Navigator will be accessed through the patient’s storyboard in Connect Care. Once you click on the Consent Navigator you will be able to view and document written, verbal, and implied informed consent in electronic forms designed to be dynamic, smart and efficient. Scanned documents that support informed consent conversations, such as capacity determinations, guardianship, and other decision- making authority, will also be available to review and confirm in the Consent Navigator.

Electronic forms are dynamic – meaning they pull in only the relevant data elements that need to be completed, based on whether you are documenting written, verbal, or implied consent.

Electronic forms are smart – meaning they use reusable blocks of wording that can be added quickly to the consent forms, and can be shared between clinicians in specialty areas.

Electronic forms are efficient – informed consent forms are faster and easier to fill out. Clinicians will also be able to search for and link previously-completed consent forms to current encounters.

Need to explain where documentation about consent is required, but a patient signature is not necessary (verbal consent, implied consent, consent addendum, etc.)? It can be completed in a Consent Note. Consent Notes are written and viewed in the Consent Navigator and are intended to be used exclusively for informed consent documentation.

For more information:

- [Chapter 1](#) and [Chapter 2](#): Benefits of the Consent Navigator
- [Chapter 3](#): Six Informed Consent forms available electronically in the Consent Navigator
- [Consent Navigator Tip Sheet](#)



Application Integration & Data Conversion

Data conversion is about how historical health information is selected and managed for transferring between legacy information systems and Connect Care clinical information system (CIS). Considerations include which data to transfer, how it should be transferred, how much to include, and how to make it accessible.

- Integration brings information and data from legacy systems together under a common CIS, while data conversion processes ensure that the right data is transferred in the right way.
- The intent is to ease access to all the information needed for decision-making and patient care at launch.
- Connect Care does not become the legal record of care until it is turned on, meaning the data converted only represents a limited amount of required historic information for the patient.

Will clinicians have access to all the data they need?

Not all data can be converted (transferred), but it is important to note that no essential clinical information will be lost through systems integration and data conversion. The main factors used to determine what would be converted were the usability, reliability, and quality of the data. Other factors also included the clinical value of the data versus the effort to convert it and the compatibility of the data with Connect Care.

What is not transferred to Connect Care will be readily accessible through persisting systems like the Alberta Netcare Portal electronic health record (launched in-context within Connect Care). Other health information systems containing information where data cannot be converted to Connect Care will be available for as long as clinically necessary.

For additional information:

- [Data Conversion Fact Sheet](#)
- [Data Conversion User Guide](#)

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.

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 Orders Conversion

Manual Clinical Orders Conversion is the process of transcribing existing clinical orders from the legacy record into the Connect Care record. This requires manually entering/transcribing patient orders which need to be actioned at the time of launch. These include orders for medications (to allow pharmacy to prep and dispense), recurring orders such as treatment or therapy plans and infusions or treatments.

These type of orders are generally:

- Future dated orders and a prescriber is not available for 'real-time' order input.
- Therapy Plans – recurrent orders for infusions, medications, or treatments which frequently include interdependencies such as IV therapies, phlebotomies, or blood products.
- Orders which require advance preparation such as medications or blood products prior to patient arrival.
- Entering of clinic 'standing orders' or protocols which apply generally to patients who meet certain criteria may be considered during this activity, or can be done 'just in time'. These include nursing orders for activities such as post-operative care such as bladder protocols or dressing changes,



drain removal. Additionally, standing orders can be prescriber specific and which require clinical assessment or are criteria based. These types of orders should be incorporated into prescriber orders, order sets, express lanes, and/or order panels. A plan to transition away from 'standing orders' should be part of clinical preparation for Connect Care. This pre-launch activity will occur during the 6 weeks prior to launch.

- Details on how to determine whether this activity needs to be completed in your clinical area and how to plan for this activity will be shared in a work package format about 20-25 weeks prior to launch. Medical Leaders can expect their dyad partners to reach out to them for assistance in completing these work packages. More details are also available on [Insite](#)

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.

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.

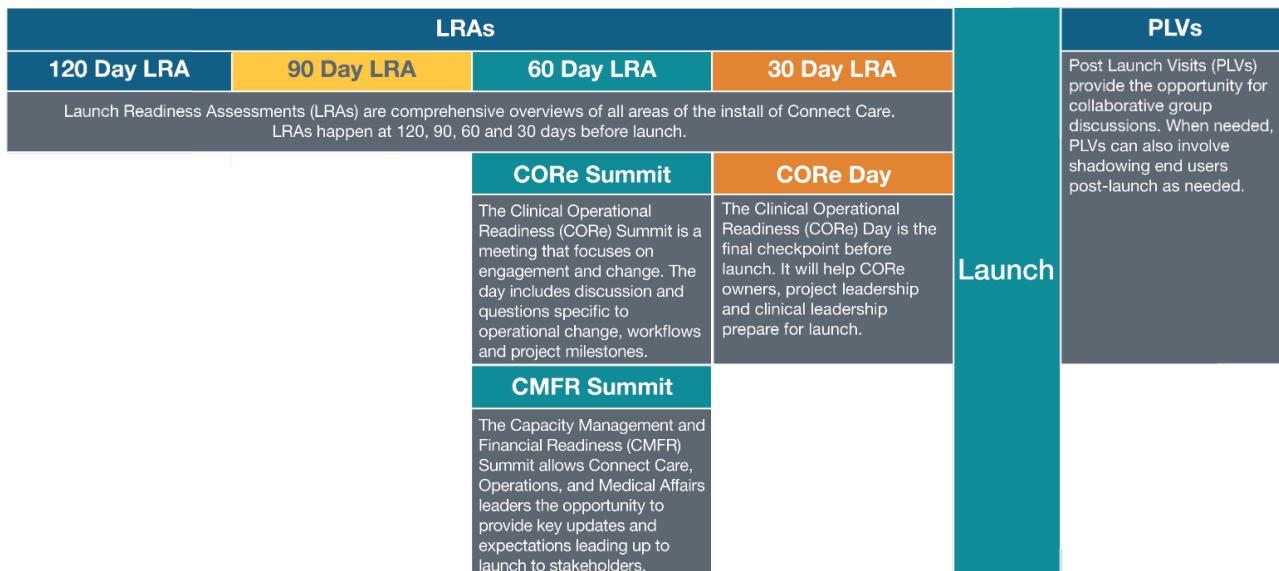
Event Details:

- 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
November 25, 2020	<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; wave 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, wave, and operational leadership in advance of launch.
- Increases engagement and builds the confidence of operational leaders who will support End Users at launch.

Event	Key Dates	Recommended Attendees
Clinical Operations Readiness Summit (CORE)	January 14, 2021	<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)	September 9, 2020	<ul style="list-style-type: none"> • ACMIOs • CMIO leadership and core team
Clinical Operations Readiness Day (CORE)	February 4, 2021	<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
December 14, 2020 – January 29, 2021	<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
February 1 – 19, 2021	<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 Wave 2/3 MILs • Medical Leadership • All Wave 2/3 physicians are optional • Other CMIO/ACMIO leadership are optional

