Connect Care Research - Assumptions for Launch

Participation in a research study and/or interventional clinical trial is part of a patients’ care journey. When study participation affects 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 on clinical research studies [that meet the study inclusion scope] will be flagged with the details of studies that impact their health care to inform clinical care teams.

2. The clinical care team and everyone working with the patient record will see and understand the patient is on a study and report on it. This enhances patient safety;

   Scenario: A patient presents to the Emergency Department – their care team can see a flag 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. 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 keep the patient record (as it relates to research), up-to-date.

4. Training in all CIS research-related workflows will be research role-specific
   a. In addition to any clinical access provisioning of the CIS and its functionality, users requiring access to inquiry tools and workflows will be assessed and assigned a user role, specific to their approved study and requirements.
   b. There will be opportunities to identify individuals who may require training but have not been previously identified through existing methods.

Questions? Contact: CC.Research@ahs.ca