

Connect Care Readiness Playbook



Summary for Physician Leaders

Wave 1, Chapter 6: Optimize & Thrive Readiness
January 28, 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 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 1 Chapter 6 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.

Information for Physicians

Post Live Visits (PLV)

The Connect Care initiative remains committed to meaningful user support through stabilization, optimization and remediation. Delivering on this commitment requires ongoing direct observation as part of systematic surveillance. Post Launch Visits (PLV) are one form of direct observation. We encourage all prescribers to participate in the surveys and visits to report their successes, challenges and feedback.

PLV Survey 1 - January 2020

The first PLVs occurred on January 7-9th, touching over 2,000 participants through over 230 hours of meetings, observations and evaluations. The work has been remarkably informative. Key issues are identified, summarized, prioritized and escalated for attention.

Additional information, highlights and challenges: [bytesblog](#)

PLV Survey 2 – March 2020

The second survey is scheduled for March 2020, followed by site-visits 2 months post survey

PLV Survey 3 – July 2020

The Third, and last, survey is scheduled for July 2020, followed by site-visits 2 months post survey

The 5 W's of Post Launch Visits

Why: To help facilitate end user identification of possible inefficiencies, work arounds, and key pain points

- Collaborate on successes and issues along with analysis and any required resolution/action plans
- Provide feedback about optimization, efficiency, and challenging workflows for Wave 2/3 and beyond
- Part of Epic's recommended Good Install plan

What: PLVs are checkpoints to facilitate the long-term success of end users and project teams

- An opportunity to meet as a collaborative group and to shadow end users after launch, based on results from the post launch survey and known identified issues through Launch process

Who: All End Users

- Visits: A combination of Key Stakeholders and Leaders, Connect Care Team, Human Factors, Quality & Process Improvement, end users and Epic

Where: Onsite locations where a launch has happened, across departments and specialties with virtual options

When: Typically 2, 4, and 8 months post launch. This may vary by Wave.

Typical Life Cycle of Post Launch Visits

- **Before:** Distribution of the end user surveys and results along with known Launch issues help to build a meaningful and prioritized agenda for Post Launch Visits. Begin to prioritize outstanding issues.
- **During:** Focus groups, meetings and possible shadowing of end users to prioritize issues for resolution and optimization
- **After:** Prioritize issues for resolution, compile executive summary, and make any required resolution plans. Leaders can make informed plans to help increase change adoption.

Accomplishments and Successes

Clinical Content - relates to the inquiry, decision and documentation supports designed, built and implemented with Area Council oversight to facilitate effective and efficient workflows:

- Inpatient **decision supports** are customized to the needs of different clinical areas with best practice aids that include 600+ order panels, 310+ order sets, 350+ cancer protocols, 100+ best practice advisories and 600+ ambulatory aids (SmartSets, therapy plans, order panels, order preferences).
- Progress notes, consult letters, discharge summaries, admission histories, emergency visit reports and other key **clinical documentation** for inpatient and outpatient sites have consistent formatting and are delivered to community electronic medical records and the Netcare electronic health record.
- Flowsheets, functional status questionnaires and patient preference surveys are simplified, standardized and integrated to inform **patient-centered** care, including direct patient interaction through the MyAHS Connect portal.

Prescriber Adoption - relates to the leadership, engagement, training, personalization and optimization capacity built in physician and trainee user communities:

- 3,250+ prescribers (physicians, residents, nurse practitioners, etc.) were **trained** for Connect Care launch, then supported through stabilization.
- 2,250+ physician mobile devices were configured for Connect Care **mobility**, with rapid update of smartphone and tablet interfaces to the point that 1 in 5 logons are via mobile devices.
- In-system **dictation** for clinical documentation (Dragon Medical One) enjoyed viral uptake, rapidly overtaking use of provincial transcription services (in a ratio of 25:1).

Optimization Clinics

Optimization clinics are delivered by peers, usually a clinician informatician or super user, with focus on challenging use cases. A short presentation is followed by questions, discussion and suggestions from participants. Any new tips are posted to the [Physician Manual](#) or [Physician Updates](#).

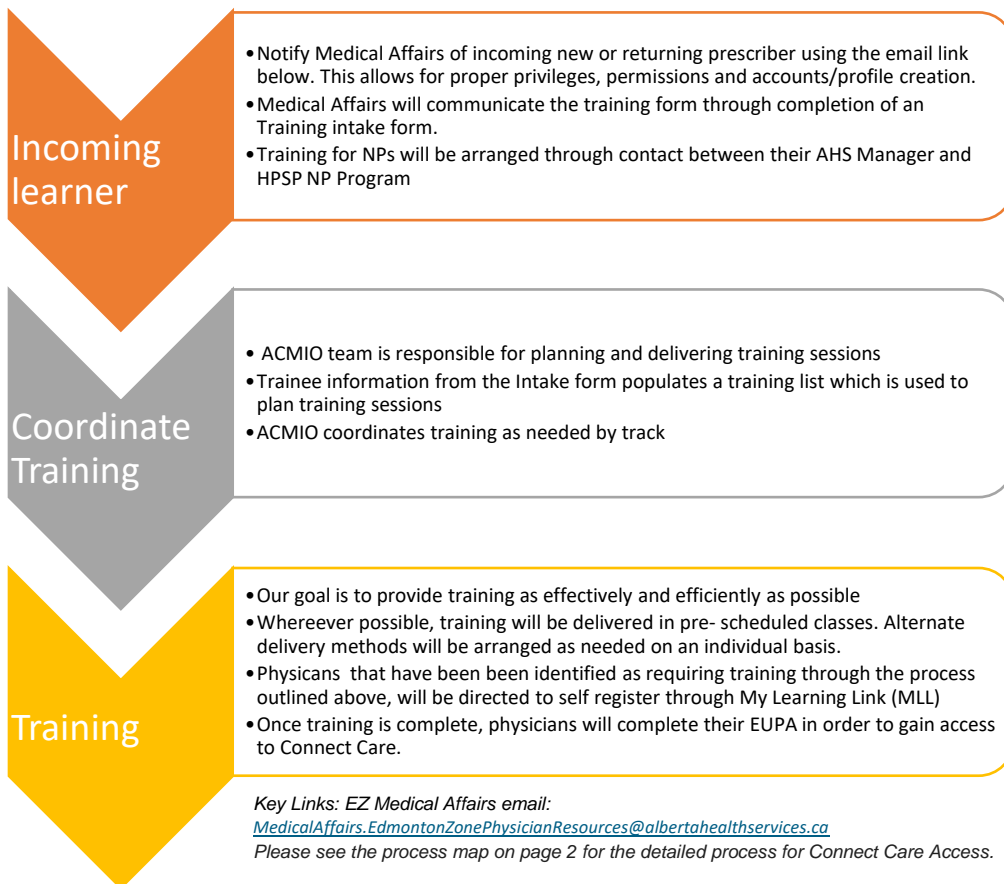
To find the next online optimization clinic to attend, visit Dr. Robert Hayward's "[This week in Optimization](#)" blog for the topic of the week, schedule and meeting information.

Post Wave 1 CMIO Training Process

This document has been created for Edmonton Zone Medical leadership as a resource for the CMIO training process post Wave 1. It is applicable solely to those individuals that are providing service at Wave 1 sites. Training for subsequent waves will be delivered through respective Wave launch activities.

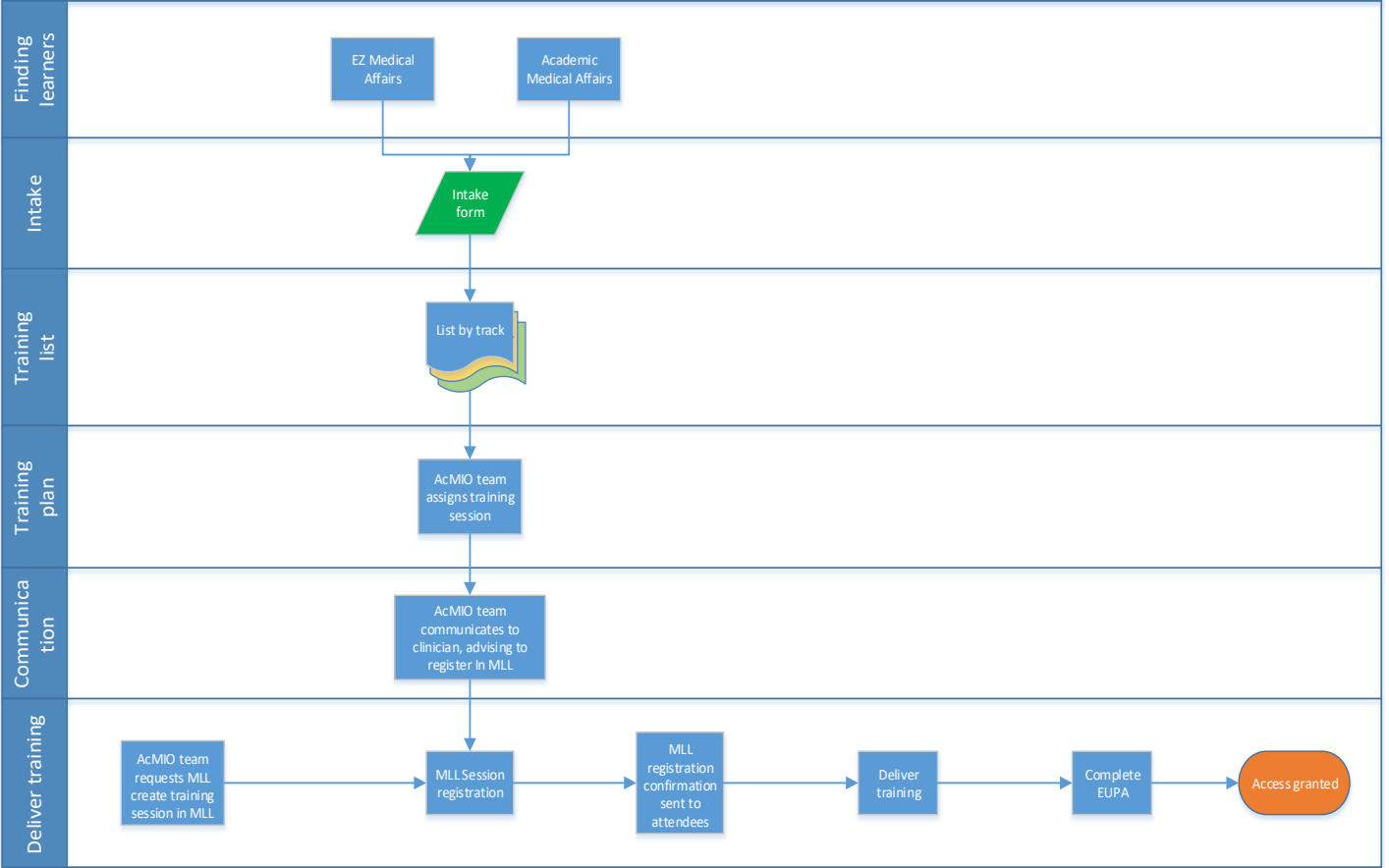
CMIO training is inclusive of physicians, locums, Nurse Practitioners (NPs), residents and fellows, dentists, podiatrists, clinical associates and clinical assistants. This Post Wave 1 training process is applicable to those new to AHS and those returning from Leave of Absence (LOA) greater than 180 days.

The post Wave 1 CMIO training process requires close coordination between Edmonton Zone Medical Affairs and the Edmonton Zone ACMIO team to ensure that all requirements for training and privileging are in place to support Connect Care preparation and access for the clinician. The process is outlined below.



Connect Care access – Post Wave 1 launch

January 2020

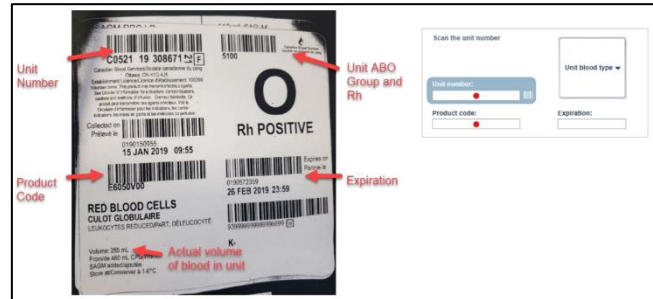


Epic Post-Launch Improvement Report

1. Transfusion Medicine:

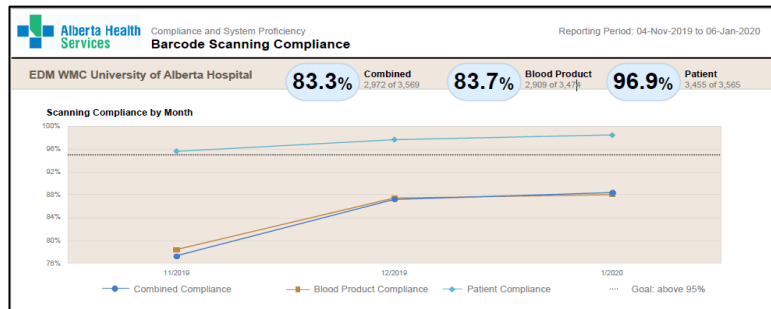
Blood products now have their barcodes scanned prior to patient administration. This additional layer of patient safety verifies the product unit number, product code, unit blood type and expiration date.

Once verified, the transfusion is linked to an established IV line within Connect Care. The clinician then scans the patient wristband before administration.



Epic Crystal Report (Nov 4 – Jan 6)

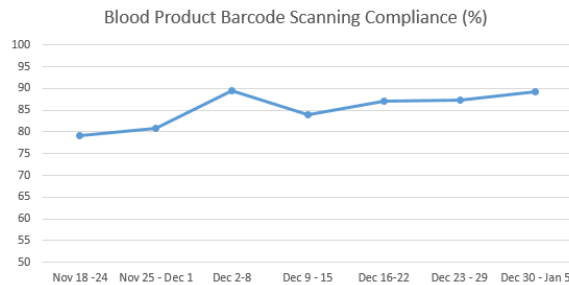
Scanning compliance totals at the U of A hospital (Walter C. Mackenzie Health Sciences Centre)



Combined blood product & patient total scanned = 2972
 Blood product total scanned = 2909
 Patient total scanned = 3455

Weekly Compliance % (Nov 18 – Jan 5)

We are gradually approaching our blood product barcode scanning compliance goal of > 95%.



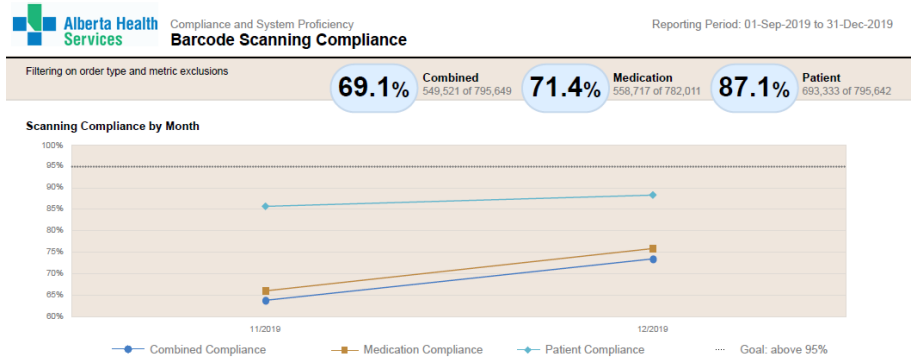
2. Medication Administration:

Barcode scanning improves patient safety by validating patient information prior to administration. It helps us ensure we get the right medication, in the right dose to the right patient at the right time.

Barcoded Medication Administration (BCMA) scanning is showing a progressive increase since Connect Care Wave 1 launch.

Epic Crystal Report
(Sept 1 – Dec 31)

Scanning compliance of medications and patients in Connect Care Wave 1 launch facilities.



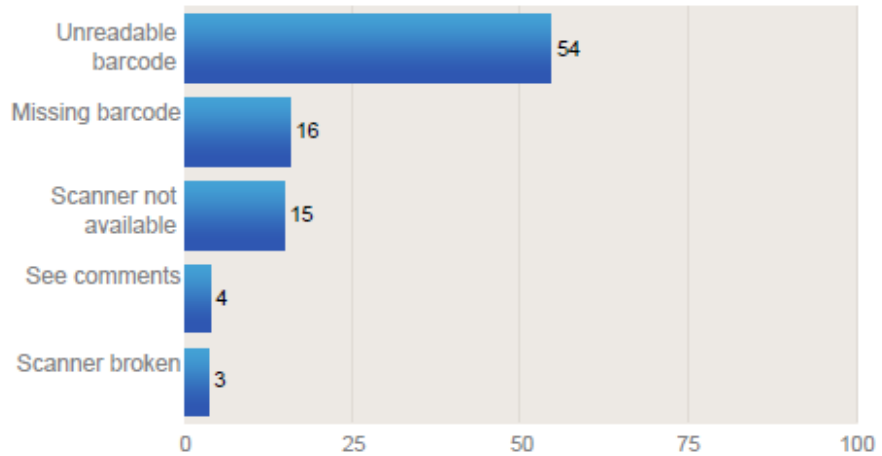
Combined patient & medication total scanned = 549,521

Medication total scanned = 558,717

Patient total scanned = 693,333

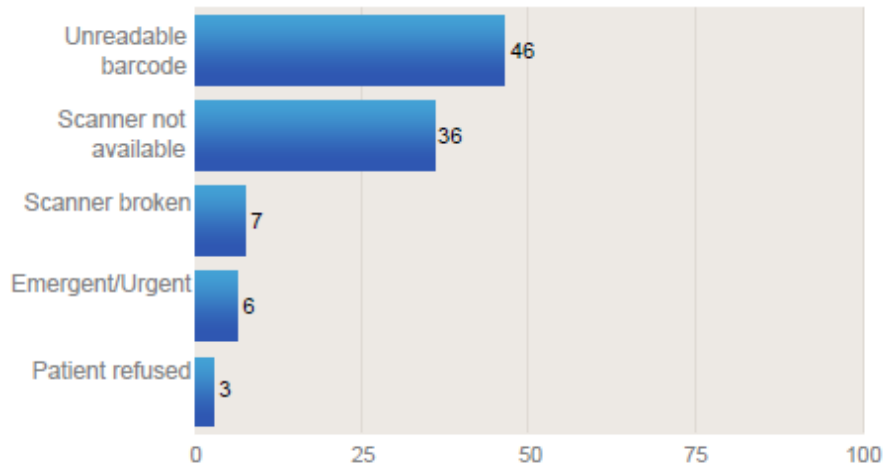
Epic Crystal Report
(Sept 1 – Dec 31)

Top Medication Scanning Non-Compliance Reasons by Percentage



Epic Crystal Report
(Sept 1 – Dec 31)

Top Patient Scanning Non-Compliance Reasons by Percentage



Patient Safety Surveillance Dashboards and Data

The Patient Safety Surveillance dashboards are used as a part of launch, stabilization, and ongoing to identify and monitor Connect Care - looking for any unexpected or unintended use patterns to then address potential clinical risks.

Connect Care worked with clinical application teams to validate Epic's recommended patient safety metrics, reports and dashboards, ensuring they align with AHS policy. These analytics were used during Wave One launch to ensure that:

- The system was working as intended
- Staff understand the system and had received training
- Potential clinical risks were flagged and addressed escalated
- Staff and frontline managers had the support they need to ensure patient safety is supported

For more information on the inpatient metrics and dashboards see the quick start guide [here](#).

For more information on the ambulatory / outpatient metrics and dashboards see the quick start guide [here](#).

Data Conversion

In the coming months, work will continue to keep data in sync between converted systems and Connect Care. Some will have a live-feed and others will be synced on a monthly basis. eCLINICIAN, OTTR and Tandem have moved to read-only access, as their data that was technically feasible and clinically relevant was converted into Connect Care. For more information, please see page 18 in the [Data Conversion User Guide](#).

To keep up to date about the Conversion project, please refer to the [Data Conversion User Guide](#) in the Knowledge Library. It will continue to be updated with new information as Connect Care continues to be implemented. For any other questions or feedback, you can send an email to CC.Conversion@ahs.ca.

Reporting and Analytics

Dashboards, Reports and Measures – Validation / Certification

Work is underway to validate the function and content of dashboards and reports now available post-Wave 1 launch. This work consists of a formal dashboard and report certification process to ensure reporting content is fulfilling clinical/operational need as intended.

Once a report is certified, it will display a blue ribbon icon in Connect Care. The Connect Care Business Intelligence team is also working directly with Wave 1 site/program Operations Leaders to ensure that the dashboards and measures they are using now are as meaningful as possible, allowing them to safely and confidently use the data for operational and administrative decision-making and to put plans in place for ongoing management and optimization of high priority data/reports.

In Basket

There continues to be opportunities to expand upon and leverage Connect Care functionality for Wave 1 end users as they become more familiar and comfortable using the system. One such function to continue to explore is use of the In Basket. Operational leaders are encouraged to continue to populate and maintain their In Basket Pools. For more information on how to populate In Basket pools, refer to the [In Basket Quick Start Guide](#) or the [In Basket Best Practices Manual](#).

Should a manager wish to grant In Basket pool access to a delegate or employee, they may [submit an IT ticket](#). It is important to note within that IT ticket the duration of access required (e.g. indefinite, time frame). It is also important to ensure that the covering delegate knows how to manage In Basket pools, and has taken the appropriate training to do so.

A listing of available In Basket pools is noted below. It is important to note that available In Basket Pools are dependent on the department. For example, Allied Health departments have access to four of the six pools – Staff, Providers, Referral Triage, and Transcription. Certain specialty workflows and

Downtime and Recovery

Scheduled Downtimes - The 2nd Thursday of every month from 0030-0430.

This is an open window to allow for system upgrades that will be taken only if needed. Communication via email will occur two weeks in advance and will indicate if the window is being taken, the impact to users and how long the duration of the downtime is expected to be.

Downtime Resources

The [Downtime & Recovery Insite Page](#) offers many resources that can be helpful to prepare for a downtime. This includes the [Downtime & Recovery Procedure Manual](#) as well as unit specific resources to access downtime reports and checklists for reconciliation

Downtime Reports – Action item

Each unit has specific downtime reports available to help maintain patient care during downtime. **If reports are not populating as expected or missing, please communicate this to your implementation lead for follow up.**

Scanning Resources – Where can I find more information?

- [MyLearningLink](#): Epic – HIM8000-L Overview of Media Manager – Scanning in Connect Care
- Connect Care User’s Learning Home Dashboard: Scanning Workflow via Media Manager Guide
- Enterprise Content Services (ECS) Insite page: [link here](#)
- Email: ecs@ahs.ca

Physician Resources and Support

Edmonton Zone Website: here	ACMIO – Dr. Tim Graham: Tim.Graham@albertahealthservices.ca
Physician Manual: here	CIL – Aalia Damani: Aalia.Damani@albertahealthservices.ca
Additional Resources: here	MEIL - Jackie Ruskowski: Jackie.Ruskowski@albertahealthservices.ca