
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

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

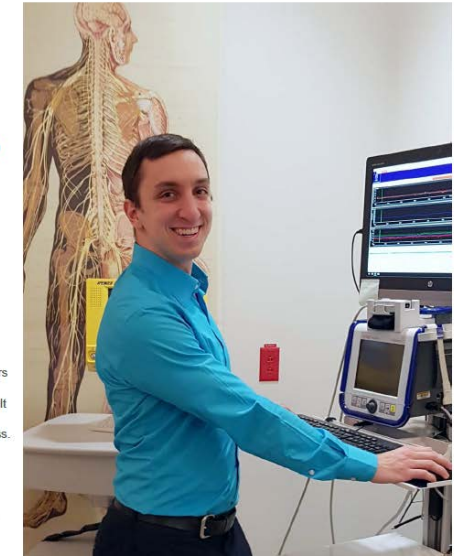
- AHS and university-based research team members, including study coordinators, will have access to the Clinical Information System (CIS) according to their approved study role and access.
- Increased *Patient Safety* and study integrity by making patient enrollment visible to the care team and the patient's clinical encounters visible to research team members (in accordance with study role 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 queue up clinical workflows (orders, scheduling) using paper requisitions or through members of my team with access to an electronic system.
- I receive invoices 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 from an AHS data repository, the research team requests access.

How I will work with Connect Care

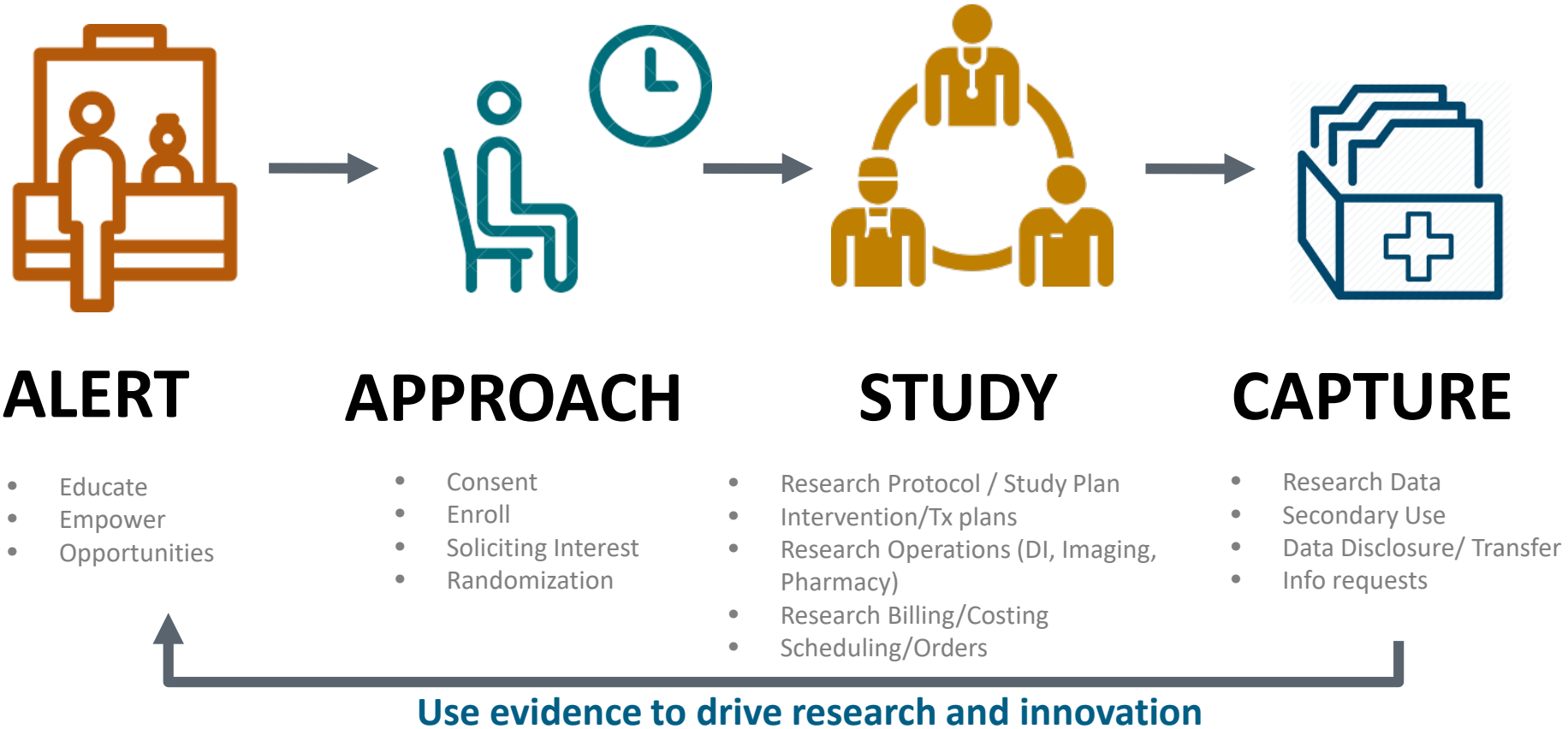
- Information I enter in the CIS will be visible to both research team members and the clinical care team, allowing for better information sharing.
- I will open a study record in the CIS and view or queue up an order, appointments and enter relevant participant information.
- I will pull a report of all costs for each patient at each study-related visit.
- When I need data for a study from an AHS data repository, including the new CIS, the research team requests access and/or we may be able to use new self-serve, in-system inquiry and reporting tools.



Eric is a Research Coordinator working at Stollery Children's Hospital



Research and Inquiry Workflows and Activities



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

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:

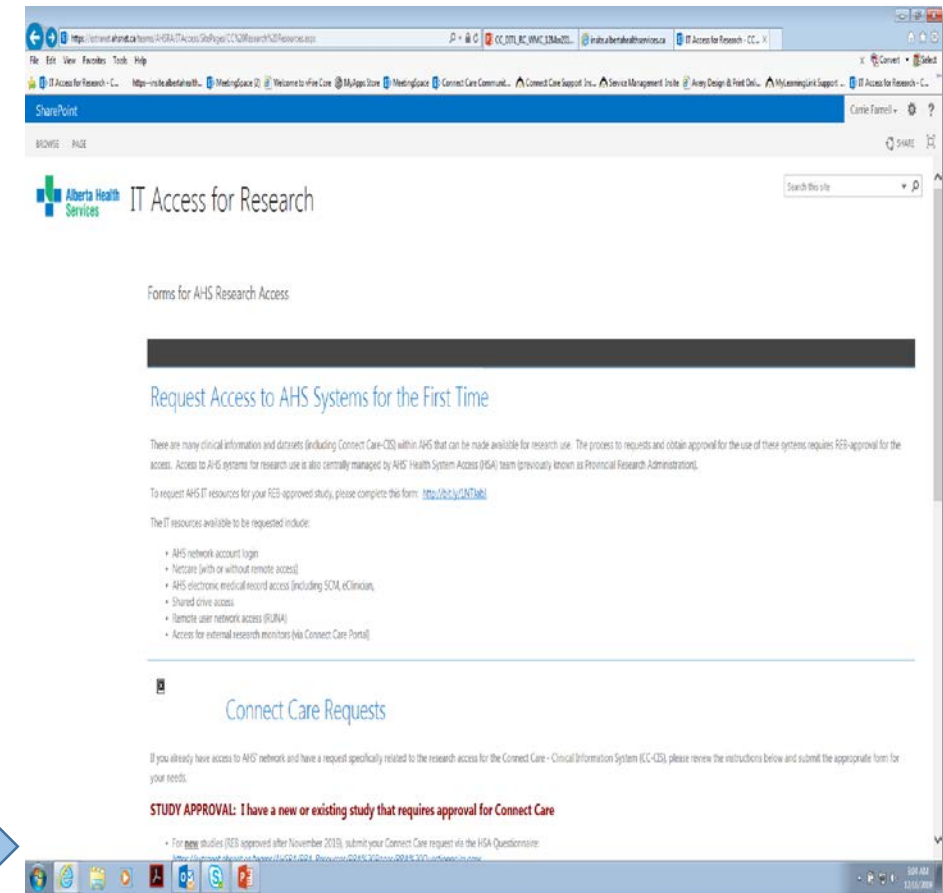
- Research teams will follow similar rules, best practices and workflows as standard of care. Research is care.

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:

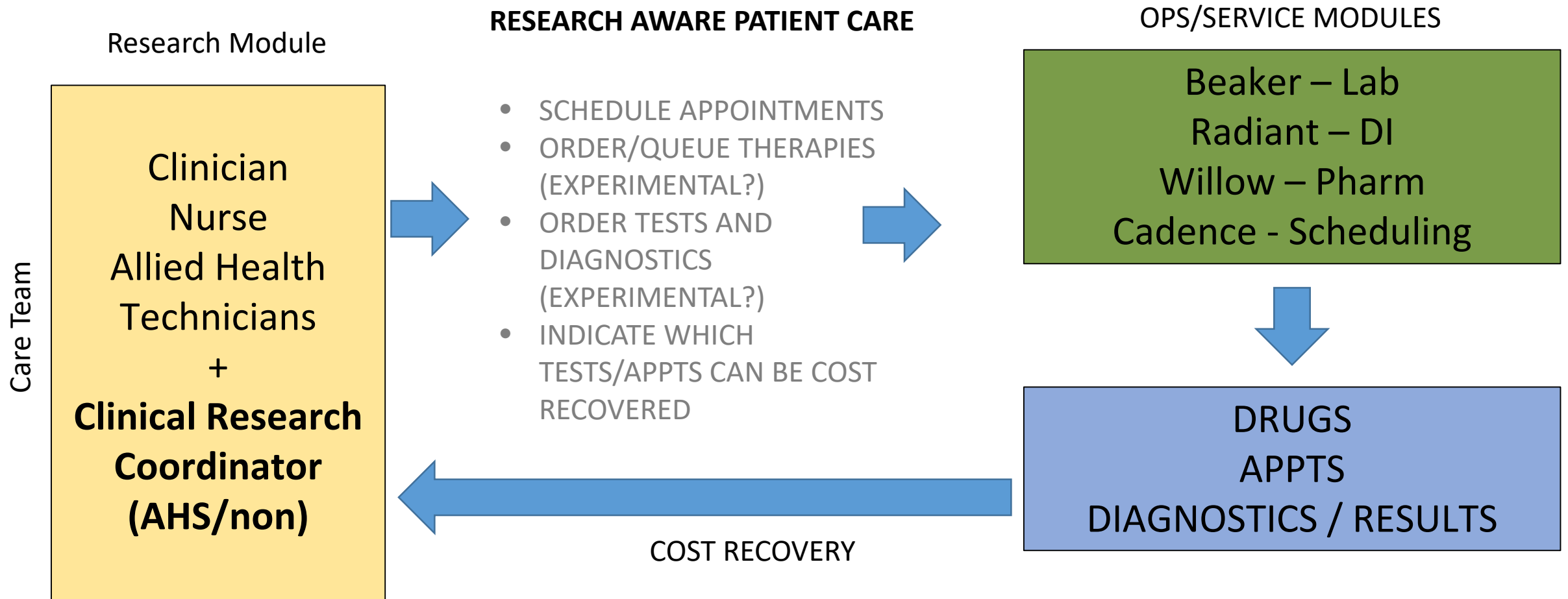
- **Interventional trials and device studies**
- **Research-specific visits that will be scheduled in Connect Care**
- **Requires the use of recruitment tools, or research-study specific order entry or documentation**
- **Requires release of information to outside study monitors**
- **Coordinators require notifications of ED arrivals or admissions**
- **Incorporates billable items (i.e. observational studies with labs or other testing)**

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 Workflows: Expected to be in-system

EXPECTATION	DESCRIPTION	REASON
Study Information Management	Applicable information related to the research study is properly entered and maintained.	<ul style="list-style-type: none"> • Patient Safety • Integration • Visibility
Study Status Management	Study status in the CIS accurately reflects the current study recruitment stage.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Patient Safety • Visibility • Integration
Scheduling Management	Encounters and visits related to research are linked to the respective study.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Patient Safety • Visibility • Integration
Service Charge Management	Charges are reviewed and reconciled.	<ul style="list-style-type: none"> • Transparency • Financial accuracy • Integration

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](#)

Connect Care Readiness Playbook

Wave 1, Chapter 1: Foundational Readiness

November 7, 2018



Research Roles – write access

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

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:

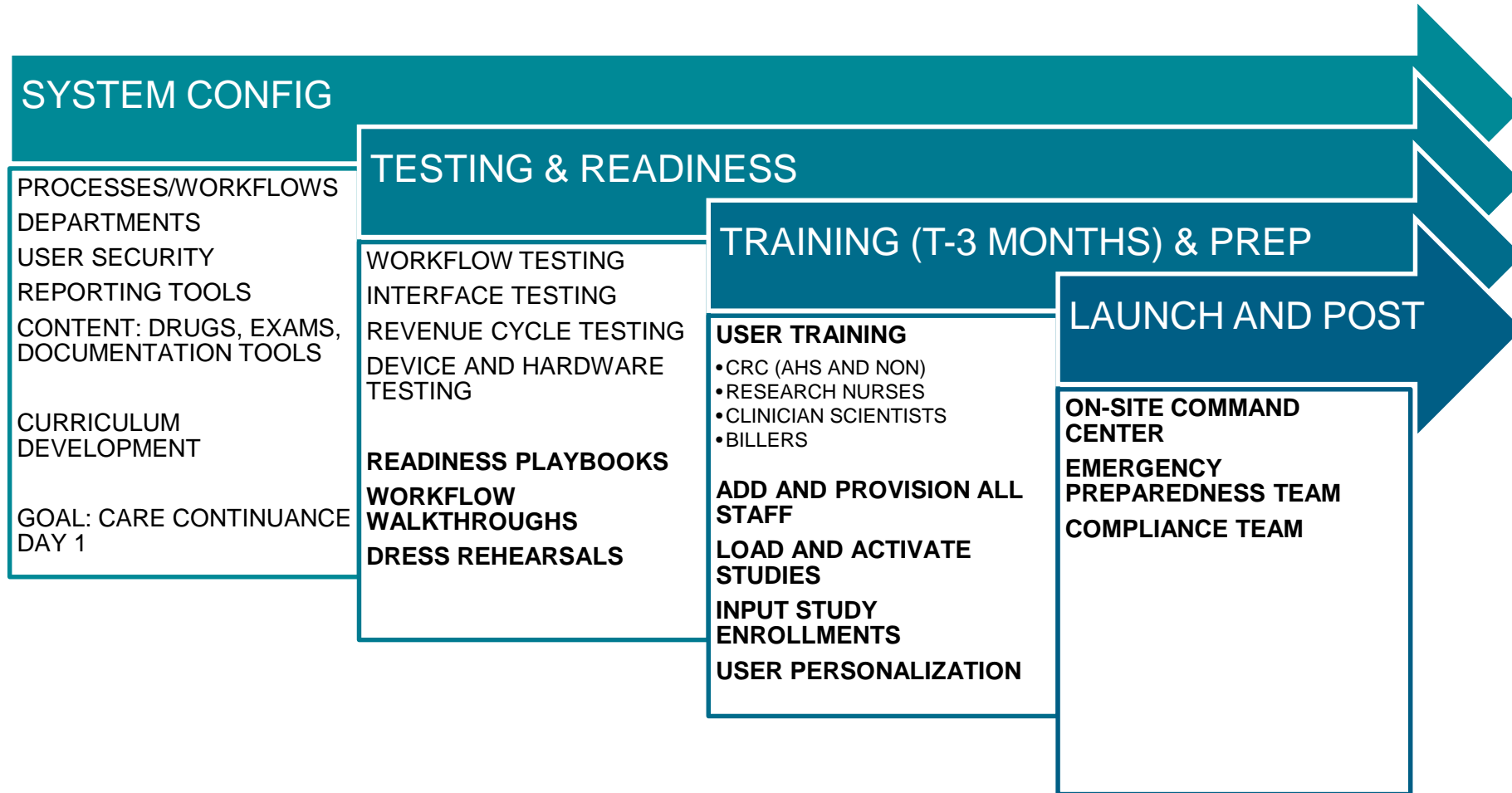
- Gather information about studies that are in scope for launch
- Identify users
- Reach out to study teams with information

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



How do I Request Access for an Existing Study?



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

Health Informatics Competency Self-Appraisal	Competency Category	Not Applicable	Pre - Requisite	Core/ Fundamental	Basic	Intermediate	Advanced
I. Computer Literacy Appraisal		0	1	2	3	4	5
1. Recognize the basic components of the computer system such as mouse, screen, and work station.	eHealth environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Use of telecommunication tools such as electronic mail or secure messaging	Communication/ Collaboration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Use of remote communication tools such as Adobe connect, Skype, and Lync, telehealth	Communication/ Collaboration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Create, rename, move, and delete files using computer operating systems such as Microsoft Windows	Information Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Use word processing functions such as open, save, print, delete, copy, paste, and	Information Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

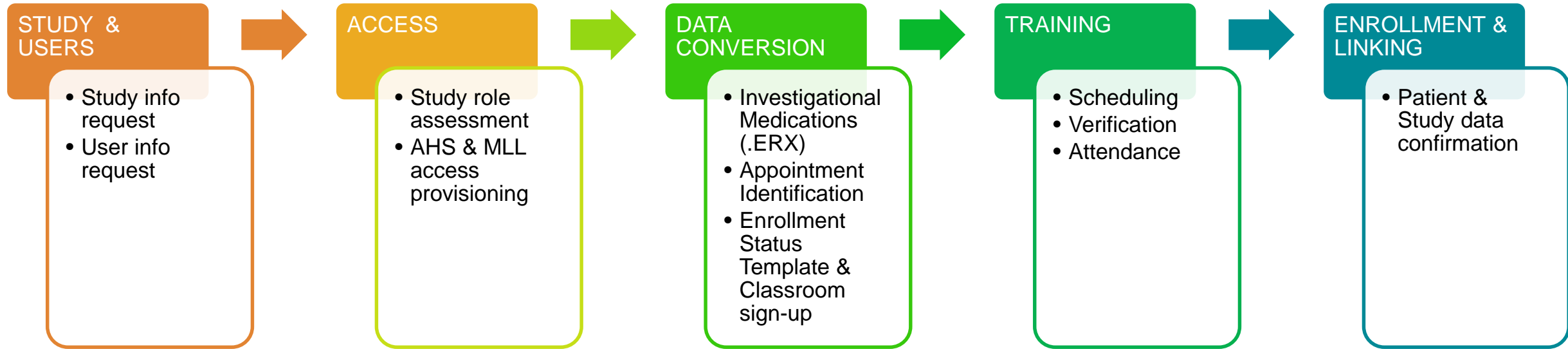
Super User Responsibilities

- 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)



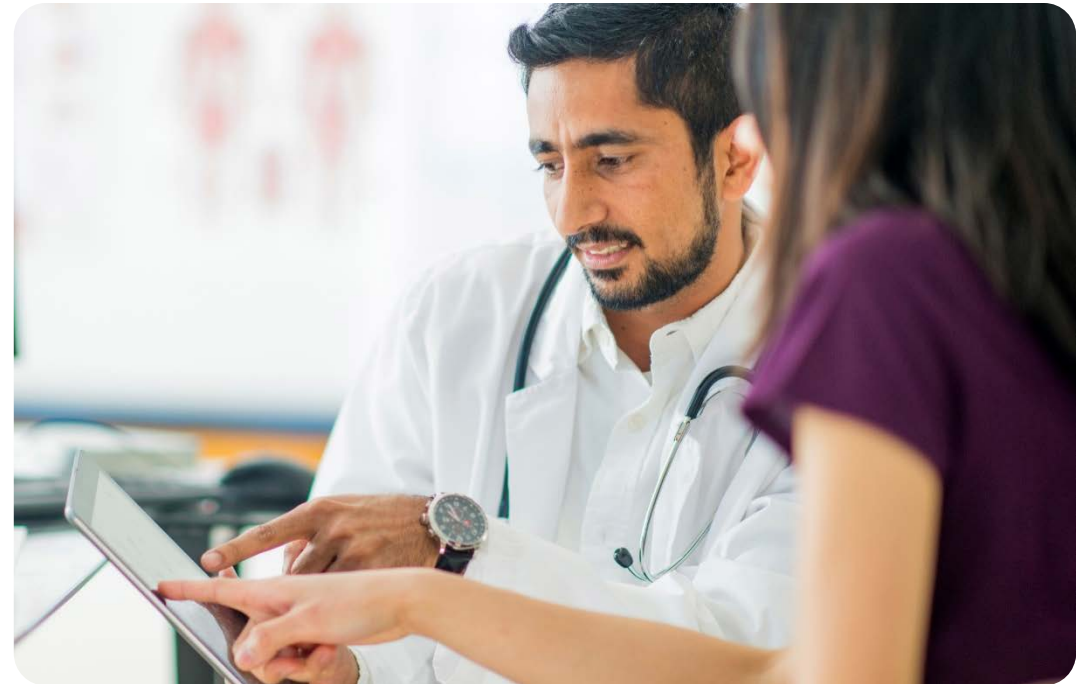
Support and Resources

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

August 17, 2020

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>.

Under Clinical Area, select 'Research'.
