

# Connect Care Readiness Playbook

## Summary for Physician Leaders



### Wave 4, Chapter 2: Process Readiness

Original Release Date September 9, 2020 (Updated April 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](#)<sup>®</sup> 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

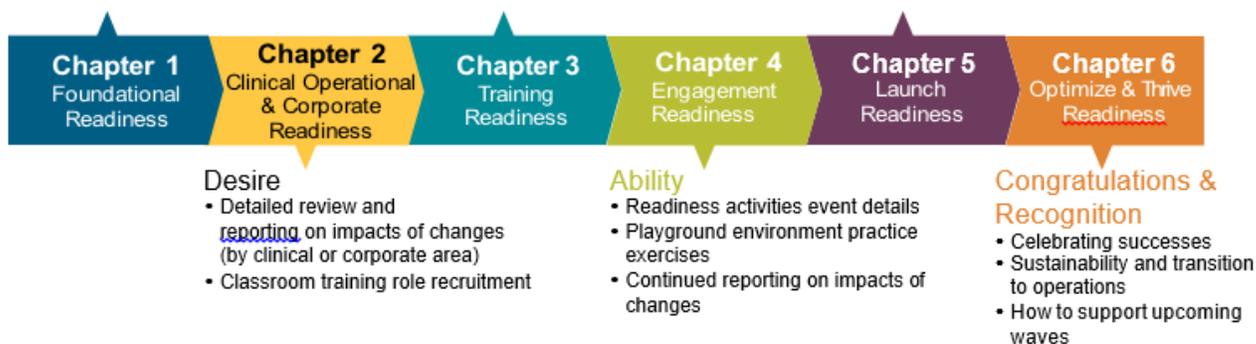
- Look ahead for the year
- Organizational changes and benefits
- Introduction to readiness reporting

#### 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



#### Information for Physicians

##### Readiness Survey

CMIO will disseminate two readiness surveys prior to launch. The survey responses will be used 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.



## Physician Readiness and Training

### Prescriber Roles

Most [prescribers](#) work within a primary care or specialty service and are well served by their assigned Connect Care department, role and user template. Their Connect Care login will be straightforward: their "department" will default to their usual choice, requiring only user name and password for a successful login.

Some prescribers will need to provide more information at login. They may require different user interfaces (e.g., emergency, operating room) at different times, and some Connect Care users additionally need to clarify both their role and who is ultimately accountable for the work they do in that role. This is particularly the case for prescriber trainees.

#### Multi-Role

Some [prescribers](#) work in two or more specialty areas that use different CIS modules. The emergency module (ASAP), for example, is not like the critical care user interface. If one needs to switch between different modules for different roles, then more than one "sub-template" needs to be added to one's Connect Care physician record.

#### Multi-Site

Some [prescribers](#) see patients at more than one practice location. While one or more locations may use Connect Care as the record of care, one or more locations may be outside Connect Care and use a different health record. This can affect the best way to handle delivery of laboratory test results and clinical documentation. Connect Care is able to accommodate such complexities by associating more than one practice location with a physician record.

FAQ: [Results Routing for Practitioners Working at Multiple Sites](#)

#### Multi-Record

There are many workflows where users may select [provider](#) names. Examples include copying test results, clinical correspondence and referral information. For these workflows to be unambiguous, it is important that each provider have but one provider record and, therefore, appear only once in the pick-lists used to select providers for actions. In general, Connect Care follows a strict rule of one-provider-one-record.

There are some rare exceptions. Connect Care users may notice that a few prescribers are listed in the clinical information system (CIS) phone book (and associated look-ups) more than once. Some healthcare providers care for patients in more than one province, most commonly affecting Connect Care when physicians perform clinical duties in both Alberta and the Northwest Territories. The non-Alberta role is indicated by a two-letter provincial abbreviation in parentheses. Users need to take care when choosing a provider record to match the provider to the correct care context.

[Tip: Duplicate Physician Records](#)

### Privacy Training

Prior to receiving access to Connect Care, physicians are required to take their privacy training (on Our Best Behavior) on [MyLearningLink](#).

### Registration Process

A report on registration numbers will be made available to senior leadership.

### Physician Principal Investigators

#### Research Integration

All physician tracks will include a demonstration showing how to identify.

- Research patients from the [Storyboard](#) (for pathology from the patient header)
- Research orders from [Chart Review](#)



### Research Functionality/Workflows

As part of each physician training track, there will be an optional exercise to teach order-study linking. Principal investigators will be encouraged to complete this exercise.

Additional training is not required for many principal investigators, because their research staff will receive training in and access to the Connect Care CIS; they will be able to complete the [workflows](#) within Connect Care. Those physician investigators who have small (or no) research teams will have the option to complete the Research Staff training. If you are a principal investigator who would like to participate in this additional training, please email [cmio@ahs.ca](mailto:cmio@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.

#### 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 use a USB 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.

### Training Process

Training occurs in phases. [Basic](#) training covers essential skills for logging on, navigating Hyperspace and using common functions safely. [Personalization](#) training teaches how to adapt the CIS environment for a more satisfying experience. [Optimization](#) training explores workflow improvement for productivity. Basic and personalization training occur pre-launch, while optimization training occurs post-launch.

Training also occurs in waves, with cohorts of prescribers moved through basic, personalization and optimization training at times that befit their anticipated launch date for Connect Care adoption. Training usually starts within the 6 months prior to a launch wave. Prescribers can anticipate their wave by checking when their clinic or facility is scheduled for launch in the Connect Care wave sequence.



## Clinical Documentation and Electronic Order Entry

Change Name	Description
<b>Computerized Provider Order Entry (CPOE)</b>	Computerized provider order entry allows us to clearly understand the interventions required by the care team to support safe, efficient and accurate patient care.
<b>Electronic <u>Order Sets</u></b>	Electronic order sets make computerized provider order entry standardized, by allowing providers to pre-select from a catalogue of key items. They allow for the rapid initiation of appropriate care with a single computer entry. Electronic order sets can be personalized by individual users to reflect preferences for a version of an order set with their preferred preselects and defaults.
<b>Clinical Decision Support (CDS)</b>	Clinical Decision Support (CDS) provides alerts that identify potential patient safety issues and present the user with the tools needed to manage them. Decision support tools assist with determining evidence based orders. Additional tools will provide guidance within order sets and/or flowsheets that will help highlight practice guidelines or suggestions.
<b><u>Point of Care Documentation</u></b>	Point of care documentation provides clinicians with a real-time snapshot into the patient's status. Facilitating real time electronic documentation at the point of care means that documentation is completed as close to the intervention or assessment as possible, while facilitating continued and uninterrupted interactions with patients.
<b>Optimized and Integrated Care Plans</b>	Connect Care longitudinal plan of care functionality integrates information from various locations and from all care teams to produce a "forward facing plan of care". Care plans are structured for documenting problems, goals and interventions. Care planning functionality facilitates continued and uninterrupted interactions with patients.
<b><u>Problem List</u></b>	Connect Care will feature a problem list for patients, which provides an easily accessible summary of patient problems. Clinicians will be able to add information to a patient record about a new health concern identified as a result of the patient's visit with the provider.
<b>Charting Within Defined Limits (WDL)</b>	Within Defined Limits (WDL) charting defines the parameters of defined "normal" or limits. This allows clear identification of exceptions to defined limits and clear documentation of the patient current status that may require intervention.

## Readiness Events Information for Physicians and Key Dates

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 (WFWT)

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.



Date: November 25, 2020

### Patient Movement Readiness Series

[Patient Movement Day](#) provide 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. This session is not a time to revise workflows, revisit decisions or determine major build changes.

Date: August 9 – October 1, 2021

### Workflow Dress Rehearsal (WDR)

[Workflow Dress Rehearsal](#) is an activity that will prepare stakeholders for launch day. It will provide opportunities for end-users to have a hands-on experience and complete simulated workflow scenarios using Epic tools in their own physical area after completing training. The event is meant to promote end-user confidence, give teams a chance to check that workflows work as intended, demonstrate that end-users can successfully complete those workflows in Epic and facilitates end-user understanding of downstream effects of their workflows. This process allows the project team to address any critical issues identified before launch and determine whether users have received sufficient training.

Date: October 4 - 29, 2021

### CMIO Practice Charting (CPC)

[CMIO Practice Charting](#) is a CMIO lead event and an additional opportunity for CMIO end users to practice dual charting on site and in Connect Care, utilizing test patients. CMIO Practice Charting does not replace Clinical Operations Shadow Charting, it is an additional opportunity for CMIO end users to practice using Connect Care before Launch. CMIO Practice Charting is available to those departments and end users identified by their local leadership.

The event will be available for all training tracks with the goal for physicians to practice within their respective clinic, test your knowledge with Connect Care, gain confidence using the system and identify issues and/or concerns. The Super User will be supported throughout this event by CMIO team members and IT.

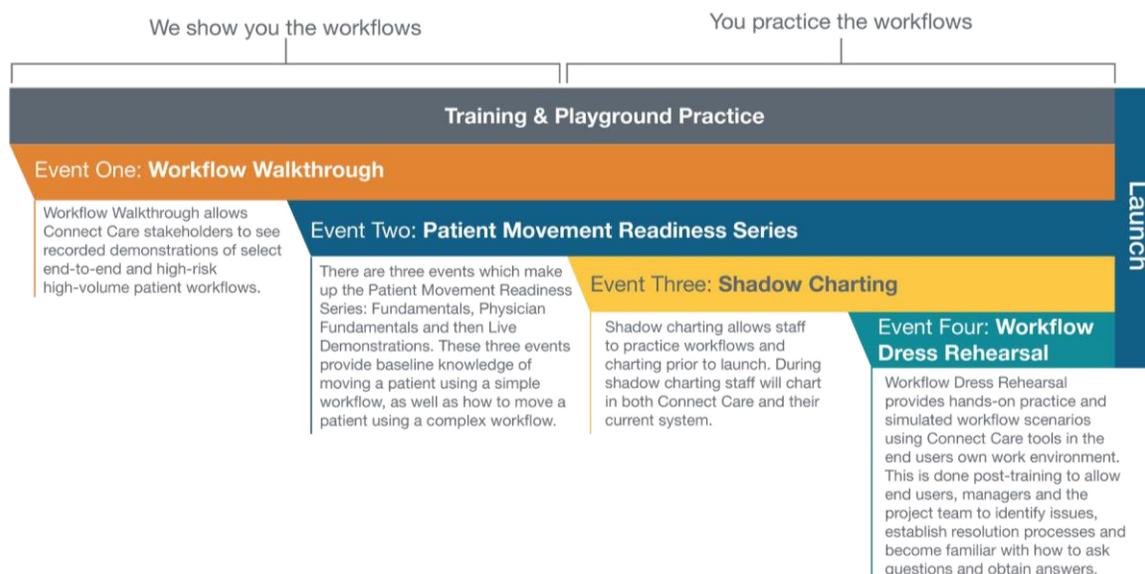
Date: Fall 2021

### Readiness Checkpoints

Readiness checkpoints aim to confirm operational understanding and ownership of milestones, expectations, metrics, risks and associated mitigation plans leading up to the launch. The Connect Care checkpoints are three separate and aligned meetings:

- Clinical and Operational Readiness (CORE) Summit, for clinical and operations stakeholders (inclusive of CMIO, scheduling and referrals); **happens 60 days before launch**
- Capacity Management and Financial Readiness (CMFR) Summit, for billing, HIM, medical affairs, and registration stakeholders; **happens 60 days before launch**
- Clinical and Operational Readiness (CORE) Day, for clinical and operations stakeholders (inclusive of CMIO, scheduling and referrals); **happens 30 days before launch**
- **Launch Readiness Assessments (LRAs)**
- LRAs are checkpoints leading up to the launch. The objective of the LRAs is to share milestones, status and risks of each key Connect Care area with project stakeholders. **Occurs 150 days, 120 days, 90 days, 60 days, and 30 days before launch.**





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.

## Physician Super Users

Super Users liaise between the Connect Care project team and stakeholder communities. They may have specific informatics roles in their clinical communities and be tasked with leveraging Connect Care for maximum benefit to the community. Their expertise is particularly influential during implementation and optimization. They are the lifeblood of Connect Care User Groups.

Physician Super Users are being sought and supported from all clinical departments. Ideally, at launch, one in every ten clinicians will be a Super User. Super Users:

- Provide in classroom support as their colleagues move through Connect Care training;
- Provide 'at the elbow' support during the two weeks around launch;

### Additional Information:

- [Byte: Physician Super Users](#)
- **Calgary** - [Position: Physician Super User](#)
- **Edmonton** - [Position: Physician Super User](#)

## 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 a provincial scope and responsibility for design of curriculum content that can be adapted to clinical area and facility needs.

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