Zoom Etiquette

- Remain muted if you are not speaking
- Be mindful of allowing others to participate, where appropriate
- Leverage the chat window to ask questions
- Be mindful that you cannot be on a Skype, Microsoft Teams and Zoom call at the same time
Welcome and Opening Remarks

- They help keep Albertans healthy and independent.
- They improve the quality and safety of care for Albertans.
- They provide access to potentially life-changing treatments.
- They update or replace outdated treatments and technologies.
- They take good ideas and turn them into something even better.
- They shorten the pathways to diagnosis and treatment.
- They achieve more with the same or fewer resources.
- They improve conditions for the AHS workforce and other Albertans.
- They encourage highly qualified professionals to join AHS.

February 28, 2022
Research in Connect Care Current State

There are over 900 active studies currently in Connect Care.

Future State: After Launch 4, there will be over 1300 active studies being conducted in Connect Care.

Research studies can take place in any location:
• Emergency depts.
• Inpatient and Ambulatory clinics
• Surgery & transplant units
• Pediatric depts.
• Diagnostic Imaging

AHS is collaborating with university employed staff to integrate additional research teams into Connect Care.
General Reminders!
What has Already been Covered…

- Integrated care means: One Patient = One Chart
- Importance of the research icon
- Communication is key
- Roles and Access
- Training Sequencing and Requirements
What You Should Know when Getting Ready for Launch
Organizational Drivers for Research

- **Enhance Patient Safety**
  - Flag patient records by linking patients to research studies

- **Integrate Inquiry & Research into Operations**
  - Create processes and workflows to perform, track, and report on inquiry and research
What Studies are In-scope for Launch?

Clinical research projects that meet any of the following criteria:

- Interventional trials and device studies
- Requires the use of recruitment tools, or research-study specific order entry or documentation
- Requires release of information to external study monitors
- Coordinators require notifications of ED arrivals or admissions
- Incorporates billable items (i.e. observational studies with labs or other testing)
How do I Request Access for a Study?

1. Submit your study information including all the study team members associated with the study
2. Wait for an email request to submit preferred training dates → proceed to select your dates
3. Check your AHS email inbox for confirmation of training date and location
4. Attend training, complete the End User Proficiency Assessment (EUPA)
5. Test your access and confirm your study information at Conversion Lab

How do I Request Access for studies approved or users joining my team after the conversion period?

- Visit the Health System Access – IT Access for Research page for instructions.
Research Aware Patient Care: Research Flag

Care Team
- Nurse
- Allied Health Technicians
- Physician
- + Research Study Coordinator (AHS/non)

Research Module
- STUDY STATUS
- VISITS
- ORDERS
- RESULTS

February 28, 2022
How Clinical Workflows Complement the Research Workflows and What to be Expected
Important Reminders!!!

Can you repeat the part of the stuff where you said all about the things?
If you’re doing it on *paper* today… …You’ll be doing it *electronically in-system* at launch

- Access to data for research studies
- Enter information into Connect Care to replace other EHRs
- Research records and workflows will be integrated within Connect Care
Principal Investigator – Responsibilities Key Messages

• **Provide** oversight of the study

• Clinical care workflows

• **Respond** to critical communications from cc.research@ahs.ca and Health System Access (HSA)

• **Ensure time** for coordinators/team to train and get familiar with workflows, participate in conversion
Teams and Users must be Identified

Individuals who previously did not have direct access to the patient chart, including university-employed research coordinators, will have access and responsibilities to keep the patient record (as it relates to research), up-to-date.

Training will be Provided

Training in all CC research-related workflows will be research role-specific.

Information is required from research teams
Research Conversion
Research and Connect Care

How is Study Information Converted into Connect Care?

• Research conversion is the **process of preparing research studies** that impact patient care for use in Connect Care. This includes:
  • **Loading and activating** research studies
  • **Building** research specific drugs and orderable items
  • **Linking patients** to research studies
  • **Linking research specific appointments** to studies
• Completing the Research Conversion activities will allow you and your team to be better prepared for Launch and be able to focus on your patients and your studies instead of the system during your Go-Live date.
• It’s your chance to try the system before the “start date”.
Additional Research Conversion Information

- Research Conversion is set to begin May 9, 2022 leading up to Launch 4 on May 28, 2022

- Virtual Conversion Classroom sessions will be scheduled with live support and ‘how-to’ guides for staff while working on their studies in the virtual session

- The conversion session will include:
  
  **Part 1**: Verify Studies and Enroll Patients
  
  **Part 2**: Link Encounters, Document Investigational Meds, and Personal Settings

- Most coordinators will need from 1 to 2 hours to complete all classroom activities that are included during research conversion.

  *1 representative per study (the person who will be performing the steps to set-up the study) is required in the virtual classroom with the strong recommendation that the entire study team view the research conversion recorded guide on MLL.*
Preparing for Part 1: What to Have Available

- Study information including (where applicable): study team members, REB approval and expiry dates, CTCAE version for adverse events, list of contraindicated meds, names of study arms.
- Your roster of patients actively enrolled or being recruited your studies
- Access to multiple patient identifiers (Name, DOB, ULI) so you can search for your patients
- Be prepared to access any information that may be stored in a document or another system

- Template for Patient Data (to be sent via email following your registration to a virtual classroom session):

<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 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></td>
<td></td>
</tr>
<tr>
<td>Sample Study University of Alberta Hospital</td>
<td>Pro000012</td>
<td>456789123</td>
<td>ULI</td>
<td>Duck, Donald</td>
<td>14/02/1965</td>
<td>On Follow-Up</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Research Related Roles and Access
Research and Connect Care

Calgary Zone Physician Timeline

February 28, 2022

Do not distribute
What does Physician Training Look Like?

CMIO Training Tracks

<table>
<thead>
<tr>
<th>Inpatient Admitting/Consulting</th>
<th>O &amp; G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory</td>
<td>Oncology – Medical, Pediatric &amp; Radiation</td>
</tr>
<tr>
<td>Surgery</td>
<td>Pathology – Anatomical, Clinical &amp; Hemo</td>
</tr>
<tr>
<td>Anaesthesia</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Emergency</td>
<td>Addiction &amp; Mental Health</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Radiology</td>
</tr>
<tr>
<td>Critical Care – Adult, PICU &amp; NICU</td>
<td>Rural Medicine</td>
</tr>
<tr>
<td>Lumens</td>
<td>Medical Learner</td>
</tr>
<tr>
<td>Consult Only (Wave 4)</td>
<td>Medical Outpatient Unit Prescriber</td>
</tr>
</tbody>
</table>

EACH track will be compromised of THREE training modules:

- Basic: 6-12 weeks before go-live; basic skills/functionality
- Personalization: 1-4 weeks before go-live; specialized skills/specialty workflows
- Optimization: 4-6 weeks post go-live; increased proficiency (the spot where detailed Cogito analytic/reporting training will be provided)
Overview of Research Education in Training

• Recognizing a Research Patient - Basic Lesson
  ❖ Participants in class will be shown the research icon within the patient’s chart.
  ❖ They will be shown how to access information related to the study such as the name of the study, a brief description and the name of the Principal Investigator.
  ❖ Orders associated with the study are clearly identified within the chart, participants will be taught how to identify them.

• After Class Workbook Exercises
  ❖ Recognizing a Research Patient and identifying pertinent research study information
  ❖ How to Associate Orders with Research Studies – Recommended for Investigators

• Learning Home Dashboard
  ❖ Research Quick Start Guide – access the Research Coordinator Learning Home Dashboard
Research & Data and Analytics in Connect Care
Databases & Tools

**Data**
- **Chronicles**
  - Hierarchical Database
  - with real-time operational data
  - Cache

**Tools**
- **Reporting Workbench**
- **Application Reports**
- **Radar Dashboard**

**Tools**
- **Epic-Crystal Reports**
- **Radar Dashboard**

**Tools**
- **Epic-Crystal Reports**
- **SlicerDicer**
- **Radar Dashboard**

**Clarity**
- Relational database
  - optimized for reporting
  - SQL or Oracle

**Caboodle**
- Relational database
  - optimized for reporting
  - SQL or Oracle
  - Can incorporate non-Epic data
<table>
<thead>
<tr>
<th>Radar Dashboards</th>
<th>SlicerDicer</th>
<th>Metrics</th>
<th>Reporting Workbench</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role-specific overview/central homepage</td>
<td>Data not real time (Caboodle)</td>
<td>-KPIs/Standardized</td>
<td>Real time data</td>
</tr>
<tr>
<td>Refresh: hourly</td>
<td>Refresh: daily</td>
<td>Refresh: daily</td>
<td></td>
</tr>
<tr>
<td>Customize, build your own (using S/D, Analytics Catalogue)</td>
<td>Self-serve/build own queries</td>
<td>Not customizable</td>
<td>Can customize from existing templates</td>
</tr>
<tr>
<td>Include RW summaries</td>
<td>Uses data models</td>
<td>Benchmarking across organizations</td>
<td>On demand, actionable (action buttons in results)</td>
</tr>
<tr>
<td>Drill down to pt. chart</td>
<td>Drill down to pt. chart and export to Excel</td>
<td></td>
<td>Drill down to pt. chart and export to Excel</td>
</tr>
</tbody>
</table>

27 February 28, 2022
In-System Information: Study Management Reports

<table>
<thead>
<tr>
<th>Type</th>
<th>Purpose</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radar Dashboards</td>
<td>- Visualize real-time and analytical data from Epic and non-Epic sources&lt;br&gt;- Integrated into workflows&lt;br&gt;- Summarize data via charts and graphs</td>
<td>Research Reporting Home: a “home page” for coordinators to:&lt;br&gt;• access tools for billing review,&lt;br&gt;• release to external monitors,&lt;br&gt;• research links, and&lt;br&gt;• patients in pre-consent status awaiting follow-up</td>
</tr>
<tr>
<td>Reporting Workbench</td>
<td>- Real-time actionable data&lt;br&gt;- Integrated into Hyperspace and workflows&lt;br&gt;- Ad-hoc self-service reporting&lt;br&gt;- Take action and make data driven decisions like jumping to patients chart&lt;br&gt;- Export data</td>
<td><strong>Find Patients Associated with My Research Studies:</strong> for research staff to keep track of patients who are involved with any study in which the user is involved   <strong>Find Upcoming Appointments for Patients on My Studies</strong>  <strong>Find Research Adverse Events for Follow-Up:</strong> coordinators can review adverse events that have been documented for patients enrolled in their studies</td>
</tr>
</tbody>
</table>
Let’s look

- Admitted patients by department: All
- Lab: resulted component
  Component Base Name: BNP and Minimum Value: (none) and Maximum Value: (none) and Lookback Hours: 96 and Resulted Lab Component?: Yes OR
  Component Base Name: TROPONI and Minimum Value: (none) and Maximum Value: (none) and Lookback Hours: 96 and Resulted Lab Component?: (none) OR
  Component Base Name: TROPONINT and Minimum Value: (none) and Maximum Value: (none) and Lookback Hours: 96 and Resulted Lab Component?: (none)
- Reason For Visit
  CONGESTIVE HEART FAILURE OR
  SHORTNESS OF BREATH

February 28, 2022
Research and Connect Care

Congestive Heart Failure Registry Patients [12658571] as of

<table>
<thead>
<tr>
<th>MRN</th>
<th>Patient</th>
<th>DOB</th>
<th>Age</th>
<th>Sex</th>
<th>Current PCP</th>
<th>Num of ED Visits</th>
<th>Num of Enc</th>
<th>Num of IP Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000005...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>1000005...</td>
<td>EZVH, Jordan</td>
<td>19/07/1990</td>
<td>31 y.o.</td>
<td>Female</td>
<td>Mohamed Y. A. Abouhamed</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Patient Demographics

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Legal Sex</th>
<th>DOB</th>
<th>Address</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>19/7/1983</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Find IP Patients Generic Criteria [14675862] as of February 28, 2022

<table>
<thead>
<tr>
<th>Service</th>
<th>Department</th>
<th>AHS GC Provided</th>
<th>Current Facility</th>
<th>Infection Status</th>
<th>Isolation Status</th>
<th>Allergy Rvw</th>
<th>Diet Orders</th>
<th>CC</th>
<th>Diagnoses</th>
<th>Pulse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neurology</strong></td>
<td>EDM UAH WMC Neurosciences</td>
<td>EDM UAH WMC Neurology - Stroke Ward [261]</td>
<td>EDM WMC University of Alberta Hospital</td>
<td>Yes</td>
<td></td>
<td>(491353846) Adult Diet Easy to Chew</td>
<td>Extremity Weakness / Symptoms of CVA or TIA</td>
<td>62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>EDM UAH WMC Neurosciences</td>
<td>EDM UAH WMC Neurology - Stroke Ward [261]</td>
<td>EDM WMC University of Alberta Hospital</td>
<td>Exposed Communicable Disease Contact</td>
<td>No</td>
<td>(490867467) Adult Diet Minced; Pureed Bread Products; Mildly Thick Fluids (Nectar)</td>
<td>Altered Level of Consciousness; Stroke, ICH (intracerebral hemorrhage)</td>
<td>61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>EDM UAH WMC Neurosciences</td>
<td>EDM UAH WMC Neurology - Stroke Ward [261]</td>
<td>EDM WMC University of Alberta Hospital</td>
<td>COVID-19</td>
<td>Contact and Droplet</td>
<td>Yes</td>
<td>(491183674) Adult Diet Easy to Chew; Diabetic Medium (1600-1800 kcal); Cut/Diced</td>
<td>Extremity Weakness / Symptoms of CVA or TIA</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>EDM UAH WMC Neurosciences</td>
<td>EDM UAH WMC Neurology - Stroke Ward [261]</td>
<td>EDM WMC University of Alberta Hospital</td>
<td>Exposed Communicable Disease Contact</td>
<td>Yes</td>
<td>(491423031) Adult Diet Dysphagia Soft; Mildly Thick Fluids</td>
<td>Extremity Weakness / Symptoms of CVA or TIA</td>
<td>66</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Overview of SlicerDicer

- Self-service reporting tool
- Create your own visualizations from curated Data models
- Share your reports
- Add them to your own dashboards
- Build your own dashboard sessions
Select a Data Model

- Admissions: 26,152
- Anesthesia Records: 26,689
- Bed Requests: 130,034
- BestPractice Advisories: 14,938,295
- Births: 2,592
- Buckets with Open Denials (HB): 8
- Campaign Leads: 0
- Campaign Outreach: 0
- Denials - Invoice (HB): 5,037
- Denials - Line Level (HB): 397
- ED Encounters: 254,514
- HIM Queries: 765
- Hospital Accounts (HB & PB): 5,507,876
- Hospital Accounts (HB) (Inactive): 3,285,417
- ICU Stays: 5,426
- Imaging Recommendations: 17,545
Group results by Appointment Type
### Number of ICU Stays by ICU Length of Stay Range

**Last 6 months**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>ICU Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ICU Length of Stay 49.99 Days to 74.99 Days</td>
</tr>
<tr>
<td></td>
<td>ICU Length of Stay ≥ 74.99 Days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age (Years)</th>
<th>ICU Department</th>
<th>Length of Stay (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>0.00</td>
<td>EDM STO WMC 3A3 NICU</td>
<td>99.24</td>
</tr>
<tr>
<td>Female</td>
<td>0.00</td>
<td>EDM STO WMC 3A3 NICU</td>
<td>75.81</td>
</tr>
<tr>
<td>Male</td>
<td>0.22</td>
<td>EDM STO WMC 3A3 NICU</td>
<td>99.24</td>
</tr>
<tr>
<td>Male</td>
<td>0.00</td>
<td>EDM STO WMC 3A3 NICU</td>
<td>99.24</td>
</tr>
<tr>
<td>Female</td>
<td>0.21</td>
<td>EDM STO MAZ 6A5 NICU</td>
<td>99.24</td>
</tr>
<tr>
<td>Male</td>
<td>0.02</td>
<td>EDM STO WMC 3A3 NICU</td>
<td>99.24</td>
</tr>
</tbody>
</table>

- Export ICU Stays to Excel
- Chart
- Edit Description
- Add Criteria
- Troubleshoot
Reporting Training and Resources

**General Reporting Resources:**
- Connect Care In-System Reporting Resources
- Connect Care Manual - Inquiry (connect-care.ca)
- Reporting Content Guides – Summary of all available reports (Under training content filter for Reporting Content Guide)
- Self-Guided Analytics Education
- Insite Reporting Tools Page

**SlicerDicer:**
- SD Quick Start Guide
- SD Data Models

**My Learning Link Courses:**
- Overview of Reporting
- Run and Manage Reports
- Introduction to Radar
- Modifying the Search Criteria of a Report
- Defining a Timeframe in a Report
- Create a New View of a Radar Dashboard
- Basic Reporting User ILT
- Reporting Power User ILT
- Introduction to SlicerDicer IL
Support and Resources
Finding Help/Tickets

• For Urgent issues (including login or device concerns) or IT related issues call 1-877-311-4300 (Please visit: Insite IT Service Desk & Solution Center for more information).

1. Ask a local research super-user first; your colleagues are your first best resource.

2. You can also submit a Connect Care IT ticket for non-urgent research-specific system issues using our online concierge form – refer to Connect Care IT ticket. Under ‘Clinical Area’, select ‘Research’.
Important Resources

- CC Research Assumptions for Launch.pdf (ahsnet.ca)
- CC Research Wave 4 Research Coordinator Checklist 07May2021.pdf (ahsnet.ca)
- A Day in the Life of a Research Study Coordinator (ahsnet.ca)
- CC Research Wave 4 Training Requirements and Sequencing May2021
- Connect Care Charting Etiquette (ahsnet.ca)
- Connect Care Glossary (albertahealthservices.ca)
- Super User Training to Support CMIO (albertahealthservices.ca)
Remember: Research is care!!
Question and Answer Period

QUESTION #1: Are we allowed to retrain (specific to the research coordinator training)? My training was in July/August 2021, and it was overwhelming then. Now without using it I fear I will forget everything!

• Answer: The answer is two pronged:
  1. If you would like to re-enroll, please send an email to cc.research@ahs.ca and your request will be triaged for further assistance.
  2. Simulation End User Proficiency Assessments (SEUPAs) replaced the End User Proficiency Assessment (EUPA) on Feb 14, 2022. SEUPAs are a better indicator of Connect Care proficiency than a EUPA. It is an in-system assessment that assesses workflows and accurate use of the system. Users who completed training for Launch 4 in 2021 can challenge the SEUPA rather than repeat the in-class training for access. For users affected by this change, please refer to email communication that you should have received mid-February 2022.
QUESTION #2: Can you explain what the next two research webinars are in more detail?

• **Answer:** The sessions are as follows:

  ❖ **Research Conversion Part 1**
    
    • March 7, 2022 (1200h to 1300h)
    • This session is being offered to research teams that are preparing for Launch 4 on May 28, 2022. General information will be shared regarding the research conversion process and what research teams should expect. *For more information regarding research conversion, refer to slides 18 to 20.* Please ensure you have at minimum, one study team member available to attend!

  ❖ **Research Conversion Part 2**
    
    • March 21, 2022 (1200h to 1300h)
    • This session is being offered to research teams to review content covered in Research Conversion Part 1; review logistics and sign-up information for research conversion classroom; and discuss sign-up Info & offer a high level overview of research workflows in Connect Care in anticipation of research conversion classroom.
QUESTION #3: Do physicians sign up for research training now or will we get emailed about this?

• **Answer**: PI training is an online module + a EUPA. The Health System Access team will assign you the Investigator sub-role which will give you access to the My Learning Link (MLL) module and EUPA.
We are here to answer your questions!

For general inquiries and to sign up for Connect Care Research Communications, including event invites, email CC.Research@ahs.ca

For questions regarding the study intake process or approvals related to your study, contact Research.Administration@ahs.ca

For questions related to training requirements and role assignment, contact HSAResearchITAccess@ahs.ca