Getting Ready for Connect Care

Research 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

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Eric Jansen, Research Application Manager
Ryan Nealon, Research Technical Support

September 21, 2020
Connect Care Research Wave Implementation - Progress

- Wave 1
  - Introduction to CC
  - Readiness
  - Conversion
  - Launch
  - Optimization

- Wave 2
  - Introduction to CC
  - Readiness
  - Conversion

- Wave 3
  - Introduction to CC
  - Readiness

- Wave 4
  - Introduction to CC

- Wave 5
  - Work Not started
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
• Allow and already-based research team members, including study coordinators, will have access to the Clinical Information System (CIS) according to their approved study role and research project.
• Increase patient safety and study integrity by making patient enrollment visible to the care team and the patient's clinical encounters relative to research team members (e.g., adherence 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
• I review all clinical workflows (paper, scheduling) using paper requisitions or through members of my team with access to an electronic system.
• Receive inquiries for research services, including pharmacy, lab and imaging. It can be difficult to determine which changes are associated with a particular participant or visit.
• Receive data for a study from an ARIS data repository, the research team requests access.

How I will work with Connect Care
• Information I enter 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 enter follow-up participant information.
• Receive data for a study from an ARIS data repository, the research team requests access and we may be able to use a new self-service, in-system inquiry and reporting tool.

Research and Inquiry Workflows and Activities

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
Why include research in Connect Care

Some advantages of being in system:
- Access to patient’s chart and their whole care journey
- In-system notifications (Hospitalizations, ED visits, Results, etc.)
- Enhancement of study integrity
- Transparency of activities related to research
- Access to reporting tools
- Research visibility

What if research was not included in CC:
- Teams would be unable to replace legacy tools, such as recruitment tools.
- No notifications or routing of results
- Research would continue to be a silo activity
- No access to the in-system self-serve reporting tools
- Inability to flag patients and document drugs/tests (study integrity)

Impact on research workflows:
- Research teams will follow similar rules, best practices and workflows as standard of care.
  Research is care.
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 EHRs
- Research records and workflows will be in the CIS

Access the HSA webpage for information and resources

https://extranet.ahsnet.ca/teams/AHSRA/ITAccess.SitePages/CC%20Research%20Resources.aspx
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)
Day 1 Workflow

RESEARCH AWARE PATIENT CARE

- Schedule appointments
- Order/queue therapies (experimental?)
- Order tests and diagnostics (experimental?)
- Indicate which tests/appointments can be cost recovered

OPS/SERVICE MODULES

Beaker – Lab
Radiant – DI
Willow – Pharm
Cadence - Scheduling

DRUGS
APPTS
DIAGNOSTICS / RESULTS

CARE TEAM

Research Module

Clinician
Nurse
Allied Health
Technicians
+ Clinical Research Coordinator (AHS/non)
# Research Workflows: Expected to be in-system

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<th>EXPECTATION</th>
<th>DESCRIPTION</th>
<th>REASON</th>
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| Study Information Management          | Applicable information related to the research study is properly entered and maintained. | • Patient Safety  
                                            • Integration  
                                            • Visibility |
| Study Status Management               | Study status in the CIS accurately reflects the current study recruitment stage. | • Integration  
                                            • Recruitment enhancement |
| Patient Association & Recruitment Management | 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. | • Patient Safety  
                                            • Visibility  
                                            • Integration |
| Scheduling Management                 | Encounters and visits related to research are linked to the respective study. | • Visibility  
                                            • Integration |
| Documentation, Safety Reporting & Ordering Management | Study related ordering (meds and tests) are done in-system and all clinically relevant information is available to the care teams. | • Patient Safety  
                                            • Visibility  
                                            • Integration |
| Service Charge Management             | Charges are reviewed and reconciled.                                        | • Transparency  
                                            • Financial accuracy  
                                            • Integration |

September 21, 2020
What is Next? How do I Get Ready?

Operational Readiness Checklist

• Super User Identification
• Role analysis
• Role assignment to training track
• E-Health competence
• Super User training
• Registration for general training
• Training
• Research Coordinator Checklist
Research Roles – Write Access

- Research Staff – Ambulatory
- Research Staff - Inpatient
- Research Staff:
  - Emergency
  - Obstetrics
  - Oncology (4 distinct roles)
  - Continuing Care
  - Surgery (Inpatient, only)
- 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

Important Links:
HSA Role Selection Tool
Connect Care - Training Information
Research and Connect Care

**View-only Roles**

Research Aggregate Reporting
• Slicer/Dicer access, aggregate data only

Clinical View Only
• Basic chart review, access to review reports (but not to change or export reports)

Research Reporting & Chart View-only
• Access to patient line-level detail via suite of reporting tools

Access to training catalogue on Insite as per the following hyperlink: [Connect Care - Training Information](#)
Prep for Launch

Support Team Activities:
• Gather 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.
What About Training?

E-competence Assessments and Availability

Training tracks are role specific and your attendance is essential

Important links:
eHealth Competence FAQ
HSA Intake Questionnaire
Super User Identification

Identify super users based on the following qualities:

- Skills
- Competent 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.
- Demonstrates ability to solve problems and adapt to change.
Super User Responsibilities

- Advocate and generate enthusiasm/excitement for the change.
- Complete the Epic SU Training Path to gain a detailed understanding of Epic and maximize electronic health record benefits for workflows.
- Gain experience and encourage staff practice in the Connect Care playground.
- SUs will provide in-classroom support to Credentialed Trainer-led end user training classes.
- Provide dedicated at-the-elbow launch support for all end users (2-6 weeks).
- This means the SU will be the first contact for end user questions in their defined area.
- Be approachable, mobile, and available to staff.
- Prioritize patient care and safety at all times.
- Help the project team prioritize application issue resolution and provide feedback on proposed resolutions.
- Lead, reinforce, and validate standard workflows and best practices
- May have a role in on-boarding new staff
Super User Training

• Ambulatory Shared Nurse or Adult/Ped Med-Surg or Specialty (1 day)
• Research Staff – General (2 – 4 hour virtual sessions)
• Research Super User (half-day)
• E-Learning
  - Introduction to e-Safety (7 min)
  - On Our Best Behavior (30 min)
  - Module-specific e-learning
• If the Super User works in a specialty area - substitute Ambulatory or IP training for one of these courses:
  - Oncology Nurse (4 variations), Emergency Nurse, Obstetrics, Continuing Care, Surgery
• Recommended to self-register for Basic Reporting and Power User Reporting via MLL on Insite
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
What a Patient’s Chart Looks Like
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 ‘Connect Care Department Name’ enter EDM STO WMC PED CIU or EDM UAH WMC CIU, and specify your department in the ‘issue description’ field.
Support and Resources

Support Available
• Training Manuals, User Guides, FAQs

Additional Resources
• Clinical Inquiry Newsletter
• CIS Procedure and Quick Start Guide
• Recorded and upcoming webinars
• HSA website
We are here to answer your questions.

Contact Connect Care:
CC.Research@ahs.ca
Questions & Answers Summary

General Note: The presentation slides will be posted on the HSA webpage.

Question #1:
- Has there been any feedback on the research component in Connect Care from Wave 1?
  
  A: Yes and we continue to receive feedback. Both positive feedback and requests for improvement have been received from many end users, and we continue to work on improving the available research functionalities which will continue throughout all the waves.
Questions & Answers Summary

Question #2:
- What has the patient/provider/researcher experience been with the new system? The functionality from a recruitment, communication and data management etc. perspective?

A: Experiences have been mixed, with many users asking more questions about what the system can do next, once they become more familiar with day-to-day 'basics'. We are working on needs gathering and proposals to further develop functionalities related to recruitment tools as an example.

There were few challenges at the beginning, mostly due to the clinical (not research specific) workflows. We have learned a lot from this, and the difficulties experienced by users were predominantly related to non-research in-system workflows, which were expected due to the nature of learning a new system. When the system did not meet expectations, we started working on improvements to fill those gaps, keeping in mind that Connect Care is not a CTMS or a Research Data entry system.

It has been important to acknowledge and help teams with the general change management associated with incorporating the use of a new electronic tool with their day-to-day. We often manage user understanding about how Connect Care is actually meant to support the research activities vs other (legacy) systems research users are already using.

This is the link to the HSA Resources Page: https://extranet.ahsnet.ca/teams/AHSRA/SitePages/Home.aspx
Questions & Answers Summary

Question #3:

- How are existing studies being added to the system? Do they convert over from ethics systems, or is an HSA application required for each? There are many studies in our Cancer CTU's, for example.

  A: The research conversion process occurs in anticipation and prior to each new wave going live. The Research Conversion team reaches out to research teams working in the future-wave (i.e. Wave 3) sites, asking them to complete intake questionnaires to help us determine in-scope studies in a joint-effort involving HSA, Research Conversion and Research Teams. Further, there is no need to memorize the training needs. The research support team will contact users with all the detailed information on what you will need to do, as the training track may be different depending on the department where the research is being conducted.
Questions & Answers Summary

Question #4:
- Would the research team be able to be notified when a research patient is admitted to the Labor and Delivery department, for example, through Connect Care?
  
  A: The research team will be notified through an In-Basket message that their research patient has been admitted, as long as the patient is linked to the research study.

Question #5:
- If our research project still needs ethics approval, can we still get trained in Connect Care in anticipation of getting ready for the project? We are in Wave 4.
  
  A: Your study must have ethics approval before you will be able to complete the HSA intake process and complete subsequent steps to determine the study eligibility, your role in system, and the training you require. Research conversion is a series of steps which any study team will eventually perform when their first in-scope study is in Connect Care. The research support team encourages any researcher to attend webinar invitations which provide information on this subject, regardless of your current access in system, or if your study is in-scope or not.