Connect Care: Research Readiness

Research User Group
What will or will not change?

*If you’re doing it on paper today, you’ll be doing it in-system at launch*

- Access to data for research studies
- Enter information into the new CIS as it replaces other EHR, including eCLINICIAN
- Research records and workflows will be in the CIS
What studies are in-scope for launch?

Clinical research projects that meet any of the following criteria:

– Interventional trials and device studies

AND/OR

– Observational studies that include:
  • Research-specific visits that will be scheduled in the CIS
  • Requires the use of recruitment tools, or research-study specific order entry or documentation
  • Requires release of information to outside study monitors
  • Coordinators require notifications of ED arrivals or admissions
  • Incorporates billable items (i.e. observational studies with labs or other testing)
Clinical Workflows to Complement the CIS Research Workflows
Enrollment and Linkage

_required information in the template_

What will happen in the classroom
• Associate patients to studies in Connect Care
• Associate future encounters to studies in Connect Care

Who
• Study Staff, with support from IT and PRA
• Research Operations Leadership – help with coordinating staff schedules

When
• From ~October 1 through ~October 31

This is your opportunity to use the system before launch
Setting Up the Research Study and Research Team in Connect Care

STUDY & USERS
• Study info request
• User info request

ACCESS
• Study role assessment
• AHS & MLL access provisioning

DATA CONVERSION
• Investigational Medications (.ERX)
• Appointment Identification
• Enrollment Status Template & Classroom sign-up

TRAINING
• Scheduling
• Verification
• Attendance

ENROLLMENT & LINKING
• In-classroom
• Patient & Study data confirmation

EMAIL: HOW MANY APPTS/WHERE?
EMAIL: CLASSROOM TIME SIGN-UP
The Ask

1. Appointment conversion request
   Due Aug 2nd
   Sharepoint survey:
   https://extranet.ahsnet.ca/teams/AHSRA/PRA_Resources/PRA%20Pages/CC-CIS_Appt_Conversion.aspx

2. Signing up for Classroom time – to be revealed next week!

3. Patient enrollment status template
## Enrollment Template

<table>
<thead>
<tr>
<th>Required</th>
<th>Required</th>
<th>Required</th>
<th>Required if over 100 patients</th>
<th>Required if fewer than 100 patients</th>
<th>Required if fewer than 100 patients</th>
<th>Required</th>
<th>Optional</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Study Name (Short Title)</td>
<td>Site (Location)</td>
<td>REB Number</td>
<td>Patient ID Number (ULI preferred)</td>
<td>Patient ID Type (choose from list, ULI preferred)</td>
<td>Patient Name</td>
<td>Patient DOB (DD/MM/YYYY)</td>
<td>Current Enrollment Status</td>
<td>Study Arm / Branch</td>
</tr>
<tr>
<td>Sample Study</td>
<td>University of Alberta Hospital</td>
<td>Pro000012</td>
<td>123456789</td>
<td>ULI</td>
<td>Mouse, Mickey</td>
<td>25/01/1955</td>
<td>Enrolled</td>
<td>Sample Study</td>
</tr>
</tbody>
</table>
## Connect Care Research Readiness Checklist – Research Study Coordinator

### Awareness
- [ ] Attend or view a Research Overview demo or webinar
- [ ] Attend the seminar or view the recording of "A Day in the Life of a Research Coordinator"
- [ ] Sign-up for the Connect Care Research & Analytics newsletter
- [ ] Attend the Connect Care Research Wave 1 Community of Practice
- [ ] Review Connect Care resources on Insite and/or the AHS website
- [ ] Identify a Connect Care Research Super User contact
- [ ] Attend Connect Care Research Office Hours as required to answer questions

### Connect Care In-scope* Study Information
- [ ] Respond to communications related to gathering information on Research staff and studies
- [ ] Tell us about your study and what you do for the study (e.g. respond to Census #2: Study Requirements and User Access)
- [ ] Tell us about your study-related drugs and investigational medications by completing and submitting a drug record creation template for your study
- [ ] Validate your details (e.g. A study contact will be contacted by email or phone, if needed, to have an advisor from Provincial Research Administration validate study requirements)

### Training
- [ ] Tell us what training you need (e.g. respond to Census #1: Training Requirements)
- [ ] Schedule and confirm training dates with Connect Care research (over the phone)
- [ ] Super-users confirm classroom assistant training dates
- [ ] Receive credentials & training instructions
- [ ] Log-on to My Learning Link and perform on-line training requirements
- [ ] Attend classroom training as required for your training track

### Conversion
- [ ] Fill out a patient association template for my study to bring to the classroom
- [ ] Schedule classroom lab time to activate my study record, perform patient association, and link patient visits
- [ ] Keep patient statuses and linkages up-to-date in preparation for go-live

### Launch
- [ ] Perform research study workflows in-system and continue patient associations and status updates as patients are enrolled to the study.
- [ ] Visit the Connect Care Research command centre to resolve emergency requests
- [ ] Submit research application support tickets (non-emergency) to IT
What is a Research Super User?

- The Research Super User (SU) Program will facilitate the identification, training and coordination of super users to provide critical training, launch and sustainment support for front-line end users of Connect Care.

- Super users are identified from each research area working in departments going live, and from departments/teams of other implementation waves and locations.

- Super users become on-site system knowledge and workflow champions, implementation experts, and support their colleagues to use the new system features.
Who are your Super Users?

<table>
<thead>
<tr>
<th>Speciality/Area</th>
<th>First</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentistry</td>
<td>Francisca</td>
<td>Claveria-Gonzalez</td>
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<tr>
<td>Diabetes</td>
<td>Caroline</td>
<td>Lyster</td>
</tr>
<tr>
<td>Emergency</td>
<td>Stephanie</td>
<td>Couperthwaite</td>
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<tr>
<td>Emergency</td>
<td>Natalie</td>
<td>Runham</td>
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<tr>
<td>GI</td>
<td>Sharon</td>
<td>Appelman</td>
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<tr>
<td>Hematology</td>
<td>Vicki</td>
<td>Voong</td>
</tr>
<tr>
<td>Medicine</td>
<td>Kelsey</td>
<td>Tymkow</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Sophanny</td>
<td>Tiv</td>
</tr>
<tr>
<td>Neurology</td>
<td>Krista</td>
<td>Nelles</td>
</tr>
<tr>
<td>Nursing, Adult CIU</td>
<td>Stephen</td>
<td>Culver</td>
</tr>
<tr>
<td>Obs/Gyn</td>
<td>Shauna</td>
<td>Littlefair</td>
</tr>
<tr>
<td>Oncology (Waves 4-5)</td>
<td>Loralee</td>
<td>Robertson</td>
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<tr>
<td>Opthamology</td>
<td>Rita</td>
<td>Whitford</td>
</tr>
<tr>
<td>Pediatrics - Maz</td>
<td>Rae</td>
<td>Foshaug</td>
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<tr>
<td>Peds</td>
<td>Diana</td>
<td>Mager</td>
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<tr>
<td>Peds Oncology</td>
<td>Crystal</td>
<td>LeFebvre</td>
</tr>
<tr>
<td>Peds, Peds CIU</td>
<td>Cathy</td>
<td>Sheppard</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>Miranda</td>
<td>Bowen</td>
</tr>
<tr>
<td>Neurology, Quality, CRUE</td>
<td>Jeffrey P</td>
<td>Narayan</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Edna</td>
<td>Hutchings</td>
</tr>
<tr>
<td>Women &amp; Children</td>
<td>Meghan</td>
<td>Linsdell</td>
</tr>
<tr>
<td>Women &amp; Children</td>
<td>Cheri</td>
<td>Robert</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supports</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CORe Lead</td>
<td>Carrie</td>
<td>Farnell</td>
</tr>
<tr>
<td>Research Operations</td>
<td>Trina</td>
<td>Johnson</td>
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<tr>
<td>Site Implementation - CAL</td>
<td>Pedro</td>
<td>Reis</td>
</tr>
<tr>
<td>Site Implementation - EDM</td>
<td>Leanne</td>
<td>Blahut</td>
</tr>
<tr>
<td>Administration, HSA/AHS</td>
<td>Christie</td>
<td>Mcleod</td>
</tr>
<tr>
<td>Wave 1 Site Representative</td>
<td>Deanna</td>
<td>Paulson</td>
</tr>
</tbody>
</table>
What’s happening?

- AHS Research & CC Monthly Webinar: Research Conversion – Monday August 19th at noon
- Clinical Inquiry Newsletter – Summer Edition, released August 1st
- https://extranet.ahsnet.ca/teams/AHSRA
  - FAQ
  - Videos
  - Training info
- Office Hours: Wednesdays 9am, KEC 0.127
We are here to answer your questions.

Contact Connect Care: CC.Research@ahs.ca

Read the Clinical Inquiry Newsletter for updates
https://extranet.ahsnet.ca/teams/CMIO/inquiryupdates/default.aspx

Resources for Connect Care research
https://extranet.ahsnet.ca/teams/AHSRA
What is a User Group?

Key end users that will be utilizing the CC research module at wave 1 go-live.

- People (you) who establish trust in the information gathering and decision-making.
- People who demonstrate confidence that Connect Care will allow us to provide care incorporating evidence based practice and achieve better outcomes for our patients.
- People who share the vision where Connect Care can be used effectively and efficiently in the work that each clinician, leader, staff and research team member does day to day.
User Group Member Identification

- Good representation of the research community.
- Diversity across role, specialty, disease, facility and project type (Interventional, observational, etc.).
- People who can speak to the impact of CC on the Research workflows.
- People working in the intersection with other CC applications (Pharmacy, Lab, DI).
- People working across the patient care continuum.
The Basics and Guiding Principles:

Guiding Principles:
- Utilize best practice
- Support innovation and optimization
- Support a culture of Patient Safety
- Ensure a successful Connect Care Launch

The Basics:
- Work packages will be shared with the User Group Oversight Committee (CC UGOC) who review for changes to determine the most appropriate User Groups who will benefit from the work package
- The UGOC will share the work package with these User Groups
- Not all work packages are applicable to all User Groups, and some work packages may only apply to one User Group

Questions or concerns about work packages should be raised with the CORe Owner, who can escalate to the UGOC and Clinical Operations for resolution.
User Group Work Packages

- Actions for leaders, managers and staff to do in order to be ready for the launch of Connect Care.
- Work packages will include interim state as well as future state workflows, information about content that teams will need to know, as well as materials to support work teams need to complete prior to launch.
- The work: Bring risks, issues and gaps to User Group, and together with other User Group members, mitigate risks, issues and gaps with standardized solutions.
- Two types, interim state (iSTAR) and other (i.e. Informed consent)
Macro-process interim state (iSTAR)

Macro processes are used across multiple departments and clinics to achieve a common objective:
• For example, Patient registration or Lab orders

Interim state occurs when departments or clinics launch Connect Care, while some aspects of their business are still using pre-Connect Care systems:
• For example, A test result needs to be sent to a specialist at another AHS facility that is not yet using Connect Care
• Explain processes followed both by sites that are part of Wave 1 and sites that will launch Connect Care in later waves until Connect Care is has fully launched across AHS
## Macro-processes with iSTAR:

<table>
<thead>
<tr>
<th>Interim State Macro-processes*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals/Consults</td>
<td>DI Orders</td>
</tr>
<tr>
<td>Registration</td>
<td>Diet Orders</td>
</tr>
<tr>
<td>Scheduling</td>
<td>Device Integration</td>
</tr>
<tr>
<td>Bed Planning (AMH Interim State Only)</td>
<td>Corporate Services: Workload &amp; Activity</td>
</tr>
<tr>
<td>Clinical Documentation</td>
<td>Corporate Services: Hospital Billing &amp; Professional Billing</td>
</tr>
<tr>
<td>Medication Orders (HPTP Interim State Only)</td>
<td>Patient Interfacility Transfer</td>
</tr>
<tr>
<td>Medication Administration</td>
<td>Reporting &amp; Analytics</td>
</tr>
<tr>
<td>Lab Orders</td>
<td></td>
</tr>
</tbody>
</table>
Research Aware Patient Care

In general, work packages are designed to ensure clinical (department) readiness but due to the overlap between clinical care and research studies, it is important to ensure that study team members are aware of major changes that may impact your ability to perform workflows and study activities.
Example work package –

How are clinical areas reviewing the interim state for Registration (Schegistration)

PDF File
Main considerations for Research

When a patient attends an appointment at an outpatient or ambulatory department/service where Connect Care has been implemented, the providers who care for the patient are meant to complete all their clinical documentation in Connect Care. Research team members can be considered PROVIDERS if a “Research-only” appointment type is selected for a scheduled appointment. That patient must be checked-in before that appointment can occur.

Without a check in or a registration, the provider will not be able to complete the clinical documentation on their patient

When the patient arrives, a check in must be completed in Connect Care:
- The check in requires that the patient has a complete registration
- In addition, the patient must be scheduled (so that both patient and provider are aware of the outpatient visit)
- If a research team member is performing the scheduling of research-only appointments, they will need to be trained to perform that scheduling in Connect Care.
Key Schegistration workflows:
- Build blank scheduling template
- Schedule patient (complex scheduling, includes rescheduling, cancelling, booking multiple appointments or recurring appointments)
- Register patient
- Check in patient
- Schedule follow up visits (simple scheduling)
- Monitor department/service activity (manager/supervisor)

Associated workflow: Entering referrals that arrive from fax, etc... into Connect Care to begin the Referral Order, and triaging the referrals so that they become part of the scheduling workqueue

Identify which staff will complete the various workflows in your area:
- Enter referrals into Connect Care
- Triage referrals (accept, decline or redirect)
- AND key Schegistration workflows (listed above)
Registration Core Data Set

- Preferred Name
- Gender Identity
- Personal Health Number
- Email Address
- Patient Address(s)
- Phone Number(s)
- Primary Care Provider (PCP)
- Guarantor
- Language(s) Spoken
- Coverages
- Religious Affiliation

**Gender Identity**
- Female
- Male
- Transgender Female/Male to Female
- Transgender Male/Female to Male
- Other
- Choose not to disclose
- Undetermined
- A-gender
- Not Listed
- Two-Spirit
- Intersex

**Personal Health Number**
- Issuing Province
- Eligibility Date
- Expiry Date

**Patient Address(s)**
- Street Address/PO Box
- City
- Province
- Postal Code
- Country

**Phone Number(s)**

**Primary Care Provider (PCP)**

**Guarantor**

**Language(s) Spoken**
- English
- Arabic
- Tigrinya
- Spanish
- Vietnamese
- Somali
- French
- Swahili

**Coverages**
- Examples:
  - Orthodox
  - Indigenous
  - Pentecostal
  - Agnostic
  - Atheist
  - Baptist
  - Buddhist
  - Catholic
  - Christian
  - Christian Assembly

**Religious Affiliation**
Other work packages & processes

Informed Consent Work Package: Audience – All Users

• Where necessary, consent forms may still be produced on paper or they can be produced electronically and printed, signed and scanned into Connect Care. Where consent documents are scanned, they will also be visible in the Consent Navigator, keeping both paper and electronic workflows together in a common place.

• A participant’s consent to participate in a research study will be uploaded to the consent navigator.
You have been identified 😊…

• Thank you to all for taking interest.
• For any work packages identified by the CIRWG as needing review by research teams, we will draw from this attendance list.
• We will continue to pull out info from the work packages as they are developed and will share with the user group and through our comms.
• The information to answer your questions exists, the aim is to make it available to all who need it.