

Connect Care Readiness Playbook



Summary for Physician Leaders

Launch 8, Chapter 1: Foundational Readiness

June 2023

Welcome to the Readiness Playbook Summary for Physicians

Connect Care will be rolled out across the province over nine [Launches](#). 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 Launches' 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.



Information for Physicians

COVID-19 Precautions in Connect Care Classrooms

Your personal safety and well-being are important. The following requirements have been instituted for all in-person training classes:

- Hand sanitizer will be provided and must be used before entering class.
- Cleaning supplies for workstations will be provided – please use these to clean your workstation before and after your training session.
- All attendees will be expected to wear a face mask while in class. Area Trainers and Super Users will be using face shields and/or masks.
- An AHS Fit to Work Questionnaire must be completed prior to class. The form can be accessed from this link: [Fit for Work Questionnaire](#).



Social distancing norms may not be possible within classroom settings. If you are concerned about attending in class training, please consider registering for a virtual training session as an alternative option.

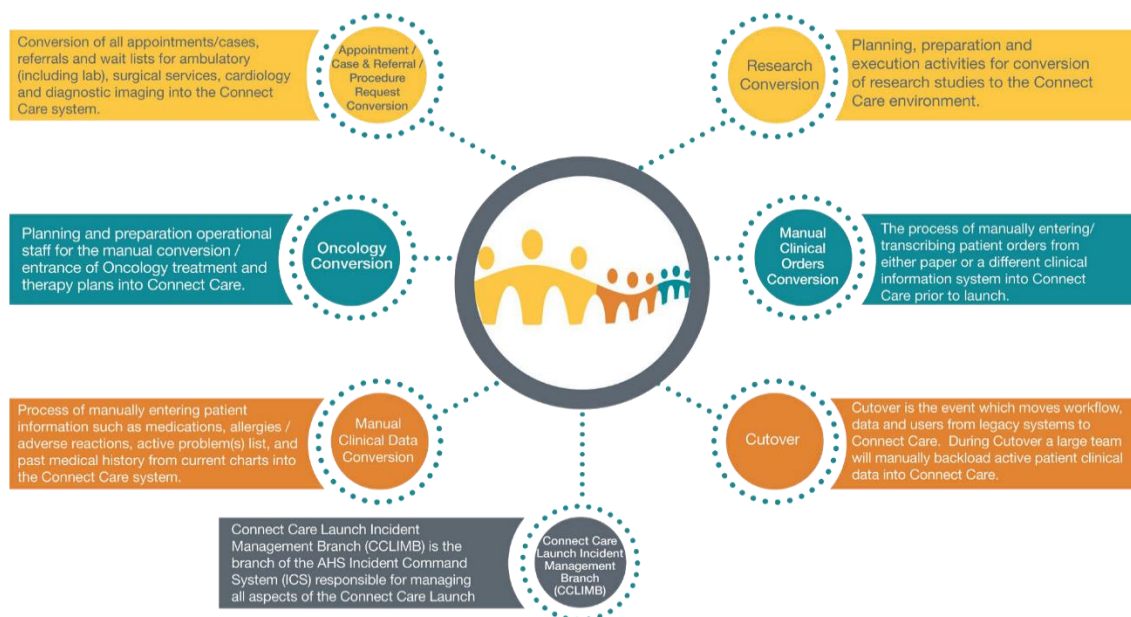
Implementation Readiness

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.

Overview

Conversion is the process of converting something from one thing to another. In preparation for launch, there is a need to convert five categories of patient information into Connect Care. Below is a diagram of these five categories, as well as the 6th area of the Implementation Stream: Connect Care Launch Implementation Management Branch (CCLIMB).

The Implementation streams include the activities and structures needed to be in place to support a successful launch. That includes different types of Conversion activities, Cutover as well as the Connect Care Launch Implementation Management Branch.



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 Order Conversion

The process of manually entering/transcribing patient orders from either paper or a different clinical information system into Connect Care prior to launch.

Manual Clinical Data Conversion

Process of manually entering patient information such as medications, allergies / adverse reactions, active problem(s) list and past medical history from current charts into the Connect Care system.

Research Conversion



Planning, preparation and execution activities for conversion of research studies to the Connect Care environment.

Cutover

This is the event which moves workflow data and users from legacy systems to Connect Care. During cutover, a large team will manually backload active patient clinical data into Connect Care.

Connect Care Launch Incident Management Branch (CCLIMB)

Connect Care Launch Incident Management Branch (CCLIMB) is the branch of the AHS Incident Command System (ICS) responsible for managing all aspects of the Connect Care Launch beginning at Cutover and through the launch period (2-4 weeks post launch).

ICS principles, practices, and tools are used to manage the launch event. As a branch of AHS' ICS the CCLIMB can leverage principles, processes and tools to ensure:

- Safety
- Achievement of objectives
- Efficient use of resources

Have questions? Check our FAQs or email us at ConnectCare.LaunchSupport@ahs.ca

Connect Care Patient Advisors

Patient Advisories work with AHS to encourage partnerships between those receiving health services, leaders, staff, and health care providers. The purpose is to enhance the principles of Patient and Family Centered Care (PFCC) and help strengthen the quality and safety of patient care for all Albertans. The four principles associated with PFCC:

- Respect & Dignity
- Information Sharing
- Participation
- Collaboration

Connect Care embraces the partnership with patients and families through the nearly 80 Patient Advisors. As such, the patient advisors act as a resource and consultative group for Connect Care as per the Connect Care Patient and Family Centered Care (PFCC) mandate.

If you have questions about how to get Patient Advisors involved in your work, or if you want to consult with a group, contact ConnectCare.PatientFamilyAdvisoryCommittee@ahs.ca.

eQuality & eSafety

eQuality & eSafety ensures that digital health initiatives, including Connect Care, are designed with patient safety and quality of care in mind. The eSafety Transformation project is a Connect Care initiative working to implement eSafety guidelines across AHS. This includes embedding eSafety principles into policies and procedures, training and more.

You can help AHS lead the way by incorporating eQuality & eSafety practices into your day-to-day.

Additional Resources:

- [eQuality & eSafety Insite Page](#)
- Email eSafety@ahs.ca

Human Factors



Usability of a Clinical Information System (CIS) is “one of the major factors, and possibly the most important factor hindering wide-spread adoption.” Usability refers to the quality of a user’s experience when interacting with systems based on effectiveness, efficiency, and overall satisfaction. The AHS Human Factors team collaborates with the organization to integrate human factors engineering methods into all aspects of electronic systems design, implementation, and the analysis of safety incidents.

The AHS Human Factors team is supporting Connect Care by providing expert guidance on usability:

- Supporting build teams on workflows, content design and usability.
- Developing style guides to help ensure consistency, alignment to design best practices and usability of content for all end users.
- Facilitating Non-medical Device simulation evaluations and developing guidance on the type and placement of hardware and mobile solutions to match operational needs.
- Conducting workflow safety reviews on prioritized workflows with end users.
- Working with test and build teams to assess the usability of the system.
- Supporting the High Risk/High Volume workflow teams to proactively identify and mitigate risks prior to launch.

System Access and Permissions: Role / Competency-Based Access

Access and permissions to Connect Care is competency and role based. This means end users have the necessary knowledge, skills, and permissions to safely and appropriately use Connect Care. This will help protect patients and contribute to a supportive environment for care providers by ensuring that providers are well prepared to use the system appropriately. This access model provides safe transitions of care through appropriate sharing of information within and across care settings.

Patient records in Connect Care are part of the legal record of care. Members of health professions are subject to professional, legislative and organizational standards, expectations and norms – both regulated and unregulated staff are subject to AHS policies. Healthcare providers are responsible for documenting the care they provide. Implementation of the access solution will conform to the following principles of practice:

- Access is based on the full scope of practice as defined by legislation, profession-specific regulation (for regulated providers) or by job description (for unregulated providers). The solution will support scope adjustments to restrict access permissions for specific provider roles.
- Some Connect Care users have multiple concurrent or consecutive roles; access, permissions, and audit history should correspond to the applicable role or license.
- Access, permissions, and the audit trail will accommodate users who progress from student through post-graduation roles.
- Access, permissions, and audit trail for inter-professional care teams will support collaborative care and practice and documentation of team-based care.

As a tool of practice, Connect Care adds a layer of meaning and significance to each of the following key terms:

- Authorized users can access/view information as defined for their role(s).
- Permissions or privileges control the user’s ability to write, edit, order, prescribe or sign off.
- A designation often signals occupational (clinical and non-clinical) competencies, grounded in training and practice. Occupational competencies underpin roles.
- Clinical information system (CIS) user competency refers to a person’s capable use of the Epic application.



- Within a given job or position, roles (understood as sets of work activities and as actions performed in Connect Care) may vary.
- Those role-specific nuances may be driven by several factors: the service stream, location or by program.
- AHS employees and members of the Medical and Midwifery Staffs (i.e., physicians, midwives) will be protected through:
 - Appropriate training for each set of permissions granted in Connect Care
 - Standard expectations, conditions, and processes for deactivation of access to Connect Care for users of Alberta Health Services (AHS) information systems and applications.
 - This is important because exposure and use of Connect Care is vital for periodic reinforcement of Connect Care skills and safety measures.
 - Consistent deactivation definitions and principles that can be applied to any AHS CIS (current and future).

Connect Care Information for Physicians & Prescribers

Connect Care Information for Prescribers is essential information for Physicians and other Prescribers within AHS specific to the Connect Care Project.

Connect Care Manual for Prescribers

This online manual gathers tips, guides, resources, and norms for prescribers using the Connect Care clinical information system (CIS). The focus is essential information addressing the particular needs of physicians and other prescribers.

[Connect Care Manual for Prescribers](#)

What is the Chief Medical Information Office (CMIO)?

Under the direction of the Chief Medical Information Officer (CMIO) and supported by Associate Chief Medical Information Officers, the CMIO provides leadership, coordination and facilitation of clinical informatics initiatives for AHS. The CMIO oversees provincial clinical informatics efforts, while the Associate CMIOs guide clinical informatics and Connect Care engagement in their respective zones.

How is the CMIO connected to Connect Care?

The CMIO represents the interests of physicians and prescribing providers. The office provides leadership in designing Connect Care and in supporting Prescribers through the Connect Care transformation.

Where can I learn more about the CMIO and find resources for Prescribers?

- [CMIO Zone Websites](#)



Professional Billing

Resolute Professional Billing is the Connect Care business module used to translate prescriber service codes into claims and manage payments.

Prescribers will fall into three broad groups:

- Independent: providers who practice independently, but use Connect Care as the record of care, can continue their current professional billing practices or take advantage of one of the Connect Care professional billing offerings.
- ARP or AMHSP: providers contracted for clinical services through alternate reimbursement plans may need to comply with whatever billing arrangement their practice group undertakes, which could include the use of Connect Care.
- AHS-funded: providers fully employed by, or in total compensation contracts with, AHS already have billing services provided by AHS, and AHS will use Connect Care professional billing.

Hospital Billing

Through Connect Care, the Accounts Receivable – Billing Cash and Collection Department of AHS will be consolidating the various provincial billing systems. The Resolute Hospital Billing Module will be used for all charges that are accrued for services provided or resources used for a patient in inpatient or outpatient facilities.

Patient Estimates

The current state for the patient estimates process will change, with the introduction of the Resolute Hospital Billing Module of Connect Care.

Changes include:

- Back-end users to provide estimates to patients who are:
 - Uninsured
 - Seeking elective/cosmetic procedures
- These estimates are initiated when a surgical end user marks a surgical case as 'fully uninsured.'
- Patients are required to submit 100% prepayment before their procedures are scheduled
 - Back-end users can also provide estimates to patients for specific procedures (e.g., labour and delivery) when they receive estimate requests via phone.

Single Billing Office

The Single Billing Office is the integration of self-pay services for hospital and professional billing to enhance patient experience with a single statement. The functionality will help give patients a more precise and complete picture of what is owed out of pocket for both hospital and professional services. The Single Billing Office is an opportunity to reassess as well as align policies between hospital billing and professional billing for statement processing, prompt pay, and bad debt.



Prescriber Training Program

Below is a high-level look at what to expect during training—more detailed information in upcoming chapters. Prescriber training will follow the committee-approved training principles outlined in the Prescriber Handbook.

Training will address key implications for prescribers. The goal of training is to support prescribers to become competent and proficient in using Connect Care.

- Prescribers will train Prescribers.
- Prescriber training has been developed around a “Day in the Life” philosophy, with a clear mandate of:
 - Respecting prescriber time
 - Communicate critical information
 - Sensitivity to the circumstances of Alberta Prescribers
 - Flexible access and learning options (eLearning and In-Class) to support a variety of learning styles

Prescriber Training Pathways

Different training pathways will address Prescribers needs within different practice types and settings.

Prescriber learning pathways include the basic track (essential knowledge and skills needed for safe use of Connect Care), plus one or more of the following 16 tracks (additional training about specific applications/modules as appropriate):

Training Tracks for Prescribers



Training will also cover working with Connect Care on different environments (desktop, portal, mobility) both inside and outside AHS protected networks.

Physician 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 and 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.



Connect Care Provider Portal for Non-AHS Providers & Clinicians

Connect Care Provider Portal is a web-based application that provides non-AHS providers and clinicians with a way to:

- Access their patient’s Connect Care health care record
 - View their patients’ upcoming appointments with AHS specialists
 - View Lab and Diagnostic test results in real-time
 - View notes, e.g., discharge summaries from Inpatient admission or Emergency Department visit
 - Place and track the progress of referrals
 - Receive notification of emergency department visits, inpatient admissions and discharges
 - Send advice requests to AHS specialists by sending them an In Basket message
- Improve the continuity of care for patients as they move throughout the health care system.
- Integrate with AHS Patient Portal that facilitates integrative health care while enabling coordination of care across the continuum of care
- Align with AHS’ strategy to engage external users in the community

(MOA) Medical Office Assistants Connect Care Access and Information

Physicians need to indicate the names of all non-AHS MOAs who do work for them to support their activities within AHS. Certain activities within Connect Care are the responsibility of the physician. They can delegate some of those activities to an MOA they employ (private).

Activities that can be supported in Connect Care by a private MOA include:

Workflow tasks supported by MOA	Connect Care role assignment
- Create AHS letters - Register patients to be seen in AHS facilities - Schedule out-patient appointment for patients to be seen in AHS facilities - Read and/or edit AHS clinical documentation	Private Practice Ambulatory Unit Clerk
- Create surgical cases	Private Practice Surgical MOA
- All of the above tasks	Private Practice Surgical Ambulatory Unit Clerk

Instructor Led Training (ILT)

- Based on the role(s) required, non-AHS MOAs must attend the following in-classroom session.
- Physicians will be responsible for wages and clinic costs associated with training.
- AHS will provide the content and trainer and classrooms to supply training.

Connect Care role assignment	Required Instructor Led Training	Classroom Length
Private Practice Ambulatory Unit Clerk	- Ambulatory Unit Clerk ILT - Registration Basics ILT - Schegistrar ILT	- 3.75 hours - 7.75 hours - 7.75 hours (2.5 business days total)
Private Practice Surgical MOA	- Private Surgical MOA ILTs	- 3.75 hours (0.5 business day total)
Private Practice Surgical Ambulatory Unit Clerk	- All of the above ILTs	- 23 hours (3 business days total)
Referrals Coordinator	- Clinic Referrals User ILT	- 7.75 hours (1 business day additional)



- Non-AHS MOAs must complete all End User Proficiency Assessments (EUPAs) corresponding to their classroom training through MyLearningLink after class ends.

Access to Connect Care (EPIC)

- Non-AHS MOAs will be granted access on launch date if all their training requirements are fulfilled:
 - Complete Mandatory online modules
 - Attend all required in-classroom sessions
 - Complete all required EUPAs
- Some non-AHS MOAs will be granted early access if the Connect Care Patient and Access team identifies them as needing to participate in conversion weekends prior to launch.

Please send the list of MOAs for Launch to:

- Provincial Medical Affairs - Danylle.Breen@albertahealthservices.ca

Readiness Events Information for Prescribers and Key Dates

The following is a brief overview of Readiness Events that typically occur leading up to a Connect Care launch.

CMIO Organized Readiness Events – participation is highly encouraged for in scope prescribers:

CMIO Prescriber Shadow Charting

Allows Connect Care prescribers to practice charting prior to launch, to promote end user confidence. During CMIO Prescriber Shadow Charting, prescribers can chart in both Connect Care and their current documentation system (paper or otherwise). CMIO Prescriber Shadow Charting is focused on high acuity and high volume areas (Anesthesia, Cupid, Lumens, OBGYN); as it is not available in all clinical areas, many prescribers will not have an opportunity to participate in CMIO Prescriber Shadow Charting.

For more info, refer to [Manual: CMIO Prescriber Shadow Charting](#).

Please note that the Readiness team also hosts Supported Workflow Practice (formally called Shadow Charting) for Operational end users outside the CMIO. For more information, see [Launch 8 Supported Workflow Practice](#).

CMIO Practice Charting

CMIO Practice Charting is an additional opportunity for CMIO end users to practice dual-charting with Connect Care on real patients during or after real appointments. CMIO Practice Charting does not replace CMIO Prescriber Shadow Charting; it is an additional opportunity for CMIO end users to practice in the system. CMIO Practice Charting is available to those departments and end users identified by their local leadership.

Sessions are scheduled and coordinated on an as-needed basis, with areas of need identified by zonal medical leaders and MILs.

For more info, refer to [Manual: Practice Charting](#).



Operations Organized Readiness Events – please see each event for recommended participation:

Workflow Walkthrough (WFWT)

WFWT Demonstration Videos are available to help leaders, frontline (end user staff), managers and prescribers showcase the Connect Care system prior to training. The purpose of the are videos to provide a sneak peek look into Connect Care and how it functions through the use of pre-recorded workflow videos. There are 20 different videos in total that focus on different urban and rural workflows that staff may use, as well as some of the most common care areas. The urban workflows apply to all sites within the large urban cities, while the rural workflows are intended for smaller rural sites included in each launch. Videos can be accessed at [here](#).

Key Dates	Recommended Attendees
Any time before launch	<ul style="list-style-type: none"> • Zonal ACMIO Team • Interested MILs, Zonal Medical Leaders and CMIO End Users

Launch Readiness Assessments (LRAs)

LRAs are checkpoints leading up to launch, sharing milestones, status and risks of each key Connect Care area with project stakeholders. Presenters share mitigation plans, propose solutions, and request support as needed. LRAs ensure stakeholders are engaged and informed. LRAs occur at 120, 90, 60 and 30 days out from launch. More info to follow.

It is recommended that the Zonal ACMIO Team, Nurse Practitioner Leaders, Physician Design Leads, MILs and other Medical Leaders attend for the agenda items that are relevant to them.

Readiness Checkpoints

These events provide operations and prescribers with relevant updates and expectations prior to launch. Presenters (project team members and wave leadership) review what to expect before, during and after launch, and include time for questions. These events help launch leaders with their engagement and confidence leading up to launch.

Event	Key Dates	Recommended Attendees
Capacity Management and Financial Readiness Summit (CMFR)	March 14, 2024	<ul style="list-style-type: none"> • ACMIOs • CMIO Leadership
Clinical Operations Readiness Day (CORe)	April 11, 2024	<ul style="list-style-type: none"> • Zonal ACMIO Team • Interested MILs and Zonal Medical Leaders • CMIO End Users not expected to participate



Patient Movement Readiness Series

The Patient Movement Readiness Series includes two overarching events (Patient Movement Fundamentals, and self-paced viewing of weekly videos) that introduce end users to patient movement workflows. These illustrate how tools learned in training are used in typical clinical scenarios. The Patient Movement Readiness events provide baseline knowledge about patients move along typical pathways supported by simple workflows, as well as how to handle patients experiencing more complex transitions. Examples and activities are designed to help users feel confident facilitating safe transitions of care with Connect Care. For more info, refer to the [Patient Movement Guide](#).

Date	Recommended Attendees
Patient Movement Fundamentals – May 18-22, 2024	<ul style="list-style-type: none"> • Zonal ACMIO • Zonal Medical Leaders • Interested MILs

Workflow Dress Rehearsal (WDR)

WDR is a multidisciplinary event that reviews common integrated workflows in a simulated Connect Care environment. WDR is designed to help prepare Super Users, educators and prescribers for Connect Care, while providing the tools to assist their peers with practice in the PLY environment.

Frontline staff are encouraged to attend as virtual viewers to observe these workflows and increase their confidence for launch. Site implementation leads will work with managers in those focused care areas to complete event registration.

Date	Recommended Attendees
March 25-April 26, 2024	<ul style="list-style-type: none"> • Zonal ACMIO • Zonal MILs • Zonal Medical Leaders • Zonal CMIO End Users



Technology Readiness

Non-Medical (End User) Devices

The Connect Care Non-Medical Devices (NMD) assessment team continues to work with managers and site readiness owners to define the types, numbers and locations of the shared non-medical devices that will be needed for Connect Care. These device services include:

- Computing devices ([fixed and mobile](#))
- eSignature pads
- Wristband printers
- Web cameras
- Barcode scanners
- Label printers

Third Party Applications

To meet the needs of clinicians and facilitate safe patient care the following 3rd Party applications will be available in addition to Connect Care.

1. Provincial Speech Recognition

- [Dragon Medical One](#) (DMO) is a provincial speech recognition solution that will provide physicians and other care providers an alternative or a supplement to the use of Connect Care tools for documentation, an alternative to traditional dictation and access to documentation tools for providers who are currently handwriting patient reports.
- An introduction to DMO will be provided during Connect Care CMIO training sessions.
- AHS DMO Trainers will provide one-hour optional training during Personalization Training for those who are looking for a more in-depth view of personalizing Dragon.
- Prescribing Providers and Lab users will have access to integrated e-learning and training tools available through the Dragon tool for those who have a passion for learning more!
- For more information or questions email: speechrecognition@ahs.ca

2. Barcoding

- The barcoding project will assist with the development of standards and support the integration of barcoding practice within various areas, including Pharmacy, Laboratory, Diagnostic Imaging, Transfusion Medicine, Children's Health, Women's Health, Cardiology, and Endoscopy.
- The barcoding process will be reviewed during Connect Care training for those workflows where barcoding is being used. Additional detailed information will be available on Insite regarding printing and scanning of barcodes.

MyAHS Connect

MyAHS Connect is the patient portal provided by Alberta Health Services that offers patients personalized and secure online access to their Connect Care health record. MyAHS Connect empowers patients to be full partners in their care. Together, patients and their health care team can use MyAHS Connect to:

- Enhance interactions and virtual connections
- Streamline access to trusted evidence-based health information
- Engage and involve caregivers or family members directly in their care
- Leverage features to strengthen the shared responsibility for health outcomes

All Alberta residents may be eligible for a MyAHS Connect account when they visit a site using Connect Care.

High Level Features:

- View:
 - Request Appointments
 - Test Results
 - Health History
 - Medication List
 - Visit Summaries (Inpatient, Ambulatory, and Emergency)



- Upload:
 - Documents
 - Images
- Communication between Provider and Patients:
 - Secure Messaging
 - Questionnaires
 - Virtual Visits
- Provide support to a family member or loved one receiving care with proxy access

Note: As advocates for innovative care, staff and prescribers can sign up for MyAHS Connect via a self signup process. As the only appropriate way to access your own health information, it will also enable staff to experience firsthand the benefits of MyAHS Connect. Learn more [here](#).

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 prescribers be sure to check out the Connect Care Manual.

- Connect Care Bytes Blog – bytesblog.ca
- Connect Care Manual – [Connect Care Manual \(connect-care.ca\)](http://connect-care.ca)
- Zonal ACMIO Insite pages:
 - [North](#)
 - [Edmonton](#)
 - [Central](#)
 - [Calgary](#)
 - [South](#)
- Contact – cmio@ahs.ca

