February 26, 2020

**Connect Care Research Wave 1 Update**

Hello Wave 1ers! We have come such a long way since the classroom in October. **277 enrolling research studies with 4114 total patient enrollments!**

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1. **IT Technical Updates**

   a. **NEW RELEASE** Emergency Department and Operation Room status reports to support recruitment and patient flow

   **Impacted End-Users:** Research end-users recruiting and monitoring patient flow in the Emergency Department or Operating Rooms

   **Date of Update:** February 27, 2020

   **Description of Update:** Two reports have been added to the Status Boards available to research end-users. The OR Status Board and ED Track Board are available tools that can be used to identify and find patients in either the Operating Room or Emergency Department, respectively, depending on the context (department) to which you are logged in.

2. **Education**
a. Knowing when and how to use the ED track board and OR status board reports

Patients aren’t always available through a schedule or easily searchable through Patient Lists. The OR Status Board and ED Track Board are available tools that can be used to identify and find patients in either the Operating Room or Emergency Department, respectively, depending on the context (department) to which you are logged in. These tools are available with minimal set up.

*It is advised for research end-users to ensure they have the appropriate approvals in place for your study, for recruitment in the relevant context, before reviewing any personal health information available in these reports.*

Research end-users can review the available tipsheet on your Learning Home Dashboard (LHD) to ensure you understand these report and the information contained within before using the tools. You can also review the “ED – Find Patients” guide on your LHD to find out more about using the ED Track Board and ED Map.

b. Lab references ranges standardized provincially as of November 18, 2019

Most of you may have already defined the lab reference ranges for your study related tests, however, please review the information below to ensure you are using the most current lab reference range as part of your study.

Reference Interval and Critical Value Standardization was performed in advance of Wave 1 Launch. Reference intervals and critical values were standardized for the province in preparation for Connect Care Implementation through Clinical Knowledge and Content Management (CKCM). The Working Group assigned to this was created in consultation with the Critical Care Strategic Clinical Network, the Provincial Respiratory Professional Practice Council, and Laboratory Point of Care Testing Network, with additional experts consulted as required. Please review the Major Changes for Laboratory Medicine with Connect Care document to review relevant information related to your study’s associated tests and orders. Reference ranges outlined on the NACTRC website will be updated to reflect this information in the next few months.

c. Using the Patient List functionality to search for all admitted and discharged patients in a specific context

The patient lists tab can be used to see a list of patients on a unit. These lists can be customized and filtered to identify patients of interest. You can even use these lists to find patients who were discharged within certain time periods.

Review the “Inpatient – Find Patients” guide on your Research Coordinator Learning Home Dashboard under the ED & Inpatient Guides section to find out more about how to use patient lists.

d. When you should or should not cancel orders: guidance
In response to a few questions we received lately, we wanted to highlight some previous guidance on cancelling orders as well as add some additional detail for those receiving requests to cancel orders as part of research studies.

As part of your “Associating Orders to Studies” guidance in the Research Staff course, you would have received guidance on linking orders and how to correct any mistakes. Depending on the scenario, it may be required for you to cancel and re-order a research-linked order, but it is important to consider the implications of cancelling the order.

Recently, you may have received emails from Lab or Diagnostic Imaging identifying that you have not correctly performed the ordering workflows (linked the order and/or patient to research) and you may have received specific requests to cancel and correct those orders. In general, the following guidance applies to cancelling orders in the system;

- Don’t cancel/reorder the order if a downstream group or service is already using the order.
  - Don’t cancel an order while lab is processing the samples/order
  - Don’t cancel a diagnostic imaging (DI) order after taking an image but before the radiologist finalizes the result
  - Don’t cancel an order that pharmacy has already dispensed
  - Don’t cancel something that’s been scheduled, unless you speak with the appropriate unit to make sure the slot is held while you cancel/reorder
- Don’t cancel if there’s a result. (It’s complete at that point, and we shouldn’t undo it.)
- Don’t cancel if you’ve completed the related documentation. (You shouldn’t cancel & reorder a med that has already been administered on the MAR.)

**e. Switching a research kit order from “lab collect” to “clinic collect” after the order has been signed**

Research kits can be ordered as “Lab Collect” or “Clinic Collect” depending on whether it is intended for lab staff or clinic/research staff collect the samples associated with the research kit. Recently
you asked us “Can I act on this order even though I incorrectly ordered the research kit as lab collect? Do I have to cancel this order?”

The answer is that you can still perform specimen collection on an order marked as lab collect without cancelling the original order. The process is as follows;

A) Go into clinic schedule, and select a patient:

B) Add a research kit order, and can leave it as lab collect:

C) Then pend the order, and send chart to provider to sign as per standard workflow.
D) After the investigator/physician has signed the order, go into Department schedule, open the patient chart to order review, where a coordinator can release the order:

E) After order has been released, go to Order Inquiry. Under views, select Lab Orders by Type:
f. **What happens to my patients’ billing when I do not complete the charge review?**

A “charge” is a means by which we track the services AHS provides. The Charge Review workflow allows study teams to take control and ownership of the charges incurred for their patients. This way study teams can determine which charges are study related and ensure they do not get billed for SOC charges. This also allows study teams to easily pull reports when reconciling the bill received from service areas such as Lab, DI, and Pharmacy.

Each and every charge related to a service performed on your study patient has to be associated to one of three buckets:

- Study-Related – Bill to Study
- Non-Study Charges (standard of care)
- Study-Related – Bill to Patient/Insurance (i.e. services offered “in kind” or free of charge).

Charge review is the process by which you ensure the charges for your study patient are assigned to the appropriate bucket.

*Every patient that is linked to a study must undergo charge review **even if all the charges incurred during those 2 weeks are standard of care**. BUT WHY IS IT SO IMPORTANT THAT I DO CHARGE REVIEW SO REGULARLY AND AT LEAST EVERY ~ 2 WEEKS?*

When a patient is linked to a research study ALL CHARGES including standard of care are held for review. That means, if your patient has received a major procedure like a transplant or surgery, all of those charges are held in queue as well. In this way, the health system
cannot bill to be reimbursed for that patient care until the research coordinator has marked the research charge review as “Mark Account as Reviewed”.

It is important to realize, especially if your patient is admitted, that charges can quickly build up and that studies holding up large sums in charge accounts will be flagged as not up to date. Recently several research teams have been contacted to perform charge review for large outstanding accounts.

Please review the “Research Charge Review” guide on your Research Coordinator Learning Home Dashboard for more information and steps to performing charge review.

3. **Letter to Sponsors: Clinical Engineering and Equipment Calibration**

Health Canada and sponsors require documentation which supports the calibration/maintenance of equipment being used in clinical trials. The document attached to this email has been provided by clinical engineering to assist research teams when providing information related to the calibration of equipment at AHS facilities. This document will be added to both the NACTRC and QMCR websites.

4. **Communications:**
   
a. **Most recent Clinical Inquiry Newsletter**
   
   You can find the most recent version of the provincial Clinical Inquiry newsletter (Research & Analytics) [here](#) if you did not receive it in your inbox.

b. **Next Research Webinars**

   Our monthly open webinars are a great way to stay informed about research functionalities in Connect Care and upcoming readiness activities, such as training. Please join our monthly open sessions (via Skype). To request a webinar invitation, please contact: CC.research@ahs.ca

   Upcoming session dates: (third Monday, of each month)
   
   - Mar. 16 12:00-1:00
   - Apr. 20 12:00-1:00
   - May 19 12:00-1:00

   Our February webinar featured an overview of Reporting tools in Connect Care. You can find links to previously recorded webinars, [here](#) under the heading ‘Presentations and Recordings’.

c. **Patient Access Memo: Appointments cancelled in system**

   Reports of scheduled appointments being cancelled in error have been received by Patient Access. These errors appear to be the result of schedulers editing an appointment that is scheduled outside their department and inadvertently taking action on it. Due to these errors, affected sites had asked that scheduling access be restricted to only those schedulers associated with a particular department (a model previously implemented across AHS applications and in particular, eClinician). Patient Access has released a communication stating that they will continue provide ‘unrestricted scheduling’ even though some appointments are being cancelled in error.
Several reasons have been provided for upholding this decision including the fact that unrestricted scheduling:

- Allows schedulers to provide patient-centric scheduling as they can see what other appointments have been booked for the patient and schedule appointments accordingly.
- Allows schedulers who support multiple clinics, to schedule appointments without having to constantly change contexts – especially helpful for casual staff who work across multiple departments or for clinic managers who would like to share staff.
- Supports central intake design as all schedulers have access to all areas they are scheduling for.

d. Have you missed an update? Previously Released Newsletters archive

We have an archive of previous Wave 1 Connect Care Research updates at [https://extranet.ahsnet.ca/teams/AHSRA/SitePages/Home.aspx](https://extranet.ahsnet.ca/teams/AHSRA/SitePages/Home.aspx)

For further reading on Connect Care Inquiry and Research we encourage you to read the following:

- Connect Care Byte
- All research stakeholders (including non-AHS employees) can access an assortment of Connect Care research related information at: [https://extranet.ahsnet.ca/teams/AHSRA/SitePages/Home.aspx](https://extranet.ahsnet.ca/teams/AHSRA/SitePages/Home.aspx) (the lower right-hand side of the AHS PRA Resource Page in a box called ‘Connect Care Resources’)

5. Finding help for your questions and requesting on-site assistance *NEW comprehensive list of supports*

- Ask a local research super-user first, your colleagues are your first best resource.

**For urgent issues (including log-in issues) or technology related issues with patient impacts, call 1-877-311-4300. If a Patient Safety Event has occurred (hazard up to harm), it is recommended that you submit an RLS (include your service desk ticket number in your RLS report).**

**I Can’t Log-In, My Password Doesn’t Work, or I’m Having an Issue with a Device.** In line with security policies established by Alberta Health Services, password resets can only be completed over the phone. You may also contact the service desk if you are experiencing issues with your computer, printer, other non-medical devices, or you are a clinician who requires Solution Centre support. Call the IT Service Desk & Solution Centre immediately at 1-877-311-4300.

**For non-urgent research-specific system issues, submit a Connect Care IT ticket** ([https://insite.albertahealthservices.ca/Main/cc/SitePages/ConnectCareHelp.aspx](https://insite.albertahealthservices.ca/Main/cc/SitePages/ConnectCareHelp.aspx)). Under ‘Clinical Area’, select ‘Research’. Under ‘Connect Care Department Name’ enter EDM STO WMC PED CIU or EDM UAH WMC CIU. We are in the process of populating all department names here. Things were you might want to submit a ticket include;
- A functionality or report in the Connect Care research module is not working as expected
- A workflow that you are trying to perform in-system support of research is interrupted, delayed or does not transmit
- You are requesting access, functions or reports that are not currently available to the research coordinator role, etc....
- There is an issue related to how information is tracked, entered, transmitted or reported in a research visit

For assistance with study and study team member approvals and or study set-up in Connect Care. Please submit the appropriate form on the Health System Access (HSA) website (https://extranet.ahsnet.ca/teams/AHSRA/ITAccess/SitePages/CC%20Research%20Resources.aspx) for Connect Care requests related to:
  - Adding your study to Connect Care
  - Updating Connect Care study records (add/remove research staff, notification preferences, study description, etc.)
  - Requesting Connect Care training
For status updates on submitted requests to HSA, contact research.administration@ahs.ca.

If your workflow or service-related issue relates to performing research care workflows in combination with pharmacy, lab or diagnostic imaging, please directly email or call your service area contact. These service areas are best able to speak to resolution of issues.

For questions related to research conversion, or site readiness for Connect Care Wave-specific launch, or if your question does not meet any of the criteria above, and you are unable to find a local super user, we will answer your email through the cc.research@ahs.ca

Wave 1 Onsite Assistance. Need even more help? Leanne Blahut will be onsite at the Kaye Edmonton Clinic KEC 0E.127 every Wednesday from 0800-1130hrs. If needed, at your request, she may be able to visit your site to help out. You can request her help in advance at cc.research@ahs.ca.

6. More resources for Research end-users
   Please remember to check your Research Coordinator - Learning Home & Research Coordinator – My Studies Dashboards for more training materials, tip-sheets and other documents that were developed to help you perform your Connect Care workflows. We also have some great material at our AHS/HSA Webpage. https://extranet.ahsnet.ca/teams/AHSRA/SitePages/Home.aspx