A Day in the Life of a Research Coordinator

February 14th, 2022
Welcome and Opening Remarks

- They 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- They update or replace outdated treatments and technologies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
Research and Connect Care

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
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

Research Module

STUDY STATUS
VISITS
ORDERS
RESULTS

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

February 14, 2022
Do Not Distribute
How Clinical Workflows Complement the Research Workflows and What to be Expected
What will or will not change?

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
Important Reminders!!!

THERE SHE GOES....

WITH ANOTHER FRIENDLY REMINDER
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
Research and Inquiry – 
Understanding Expectations for Day 1

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
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”.

February 14, 2022
Research and Connect Care

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</th>
<th>Required</th>
<th>Required</th>
<th>Required</th>
<th>Optional</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Study Name</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>(Short Title)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Study 1</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></td>
</tr>
<tr>
<td>Sample Study 1</td>
<td>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>
</tr>
</tbody>
</table>

February 14, 2022
Research & Data and Analytics in Connect Care
## Understanding Inquiry-Support Tools

<table>
<thead>
<tr>
<th>Feature</th>
<th>Radar</th>
<th>SlicerDicer</th>
<th>Workbench</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real-time source</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Abstracted source</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Refresh rate</td>
<td>Hourly</td>
<td>Daily</td>
<td>Real-time</td>
<td>Daily</td>
</tr>
<tr>
<td>Large query OK</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drill-down details</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Chart/activity links</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Export to Excel</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Mobility (Canto iPad)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
## In-System Information – Study Management Reports

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

## Congestive Heart Failure Registry Patients [12658571] as of February 14, 2022

### Patient Demographics

<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>EPIH. Jordan</td>
<td>19/07/1990</td>
<td>31 y.o. Female</td>
<td>Mohamed Y. A. Abouhamed</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Name:** EPIH. Jordan  
**DOB:** 19/07/1990  
**Sex:** Female
<table>
<thead>
<tr>
<th>Service</th>
<th>Department</th>
<th>AHS GC Pwrd</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>Neurology</td>
<td>EDM UAH WMC 4G3 NEUROSCIENCE!</td>
<td>EDM UAH WMC NEUROLOGY - STROKE WARD [261]</td>
<td>EDM WMC University of Alberta Hospital</td>
<td>Yes</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>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>EDM UAH WMC 4G4 NEUROSCIENCE!</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>Contact and Droplet</td>
<td>(490867467) Adult Diet Minced; Pureed Bread Products; Mildly Thick Fluids (Nectar)</td>
<td>Altered Level of Consciousness</td>
<td>Stroke; ICH (intracerebral hemorrhage)</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>EDM UAH WMC 4G4 NEUROSCIENCE!</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>(4911183674) Adult Diet Easy to Chew; Diabetic Medium (1600-1800 kcal); Cut/Diced</td>
<td>Extremity Weakness / Symptoms of CVA or TIA</td>
<td>Stroke</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>EDM UAH WMC 4G4 NEUROSCIENCE!</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>Contact and Droplet</td>
<td>(491423031) Adult Diet Dysphagia Soft; Mildly Thick Fluids</td>
<td>Extremity Weakness / Symptoms of CVA or</td>
<td></td>
<td>66</td>
<td></td>
</tr>
</tbody>
</table>
What is SlicerDicer?

- SlicerDicer is a self-service reporting tool that provides users with intuitive and customizable data exploration abilities.
- Using SlicerDicer, users can find the data they need to investigate a hunch, and then refine their searches on the fly to better understand the data they work with.
- Right in Hyperspace, they can examine trends, drill down to line-level details, and jump to related records to follow up.
## Select a Data Model

<table>
<thead>
<tr>
<th>Data Model</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>26,152</td>
</tr>
<tr>
<td>Anesthesia Records</td>
<td>26,689</td>
</tr>
<tr>
<td>Bed Requests</td>
<td>130,034</td>
</tr>
<tr>
<td>Best Practice Advisories</td>
<td>14,938,295</td>
</tr>
<tr>
<td>Births</td>
<td>2,392</td>
</tr>
<tr>
<td>Buckets with Open Denials (HB)</td>
<td>8</td>
</tr>
<tr>
<td>Campaign Leads</td>
<td>0</td>
</tr>
<tr>
<td>Campaign Outreach</td>
<td>0</td>
</tr>
<tr>
<td>Denials - Invoice (HB)</td>
<td>5,037</td>
</tr>
<tr>
<td>Denials - Line Level (HB)</td>
<td>397</td>
</tr>
<tr>
<td>ED Encounters</td>
<td>254,514</td>
</tr>
<tr>
<td>HIM Queries</td>
<td>765</td>
</tr>
<tr>
<td>Hospital Accounts (HB &amp; PB)</td>
<td>5,507,876</td>
</tr>
<tr>
<td>Hospital Accounts (HB) (Inactive)</td>
<td>3,283,417</td>
</tr>
<tr>
<td>ICU Stays</td>
<td>5,426</td>
</tr>
<tr>
<td>Imaging Recommendations</td>
<td>17,545</td>
</tr>
</tbody>
</table>
Percentage of Population by Surgical History
Last 6 months

- **CARDIAC CATHETERIZATION**: 6%
- **OTHER SURGICAL HISTORY**: 4.6%
- **APPENDECTOMY**: 3.4%
- **CORONARY ANGIOPLASTY**: 2.8%
- **CHOLECYSTECTOMY**: 2.8%
- **Hx CORONARY STENT PLACEMENT**: 2.1%
- **CORONARY ARTERY BYPASS GRAFT**: 2.1%
- **COLOMOSCOPY**: 1.9%
- **HYSSTERECTOMY**: 1.9%
- **TONSILLECTOMY**: 1.7%

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February 14, 2022
Do not distribute
<table>
<thead>
<tr>
<th>ICU Length of Stay</th>
<th>Number of ICU Stays</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.99 Days to 49.99 Days</td>
<td>19 Jul 2021 – 18 Jan 2022</td>
</tr>
<tr>
<td>49.99 Days to 74.99 Days</td>
<td></td>
</tr>
<tr>
<td>≥ 74.99 Days</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age at ICU Stay</th>
<th>ICU Department</th>
<th>ICU Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>0.00 Years</td>
<td>EDM STO WMC 3A3 NICU</td>
<td>99.24 Days</td>
</tr>
<tr>
<td>Female</td>
<td>0.00 Years</td>
<td>EDM STO WMC 3A3 NICU</td>
<td>99.24 Days</td>
</tr>
<tr>
<td>Male</td>
<td>0.22 Years</td>
<td>EDM STO WMC 3A3 NICU</td>
<td>75.81 Days</td>
</tr>
<tr>
<td>Male</td>
<td>0.00 Years</td>
<td>EDM STO WMC 3A3 NICU</td>
<td>75.81 Days</td>
</tr>
<tr>
<td>Female</td>
<td>0.21 Years</td>
<td>EDM STO MAZ 6A</td>
<td>4 Days</td>
</tr>
<tr>
<td>Female</td>
<td>0.02 Years</td>
<td>EDM STO WMC 3A3 NICU</td>
<td>2 Days</td>
</tr>
</tbody>
</table>

Options:
- Export ICU Stays to Excel
- Chart
- Edit Description
- Add Criteria
- Troubleshoot
Research and Connect Care

Hourly Comparison

ED Boarders - Never Admitted

Avoidable Board Time

Time Utilization for Admitted Boarders

Discharges

EVS Breakdown
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

**Contacts:**
- Senior Trainer for Cogito: Michael Yutadco Michael.Yutadco@albertahealthservices.ca
- Clinical Informatics Lead for InquiryResearch: Solange Pomerleau Solange.pomerleau@ahs.ca

February 14, 2022

Do not distribute
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 research teams able to add the specific study questions and visual templates to Connect Care?
  • Answer: That depends on the complexity of the question and the ability to customize existing in-system reports. If the need is not currently available in system, please submit a ticket to ‘Service Now’ and one of the Cogito team members will be able to provide support.

✓ For non-urgent issues please visit: Insite IT Service Desk & Solution Center (for more information).

QUESTION #2: What launch cycle is Foothills Medical Centre (FMC) affiliated with?
  • Answer: FMC is scheduled to go-live with Launch 5 (scheduled for November 2022).
QUESTION #3: If a research study is closing recruitment in April 2022, will it still be included with Launch 4? Of note, previously closed studies prior to a particular launch date, were not included.

• **Answer:** It depends. If a study is closing recruitment and there will be no research activities after April 2022 (meaning patients will not be seen/treated/followed up) the study would be considered closed, and it can be removed. That said, if a study is closed for recruitment of new patients but continues to actively see/treat/follow up active patients, the study must be included. If your study was previously identified as requiring access to Connect Care for Launch 4 and no longer requires access, please email **cc.research@ahs.ca** to let us know.
QUESTION #4: What does a University employee (Research Coordinator) need to do to get ‘My Learning Link’ access and in turn, the ability to review training resources?

− Answer: ‘My Learning Link’ access and subsequent access to training resources are provisioned during the study intake process when roles and access are coordinated. Please refrain from submitting tickets for this item.
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

February 14, 2022