Connect Care Readiness Playbook
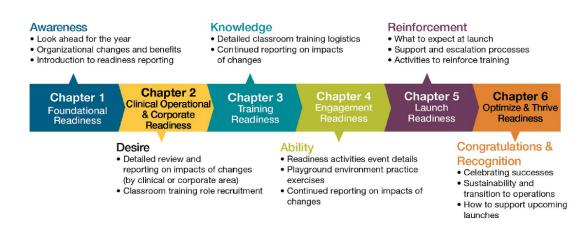
⚕ Summary for Physician Leaders
Launch 9, Chapter 1: Foundational Readiness
December 4, 2023

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.

Important Information for Physicians

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
    - Find important information, contact information, playbook summaries and job postings

- Connect Care Manual (connect-care.ca)
    - 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.

Training Readiness

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:

- o Appropriate training for each set of permissions granted in Connect Care
- o 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.
- o Consistent deactivation definitions and principles that can be applied to any AHS CIS (current and future).

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:
  - o Respecting prescriber time
  - o Communicate critical information
  - o Sensitivity to the circumstances of Alberta Prescribers
  - o 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):

- • Inpatient Admitting & Consulting (sub-tracks for Internal Medicine and subspecialties; Hospitalists; Family Medicine)
- • General Ambulatory Care
- • Surgery (General & subspecialties)
- • Anaesthesia
- • Cardiology (includes cardiac imaging & procedures)
- • Critical Care
- • Emergency Medicine
- • Gastroenterology (includes endoscopy module training)
- • Obstetrics and Gynecology
- • Oncology
- • Pathology
- • Paediatrics
- • Psychiatry
- • Radiology
- • Rural Medicine
- • Medical Learners

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

Additional Resources:

- • [Physician Manual: Training](#)

COVID-19 Precautions in Connect Care Classrooms

Your personal safety and well-being are important. While AHS has rescinded the Use of Masks During COVID-19 Directive effective June 19, 2023, AHS continues to respect the choice to voluntarily wear a mask in all areas and encourages those who want to wear a mask to continue to wear one. All training attendees are encouraged to stay home when ill, and continue to practice good hand hygiene as part of ongoing efforts to keep patients, families and each other safe and healthy. In the event of an outbreak that involves a site where classrooms are located, continuous masking may be required as directed by an outbreak protocol. For more information, see the FAQ.

Note that 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.

Process Readiness

Top Organizational Changes: Benefits Realized

The implementation of the Connect Care system will offer many **advantages/benefits** to AHS practices and processes. Some of the advantages/benefits are outlined here. In addition, the Connect Care Benefits Realization (CCBR) program is focused on identifying and realizing expected clinical and financial benefits from Connect Care's implementation. Learn more about the Connect Care Benefits Realization Program.

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

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

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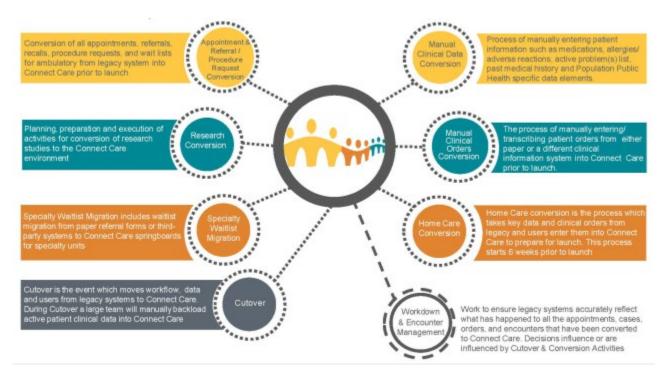
- Upload:
  - Documents
  - Images
- Communication between Provider and Patients:
  - Secure Messaging
  - Questionnaires
  - Virtual Visits
- Provide support to a family member or loved one receiving care with proxy access

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.

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. There are 6 areas within the Implementation Streams

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.

Home Care Conversion

The process of taking information from legacy and paper charts and entering it into Connect Care on key clinical data and clinical orders prior to launch. This also involves reconciling information electronically transferred into Connect Care from legacy records. Ensures that client information is readily accessible to support client safety, continuity of care and decreases workload during client visits right after launch. Allows for other staff to pick up care directly from Connect Care to ensure all users can start using Connect Care right at launch.

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, as large team will manually backload active patient clinical data into Connect Care.

Specialty Waitlist Migration

Includes waitlist migration from paper referral forms or third-party systems to Connect Care springboards for specialty units.

Workdown & Encounter Management

Work to ensure legacy systems accurately reflect what has happened to all the appointments, cases, orders, and encounters that have been converted to Connect Care. Decisions influence or are influenced by cutover and conversion activities.

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

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)

- Zonal ACMIO Insite pages:
  - North
  - Edmonton
  - Central
  - Calgary
  - South

- Contact – cmio@ahs.ca