Connect Care Councils

Questions

What is a Connect Care Council?

A multidisciplinary Connect Care Council (CCC) focuses on the intersect between technology, workflow and practice. It considers solutions, provides recommendations and gives direction about the effects and acceptability of decision supports, documentation supports and improvement supports. Provincial in scope, its membership is largely made up of Connect Care Area Council chairs who attend to professional practice matters spanning all disciplines, specialties, supports, sections and programs.

What is a Connect Care Area Council?

Connect Care Area Councils (CCACs) provide the clinical and operational leadership to support best possible practices through the design, configuration, customization, implementation and ongoing optimization of Connect Care clinical information system (CIS) content, process, adoption and utilization. CCACs report to the CCC, providing advocacy about professional and practice issues specific to major clinical programs, such as surgery, medicine, child health, women's health, mental health, emergency and cancer care.

What do Connect Care Area Councils do?

CCACs are a vital component of an oversight strategy for the Connect Care initiative. They complement executive leadership, committees, advisory groups and communities of practice.

Where Connect Care committees assure sound governance, attention to overarching principles, and decisions about common design standards, CCACs are organized to reflect how healthcare services are delivered, managed and monitored by Alberta Health Services (AHS).

The majority of specialty clinical system design decisions are made by area councils. CCACs initially make decisions about the design and implementation of specialty clinical information system (CIS) content. Later they attend to ongoing optimization of decision supports, documentation supports and improvement supports.

What is CIS content?

CIS "content" refers to the documentation, decision and inquiry support tools that are built into the CIS to support best possible practice.

- **Clinical documentation** includes things like templates, flowsheets, forms and questionnaires.
- **Clinical decision support** tools are of five types: references, reminders, alerts, assists and guides. Assists include calculators, decision rules and order sets. Guides include pathways, plans of care and guides to best practice.
- **Clinical inquiry support** tools include chronic disease registries, key performance indicators, and in-system analytics that help users answer questions about personal or system performance.

For core content, such as the default format for progress notes applicable across all clinical areas, CSD decisions are mostly referred to Content & Standards, Clinical Decision Support, Clinical Documentation and Clinical Improvement Support committees. For specialty content, such as how a particular procedure report is formatted, CSD decision-making is the responsibility of Connect Care Area Councils.

What is Clinical System Design?

Clinical System Design (CSD) is the process for planning, selecting, designing and building clinical content in the Connect Care clinical information system (CIS) to support patient care. It is one of the major activities taking place during the design phase of the Connect Care initiative, together with Groundwork, Direction-Setting, Adoption and Validation. Core CSD relates to broad matters of design, such as the general format for discharge summaries to be applied throughout AHS. Specialty CSD relates to the specific content needs of clinical service areas, such as medicine or surgery.

Who participates in Connect Care Area Councils?

Clinicians, clinical and operations experts, leaders and patient advisors contribute to the prioritization, selection, adaptation and decision-making about Connect Care content, professional norms and CIS use expectations. CCACs liaise closely with provincial guidance development and professional policy groups, often reflecting this through representative members. Because CIS uptake and meaningful use is largely influenced by local forces and factors, CCACs are sensitive to AHS Zone and site organizational structures.

How are Area Council members appointed?

Zone medical and operational leadership nominate CCAC co-chairs, one clinical and one operational. Accepted nominations are reviewed and approved by the CCC chairs.

Proposals for CCAC members initially come from AHS zone leadership. However, candidates can also be suggested by Strategic Clinical Networks, AHS professional practice groups and other relevant provincial committees and organizations. Where subject matter expertise remains hard to identify, provincial clinician and operations expertise registries are consulted to, as much as possible, achieve geographic, discipline and profession balance.

CCAC chairs are responsible for working with the provided information, categorizing members, adding or removing resources to fill gaps, and further adjusting area council and workgroup membership as needs change. Ultimately, CCAC co-chairs c derive a finalized membership list and present this, with their terms of reference to the CCC for review and approval.

What levels of participation do Councils support?

The CCC and CCACs are accountable for making many design, implementation and optimization decisions. The extent to which the councils provide effective clinical advocacy is one of the strongest protectives to keep Connect Care squarely focused on clinical value and purpose. Accordingly, it is important that council decisions be documented and attributed. Each council must declare its list of voting members and ensure that the voting membership composition complies with required representation categories. Attendance and participation in decision-making is required for voting members, who are allowed to name one alternate to vote by proxy when the member cannot attend.

In addition, councils are free to name “contributing” members who do not vote but can provide content expertise to support council discussions. Contributing members should be named in the minutes of meetings.

A list of “supporting” members or subject matter experts (SME) may be maintained by the council. Just-in-time supporting members can be drawn from a Connect Care SME registry and asked to serve break-out or temporary workgroups that a council may find need for.

Finally, councils may accept “observers” to meetings for liaison or other purposes. Observers are not normally asked to participate in discussions and they do not vote on decisions.

The CCC and all CCACs maintain SharePoint committee workspaces that are open to all Connect Care stakeholders who have AHS “Healthy” intranet user credentials. This ensures that wider circles of expertise can be tapped on a more informal basis.

How do Patient Advisors serve Area Councils?

Connect Care values meaningful patient and family inclusion as an essential requirement for improving health outcomes for and with Albertans. Area Councils advocate for an accessible, integrated, comprehensive and consistent CIS, and “Patient Advisors” support this advocacy as core council members.

Patient and Family Advisors are AHS volunteers who seek to improve the patient and family experience. Their recruitment, orientation and support follows established AHS processes coordinated through the Connect Care Patient & Family Advisory Group. From a pool of approximately sixty Connect Care advisors, a call for interest identifies at least one advisor available to each council.

Connect Care Area Council patient advisors are supported by the Connect Care Clinical Operations Readiness (CORe) Lead attached to a council. The CORe Lead ensures that advisors are oriented prior to attending a first meeting, introduced to the council membership and supported between meetings. The goal is to help advisors understand current objectives and deliberations, while helping councils recognize opportunities for advisor input. CORe Leads are part of all Area Council Support Units, where strategies for leveraging advisor assets can be discussed.

What functions are served by an Area Council?

The mandate of a CCAC is to promote, coordinate and guide:

- **Design**
  Prioritize, advise, guide and coordinate the development, implementation and optimization of area content design across disciplines, programs and zones, including:
  - **Clinical Decision Support** references, reminders, alerts, assists and guides, including the prioritization and selection of order sets that improve care through increased efficiency, effectiveness or safety of services.
  - **Clinical Documentation Support** through the use of terminologies, forms, flowsheets, templates, structured data entry and unstructured data entry to facilitate efficient and effective recording and sharing of health care information.
  - **Clinical Inquiry Support** through seamless capture, analysis, presentation and meaningful use of measures, key performance indicators, health surveillance alerts and quality of care metrics expressed in reports, dashboards and decision supports to facilitate continuing healthcare improvement.
- **Advocacy**
  Serving as CIS ambassadors, advocating for meaningful use and acting as key change and communication agents for teams, geographies, programs and sites.
- **Transformation**
  Prioritizing of work needed to use the CIS effectively, while identifying other work that must continue or accelerate throughout CIS design and implementation to facilitate transformation.

- **Transition**
  Ensuring that legacy health information systems and related analytics are transitioned to Connect Care, independently maintained as long as necessary and, ultimately, retired safely.
- **Benefits Realization**
  Identifying, prioritizing, and monitoring key benefits to be achieved through Connect Care implementation and harms to be avoided or mitigated.
- **Issue Management**
  Identifying and addressing professional and practice issues associated with CIS implementation; escalating unresolved problems to the Connect Care Council.
- **Risk Management**
  Being responsible for oversight of risks, impacts and mitigation strategies related to a specialty area.

How are Area Councils Supported?

The CCC and CCACs bear the burden of a large portion of Connect Care clinical system design and optimization questions. Council members are not expected to do this work. They are expected to review work done by a “Support Unit” and then to participate in effective and efficient decision-making. The Connect Care Council Coordinating Support Unit (CCSU for the CCC) and many Connect Care Area Council Support Units (ACSU for each CCAC) provide three types of support. Support units are membered from the council or area council and all are specifically identified in SharePoint collaborative workspaces.

1. **Administration**
   The support units provide logistics support, including helping co-chairs with consistent agendas, minutes, decision records, appropriate SharePoint records, and any associated communications. The CCSU or ACSU ensures that council and workgroup meetings are well documented and communicated. Assistance includes facilitation of issue escalation, workgroup coordination, and maintenance of council records. Some tasks, such as setting meeting dates and times, are the responsibility of co-chairs and their normal secretarial resources.
2. **Analysis**
   Support unit resources are provided for preparing briefings, gathering background materials and other forms of research needed to ensure well-informed decision-making.
   a. **Clinical Decision Support:** Support units include Clinical Knowledge and Content Management (CKCM) program assets, who may be a clinical knowledge lead, clinical topic lead, clinical informatician or other clinical guidance expert. Depending on the focus and size of a CCAC, there may be more than one asset assigned. CKCM assets help gather, categorize and describe existing AHS clinical content that might be implemented in the CIS. They also gather, categorize and describe content available from Epic foundation and community libraries. Finally, CKCM resources work with Epic resources to prepare clinical system design questions, briefings and demonstrations so that council members are supported when making decisions.
   b. **Clinical Documentation**: Clinical documentation workgroup assets may be integrated into a support unit, especially during content design sessions focusing on on the selection and implementation of forms, flowsheets, terminologies and other clinical documentation supports.
   c. **Clinical Improvement**: Analysts and informaticians affiliated with Connect Care Clinical Improvement and/or from AHS Analytics assist with the selection and expression of key performance indicators and other clinical improvement and clinical inquiry support decisions.
3. **Action**
   Connect Care application coordinators and leaders are a key support unit resource. They help manage decision-making processes, decision-tracking, and mapping decisions to design and build actions. Assigned resources may include physician design leads, medical informatics leads, domain leads, IT leads, clinical informatics leads and clinical operations leads. Technology and application supports are very important to helping council co-chairs keep council work aligned

with Connect Care priorities, timelines and deliverables. A single resource, usually an application coordinator, is given responsibility for translating decisions to build requirements and build tracking information systems.

How are new Area Councils Approved?

The initial list of CCACs reflects an intersect between how AHS organizes healthcare services and how Epic organizes its software. That a sub-specialty of medicine, such as cardiovascular sciences, has its own CCAC may relate to distinct Epic applications (e.g., “Cupid”) needing dedicated design and configuration attention. That many other medical subspecialties may grouped into one CCAC may reflect the fact that those specialties share similar workflows, information flows and content types; all using a few common Epic Applications (e.g., “Epicare Inpatient”). Accordingly, there is not a one-to-one mapping of Area Councils and Specialties.

Some area councils may combine in order to more efficiently address system design questions. Large councils may create workgroups to address packages of tasks or complex questions, such as transition of legacy health information systems data. Workgroups can also be used to break system design into manageable chunks.

The formation of new area councils is discouraged, given resourcing and timing constraints. Integration is a core Connect Care value and all area councils are expected to work with diversity of included programs, disciplines and zones. Nonetheless, there may be solid reasons to press for the creation of a new CCAC. This is done by completing a request form including justification for the new area and submitting this for CCC consideration. The justification should reference clinical, operational and software considerations.

How is Clinical System Design Tracked?

A Connect Care 'Decision Tracker' is linked to the CCC and all CCAC SharePoint workspaces. This helps expose and manage decisions for clinical information system design and build activities. Decisions are assigned to appropriate entities and the outcomes are visible to all stakeholders. The Tracker additionally helps with decision timing and priority setting.

All Connect Care committee and council members have read-only access to the Decision Tracker. Each committee and council will have at least two members appointed full editing capabilities. Usually the secretariat for a group, these persons will be trained in Tracker use and will follow defined procedures respecting what can be changed by whom. The Tracker coordinators also facilitate getting relevant Tracker reports, including lists of questions to be answered within defined timeframes, to their committees or councils.

How are CSD-relevant Decisions Shared?

Scoping, groundwork, direction-setting and clinical system design decisions set an important context, and sometimes limits, that the CCC and its CCACs need to be aware of when doing design work. Some decisions, for example, determine how resources can be allocated to categories of design activities. Stakeholders need a way to quickly browse or search for short and simple statements of decisions-made together with any important content design implications.

A Connect Care ‘Decision Viewer’ is linked to the CCC and all CCAC SharePoint workspaces. This online collection synopsizes selected decisions affecting CSD activities. The Viewer does not replace or conflict with the Connect Care Decision Tracker, which is the source of truth for decision management. Instead, this summary can assist committee, council and advisory group members appreciate decisions that new work may depend upon.

Where can more information be found?

All Connect Care Area Councils are provided with a SharePoint collaborative workspace where agendas, decision records and other resources are gathered and organized. These spaces are open to all who have access to the AHS intranet after authenticating with approved user credentials. General CCAC startup documents, including a Terms of Reference template, can be found in the Connect Care Council workspace.

- Connect Care oversight supports: ahs-cis.ca/oversight
- Connect Care Council collaborative workspace: ahs-cis.ca/ccc
- Clinical System Design Handbook: csdhandbook.ahs-cis.ca
- Clinical System Design Support Kit: ahs-cis.ca/csdkit