Connect Care

Building a Better Health Record in Alberta Health Services

June 25, 2024

Alberta Health Services

Connect Care

Objective

To provide a high-level overview of what is needed to support the best health record

- Digital Health Strategy

- Connect Care Overview

- Health System Overview

- Clinical Informatics

- Connect Care Clinical Content, Standards, Workflows

- Other Considerations

Digital Health Strategy

DRAFT

The Five Pillars of the AHS Digital Health Strategy

Alberta Health Services

Albertans First through Digital Engagement	Build a Digitally Connected Community	Empower our People	Data-Driven Decisions through a Learning Health System	Innovate upon our Integrated Digital Foundation
AHS is putting information and resources at the fingertips of patients, families and caregivers to empower them in being actively involved in their healthcare.	AHS is connecting patients and their care teams through information to standardize and improve care across the system and improve health outcomes for patients.	By focusing on specific digital health goals, AHS can ensure our teams are doing the work most critical to improving care for Albertans, are empowered to find innovative solutions and experience a vibrant and inspiring work environment which fosters recruitment and retention.	Understanding our health system through data and analytics will lead AHS to make decisions founded in knowledge, improving both clinical and business outcomes.	AHS is committed to continually building our capacity and resources which support technological innovation, in order to be sustainable, provide the best care for every tax dollar spent and to find new and better ways to provide care to Albertans.

Principles:

- **Sustainability**
  - Solid and regularly renewed technical foundation
  - Steward resources responsibly
- Minimum number of systems
- Most cost-efficient ways to achieve our objectives – tech and process improvement
- Standards-based – reduce variation and cost (data, terminology, clinical content, workflows)

Connect Care
Who will we reach?

Population

111,454	AHS
12,674	Covenant
9,300	Physicians
700	Nurse Practitioners
25,655	Students
9,810	Carewest / Capital Care / Alberta Precision Labs (APL)

Beds

9,000	Total Hospital Acute and Sub-Acute Care
28,837	Total Continuing Care
3,077	Total Addiction & Mental Health

Facilities

Community Ambulatory Care

6	Urgent Care Centres
7	Ambulatory Care Centres
139	Public Health Centres

Addiction and Mental Health

39	Addiction
26	Community Mental Health
5	Standalone Psychiatric

Acute Care

106	Total Designated Hospitals

Cancer Care

17	Cancer Centres

Community-Based Care

331	Long-Term Care and Supportive Living
108	Additional Contracted Care Sites
20	Community Hospice, Palliative & End-of-Life Care

Alberta Health Services

Alberta Health Services Zone Map
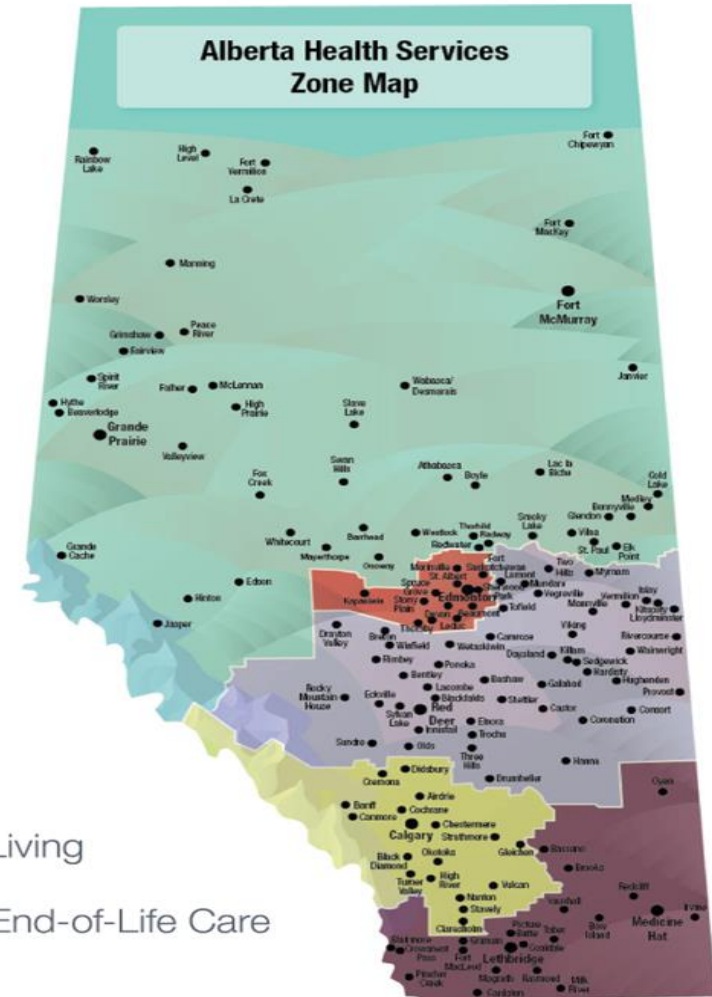
Connect Care covers the Continuum of Care

Practice Areas

Acute Care
Addiction & Mental Health
Ambulatory Care
Analytics, Reporting, Research
Cancer Care
Clinical Financial Management
Clinical Specialties
(Cardiac Sciences, Nephrology, Gastroenterology, Critical Care, Women's Health, Anesthesia, Surgery, Pediatrics, Transplant, Orthopedics, Ophthalmology, Rehabilitation, etc.)
Continuing Care
Delivery Site Management
Emergency Care
Laboratory
Pharmacy
Population Public Health, Infection Control
Primary Health Care (AHS)
Radiology
Self & Family Care

Clinical Information Systems
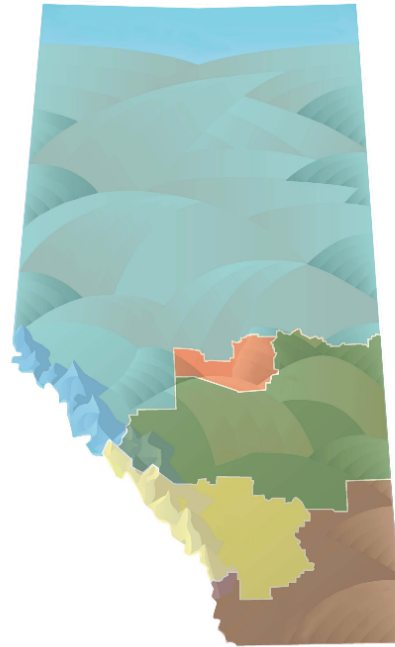
Alberta Health Services

Blood Bank	Enterprise Content Management
Cardiology	Enterprise Imaging (Pacs)
Clinical Education Content	Health Records Coding / Abstracting
Clinical Trials Management	Radiation Oncology
Dictation / Transcription	Registries
Drug Databases	Reporting / Analytics

Epic

Care at a Distance	Interoperability
Clinical Financials	Managed Care
Clinical (Inpatient / Outpatient)	Mobility
Clincal Specialties	Patient Engagement
Community Connect	Population Health
Government Regulations & Reporting	

Foundational Technology & Tools

Clinical Engineering
Consolidation
Data Centre Infrastructure
End User Devices
Enterprise Mobility Management
Integration
Interfaces
Medical Device Integration
Portals Conversion
Provincial Wifi
Single Sign-On
Supply Management
Technical Interoperability
Telehealth

Clinical Operations & Informatics

Clinical Guidance Repository
Clinical Knowledge & Content Management
Clinical Operations Readiness
Clinical Simulation
Clinical Systems Design
eQuality & eSafety
Medical Informatics
Training

LAUNCH 1 – LAUNCHED ON NOVEMBER 3, 2019

EDMONTON ZONE
WALTER C. MACKENZIE CAMPUS
Aberhart Centre; Clinical Sciences Building; Kaye Edmonton Clinic; Mazankowski Alberta Heart Institute; Stollery Children's Hospital; TB Central Services; University of Alberta Hospital; Zeidler Centre; East Edmonton Health Centre; Addiction & Mental Health Bed Management

eCLINICIAN TRANSITION
Ambulatory clinics

PORTALS
Connect Care Patient Portal; Connect Care Provider Portal

PHARMACY & DI
Sites in: Urban and Suburban Edmonton

ALBERTA PRECISION LABS
Sites in: Edmonton; All Edmonton Pathology; All DynaLIFE in Alberta; Cross Cancer Institute; Lab and Transfusion Medicine

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LAUNCH 3 – LAUNCHED ON APRIL 10, 2021

NORTH ZONE
Acute and combined acute and long term care sites; Continuing Care (intake/transition) encompassing the former Peace Country Health Region; Fort Vermilion; High Level; La Crete

PHARMACY
ALBERTA PRECISION LABS & DI
Sites in: former Peace Country Health Region; Fort Vermilion; High Level; La Crete

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LAUNCH 5 – LAUNCHED ON NOVEMBER 6, 2022

CALGARY ZONE
Foothills Medical Centre (including associated clinics at Richmond Road Diagnostic & Treatment Centre)

CENTRAL ZONE
Acute and combined acute and long term care sites; encompassing the former David Thompson Heath Region including the Centennial Centre for Mental Health and Brain Injury and Sylvan Lake Advanced Ambulatory Care Service; AMH ambulatory services in the former David Thompson Heath Region; Continuing Care (intake/transition)

NORTH ZONE
AMH ambulatory sites encompassing the former Peace Country Health Region; Fort Vermilion; High Level; La Crete; Paddle Prairie; Rainbow Lake

PROVINCIAL PROGRAMS
CancerCare Alberta North; CancerCare Alberta South; Kidney Care North; Kidney Care South

PHARMACY & DI
Sites in: Calgary; former David Thompson Health Region

ALBERTA PRECISION LABS
Sites in: former David Thompson Health Region

LAUNCH 7 – LAUNCHED ON NOVEMBER 5, 2023

NORTH ZONE
Acute and combined acute and long term care sites; home care; AMH ambulatory sites encompassing the former Aspen and Northern Lights Health Regions; Continuing Care (intake/transition); Community Palliative; Geriatrics; Supportive Living; Home Care

SOUTH ZONE
Acute and combined acute and long term care sites encompassing the former Chinook and Palliser Health Regions; Continuing Care (intake/transition); Community Palliative; Geriatrics; Supportive Living; AMH ambulatory sites; Home Care

PHARMACY & DI
Sites in: former Aspen; Chinook; Northern Lights; Palliser Health Regions

ALBERTA PRECISION LABS
Sites in: former Aspen; Chinook; Palliser Health Regions

LAUNCH 9 – NOVEMBER 2, 2024

AMH GROUP HOMES
North and Central Zones

COMMUNITY AMBULATORY
North and Edmonton Zones; Pharmacy

CONTINUING CARE & SENIORS
North, Edmonton and South Zones; Pharmacy

CORRECTIONS
Provincial Correctional Facilities

HOME CARE
North, Edmonton and South Zones; Pharmacy

POPULATION AND PUBLIC HEALTH
Provincial and Zonal: Communicable and Notifiable Diseases, Medical Officers of Health

WORKPLACE HEALTH AND SAFETY
Serology only

AFFILIATES
Covenant Health; Capital Care Group

Launched November 3, 2019 — **1**

Launched October 24, 2020 — **2**

Launched April 10, 2021 — **3**

Launched May 28, 2022 — **4**

Launched November 6, 2022 — **5**

Launched May 6, 2023 — **6**

Launched November 5, 2023 — **7**

8

9

LAUNCH 2 – LAUNCHED ON OCTOBER 24, 2020

EDMONTON ZONE
Suburban acute and combined acute and long term care sites; Continuing Care (intake/transition)

PROVINCIAL PROGRAMS*
Interim Dialysis and Renal Care (Walter C. Mackenzie Campus only)

PHARMACY & DI
Sites in: Suburban Edmonton

ALBERTA PRECISION LABS
Sites in: Suburban Edmonton

LAUNCH 4 – LAUNCHED ON MAY 28, 2022

CALGARY ZONE
Alberta Children's Hospital; Peter Lougheed Centre; Southern Alberta Forensic Psychiatric Centre (and associated forensic services); Rural acute and combined acute and long term care sites

URGENT CARE
Sheldon M. Chumir Health Centre; South Calgary Health Centre; Airdrie; Okotoks; Cochrane; including AMH Urgent Care sites; AMH rural ambulatory clinics

EDMONTON ZONE
Glenrose Rehabilitation Hospital; Lois Hole Hospital for Women; Royal Alexandra Hospital; AMH Addiction/Residential Programs

PHARMACY & DI
Sites in: Edmonton; Calgary including Central Production Pharmacy

ALBERTA PRECISION LABS
Alberta Children's Hospital Genetics Services South Lab; Edmonton including Glenrose Rehabilitation Hospital; Royal Alexandra Hospital; Grey Nuns Hospital; Misericordia Community Hospital

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LAUNCH 6 – LAUNCHED ON MAY 6, 2023

CALGARY ZONE
Rockyview General Hospital; South Health Campus Hospital; AMH Ambulatory sites

EDMONTON ZONE
Alberta Hospital Edmonton; Grey Nuns Hospital; Misericordia Community Hospital; Villa Caritas

CENTRAL ZONE
Acute and combined acute and long term care sites encompassing the former East Central Health Region, including AMH Ambulatory sites

PHARMACY & DI
Sites in: Edmonton; Calgary including Outpatient MRI At South Calgary Health Centre; former East Central Health Region

ALBERTA PRECISION LABS
Sites in: former East Central Health Region; Provincial Lab; all Calgary Zone

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LAUNCH 8 – MAY 4, 2024

AMH GROUP HOMES
Edmonton Zone

COMMUNITY AMBULATORY
Calgary and Central Zones; Pharmacy

CONTINUING CARE & SENIORS
Calgary and Central Zones; Pharmacy

HOME CARE
Calgary and Central Zones; Pharmacy

KIDNEY CARE ALBERTA
Lloydminster

POPULATION & PUBLIC HEALTH
Provincial and Zonal: Immunizations, Individual & Population Health Screening, Perinatal Child Health, Health Promotion & Harm Reduction, Sexual and Reproductive Health (including STI services), Oral Health

WORKPLACE HEALTH AND SAFETY
Immunizations only

AFFILIATES
Carewest; Covenant Health

Subject to Change
November 22, 2023

Connect Care Overview

Value of Connect Care

Albertans
- Access to their health information
- Better patient experiences
- Better patient information improves health outcomes
- Consistent care across four organizations, no matter where you go in Alberta

+

Healthcare Providers
- Better information about patients, accessible across the four organizations
- Can tailor information and processes to the way they work
- More efficient and safer processes

+

Alberta Health Services
- Clinical best practices
- Access to information
- Improved transitions between departments and sites
- Cost management
- State of the art technology
- More secure information

+

Healthcare System
- Consistent information and care across Alberta's four health care organizations
- Improved health outcomes for Albertans
- Advanced academic and research efforts

=

Total Value
- Improved quality of care
- Decreased costs

Connect Care: **Before and After Implementation**

Before Connect Care

Number of users and level of automation
27,000 Users, 3-6 hours at HIMS* level 3
41,000 Users, 1-2 hours at HIMS level 1

Number of devices, in addition to application access
102,000 Computer and other devices
16,500 Citrix sessions at a time

Size of geography & number of sites
10% of AHS sites across Alberta had wireless networking
5,600 Network access points

Standardization
Significant provincial variation in practices and workflows

Training
MediTech basic 2 hours
Sunrise Clinical Manager 2-6 hours

After Connect Care

Level of automation
139,000** Users working at HIMS level 6

Number of devices in addition to application access
150,000 Computer and other devices
40,000 Citrix sessions

Size of geography & number of sites
100% of AHS sites across Alberta have wireless networking
26,000 Network access points

Standardization
5000 Workflows and content decisions to standardize care delivery

Training
Connect Care 16 hours

Alberta Health Services
Connect Care

*Healthcare Information and Management Systems Society
**Includes 10,000 students

Barriers to information sharing

Inconsistent clinical standards

Inconsistent technical standards

Health information legislation

Clinician practices and preferences

The number of independent endpoints

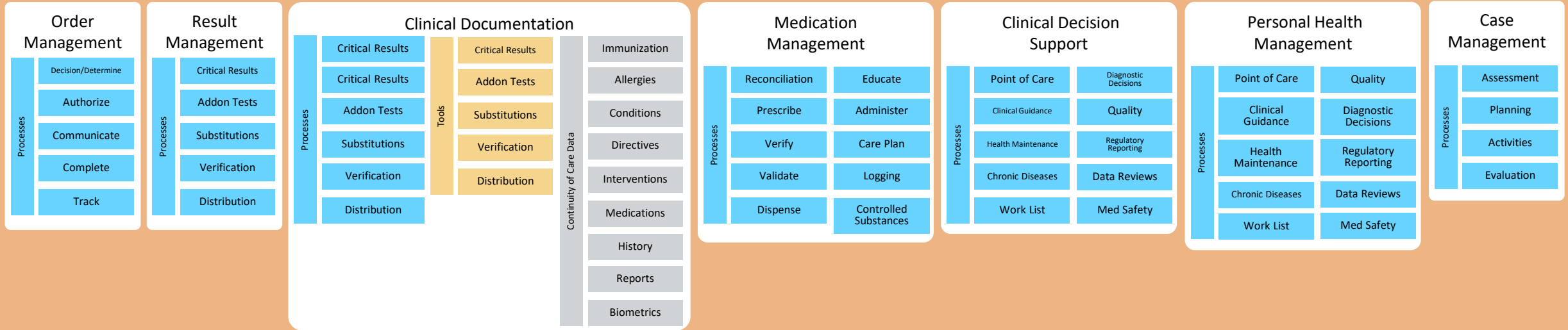Lack of common registries (patient, provider, location)
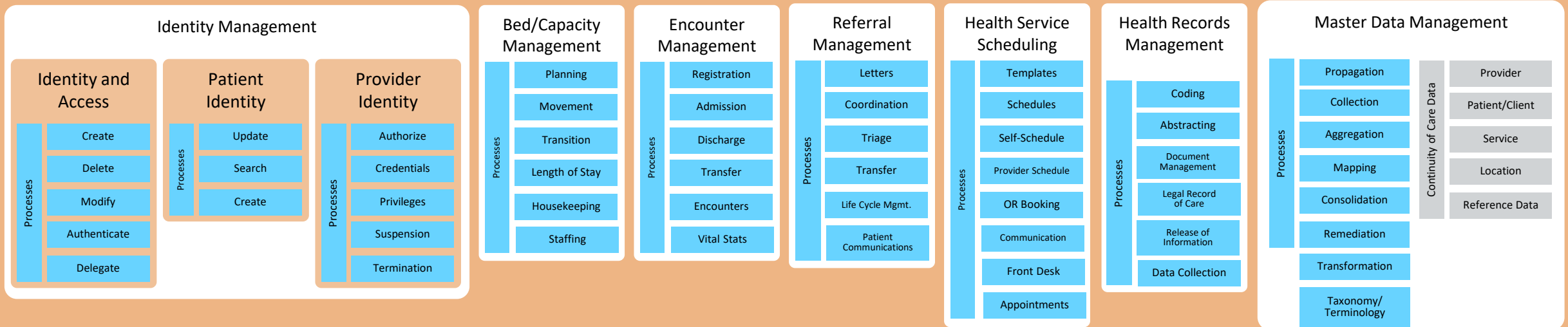
Interprovincial sharing agreements

Health System Overview
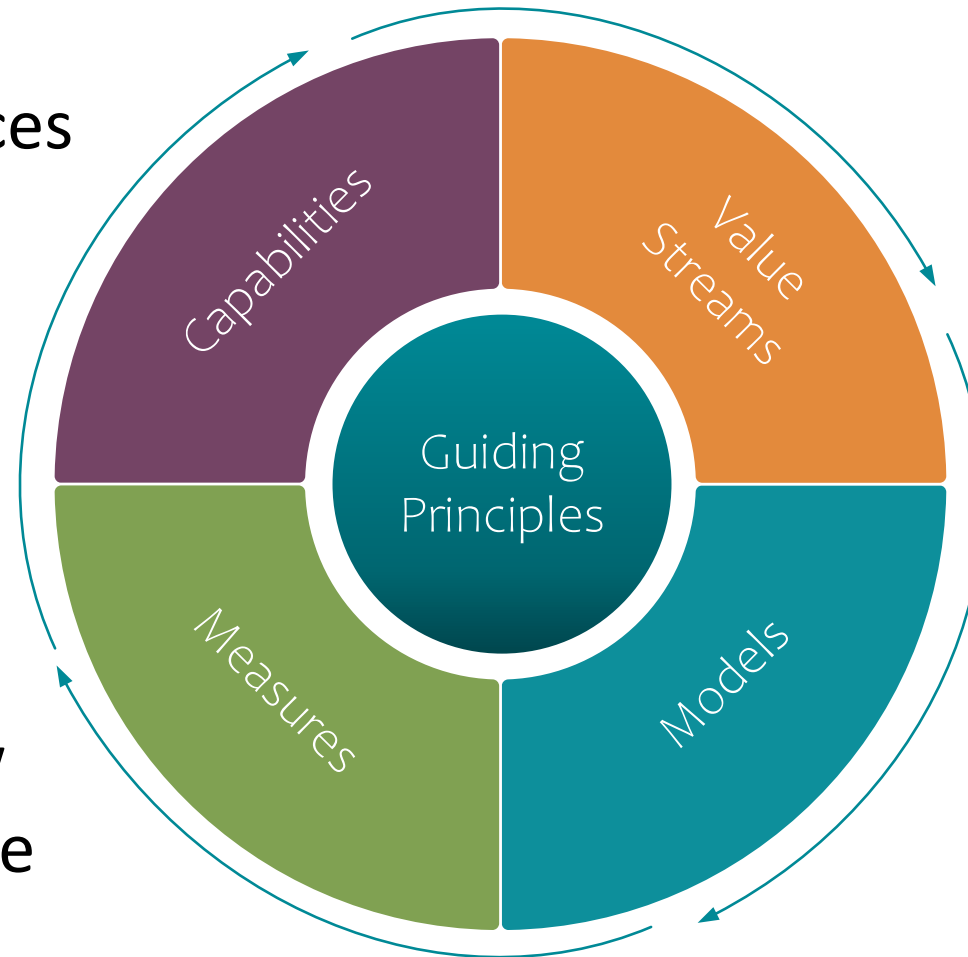
Health System Capabilities

Clinical Services

Order Management
Processes
- Decision/Determine
- Authorize
- Communicate
- Complete
- Track

Result Management
Processes
- Critical Results
- Addon Tests
- Substitutions
- Verification
- Distribution

Clinical Documentation
Processes
- Critical Results
- Critical Results
- Addon Tests
- Substitutions
- Verification
- Distribution

Tools
- Critical Results
- Addon Tests
- Substitutions
- Verification
- Distribution

Continuity of Care Data
- Immunization
- Allergies
- Conditions
- Directives
- Interventions
- Medications
- History
- Reports
- Biometrics

Medication Management
Processes
- Reconciliation
- Prescribe
- Verify
- Validate
- Dispense
- Educate
- Administer
- Care Plan
- Logging
- Controlled Substances

Clinical Decision Support
Processes
- Point of Care
- Clinical Guidance
- Health Maintenance
- Chronic Diseases
- Work List
- Diagnostic Decisions
- Quality
- Regulatory Reporting
- Data Reviews
- Med Safety

Personal Health Management
Processes
- Point of Care
- Clinical Guidance
- Health Maintenance
- Chronic Diseases
- Work List
- Quality
- Diagnostic Decisions
- Regulatory Reporting
- Data Reviews
- Med Safety

Case Management
Processes
- Assessment
- Planning
- Activities
- Evaluation

Clinical Operations

Identity Management

Identity and Access
Processes
- Create
- Delete
- Modify
- Authenticate
- Delegate

Patient Identity
Processes
- Update
- Search
- Create

Provider Identity
Processes
- Authorize
- Credentials
- Privileges
- Suspension
- Termination

Bed/Capacity Management
Processes
- Planning
- Movement
- Transition
- Length of Stay
- Housekeeping
- Staffing

Encounter Management
Processes
- Registration
- Admission
- Discharge
- Transfer
- Encounters
- Vital Stats

Referral Management
Processes
- Letters
- Coordination
- Triage
- Transfer
- Life Cycle Mgmt.
- Patient Communications

Health Service Scheduling
Processes
- Templates
- Schedules
- Self-Schedule
- Provider Schedule
- OR Booking
- Communication
- Front Desk
- Appointments

Health Records Management
Processes
- Coding
- Abstracting
- Document Management
- Legal Record of Care
- Release of Information
- Data Collection

Master Data Management
Processes
- Propagation
- Collection
- Aggregation
- Mapping
- Consolidation
- Remediation
- Transformation
- Taxonomy/Terminology

Continuity of Care Data
- Provider
- Patient/Client
- Service
- Location
- Reference Data

Capability Planning Framework

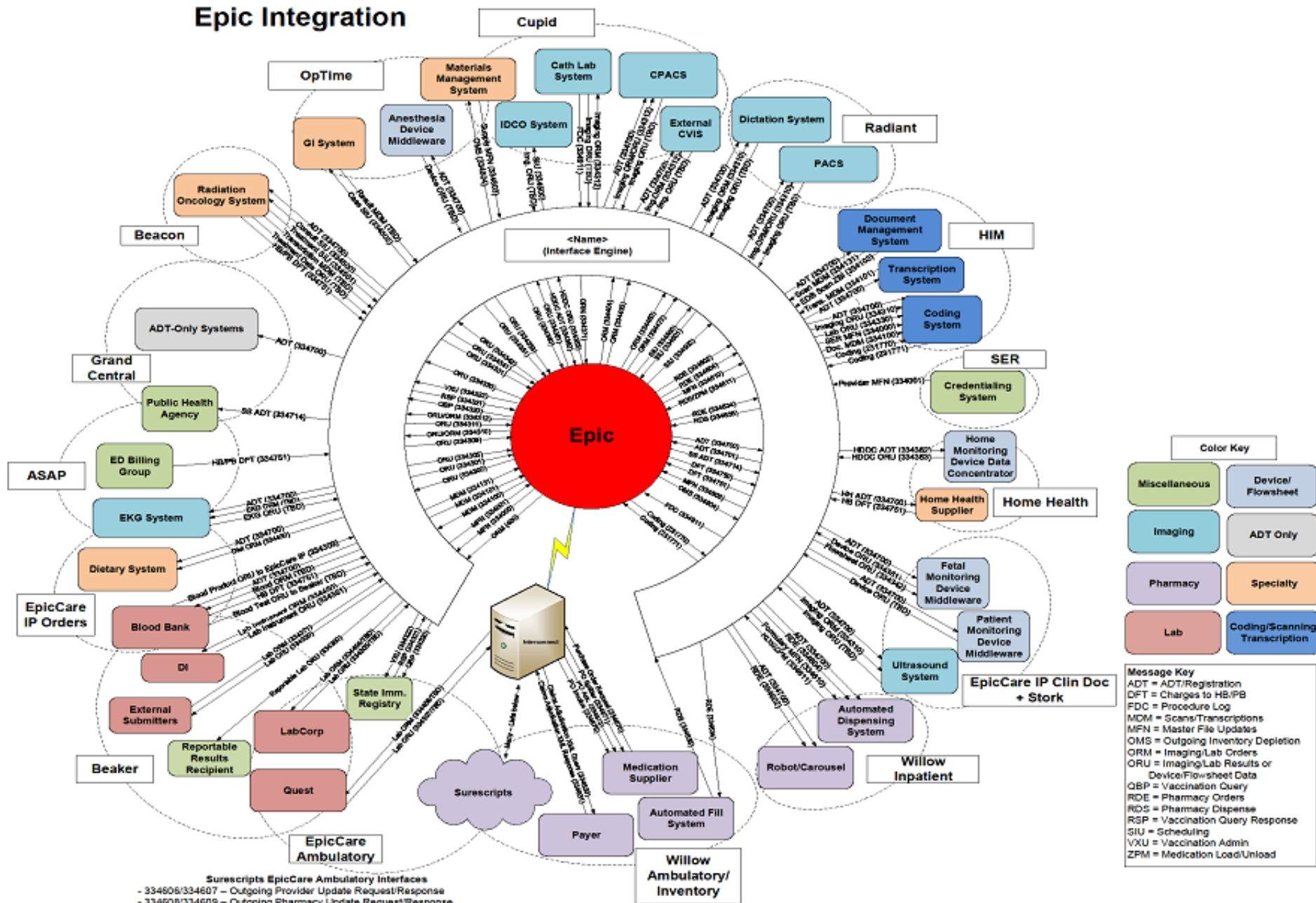What are the key things health services need the ability to provide services?

How do health services organize services and capabilities to create patient value?

What are our objectives and how will we know we are being successful?

Workflow, business, project, and system models to support effective and concise communication driven by data

Capabilities

Value Streams

Guiding Principles

Measures

Models

Epic Integration

Systems

119 non Epic systems
236 interfaces in production today

Daily Volumes
Results

Total: 5,445,097 (average)
Vitals: 2,381,173
ADT: 258,000 messages
Lab Results: 400,000 messages
Lab Orders: 290,427
Med Orders: 203,861

Other APIs

Dragon Medical: 17,000,000
Imprivata: 685,000

Color Key

Miscellaneous	Device/Flowsheet
Imaging	ADT Only
Pharmacy	Specialty
Lab	Coding/Scanning/Transcription
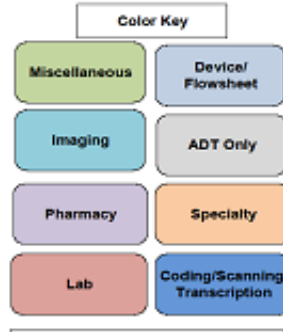
Message Key
ADT = ADT/Registration
DFT = Charges to HB/PB
FDC = Procedure Log
MDM = Scans/Transcriptions
MFN = Master File Updates
OMS = Outgoing Inventory Depletion
ORM = Imaging/Lab Orders
ORU = Imaging/Lab Results or Device/Flowsheet Data
QBP = Vaccination Query
RDE = Pharmacy Orders
RDS = Pharmacy Dispense
RSP = Vaccination Query Response
SIU = Scheduling
VXU = Vaccination Admin
ZPM = Medication Load/Unload

Surescripts EpicCare Ambulatory Interfaces
- 334606/334607 – Outgoing Provider Update Request/Response
- 334608/334609 – Outgoing Pharmacy Update Request/Response
- 334624/334625 – Outgoing Pharmacy Benefit Eligibility Query/Response
- 334628 – Outgoing Formulary Update
- 334642/334643 – Outgoing Medication Dispense History Query/Response
- 334650 – Outgoing Medication Orders
- 334651 – Incoming Refill Requests

Surescripts Willow Ambulatory Interfaces
- 334660 – Outgoing Refill Requests
- 334651 – Incoming Medication Orders
- 334666/334667 – Outgoing Provider Query/Response
- 334668/334669 – Outgoing Pharmacy Updates/Response

Clinical Informatics

Delivering Best Outcomes for Patients and Clinicians

Clinical Informatics Profile

CMIO: Chief Medical Information Officer and team:
- Oversees prescribers, including physicians, nurse practitioners, physician assistants, clinical assistants, PhD scientists, dentists, medical learners, residents, fellows, and nurse practitioner students
- Supports over 13,000 prescribers across the province
- Over 3,000 medical learners and 600 new staff trained every year

COIO: Clinical Operations Informatics Officer and team:
- Oversees nurses, allied health professionals, clerical, management (e.g. PT, OT, social work, SLP, dietitians, healthcare aides)
- Connect Care by end of launch nine will have approximately 30,698 RNs, 905 RPNs, 9,132 LPNs, 7,740 HCAs, 505 NPs, 7000 allied health professionals
- Offer training for ~ ~ 10000 students from 247 post secondary institutions every year

Who are Clinical Informaticians?

- Clinical Informaticians are clinically experienced staff who deeply understand healthcare processes and technology

- They work directly with clinicians and IT analysts to translate clinical needs into digital workflows and system content that facilitates safe, efficient and evidence-informed care, resulting in the best health outcomes for Albertans

Clinical Informatics Functions

User Experience:
Training, Support, Communications, Best Practice

Clinical Content and Workflows:
Documentation, Orders (Sets), Decision Support

Clinical Information System Clinical Standards
Safety, Usability and Efficiency Optimization

In-System Reporting and Analytics:
Design and Workflow

Examples of Clinical Informatics work and Downstream Benefits

Emergency Department wait times are long. Clinical Informatics team members engage with clinical staff across specialties to provide ongoing education in system use, analyze workflows, and design improvements, reports, and dashboards that enable better clinical efficiency and tools for staff to track key metrics.
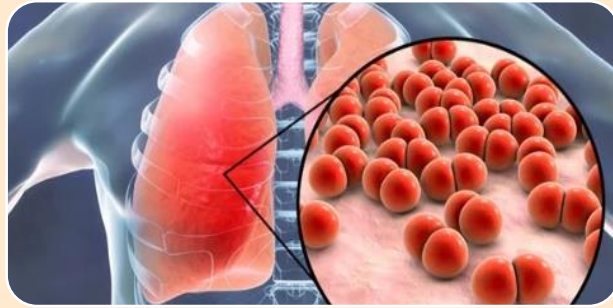
Research identifies a new treatment for pneumonia that saves lives.

Clinical Informatics works with clinicians to design and build new standardized treatment orders and decision aids in Connect Care, along with a new workflow that is intuitive and easily adopted by clinicians. Reports are designed to ensure improved patient outcomes are achieved.

New accreditation requirements are issued for preventing pressure ulcers.

Clinical Informatics works with Nursing to develop new documentation flowsheets, automated reminders, and management reports to meet the accreditation standard.

Patients: Shorter wait times, Better access to information, healthcare team

Prescribers and Clinicians: More efficient and informed care processes, better satisfaction

Organization: Information to drive quality, safety and continuous improvement

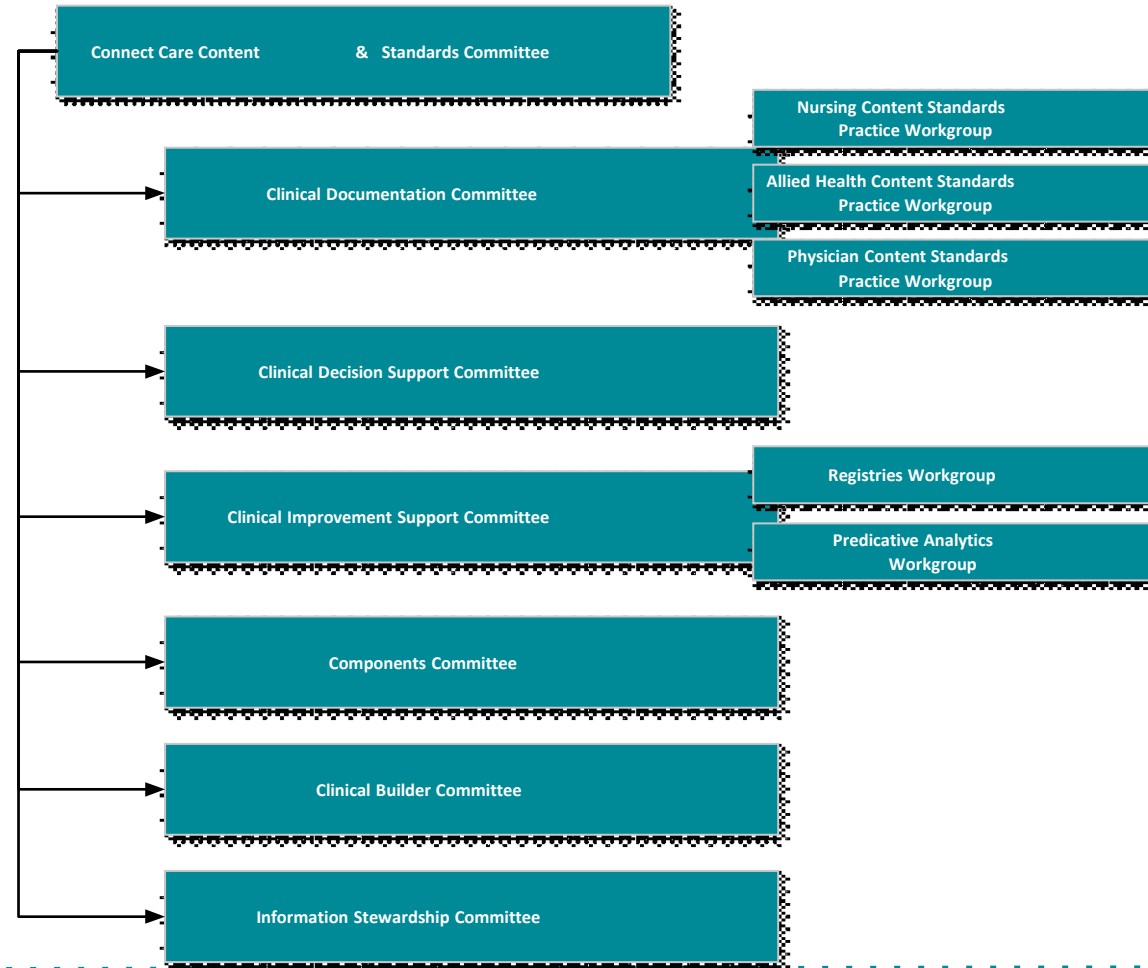# Connect Care Clinical Content, Standards, Workflows

6/25/2024
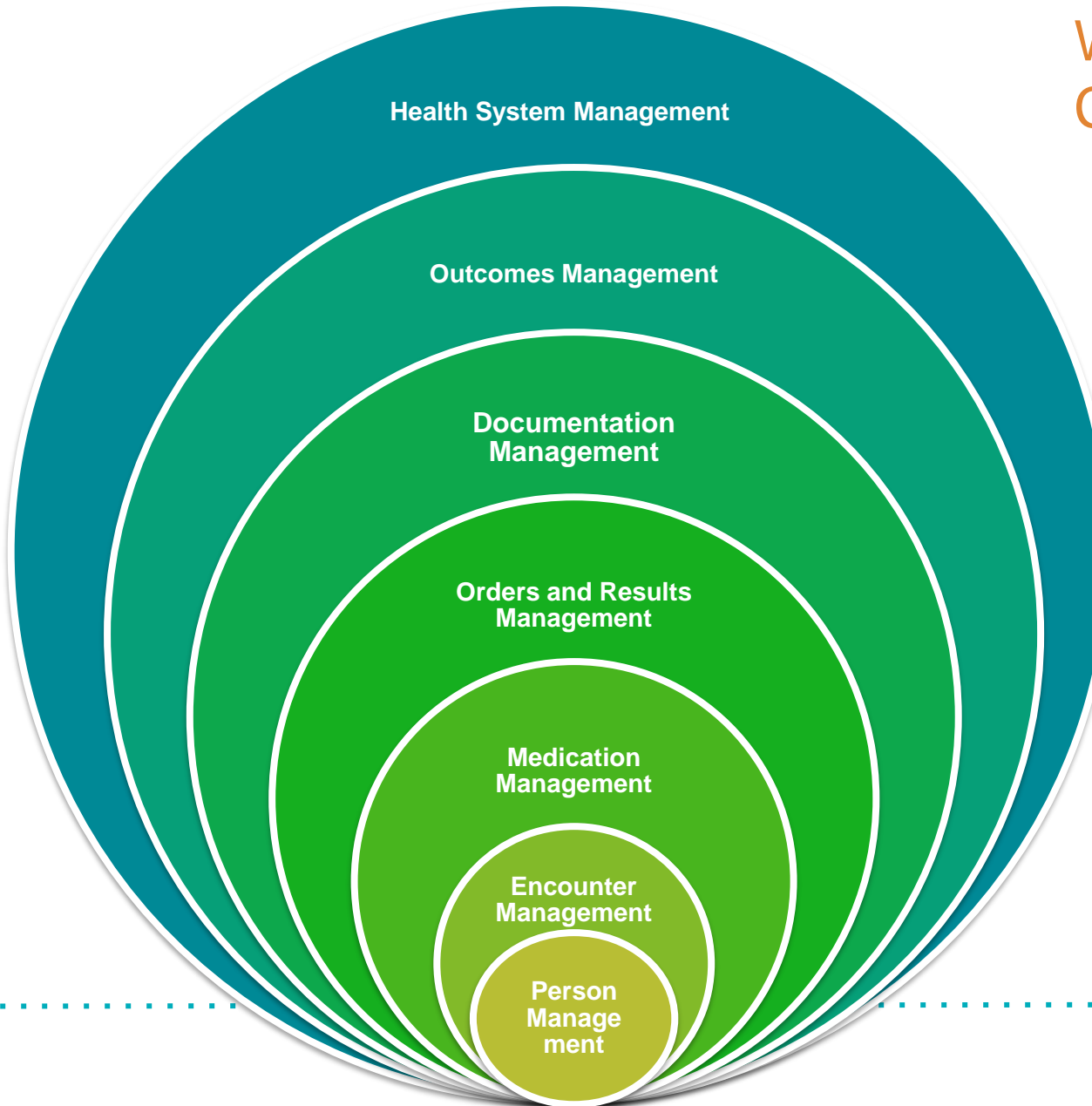
What is & Where are Content / Standards?

- Allergies / Problem List
- PIEM – SOGI standards
- Lab workflows, results management
- MedRec, eMAR
- Orders, Protocols
- Assessments / Progress Notes, etc.
- Standardized data sets for outcomes measurement
- Standardized content across the health system

The nested circles, from outermost to innermost:

- Health System Management
- Outcomes Management
- Documentation Management
- Orders and Results Management
- Medication Management
- Encounter Management
- Person Management

22

Goals

- Reduce the burden; eliminate duplication

- Evidence Informed Best Practice

- Adheres to professional and regulatory requirements

- Incorporates decision supports – what an opportunity!!!!

- Standardized documentation vocabulary across all care settings / continuum

- Standardized "Scales, Scores and Tools" across all providers / care settings / continuum

- Standardized "Core" set of standards (used by all) and layer on "Specialty" standards

- Supports AHS's Collaborative Care program and Patient and Family Centered Care

Core Content – Committees

Connect Care Content & Standards Committee

Clinical Documentation Committee
- Nursing Content Standards Practice Workgroup
- Allied Health Content Standards Practice Workgroup
- Physician Content Standards Practice Workgroup

Clinical Decision Support Committee

Clinical Improvement Support Committee
- Registries Workgroup
- Predicative Analytics Workgroup

Components Committee

Clinical Builder Committee

Information Stewardship Committee

NCSPWG / AHCSPWG / PCSPWG

- Nursing Content Standards Practice Workgroup (NCSPWG)

- Allied Health Content Standards Practice Workgroup (AHCSPWG)

- Physicians Content Standards Practice Workgroup (PCSPWG)

- Meetings since 2018 onwards

- Approximately 50+ members in each group

- Many partners – eSafety, Human Factors, IT, Professional Associations, Professional Practice, Clinical Content

- Governance for enterprise content, workflows and standards for the different disciplines

Specialty Content – Area Councils

Addictions and Mental Health	Ambulatory	Anesthesiology	Capital Management	Cancer	Cardiovascular Services
Child Health	Continuing Care & Seniors	Critical Care	Dental Health	Diagnostic Imaging	Emergency Medicine (including EMS)
Financing and Case Costing	Lab / Microbiology / Pathology	Medicine	Neurosciences	Ophthalmology	Pharmacy
Population & Public Health	Primary Care	Rehabilitation	Renal	Surgery	Transplant & Donor Care
Womens Health	Others as required				

Clinical Content Standardization

- Paperless! (no more binders on the units or in clinics!)

- Standardized integrated ordering tools, decision supports, documentation and associated <u>workflows</u>

- Documentation spans the continuum of care – primary care, inpatient, ambulatory, continuing care & seniors, homecare, corrections (adult, peds, neonate, geriatric)

- AHS wide policy and procedure where needed (i.e. Clinical Documentation)

- Documentation norms published for the different health professionals

The Spectrum *of* Algorithmic Intelligence

Robotic Processing Automation

1st step

Rule-Based Logic

Expert-defined and explicitly coded

Predictive Analytics

Statistically derived to predict a pre-defined event

Generative AI
(Large Language Models)

Generally trained to generate novel content
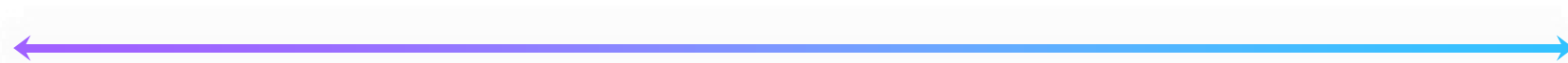
Deterministic
Targeted

Probabilistic
More generalized

Create end-to-end experiences, assign leads over each

Patient Experience

Attract patients

Provide access

Streamline arrival

Inform care pre, post, and during

Collect money; provide estimates and payment plans

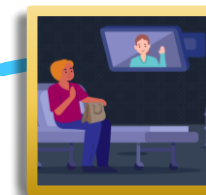## Nursing Experience

Learn from a peer and mentor

Document on the go
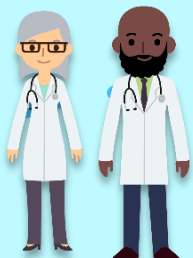

Message with care team members
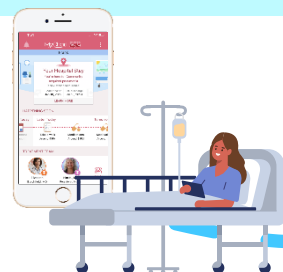
Patients' complete education; proxies can see clinical info

Get virtual support
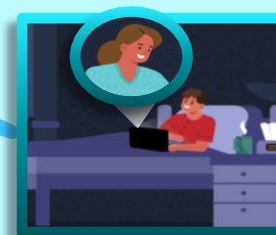
Provider Experience

Learn from a provider in the same specialty

Document on the go

Message with care team members
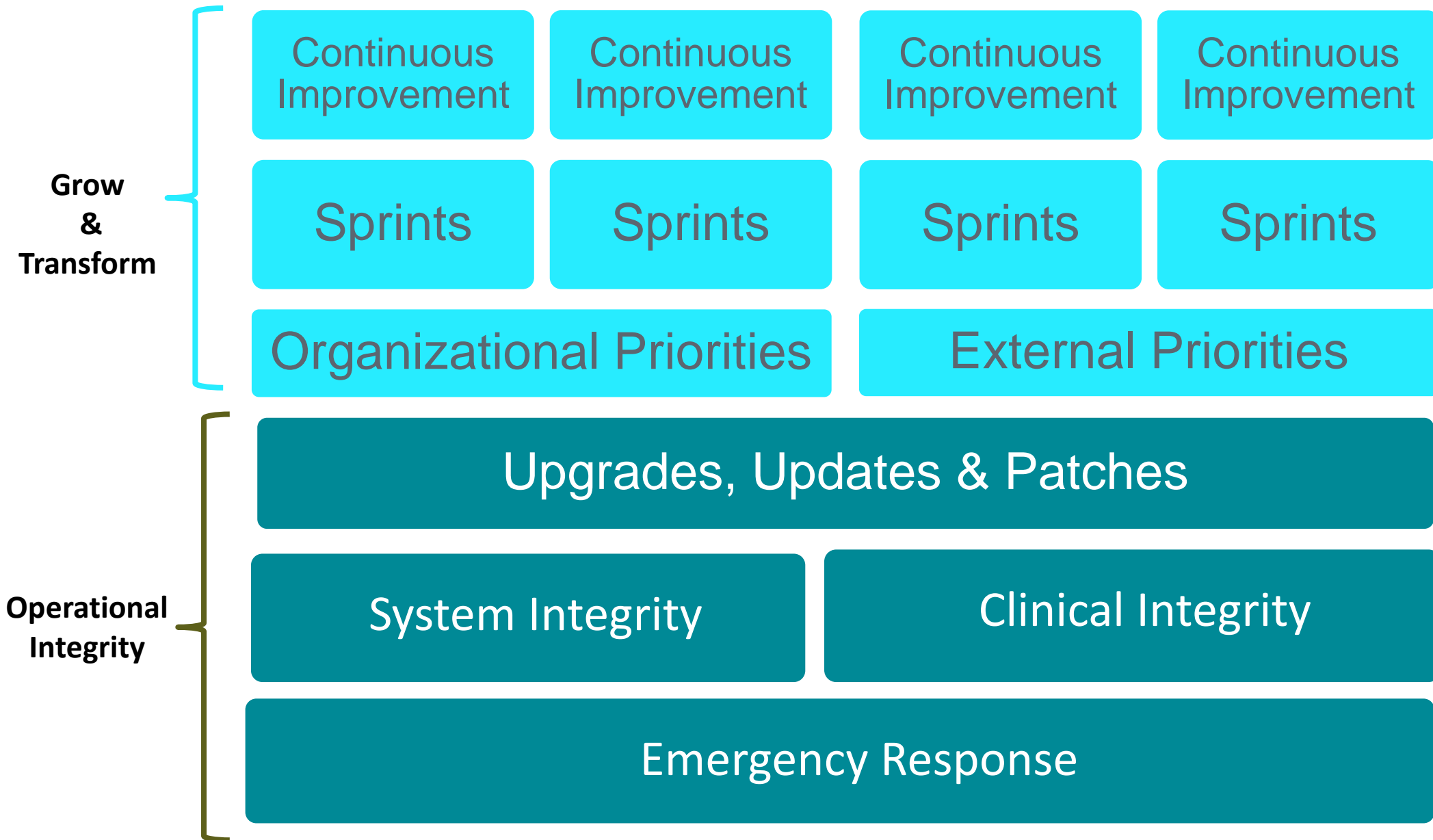

Hold some visits virtually

Know your EHR liaison – for suggestions and support

Successes

- Incorporated Evidence Informed Best Practice into connect care

- Reduced Burden; if anything, we have organized the burden

- Avoided duplication and aligned data collection with workflow

- Less narrative and more data driven – supports outcomes measurement

- Moved clinicians to accept standardized measures & incorporated acceptable variance where needed

- Reinforced patient safety – standardized clinical information at the point of care to make decisions (falls, pressure ulcers, etc.)

- Created standardized data sets to support self reflection of practice and provides management with information for health system planning and evaluation of patient outcomes

Other Considerations

Layers of digital health work – Evolving support model

Grow & Transform

Continuous Improvement	Continuous Improvement	Continuous Improvement	Continuous Improvement
Sprints	Sprints	Sprints	Sprints

Organizational Priorities	External Priorities

Operational Integrity

Upgrades, Updates & Patches

System Integrity	Clinical Integrity

Emergency Response

Understanding Continuous Improvement & Break Fix

Connect Care Clinical Systems Continuous Improvement – Understanding Key Terms & Definitions

Break Fix System failure, system not working as intended or approved build component was missed so requirements are not met. Example: Server failure, user profile issue, vitals not appearing correctly, order not populating the MAR, wrong dosage. Break fix request are critical pieces of work that fall outside the scope of clinical operational continuous improvements.

Continuous Improvement – Request Types
Enhancements Consists of adding a functionality not currently in place. Increasing value for the user. Example: new flowsheet such as a clinical scale, score and tool (CSST).
Process Improvement The proactive task of identifying, analyzing and improving upon existing business processes within an organization for optimization. Example: Phases of care.
Optimization Responds to requests from clinical partners for updates to existing functionality, workflow, processes, training. Example: flowsheet – making more efficient and easy for the user to use.

Single Intake The mechanism to capture all work within work streams and processes.
Prioritization Governance and decision making directed sequencing of activities aligned to strategic direction
Prioritization Classification - Critical Patient Safety Issues, Critical system issues, No functionality, etc.
          High Patient Care Implications, Functionality Restrictions, etc.
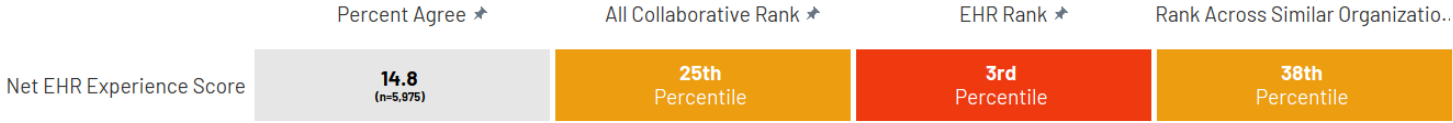   **Medium & Low** Workarounds available, etc.

Components Building blocks for decisions, documentation and inquiry content and method by which continuous improvement requests (such as clinical content) are defined, normalized, categorized and how their properties affect things like results routing, referrals and exchange with other systems

Partnerships: Arch Collaborative
AHS Net EHR Experience Score - 2023

Overall Benchmark Net EHR Experience Score Alberta 23
Included Clinical Backgrounds: **All respondents at 297 Organizations**
EHR Benchmark: **186 Epic Organizations**
Similar Organizations: **25 Non-US Health Systems**

Percentile
0 ▬▬▬▬▬▬▬▬ 100

	Percent Agree ✦	All Collaborative Rank ✦	EHR Rank ✦	Rank Across Similar Organizatio..
Net EHR Experience Score	**14.8** (n=5,975)	**25th** Percentile	**3rd** Percentile	**38th** Percentile

- The **Net EHR Experience Score (NEES)** is derived from the % of negative survey answers, subtracted from the % of positive answers
- The grey graph to the right shows the NEES for all organizations in the Arch database, with AHS' position highlighted.

Alberta 23
14.8 (n=5,975)

-100.0   0.0   100.0

Net EHR Experience Score ✦
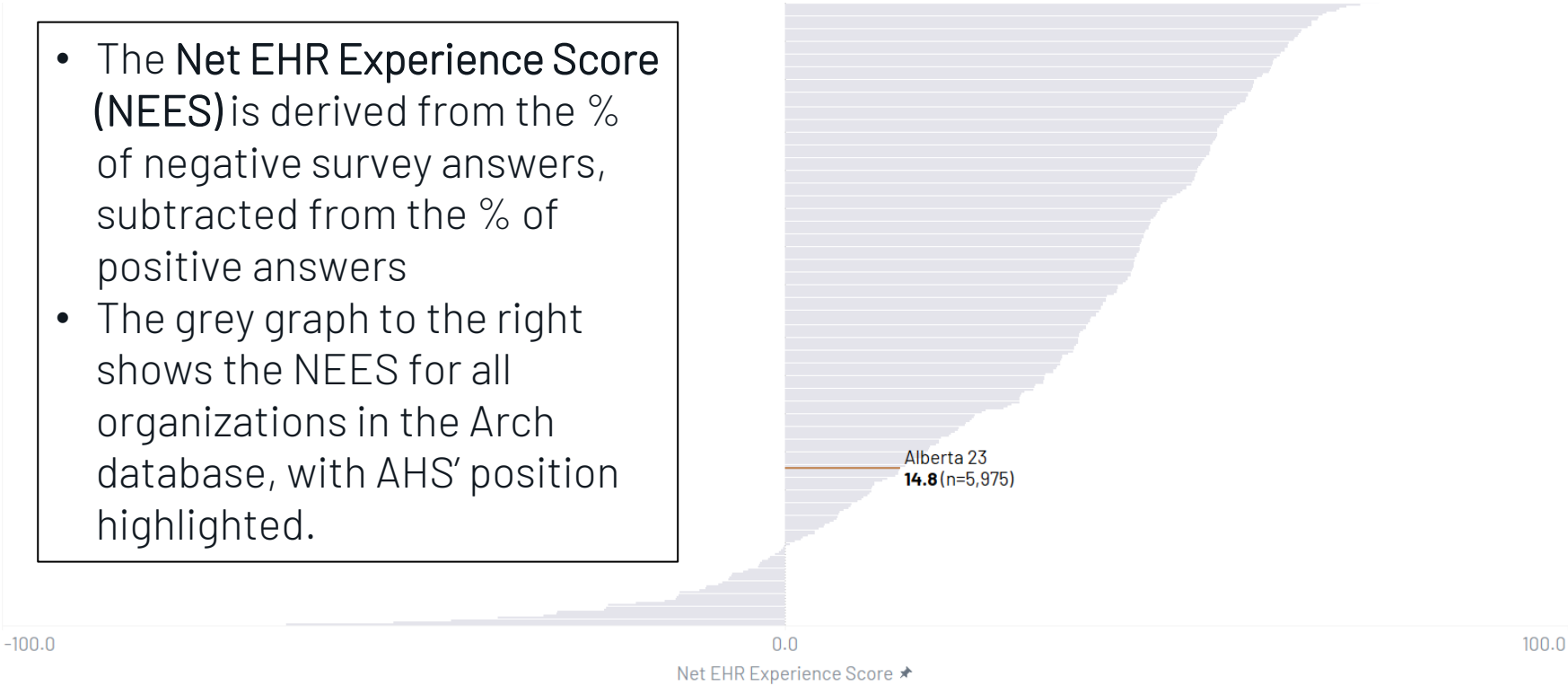
Connect Care Clinical Optimization Priorities

Data Accessibility

- Improve results delivery to reduce physician burden
- In-system results review to align with Netcare

Flowsheets and Orders for Nursing / Allied Health

- Streamline document flowsheets and orders to reduce documentation burden
- Introduce productivity tools

Training and Clinical Support

- Enhance continuing education options to improve clinician efficiency
- Integrate support areas to best serve clinician needs

Enhancing Clinical Voice in System Governance

- Introduce rounding and improvement sprints to focus on clinical needs
- Introduce a clinical informatics program to enhance efficiency and satisfaction

Downtime

- Health care systems require extremely high availability of health record applications
- Unplanned downtime costs the health system approximately 500K / hour for clinical recovery to backload information
- All downtimes are tightly coordinated with clinical leadership to understand impact to patient care and ability to perform surgeries / clinics etc.
- Any changes to applications, operating systems, infrastructure, networks and integration need to be fully tested by all impacted teams
- Need sophisticated business processes to support unplanned downtime – disaster

Questions

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