Getting Ready for Connect Care

Research Readiness Information Session
The Connect Care Research Team

Research Triad
Clinical Operations:
• Carrie Farnell, CORe Lead
• Wendy Pratch, CIEL Research
• Cindy Shumlick, Clinical Informatics Lead
• Mehwish Rao, Senior Trainer, Research
• Nicole Tjepkema, Credentialed Trainer
• Tamara Murray, Credentialed Trainer
• Meaghan Creydt, Training Consultant
IT:
• Ashley Melenka, Manager – Ambulatory EMR & Research
• Brian Preeper, Murray Taylor, Kathleen Wright and Gillian Stebner – IT Analysts
• Virginia Marshall, Project Manager
CMIO:
• Dr. Stuart Rosser

AHS Research & Innovation
Becky Wong, Director, Health System Access
Trina Johnson, Provincial Lead, Research Ops
Pedro Reis, Project Manager
Leanne Blahut, Project Manager

Connect Care Research Triad Leadership
Clinical Operations: Shelley Bannister
IT: Marcus Norman
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AHS Research & Innovation Leadership
Marc Leduc, Sr Provincial Director

Epic
Sarah Richmond, Research Application Manager
Ryan Nealon, Research Technical Support

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The Connect Care Research - Assumptions for Launch document outlines four basic assumptions.

1. All patients enrolled in clinical research studies [that meet the in-scope study criteria] will be flagged with the details of the respective studies that may impact their health care and inform clinical decisions made by their clinical care teams.

2. The clinical care team and everyone working with the patient record will be able to see and understand the patient is participating in a research study. The system users will also be to report on this information to enhance patient safety.

3. 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).

4. Training in all CIS research-related workflows will be research role-specific. Users requiring access to inquiry tools and workflows will be assessed and assigned a user role, and there will be opportunities to identify others who require training that have not previously been identified through existing methods.

More information about Research in Connect Care is available on the Provincial Research Administration website: https://extranet.albertahealthservices.ca/Research/Pages/home.aspx
“A Day in the Life” – Benefits of Connect Care

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

Better Health, Powered by Information.

A Day in the Life of a Research Coordinator

Connect Care Benefits
- AMI and annually based research team members, including study coordinators, will have access to the Clinical Information System (CIS) according to their approved study role and de-identified data set.
- Improved patient safety and study integrity by making patient enrollment visible to the care team and the patient's clinical encounters visible to research team members (in accordance with study risk and approved access).
- Research team members, including research coordinators, will have access to clinical workflows including ordering medications and tests as well as scheduling, as appropriate.

How I work now
- Execute an efficient workflow (entering, ordering, and managing) using paper requisitions or through members of my team with access to an electronic system.
- Electronically enter requisitions for research services, including pharmacy, lab, and imaging; it can be difficult to determine which charge is associated with a particular participant or visit.
- When I need data for a study, I am able to obtain the data in the CIS, and any participant identifiers are removed. The research team requests access.

How I will work with Connect Care
- Information I order in the CIS will be visible to both research team members and the clinical care team, allowing for better information sharing.
- E-mail open a study record in the CIS and view or queue up an order, appointments, and order requests participate in investigations.
- E-mail open or use the research coordinator role to access the research patient study-related data.
- When I need data for a study, I am able to obtain the data in the CIS, and any participant identifiers are removed. The research team requests access and I may be able to use the self-service, on-system inquiry and reporting tool.

Why Include Research in Connect Care

- Increase research visibility
- Access to patient’s chart and their whole care journey
- In-system notifications (Hospitalizations, ED visits, Results, etc.)
- Enhancement of study integrity (related to quality care and being part of the whole system)
- Transparency of activities related to research

Remember: Research is care
ALERT
• Educate
• Empower
• Opportunities

APPROACH
• Consent
• Enroll
• Soliciting Interest
• Randomization

STUDY
• Research Protocol / Study Plan
• Intervention/Tx plans
• Research Operations (DI, Imaging, Pharmacy)
• Research Billing/Costing
• Scheduling/Orders

CAPTURE
• Research Data
• Secondary Use
• Data Disclosure/ Transfer
• Info requests

Use evidence to drive research and innovation
What Studies are In-scope for Launch?

Clinical research projects that meet any of the following criteria:

- Interventional trials and device studies
- Research-specific visits that will be scheduled in Connect Care
- 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)
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)

January 18, 2021
Research and Connect Care

What will or will not change?

If you’re doing it on paper today…

…You’ll be doing it electronically in-system at launch

The Point Being:
• 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
Integrated Care: One Patient = One Chart
<table>
<thead>
<tr>
<th>EXPECTATION</th>
<th>DESCRIPTION</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Information Management</td>
<td>Applicable information related to the research study is properly entered and maintained.</td>
<td>Patient Safety, Integration, Visibility</td>
</tr>
<tr>
<td>Study Status Management</td>
<td>Study status in the CIS accurately reflects the current study recruitment stage.</td>
<td>Integration, Recruitment enhancement</td>
</tr>
<tr>
<td>Patient Association &amp; Recruitment Management</td>
<td>Study patients are linked to the respective research study, their recruitment status is up to date and Informed Consent Forms are scanned into their chart.</td>
<td>Patient Safety, Visibility, Integration</td>
</tr>
<tr>
<td>Scheduling Management</td>
<td>Encounters and visits related to research are linked to the respective study.</td>
<td>Visibility, Integration</td>
</tr>
<tr>
<td>Documentation, Safety Reporting &amp; Ordering Management</td>
<td>Study related ordering (meds and tests) are done in-system and all clinically relevant information is available to the care teams.</td>
<td>Patient Safety, Visibility, Integration</td>
</tr>
<tr>
<td>Service Charge Management</td>
<td>Charges are reviewed and reconciled.</td>
<td>Transparency, Financial accuracy, Integration</td>
</tr>
</tbody>
</table>
How do I Get Ready?

What to What for and Expect:

• Communication Expectations
• Super User Identification
• Study Intake Process
• Role analysis
• Role assignment to training track
• Registration for general training
• Super User training
• Resources you’ll need to know
  • E-Health Competence
Communication Expectations in Relation to Connect Care Information
Ideal Super Users are Connect Care Subject Matter Experts (SMEs) or end users who are currently using Connect Care.

Skills and Qualities

- Competency in basic computer skills, good communicators, and active listeners.
- Respected by peers and recognized as department/specialty area experts.
- Able to be released from regular duties based on time and resource commitments.
- Can solve problems and adapt to change.
- Previous training or adult education experience.
Identification of Super Users

Personal Characteristics

- Approachable, positive, personable, outgoing, enthusiastic, empathetic to change
- Remain calm, patient, & constructive during stressful situations.
- Willing to explore new ideas, maintain competency, and learn new things.
- Work a minimum 0.5 FTE or more during training/launch periods.

Supers Users may support multiple Connect Care roles – for example, on a nursing unit, a SU could support clerical, nursing, manager and/or provider roles.
Study Intake – Preparing for Launch

Support Team Activities:
• HSA gathers information about studies that are in scope for launch
• Identify users
• Reach out to study teams with information

What you need to do (after training):
• Associate patients to in-scope studies
• Keep your patient and in-scope study statuses current
How do I Request Access for an Existing 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.
Role Analysis and Training

E-competence Assessments and Availability

Training tracks are role specific and your attendance is essential

Important links:
- eHealth Competence FAQ
- HSA Intake Questionnaire
Research and Connect Care

Role Selection Tool

Connect Care Research Role Selection Tool

Answer the questions below in the sequence that pops up to identify most appropriate role assignment for your Connect Care research access. The role assigned will impact your training requirements and the Connect Care access that will be provisioned to you. It is very important to answer the questions thoroughly and accurately.

My research study or studies has been approved for:  Write access

What is your main role on the study team?  
- Research coordinator

Do you currently have Connect Care access for your non-research related duties?  
If you currently have Connect Care access for research-related duties, you can still answer the next question to help identify if you need to have an additional role assigned to your Connect Care user profile.

What is the primary clinical area that you will be performing your research work?

If these questions did not help you in identifying the appropriate role, please email HSAResearchITAccess@ahs.ca for assistance.

For any change suggestions, corrections or feedback on this CC Research Role Selector Tool, please contact Becky.Wang@ahs.ca.

Important Links:
- HSA Role Selection Tool
- Connect Care - Training Information
Research Roles: Read – Write Access

Mandatory Roles:

★ Research Staff – Ambulatory (2 x 4 hour virtual sessions)
★ Research Staff – Inpatient (1 day in-person)
- Research Staff Speciality Roles (may be 1 – 2 days in-person):
  - Emergency (2 days in-person)
  - Obstetrics
  - Oncology (4 distinct roles)
  - Continuing Care
  - Surgery Inpatient, only (1 day in-person)

Additional Research Sub-Roles:

- Clinical Staff on a Study Team – sub-role
- Internal Study Monitor
- Investigator – sub-role
- PhD Investigator - Ambulatory
- PhD Investigator - inpatient
- Research Biller
- Research Student – sub-role
Research Reporting and View-only Roles

Research Aggregate Reporting

Clinical View Only

Research Reporting & Chart View-only

Access to training catalogue on Insite as per the following hyperlink: Connect Care - Training Information
Super User Training

• Pre E-Learning:
  ❖ Introduction to e-Safety (7 min)
  ❖ On Our Best Behavior (30 min)
  ❖ Module-specific e-learning

• Instructor Led Training (ILT):
  ❖ Ambulatory Shared Nurse or Adult/Ped Med-Surg or Specialty (1 day)
  ❖ Research Staff – General (2 x 4 hour virtual sessions)
  ❖ Research Super User (half-day)
  ❖ If the Super User works in a specialty area - substitute Ambulatory or IP training for specialty specific courses
# Super User Training

|--------------|---------------------------------|-----------------|
| Complete [MyLearningLink](#) eLearning:  
  - Introduction to eSafety Module  
  - ACE: Infocare - On Our Best Behaviours  
  - Super User Preparation Course  
  - End User (Primary) Role | Attend End User Classroom ILTs  
  - Pass End User Proficiency Assessment (EUPA)  
  - Attend Application-Specific or Additional Super User Role Specific Classroom ILT | Practice Time in Playground  
Support End User Training ILT (2 sessions recommended)  
Attend Virtual Super User Refresher Training (2-4 Weeks Before Launch)  
Support Readiness Activities  
Practice Workflows with Teams |

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The more Super Users…the merrier! Providing that at-the-elbow support is extremely rewarding and also reinforces people how to actually use the system.

If you are interested in becoming a Super User, please reach out to our CC Support Team for Research via email and we will provide further details!!!
Support and Resources

Support Available
• Training Manuals, User Guides, FAQs

Additional Resources
• Clinical Inquiry Newsletter
• CIS Procedure and Quick Start Guide
• Research Conversion
• Clinical Department Research Readiness Tip Sheet
• Recorded and upcoming webinars
• HSA website
Introduction to Research Conversion

A Brief Overview
## Communications re: Research Conversion

<table>
<thead>
<tr>
<th>What are we Converting?</th>
<th>Communication</th>
<th>Intended Audience</th>
<th>Who Needs to Attend/Respond?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Studies</strong></td>
<td>Study Intake Form Request Nov 2020</td>
<td>Required for all studies</td>
<td>One research team member for each study identified</td>
</tr>
<tr>
<td><strong>Drugs</strong></td>
<td>Study Drug Information Request – Nov/Dec 2020</td>
<td>Required for studies with drugs</td>
<td>One research team member for each request</td>
</tr>
<tr>
<td><strong>Users</strong></td>
<td>Role Assignments/Training Sign-up Requests</td>
<td>Required for all users requesting read/write or read-only access</td>
<td>Each individual user will be contacted</td>
</tr>
</tbody>
</table>
What is Research Conversion

• Research conversion is the process of loading and activating research studies into Connect Care and then linking patients to those studies in preparation for launch.

• 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”.
Setting Up the Research Study and Research Team in Connect Care (Conversion)

**STUDY & USERS**
- Study info request
- User info

**ACCESS**
- Study role assessment
- AHS & MLL

**TRAINING**
- Scheduling Verification
- Attendance

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

**ENROLLMENT AND LINKING**
- Patient & Study data confirmation
Site & Department Assessments for Non-Medical Devices

What are Non-medical devices?
The non-medical devices that will be deployed include the following:

- **Computers/Workstations and laptops:**
  - Stationary Workstations:
  - Portable Workstations:
  - Workstation on Desktop
  - Workstation on an articulating wall mount
  - Workstation on Wheels (WOW)
  - Laptop

- **Peripheral Devices:**
  - Wristband Printer
  - Label Printers
  - Barcode Scanner
  - e-Signature Pad
  - Mobile Device (AKA “Rover”)
  - Tap Badge Reader
  - Web Camera
  - Track Board
What about Clinical Operations?

A few reminders and messaging
Preventing Clinical Operations Staff

The research icon is intended to create awareness that activities associated with a research study may include:

» lab tests,
» medications,
» procedures,
» encounters,
» notes

It is important to be aware of the research icon to avoid inadvertently canceling orders, labs, appointments that are associated with research. Clinical staff, especially in acute settings, may not be accustomed to seeing research orders in-system.
Preparing Health Service Departments

Depending on the type of research study, End Users will need to identify service areas or departments that will provide in-kind or cost-recovered services in support of research activities. Different areas may include:

- Pharmacy
- Laboratory
- ECG
- Diagnostic Imaging
Problems? We are Here to Help!

- 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. *NEW* Solution Center

- To connect with someone immediately by telephone, call 1-877-311-4300 and follow the prompts to reach a live person and submit a Connect Care IT ticket

3. 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’. Under the ‘Connect Care Department Name’ enter your department name from the drop down list. If you do not work within a dedicated department you can select either of the following: EDM STO WMC PED CIU or EDM UAH WMC CIU.
We are here to answer your questions.

Contact Connect Care:
CC.Research@ahs.ca
Question #1: When can Wave 4 research teams expect to get an email about Connect Care training?
   – Our team is coordinating and receiving information about all research studies occurring at Wave 4 sites. We are waiting for Connect Care Wave re-sequencing information to be available and will reach out to all research teams once the training dates are confirmed.

Question #2: We have a lot of studies that will be going into Connect Care, is it possible to complete research conversion in a bulk upload?
   – For select research institutes/units that manage a large number of studies, there will be an ability to provide study information in one large table rather than individual study information form submissions. Research institutes or research managers of Clinical Trial/Investigation units can ask for this table format after receiving their study intake request emails. This request can be made to cc.research@ahs.ca

Question #3: How do we get on the distribution list for these monthly research webinars?
   – Email cc.research@ahs.ca inbox to add yourself to the invitation list.
Question #4: How are super users paid and who pays them?

– Super user (SU) training is provided free-of-charge for research staff whether or not they are employed by AHS. Being a super user is optional and we ask the research community to nominate or self-identify individuals who would like to provide mentorship to other individuals in your lab, or to ensure an extra level of readiness for launch. You may wish to become a SU so that you can answer questions at launch and be tied into other SU from other specialties to support research activities in clinical spaces. You may wish to have an individual with this knowledge on your team.

Question #5: How long is super user training? Is there an End User Proficiency Assessment test to take to be certified as a Super User?

– Super user training is a 1/2 day course, in addition to the end user training. For the Research Staff - Ambulatory role, this would be Ambulatory Shared Nurse (1 day) and Research Staff (1 day). There is an End User Proficiency Assessment for each of those courses. Super user training does not include a EUPA; this training does not provide additional knowledge but helps users be prepared for helping at Connect Care launch by reviewing answers to FAQ.
Question and Answer Period

Question #6: Are research teams required to submit modifications to their ethics application or operational approval to have access to Connect Care?
   – No you do not need to make a change to your operational approval or your REB application to use Connect Care.

Question #7: Is there a function in Connect Care that allows database linking between research teams? E.g. Is there the ability to click on a link in Connect Care that can take you out of the system or somewhere else in the system?
   – There are many systems interfaced with Connect Care, tend to be clinical in nature. Research registries (i.e. grouping of patients that meet certain clinical credentials for following over time), will not likely be integrated within Connect Care but functionality will be available to build patient lists that can act as research registries prospectively. To support gathering permission to contact at a department level, we do have a new functionality around collecting data prospectively using patient lists in the system.
   – One of the data capture systems that we are linking to Connect Care is REDCap. We are creating a button in Connect Care that will call up REDCap from within Connect Care. This button will call up the AHS instance of REDCap, not a University instance. In the long term, we hope to be able to push information in an interfaced fashion between clinical forms in Connect Care and data capture forms in AHS REDCap. That project is underway.