Connect Care Readiness Playbook Summary for Physician Leaders

Wave 4, Chapter 2: Clinical/Corporate Operational Readiness

November 22, 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 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 4 Chapter 2 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.

Technology Readiness

Wireless Networking (Wi-Fi)

Wi-Fi technology will be key to supporting Connect Care, not only for those providing care at the front line but also for patients and their families. The Connect Care Wi-Fi project has now extended or improved Wi-Fi coverage to nearly all Wave 4 sites.

***How's the Wi-Fi?* We need to hear from you.**
To ensure we're ready for Wave 4 launch, we still need to hear from sites with Wi-Fi that has been newly implemented or enhanced for Connect Care. If you work at a Wave 4 site and have feedback to share about your experiences with AHS Wi-Fi, complete this short Wi-Fi performance survey here.

Bring your Own Device (BYOD)

Of interest to physicians, the BYOD project is currently working on the necessary processes and guidelines that will enable physicians to use Epic on their personal mobile devices. More information on BYOD will be available in the next Readiness Playbook Chapter.

Clinical Documentation and Electronic Order Entry

Chapter 2 of the Readiness Playbook introduces some of the major change impacts associated with Connect Care. For physicians the major change lies in the new Clinical Documentation and Electronic Order Entry tools summarized below.

Change Name	Description
Computerized Provider Order Entry (CPOE)	Computerized provider order entry allows us to clearly understand the interventions required by the care team to support safe, efficient and accurate patient care.
Electronic Order Sets	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.
Clinical Decision Support (CDS)	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.
Point of Care Documentation	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.
Optimized and Integrated Care Plans	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.
Problem List	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.
Charting Within Defined Limits (WDL)	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.
Workload and Activity Measurement and Reporting	Workload and activity measurement and reporting helps inform decision making. In Connect Care, workload and activity measures are captured as a by-product of documentation, minimizing data entry while making information available to frontline leaders.

Readiness Survey

Physician leadership is being engaged to help identify areas where custom supports can be developed to help ensure physicians are ready for the launch of Connect Care at the sites where they work.

Two surveys will be circulated:

1. Survey 1 (Baseline), around 10 months prior to launch

2. Survey 2 (Readiness Assessment), around 2 months prior to launch

Connect Care Activity Management

As we prepare to implement Connect Care, our goal is to support staff and physicians before and through the transition while maintaining the highest standard of care. During the immediate period around launch, staff and physicians require more time to navigate the electronic system and to complete point of care documentation during patient care activities. Activity management refers to the decision to adjust clinic volumes and work schedules during this launch period. Where possible workloads and/or patient volumes should be adjusted during launch to support staff/physician transition to the new system while safely caring for patients.

Due to the high variability in clinical workload across the Zone, it is difficult to come up with one recommendation across all services. Approaches to activity management will vary depending on the type of service/program. Therefore, operational and medical leads for specific services/programs need to determine the approach for their area. Activity management is most achievable for planned activities and changes to one service area must consider downstream impacts to other service areas. When service volumes cannot be adjusted, additional staff may be required to help reduce staff to patient ratios. Leadership dyads in each clinical area are encouraged to work together so that any planned workflow adjustments are fully understood by all involved.

Activity management decisions are guided by the following:

- Patient safety is a priority
- Steps must be taken to minimize the impact on access to procedures by collaborating across the Zone
- Zone executives will be aware and tolerant of short term wait time and wait list adjustments
- Staff and physicians will be well supported by Super Users and other support staff around the period of launch
- For any activity reduction strategy, a corresponding "ramp up" plan with targeted timelines to reestablish regular activity levels is necessary

We will make sure that physicians, staff, volunteers and the public/patients are fully aware of impacts from activity management during the implementation process.

More Information: CIS Launch Physician Workload Adjustments

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

Area Trainers are being recruited from a broad spectrum of specialty/clinical areas that align to the Connect Care physician training tracks. They will work closely with Zone medical leadership and co-report to relevant Associate Chief Medical Information Officers (ACMIOs). Area Trainers are expected to contribute approximately 160 hours to this role over a six month period, including receiving training (64 hours), delivering training (60 hours) and providing launch support (36 hours).

Physicians working in both fee for service or other contractual relationships including AMHSP are encouraged to apply. Physicians who are currently under a contracted relationship will be required to fulfill duties within the constraints of their existing contracts, negotiated with the assistance of Medical Affairs and their relevant medical leader or Arrangement Head.

More Information: Area Trainers

Physician Super Users

Physician Super Users are critical to the success of Connect Care and will champion the initiative in their teams. Physician Super Users are being sought from each of the clinical departments with the goal to train one in every ten physicians in this role.

Physician Super Users will have three areas of focus:

- Provide in classroom support for colleagues who are going through Connect Care training
- Provide 'at the elbow' support during the two weeks around launch
- Support post-launch activities

Physician Super Users will be established physicians with a knowledge of clinical service delivery, who enjoy both clinical and technical challenges and are approachable with good people skills. To become a Super User, physicians take the training pathway for their practice area plus additional training to support them as change agents. Some clinical and administrative personnel will have the opportunity to become a Super User for physician workflows so that they can provide multidisciplinary Connect Care support.

Hiring will be coordinated with Medical Affairs and the Associate CMIO's Office, working with the Zone Clinical Department Heads. Super Users will be assigned by site and specialty area to ensure the best support coverage at launch.

Total time commitment to fulfill the Physician Super User role includes: standard Connect Care training (12 hours – 7 hours of classroom and 5 hours virtual), extra Super User training (12 hours – 7 hours of classroom and 5 hours virtual); classroom support (15 hours); launch support (75 hours), post-launch support (20 hours).

Physicians working in both fee for service or other contractual relationships including Academic Medicine and Health Services Program (AMHSP) are encouraged to apply. Physicians who are currently under a contracted relationship will be required to fulfill duties within the constraints of their existing contracts, negotiated with the assistance of Medical Affairs and their relevant medical leader or Arrangement Head.

More Information: Physician Super Users

Information Sharing Approach

As clinicians move from paper records to shared digital records, it is important to recognize the impact this change has on how information is shared. For an Alberta Health Services (AHS) clinical information system (CIS) initiative to achieve its goals it is essential that the right information be appropriately captured, documented, shared, disclosed and used. These are matters of information sharing. They touch the core of health care professionalism and change as clinicians move from paper records to shared digital records.

To articulate these changes, an information sharing compact has been developed which defines the responsibilities of AHS and clinicians, this compact can be found online here.

Minimum Use Norms

Given that improper CIS use can compromise service and safety, all CIS users have interest in peer-endorsed norms for appropriate and meaningful CIS use. These "minimum use" tasks constitute a subset of practices essential to safe patient care and coordination.

Other CIS practices may be necessary for chronic disease management, integrated care planning and appropriate use of applications, modules, registries, portals and analytics.

CIS minimum use norms are consistent with best practice but should be followed in the spirit of not unfairly increasing information burdens for others contributing to a shared health record.

The Connect Care Council recently endorsed a starter-set of CIS minimum use norms.

Charting Etiquette

Effective documentation is a team activity, with all health care providers sharing responsibility for, and dependence on, the quality, credibility and usefulness of the Connect Care health record. Charting etiquette is about the digital manners that help information creators and consumers help one another. A comprehensive charting etiquette document, informed by the minimum use norms, charting principles, and documentation principles, is presently being developed.

Given that improper use can compromise clinical service and safety, users have interest in peer-endorsed minimum use guides for meaningful use. The minimum use norms can be found here.

Charting principles identify that documentation in the Connect Care health record should be: collaborative, care-centric, comprehensive, current, credible, credited, curated and chronicled. Detailed information regarding these principles can be found here.

Physician Training and Personalization Modules

CMIO Training tracks will provide the training needed for physicians and providers including nurse practitioners and physician assistants for Connect Care. Participants will be assigned one track for all of their training needs. Each track is comprised of three modules: basic training; personalization and optimization. An assessment must be successfully completed following Basic Training in order to gain access to Connect Care.

Personalization modules will be offered 1-4 weeks prior to launch. Personalization content will be provided through learning labs and self-directed learning (e-learning and after-class exercises). Personalization will focus on providing participants opportunity to personalize functionality within Connect Care including personal workspace, ordering and documentation. In addition, there will be opportunity to learn more about specialized functionalities such as speech recognition or mobility features. Personalization will be a critical activity for physicians and other prescribers to complete prior to launch to ensure their competence, proficiency and readiness for use of Connect Care.

Clinical Knowledge & Content Management

What is Clinical Knowledge & Content Management?
Situated within the CMIO, the AHS Clinical Knowledge and Content Management (CKCM) program was formed to render Alberta's best clinical know-how for expression in clinical information systems (CIS). This includes standards (terminologies, lists, etc.), documentation (templates, flowsheets, notes, etc.), decision supports (references, advisories, order sets, etc.) and aids to inquiry (performance indicators, quality measures, etc.); all used within the CIS to support best possible health services.

What is the purpose of CKCM?

The CKCM mission is to promote quality healthcare by expressing evidence-informed clinical content in front line information workflows. This supports AHS's vision of provincially harmonized clinical guidance, continuous improvement driven by information about what works best in Alberta, and avoidance of unhelpful practice variation; all supporting a high-performing learning healthcare organization.

How does CKCM organize Clinical Content design?

The CKCM program is organized into three functional groups:

- Foundational Knowledge works to facilitate and harmonize provincial content for catalogues of tests, interventions, medications and terms. Additionally, this team supports the analysis of CIS-embedded clinical decision supports that help practitioners attain best possible outcomes without unduly increasing total informational burdens (See Clinical Decision Support for more information).
- Clinical Documentation gathers existing AHS documentation tools, reducing these to a minimum set of standardized essentials for expression in the CIS and helps adapt Epic-provisioned documentation tools for AHS use.
- Clinical Knowledge and Decision Support facilitates the development of provincial content and standards which are evidence informed and best practice. This clinical decision support aids in harmonizing practice and reduces unhelpful practice variation within order sets, care plans, nursing protocols, etc.

Resources for Physicians

For the latest information pertinent to physicians please follow the Connect Care Bytes Blog and for a deeper dive into topics concerning physicians be sure to check out the Connect Care Clinician Handbook.

- Bytes Blog – bytesblog.ca
- Clinician Manual – manual.connect-care.ca
- Zone ACMIO Insite pages:
    - North
    - Edmonton
    - Central
    - Calgary
    - South
- Resource Guide – Link here
- Contact – cmio@ahs.ca
    - Additional Contacts