Connect Care Research - Assumptions for Launch

Participation in research studies is part of a patients' care journey, and when the participation in interventional and/or observational studies impacts the care journey, it should be reflected in their health record. Research team members, including study coordinators, are best suited to ensure accuracy of information by being able to use in-system Clinical Information System (CIS) workflows, as appropriate; including, scheduling, ordering, and billing review to replace paper requisitions, wherever possible.

Four Basic Assumptions

Research and Inquiry will be an integrated part of the CIS such that:

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.

   > *Clinical research projects that meet any of the following in-scope study 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)

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 ***enhances patient safety***;

   Scenario: A patient presents to the Emergency Department – their care team can see an icon on their patient record indicating that they are enrolled to a research study. The care team can directly access the Research study record for more information including contact information for the study physician and the research team. The study team can receive notification that the patient presented to emergency and follow-up as needed.

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

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.ahsnet.ca/teams/AHSRA/SitePages/Home.aspx

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