

Connect Care Readiness Playbook

Summary for Physician Leaders



Wave 3, Chapter 6: Optimize & Thrive Readiness
May 14, 2021

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

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

Awareness

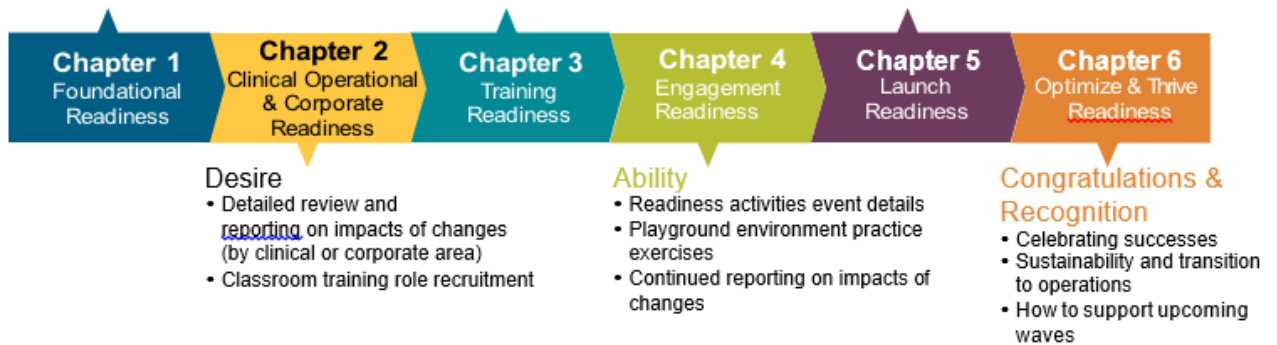
- Look ahead for the year
- Organizational changes and benefits
- Introduction to readiness reporting

Knowledge

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

Reinforcement

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



Important Chapter 6 Resources to Share

Learning Home Dashboard

The Learning Home Dashboard is an easily accessible repository of Quick Start Guides, Tip Sheets and other useful resources for end users. All Connect Care users have access to role-specific resources, directly from the "My Dashboards" startup activity in Hyperspace. This is available in the Playground environment and in the Production, or live, environment.



Content in the Learning Home Dashboard is regularly updated, so plan to check back frequently. Leading up to launch and beyond, training teams will add and update tip sheets for common issues.

Optimization Training

Optimization training explores workflow improvements that can increase user productivity and satisfaction post-launch. The Chief Medical Information Office (CMIO) has developed a four-tier optimization pathway to foster continuous learning:

- Tier 1: Self-Directed
- Tier 2: Reinforcement
- Tier 3: Power User
- Tier 4: Direct Support

Users can combine optimization strategies from any tier, in any order, to best address individual needs. In Tiers 1 and 3, users can select and pace their learning from the available resources and modules. In Tiers 2 and 4, Associate Zone Medical Directors (AZMDs), Community Medical Directors (CMDs), Facility Medical Director (FMD) and Zone Clinical Department Facility Chiefs (ZCDFCs) will help champion continuing optimization for their colleagues and staff.

Tier 1: Self-Directed

Users reinforce their Basic training knowledge through self-directed just-in-time learning using prescriber-friendly resources.

- Connect Care Manual (manual.connect-care.ca)
- Connect Care Tips, FAQs, Support Forum (blogs.connect-care.ca)
- Connect Care Tippiies
- Connect Care Learning Home Dashboard
- Independent learning (mylearninglink.ahs.ca. Training track options will be listed in My Courses under "Independent Learning", or search for "Independent" in Courses & Registration.
- Epic Earth (www.epicearth.com)

Tier 2: Reinforcement

Users reinforce their ability to personalize within Connect Care.

- Personalization
 - Independent Learning Module available on MyLearningLink (mylearninglink.ahs.ca)
 - Class delivery, initiated and organized by a user group or clinical department via their MIL(s) and/or ZCDH
- Optimizing Workflows
 - CMIO demo videos (demos.connect-care.ca)
 - Connect Care Physician Updates (e.g., COVID workflows, general workflows)
 - Group delivery (scheduled sessions)



Tier 3: Power User

Users complete Epic's online Power User training modules. Power Users can help themselves and their peers feel more confident and be more efficient in using Connect Care.

- 4-minute introduction video at mylearninglink.ahs.ca (search for "MD200" in Courses & Registration)
- Online courses offered through Epic Welearning
 - Self-directed learnings
 - Scheduled Power User facilitated classes

Tier 4: Direct Support

Sessions organized through a clinical department in partnership with the CMIO training team.

- Targeted optimization sessions facilitated by MILs or CMIO training team members

Resources

More information is available about opportunities and resources in each of the tiers. General questions can be directed to help.cmio@ahs.ca.

- [Optimization Connect Care Manual](#)
- [Infographic: CMIO Optimization Training](#)
- [Byte: Power User Training](#)
- [Byte: Optimization Training](#)
- [Guide: Optimization Training Strategy](#)

Reporting Issues

Clinical information system (CIS) users may encounter what appear to be bugs or other problems that should be reported to avoid possible safety risks or to prevent other users from workflow interruptions.

The Connect Care Concierge (help.connect-care.ca) simplifies intake for problem reports and requests which are then characterized, triaged and allocated for fixes, optimization or development.

- Please report all non-urgent problems via the Connect Care Concierge (help.connect-care.ca).
- For pressing issues, call [IT Service Desk](#) & Solution Centre at 1-877-311-4300 (#1 for Connect Care).
- For suspected wireless (WiFi) network performance issues, call [HelpDesk](#) or submit a WiFi Checkin (ahs-cis.ca/wifichck)

Better Requests and Reports

Those trying to characterize, triage, and then allocate requests and problem reports can do so better when users provide a workable level of detail. Connect Care Concierge (help.connect-care.ca) submissions become "tickets." High-performing tickets include the following details:

Patient Information

Include patient information if unique patient circumstances (e.g., order, documentation, flowsheet) are part of the reported problem or request. Limit any patient information to the Medical Record Number (MRN) found in Storyboard.

Location

Department and setting information is required for all tickets. However, the reported issue may cross more than one Epic department and more than one clinical setting or provider role. Indicate this in the comments if the forced selection of department, setting and role does not seem relevant.



Device

If an AHS device (e.g., computer) may be the issue, the Solution Centre should be called (1-877-311-4300). If, despite this, a ticket is entered to help.connect-care.ca, then be sure to include the device ID (on the AHS sticker on the device).

If a personal device may relate to the problem, report whether it is mobile or desktop/laptop, and note the operating system (e.g., Windows, Macintosh, iOS, Android), browser and network (intranet vs. extranet) in use at the time.

Workflow

When a Connect Care issue or need relates to use of the system, try to specifically identify the Activity (e.g., Patient Lists), Navigator (e.g., Admission), Chart Component (e.g., Summary, Chart Review) and subsection where the problem occurs. When an action is in question, be specific about the associated order, note template or other object in use at the time of the problem.

Medications

For medication-related problems, include the drug name and try to also include the order number and any containing order set.

Tracking Problems

Once a ticketed report is submitted, the user can expect email acknowledgement with a summary of what was reported. Thereafter, progress may be reported by email and can be followed online with the following link (only works when connected to an AHS network):

- Connect Care Ticket Tracking - ahs-cis.ca/tickets

Scheduled/Unscheduled Downtime and Recovery

Scheduled

Scheduled downtimes are planned. Notifications are sent in advance and outages are brief. The fall end of Daylight Savings Time is always a scheduled downtime, allowing information in the "lost hour" to be managed.

What to do before and after a Scheduled Downtime:

Physicians will have notice of scheduled downtime (e.g. planned update) and likely impacts.

Before:

1. Save all non-essential orders and documentation for entry to Connect Care post-downtime
2. Enter urgent or time-sensitive orders using (pink) order sheets from the Downtime Toolkit
3. Use eScripton for care or procedure documentation that must be completed during downtime
4. Use a phone call to transfusion medicine for any urgent blood product requests during downtime

After:

1. Enter or update any admission, discharge, transfer or visit diagnoses related to downtime
2. Paper documents (notes, flowsheets, etc.) will be scanned to the Connect Care chart by other
3. Orders will be entered to the Connect Care chart by others. Be aware and ready to check.
4. eScripton dictations will be linked to the chart after downtime.



What to do before and after a Non-Scheduled Downtime:

Unscheduled downtime is not planned, with possible uncertainty about scope or impacts.

Unscheduled downtime is unexpected and warnings typically are not given. PRDSRO may be available and the above steps can be followed by physicians. If PRDSRO is not available, other backups can be used.

A business continuity web application (BCA Web) provides access to essential clinical information, reports and utilities to help manage a downtime should PRD and PRDSRO be unavailable. Icons for this cloud-based service may be seen on Connect Care workstations.

In addition, all practice settings will have at least one workstation (BCA PC) that has a recent copy of Connect Care charts and summaries relevant to the setting. This workstation is connected to backup power, as is the printer that can be used to generate chart summaries, schedules and other supports.

What is available during a Downtime?

Read-only Connect Care

Available during **scheduled** downtime is “PRDSRO” environment accepts Connect Care user ID and passwords for logon to a read-only view of current chart contents.

Netcare

Should also be available during a **scheduled** downtime, giving access to patient information.

Downtime Toolkit

Available in ***all scenarios (Scheduled and non-scheduled)***, the toolkit is found as a file folder on designated downtime computers (PC) in all clinical areas. It contains paper forms that can be printed for order-entry and documentation. Look for the “BCA PC Downtime” folder.

eScription

While Dragon Medical One (DMO) will not be available for in-system dictation, the provincial eScription dictation and transcription service will be available to existing users and can be used to document (provide pMRN, patient name, birthdate and 9999999999 [9 repeated 10 times] for the CSN).

Business Continuity online (BCA Web)

Logon with Connect Care user ID & password for access to patient information and schedules. Workstations marked with a red sticker (BCA PC) can access Downtime reports through the BCA Printing Icon even if networks fail.

Possible Issues During Downtime

Written and scanned documents, or eScription dictations, may not be recognized by Connect Care as typical charting elements (e.g., admission histories or discharge summaries). This may trigger In-Basket charting deficiency messages. If this occurs, follow the link provided in the In-Basket message to arrive at the missing chart elements. Use the “DOWNTIME” SmartPhrase to automatically generate a message that will reference the downtime and mark the chart element as complete.

Downtime Resources

- Tip: [Downtime Essentials for Physicians; Downtime Orderset Access](#)
- FAQ: [Downtime Procedures for Physicians](#)
- Flow: [Downtime for Physicians](#)
- Guide: [BCA Web Resources and Processes](#)
- Overview: [Downtime Procedures for Physicians](#)
- Insite: [Connect Care Downtime Procedures](#)
- Status: [Connect Care Systems Up/Down Status](#)
- Questions: BCMProgram@ahs.ca



On-going Super User Support

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

Concierge Intake

A "Concierge" intake process (help.connect-care.ca) allows needs to be captured, channeled and tracked. Super Users should familiarize themselves with this intake tool and enter requests and suggestions for themselves and on behalf of users.

Screenshot Documentation of Issues:

Super Users can be particularly helpful with problem-reporting if screenshots are needed to better document a tricky problem:

1. Ensure that a ticket with a narrative problem description has been submitted via help.connect-care
2. Work from a computer device on the AHS intranet ("[Healthy domain](#)") or where a VPN is active. Alternatively, access insite.ahs.ca from the computer where the screenshot will be submitted from, and log in with AHS credentials.
3. Open Connect Care (Hyperspace) and obtain one or more screenshots illustrating the user's problem. Save the screenshot image(s) to the downloads folder of the local computer.
4. Log in to the IT Customer Service Portal ([ticket submission](#)) using the same AHS credentials (this page will not show unless the provisions in Step 2 have been taken and the same browser is used).
5. Use the "My Calls" left column menu to access "Review Past/Current Calls".
6. Search with the default ("Open Calls") setting and select the relevant recent ticket.
7. Note buttons at the top of the ticket ("call") information display. These can be used to add additional narrative information or to add an attachment. Use "Add Attachment" to upload the screenshot(s).
8. Delete the screenshot image(s) from the downloads directory when the ticket update is complete.

Who to Call?

- For pressing issues, call the [IT Service Desk](#) & Solution Centre at 1-877-311-4300 (#1 for Connect Care) to log a problem or request.
- Raise non-urgent issues via the [IT Service Desk](#) or the Connect Care Concierge (help.connect-care).
- For physician-specific issues not otherwise resolved, work with the CMIO Leader on Call (help.cmio@ahs.ca, [schedule](#)).

CMIO Leaders on Call

- The Chief Medical Information Office (CMIO) ensures that a physician informatics leader is available before and during launch.
- [Schedule: Launch Supports, CMIO Leads, On-Call](#)

Clinical Inquiry and Reporting Tools

Connect Care is, at its core, about inquiry. We participate in **inquiry** when asking questions about what we do, perform **investigation** when answering questions systematically, and promote **improvement** when iteratively using answers to do better.

The clinical information system (CIS) offers diverse tools for clinicians, improvement advocates and researchers. These help understand how the CIS is used and how health processes and outcomes change for CIS stakeholders.

- [Byte: Clinical Improvement Cycle](#)
- [Byte: Connect Care Inquiry and Research](#)
- [Byte: Connect Care Research, Analytics and Inquiry Roadmap](#)
- [Tip: Using In-System Inquiry Tools Strategically](#)

Information Sharing

The [Clinical Information Sharing Approach \(CISA\)](#) and its matching [Information Sharing Compact](#) help to harmonize information sharing legislation, regulation, professionalism, ethics and policy.

- [Principles: Clinical Inquiry](#)
- [Compact: Clinical Information Sharing](#)



Inquiry Support Tools

Different CIS inquiry support tools serve different question types and answering strategies. Some help stimulate curiosity, others help generate hypotheses and still others help investigators to test hypotheses. All are available to all users, but with role-dependent exposure of identifiable health data.

Reporting Workbench ('My Reports')

Can be used to generate real-time clinical, operational, quality and research reports in a variety of formats, with support for drilling down to supporting data and taking action with clinical and administrative decision-supports. These work best for smaller data retrievals and sub-populations. Clinicians and managers can facilitate chronic disease surveillance, find patients meriting proactive interventions and track clinical and system performance. [Manual: Reporting Workbench](#)

Crystal Reports

Present more standardized analyses in attractive, easy to interpret, formats that serve performance optimization, quality assurance and other improvement purposes. [Tip: Viewing Crystal Reports](#)

Slicer Dicer

Facilitates interaction with graphical representations of population health data so that patterns of health risks, processes and outcomes can be better visualized, hypotheses generated, and quality improvement tracked. [QuickStart: SlicerDicer](#)

Dashboards (Radar)

Summarize and visualize data of various types, again with self-service data exploration tools and the ability to drill down to more detailed data. [QuickStart: Navigating Dashboards](#)

All reporting tools can be expressed in different formats for embedding in clinical and managerial workflows.

Reporting Maturity

Different types of data are have greater precision or accuracy as CIS implementation progresses through adoption, stabilization and optimization. CIS usage data may be trustworthy early on whereas outcomes data requires more time, and meaningful CIS use, to attain validity. AHS has adopted processes for multi-disciplinary review of data sources and for readiness-badging of the associated reports.

In general, we encourage seeking reporting proficiency many months post-launch. The products of inquiry support tools are unlikely to be fully validated until at least 6 months of quality content accrues. Visual cues highlight inquiry supports that are endorsed by Connect Care oversight.

- [Byte: Reporting Content Review; Reporting Maturity Levels](#)

Reporting Certification

Ensuring that Connect Care in-system dashboards, metrics and reports work as expected is a continuing improvement activity. Many measures (e.g., lab utilization, minimum use norms compliance, etc.) are sensitive to changing denominators during CIS implementation and transitions. Accordingly, it is important to know which measures have been tweaked sufficiently to be trustworthy. A Connect Care report certification process provides easy-to-recognize visual quality markers.



Once a given dashboard or report is certified, a ribbon icon appears on dashboard thumbnails, with blue signifying certified Dashboards, purple signifying certified Reporting Workbench reports and orange signifying certified Crystal reports. Measures, reports and visualizations that are not certified should be used with caution.



Reporting Training

Inquiry support tools are available to all clinicians. Prescribers, including physicians, can use Connect Care to facilitate personal practice audits, device and drug safety checks, clinical performance improvement and other improvement activities.

Different levels of formal, ad hoc and embedded training are provided to help clinicians "tool-up" for inquiry when the time is right.

- [FAQ: Reporting Training](#)
- [eLearning \(MLL\): Epic - RPT001 Overview of Reporting \(search for: RPT001\)](#), Introduces Cogito, highlighting difference between analytic and operational reporting needs and matching tools.
- [eLearning: Basic Reporting User \(search for: 'Epic - Basic Reporting User ILT'\)](#)
- [eLearning: Reporting Power User \(search for: 'Epic - Reporting Power User ILT'\)](#)

Resources

- [Guide: Reporting in Connect Care](#)
- [Blogs: Inquiry](#)
- [Tips: Inquiry](#)
- [FAQ: Inquiry](#)
- **References:**
 - [Epic Data Handbook](#)
 - [AHS Enterprise Data Catalogue](#)
- **Support:** ConnectCare.ReportingSupport@ahs.ca

