



Clinical Data Conversion

Frequently Asked Questions

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What is Connect Care Data Conversion?

Data conversion is about how historical health information is selected and managed for transfer from legacy information systems to the Connect Care clinical information system (CIS). Considerations include which information to transfer, how it should be transformed, how much to include, and how to make it accessible.

When is Data Conversion Needed?

When **Integration** is used to replace functions of a prior health information system with functions provided by the Connect Care CIS, then some degree of data conversion may be needed.

Where clinically important functional or safety gaps cannot be filled through development or customization, then a legacy health information system may need to persist. It can be brought into the Connect Care ecosystem by **Interoperation** using standards-based system-to-system health information exchange.

In other cases, a device, interface or application may provide functions that the CIS cannot. **Interfacing** may allow standards-based application-to-application exchange of patient-specific data.

Why is Data Conversion Needed?

Connect Care consolidates many health information systems into an integrated CIS. This can streamline clinician experiences while promoting continuity of health care information, relationships and guidance. Achieving full systems **Integration** means that the functions of many legacy health information systems are replaced by the Connect Care CIS at launch.

Where the information associated with a legacy system is important to clinical decision-making, providers will need access to some or all of its data. Legacy health information may be **converted** for integration into the CIS. This ensures that the data adheres to common definitions, is appropriately linked to health events, and can be combined in ways that promote better health with better information. Where



conversion is less than complete, providers may additionally need **access**, for a period of time, to the legacy health information system or a suitable archive to look up historical data when required.

Data conversion is integral to Connect Care success. The conversion process ensures that users have the information they need for decision-making at and after CIS launch.

Ideally, the Connect Care CIS would absorb all health data ever gathered by AHS. Unfortunately, legacy data may not adhere to normal ranges or other properties needed to assure safe use of Connect Care clinical decision supports, documentation tools and quality improvement aids. Messy data could clutter or confuse Connect Care. Also, not all data has equal clinical value.

What Principles Guide Data Conversion Decisions?

Conversion principles emphasize assessment of clinical need, data quality, compatibility, safety, cost, post-conversion validation and training implications. A Data Conversion Committee reached out to physicians, clinicians, leaders and technical experts across Alberta to get input about data conversion strategies and choices. All deliberations and decisions are shared via a data conversion portal.

Who Makes Decisions about Data Conversion?

In early 2018, the Connect Care team reached out to clinicians, leaders and technical experts from across Alberta to get input on the amount and kind of information that needs to be readily available in the CIS. This input was used to develop a Groundwork and Scoping Recommendation document, which was approved by the Connect Care Executive Council (CCEC) in March 2018. This document outlined the types of data that are in-scope for conversion and the source systems from which that data will be converted.

A Core Data Conversion Committee was formed to guide most conversion decisions. This group of physicians, clinical leaders and technical experts from across Alberta meets weekly. The Core Data Conversion Committee reports to the Connect Care Program and Design Committee.

Which Health Information Systems will be Data be Sourced From?

Currently, about 14 data types from about 30 clinical information systems are in-scope for conversion, most with historical data converted back to July 2017. Current details are documented and updated [online](#).

A [list](#) of integrations to be completed as part of the Connect Care initiative is maintained within Connect Care SharePoint spaces. The list includes all integrations confirmed by the Connect Care Executive Committee (CCEC).

Not all pre-Connect Care AHS health information systems are replaced by the Connect Care CIS. Some serve needs not addressed by the Connect Care implementation of Epic systems software. Examples include dictation, enterprise content management, transfusion management and radiation oncology information systems. These systems will **Interoperate** with Epic, so that health data is continuously exchanged and the systems work together as interdependent parts of the CIS ecosystem.

Which Information Types will be Converted?

The conversion team followed Connect Care [Scope Management Principles](#) when prioritizing data sources and elements for conversion. Practical considerations included the usability and quality of source data, its compatibility with Connect Care data definitions, and the feasibility and cost of conversion.

Three tiers were defined, based on effort and clinical value:

- Tier 1 includes allergies, encounters (admissions, transfers and discharges), imaging, labs and problem lists. Work on converting these data types has begun.
- Tier 2 and tier 3 data types are still being analyzed by the conversion team. Details about these data types and systems will be released when they become available.



A dynamic online list of data types and systems is maintained in Connect Care SharePoint spaces, and can be consulted for current information about the scope and progress of data conversion. Examples of Tier 1 data types and source systems include:

Conversion Data Types

Allergies & Adverse Reactions

Encounter, Admissions, Transfers, Discharges

Imaging Result Reports

Laboratory Investigation Results

Health Problem Lists

Source Systems

BDM Edmonton, eCLINICIAN, MEDITECH, SCM, Tandem

Clinibase, eCLINICIAN, MEDITECH, PCIS, Tandem, VAX

AGFA RIS, MEDITECH RIS, Millennium RIS

Cerner Millennium, CoPath, MEDITECH, SunQuest

eCLINICIAN, SCM

When will Data Conversion Take Place?

In-scope conversion started in early 2018 and will be complete by the Wave 1 launch of Connect Care in November 2019.

Not all conversions are done at the same time. The conversion team begins with top priority (Tier 1) data and progresses to health information of lower priority. Nonetheless all clinically important data should be converted in time for launch.

How will Orphaned Data be Accessed?

Not all historical data in legacy health information systems can or should be converted. That does not mean that 'orphaned' data will not be available to clinicians and decision-makers. Important information will be readily available for as long as needed to support care. Access options may include:

- The Alberta Netcare Portal launched to a specific patient record from within Connect Care.
- Non-Connect Care health information systems maintained in a read-only state.
- Abstracts of high-value information attached to the Connect Care record.
- Enterprise data archives linked to Connect Care.

In any case, legacy health records will be retained as needed for clinical, legal or secondary use. An "Information Disposition and Application Retirement" (IDAR) project will manage archival patient information from retired health information systems.

When will Legacy Source Systems be Retired?

Health information systems that are replaced by (integrated into) the Connect Care CIS will ultimately be retired. Prior to being decommissioned, there may be a period of read-only access to cover transitions or to assure patient safety until Connect Care is fully deployed. Thereafter, the legacy historical data (including historical data not converted for transfer to Connect Care) will be stored in compliance with legislative and regulatory requirements.

An application decommissioning team works to implement a systematic strategy for protecting legacy health data.

Will Clinicians have Access to all the Data they Need?

No important clinical information will be lost by virtue of systems integration and data conversion. What is not transferred will be readily accessible through persisting systems like the Alberta Netcare Portal electronic health record (launched in-context within Connect Care). Other health information systems containing information not converted will be available for as long as clinically necessary.



Where can more information be found?

- [Key Concept - Integration-Interoperation-Interfacing](#)
- [Glossary – Integration & Conversion](#)
- [Byte – Scope Management](#)
- [Principles – Scope Management](#)
- [Resources – Scope Management \(Application Ins and Outs\)](#)
- [Byte – Data Conversion](#)
- [Principles – Data Conversion](#)
- [Resources – Connect Care Integration](#)
- [Resources – Connect Care Data Conversion](#)
- [List – Applications & Systems to be Integrated into the Connect Care CIS](#)
- [Contact: cc.conversion@ahs.ca](mailto:cc.conversion@ahs.ca)