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
**CMIO:** Leahann McElveen

**AHS Research & Innovation Leadership**

Marc Leduc, Sr Provincial Director

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

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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 university-based research team members, including study coordinators, will have access to the Clinical Information System (CIS) according to their approved study role and associated study research needs.
• Increased patient safety and study integrity for making patient enrollment visible to the care team and the patient’s clinical encounters linked to research team members (as 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
• Process and file participant paperwork (e.g., consent, questionnaire), using paper format or through members of my team with access to an electronic system.
• Receive and store for research purposes, including pharmacy, lab and imaging. It can be difficult to determine which change is associated with a particular participant or visit.
• When I need data for a study that is on an AMI 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.
• Full-screen study record in the CIS and view or queue up an order, appointments and order entered participant information.
• Connect Care tracks each patient’s research-related role.
• When I need data for a study from an AMI data repository, including the new CIS, the research team requests access and we may be able to use our own system or in-system inquiry and reporting tools.

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

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Why include research in CC: Research is care and part of patient’s journey

**Some advantages of being is 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

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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)
Connect Care & Research Management

• Have you had any reason to visit a Doctor since your last visit?

• Have you mentioned to your Doctor/Nurse that you are part of a research study?

• Did I finish my checklist for this visit?

• How much do I owe pharmacy/lab/DI for these patient visits?

• Has this patient been approached before for this study?

With the basics in place and our patients in mind, we can roll out more...
Day 1 Workflow

RESEARCH AWARE PATIENT CARE

- SCHEDULE APPOINTMENTS
- ORDER/QUEUE THERAPIES (EXPERIMENTAL?)
- ORDER TESTS AND DIAGNOSTICS (EXPERIMENTAL?)
- INDICATE WHICH TESTS/APPTS CAN BE COST RECOVERED

COST RECOVERY

OPS/SERVICE MODULES

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

DRUGS
APPTS
DIAGNOSTICS / RESULTS

Care Team

- Clinician
- Nurse
- Allied Health Technicians
- Clinical Research Coordinator (AHS/non)

Research Module

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# Research Workflows: Expected to be in-system

<table>
<thead>
<tr>
<th>EXPECTATION</th>
<th>DESCRIPTION</th>
<th>REASON</th>
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<tbody>
<tr>
<td><strong>Study Information Management</strong></td>
<td>Applicable information related to the research study is properly entered and maintained.</td>
<td>• Patient Safety</td>
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<td></td>
<td></td>
<td>• Integration</td>
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<td>• Visibility</td>
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<tr>
<td><strong>Study Status Management</strong></td>
<td>Study status in the CIS accurately reflects the current study recruitment stage.</td>
<td>• Integration</td>
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<tr>
<td></td>
<td></td>
<td>• Recruitment enhancement</td>
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<tr>
<td><strong>Patient Association &amp; Recruitment Management</strong></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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Visibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Integration</td>
</tr>
<tr>
<td><strong>Scheduling Management</strong></td>
<td>Encounters and visits related to research are linked to the respective study.</td>
<td>• Visibility</td>
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<td></td>
<td></td>
<td>• Integration</td>
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<tr>
<td><strong>Documentation, Safety Reporting &amp; Ordering Management</strong></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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Visibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Integration</td>
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<tr>
<td><strong>Service Charge Management</strong></td>
<td>Charges are reviewed and reconciled.</td>
<td>• Transparency</td>
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<tr>
<td></td>
<td></td>
<td>• Financial accuracy</td>
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<tr>
<td></td>
<td></td>
<td>• Integration</td>
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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 and Connect Care

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

- 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

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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
Project Activities and Timeline

SYSTEM CONFIG
- PROCESSES/WORKFLOWS
- DEPARTMENTS
- USER SECURITY
- REPORTING TOOLS
- CONTENT: DRUGS, EXAMS, DOCUMENTATION TOOLS
- CURRICULUM DEVELOPMENT
- GOAL: CARE CONTINUANCE
- DAY 1

TESTING & READINESS
- WORKFLOW TESTING
- INTERFACE TESTING
- REVENUE CYCLE TESTING
- DEVICE AND HARDWARE TESTING
- READINESS PLAYBOOKS
- WORKFLOW WALKTHROUGHS
- DRESS REHEARSALS

TRAINING (T-3 MONTHS) & PREP
- USER TRAINING
  - CRC (AHS AND NON)
  - RESEARCH NURSES
  - CLINICIAN SCIENTISTS
  - BILLERS
- ADD AND PROVISION ALL STAFF
- LOAD AND ACTIVATE STUDIES
- INPUT STUDY ENROLLMENTS
- USER PERSONALIZATION

LAUNCH AND POST
- ON-SITE COMMAND CENTER
- EMERGENCY PREPAREDNESS TEAM
- COMPLIANCE TEAM

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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 (1 day)
- 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 request

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

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

- **TRAINING**
  - Scheduling
  - Verification
  - Attendance

- **ENROLLMENT & LINKING**
  - Patient & Study data confirmation
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
Questions?
We are here to answer your questions.

Contact Connect Care:
CC.Research@ahs.ca
Question & Answer Summary

• **Question:** I am wondering if Connect Care can be interfaced with R / python to automatically pull data?

• **Answer:** Not at this time; but new Cogito in-system reporting tools may provide greater access than what you have currently.

Reminder to existing Connect Care research end users
Please submit an IT ticket if you are experiencing issues with Connect Care workflows: [https://insite.albertahealthservices.ca/ccsupport](https://insite.albertahealthservices.ca/ccsupport).
Under Clinical Area, select ‘Research’.