Post-Secondary Partners in Connect Care – Training Task Force Meeting Minutes

Agenda Item	Notes:	Action:
Welcome	• As Chad has accepted a new position, going forward Jacqueline will be taking over the meeting series. New calendar invitations will be sent from Jacqueline's calendar. • The August meeting minutes will be added to the website in the next few weeks. • Refer to https://www.albertahealthservices.ca/info/Page16725.aspx for past taskforce minutes. • COVID Outbreak Update Webpage: https://www.albertahealthservices.ca/topics/Page17232.aspx#fhc	Continue to have your students review the COVID outbreak update webpage
1) Smart Audit Email • Fair-warning System • Automated Email 2) Automation Timeline: • Automation will capture changes up to 45 days prior to the placement start date and up to seven days after that start date. Changes after seven days must be requested via PITS 3) Use of Resources • External Website • Student and Faculty Checklist Update • Catalogue Update	**1) Smart Audit Email** **Fair-warning System** • As a reminder, the fair-warning system is the audit tracking tool that was implemented within AHS to monitor Connect Care use and there are certain user data metrics that are required (to identify users) to perform the fulsome audit that we have put in place to do. • As part of the notification email requesting demographic information, the student needs to put in data pieces that are not in HSPnet. • The fair-warning emails that were going out to individuals contained some erroneous information that caused confusion to recipients. • The email has been updated in order to remove the points of confusion. • If you hear that it hasn't changed from your students, please let Jacqueline know. **Automated Email** • **Sandra G.:** Received emails from many of the students who were panicking because the original email said that they had 30 days to enter information and they didn't receive until quite late.	Chris A. to chat with Jacqueline about the correction to the email re: FOB access.

• Workflow
4) Possible blackout date to an Epic Upgrade
5) ILT Availability
• As of Launch 5 we now have over 4000 students per semester that require Connect Care and we have Launch 6 in the spring of 2023.
a) Communication with AHS Staff
b) Placing Coordinator availability to enter information is critical
c) Student availability is paramount especially in January and September (late August)
	• **Chad Z.:** We don't have influence in getting this information changed; we have certainly provided lots of feedback and there have been some adjustments to the form emails made in the past. In this case people were receiving the notification immediately so the timing was off as they wouldn't necessarily have their ILT training… this has since been corrected.
	2) Automation Timeline
	• Automation will capture changes up to 45 days prior to the placement start date and up to seven days after that start date.
	• Changes after seven days must be requested via PITS ("IT Spreadsheet").
	3) Use of Resources
	• **External Website**
	• Just a reminder that we are continually updating our Connect Care website, we try to keep it as up-to-date as possible.
	   • **Student and Faculty Checklist Update**
	      o Work is being done on providing a more user-friendly checklist for the staff and faculty.
	      o The student checklist is currently being reviewed by the website team as it needs to be formatted to be loaded onto the Connect Care webpage.
	      o The faculty checklist is still a draft form being reviewed by the Student Placement team.
	   • **Catalogue Update**
	      o The catalogues are being updated continually, as we move closer to a new launch, new roles are being added.
	      o The source of truth is always HSPnet, this is where the updates are done the fastest, we do add the information to the external site as well, it just takes a bit more time.
	   • **Workflow**
	      o There have been updates to the workflow diagram capturing the SEUPAs and EUPAs processes.
	      o In addition to this, we do have the learning centres posted on the external website for people that need or want to practice, or they need to challenge the SEUPA.
	      o If the sites are not open, they would need to call Protective Services (1-888-301-8484) to gain access.
	4) Possible blackout date to an Epic Upgrade
	• Initially we had thought that there was going to be some blackout dates on training in early January as there will be a significant upgrade to Epic.
	• This is now being postponed until February, this still means at some point there will be a blackout period of no training being available.
	• The upgrade dates have not been finalized, and it has become more complicated recently, the spring upgrade date is unknow due to the complications with the current fall upgrade.	

5) ILT Availability
- As of Launch 5 we now have over 4000 students per semester that require Connect Care and we have Launch 6 in the spring of 2023.
- We have some large sites launching; FMC is going to be switching over, which is significant, we have a big implementation in the Central Zone, but then we have to consider all of the other sites that we have implemented leading up to Launch 5.
- This is a significant volume of student learners, and we are trying our best to accommodate the training prior to the practicum start date.
  a) Communication with AHS Staff
    - If the students have questions, please refer to their student liaisons at the school first, prior to reaching out to AHS.
    - The preference is that the school coordinators deal with the AHS coordinators and Kristina versus the students going direct, this becomes a game of "telephone", and it becomes difficult to triage, particularly with the volume of students.
    - It is always critical that the students are available 7-10 days prior to their practicum start date for ILT scheduling.
    - Please reinforce this with your students.

6) Question and Answer Period:
- **Kristina Sveinson:** There is a real problem with the start dates so heavily based in the first week of September and we will run into the same issue in the first week of January. This will be compounded by the fact that the students for the first week of September are most likely unavailable in the last two weeks of August.
  This can take you back almost to the 15th of August and the schools don't have a lot of contact with the students during this timeframe.
  This is high risk for September and with previous experience with January tells me that we will have a real problem with that as well due to the nature of the end of December.
  There is really no solution to this, as it isn't feasible for any of the schools to think about restructuring their programs so the start dates are spread out a bit more, as opposed to being at the start of the month.
  In the launch situation that we are in right now, we still maxed out the available training seats in the first two weeks of September. Between rescheduling and the high volume, if we look at 4000 students, hypothetically we know from looking at numbers that 2000 of those minimum will be needing training in the first two weeks of Jan. 2023, we are likely going to experience constraints then if there is not adequate space in place; lots of moving parts, lots of communication happening with myself out to my manager and the corresponding scheduling teams to try and address this as best we can.

While we appreciate the school's providing dates of unavailability, or dates that they think the students are going to be available, we really have to be able to use that 7-10 window fully if we are going to manage the number of seats and expectations.

- o **Sandra Gibson:** It is really hard to get the students in early especially when they aren't technically in class, but I don't know that we can change our start dates, as we don't actually have jurisdiction to do so.
  We are really trying to get that message out to the students, but it is difficult to get them to listen and be available.

- o **Chad**: If you look in healthcare in general and a lot of the CTS are nurses, we're short on nurses. So, we're short on CT's and then we're short on space and something happens like there's a construction project that takes place and you lose a bunch of classrooms that can upend things so drastically when everything is on such a precarious balance and you're accommodating as best you can, right. It's just it's untenable.

- o **Chris Aitken:** We are looking for resources, classrooms etc. We want more trainers than we have available. We strive to get more trainers; we are dealing with the situation of an overall staffing shortage in general at AHS and this also impacts our availability to hire as many trainers as we want.
  If the question is regarding capacity, we are looking for more trainers then we currently have. It isn't a matter of it being capped out due to resourcing, we are capped out due to industry availability. We are continuously working on getting more trainers, it is a concern moving forward for Connect Care.
  We have kind of exhausted what we could do internally and are now looking at alternative recruiting strategies including going with contracted trainers; we are learning as we go with that model.

- o **Michelle MacDonald**: Previously when we had first started meeting where we started to do more forecasting of numbers in advance, is planning like this something we should be doing again, as we are reaching critical points where the demand is higher than what is able to be done.

- o **Chad**: We haven't stopped forecasting, we do it every single launch and we run into the same problem each time. We can't use present day numbers, we are basing it on last year's data, but that information is disseminated, the expectations are there, and it's no surprise to anyone.

- **Chris**: Forecasting is important, the challenge is recruiting right now. Challenging in the rural areas as they are tough to recruit.

- **Shantelle Rozell**: Previously there had be had been discussion about the schools taking on some of the training, and Epic had said that it isn't an option, just wondering if we can go back to the table under the circumstances and see if there any options available.

- **Chad**: This has always been an option, there are certain things that we have to coordinate and contracts that we have to sign. This is where the touch point happens, so if the school has CTs or if we contract CTS from the schools, you are going to need the CTs trained on that, if not three for cross coverage in case somebody gets sick, and if more roles are add, that is more training.
Do you hire even more CTs? In addition to that, the training takes seven weeks, so can the school have faculty away for seven weeks to do their credential training for multiple roles.

- **Shantelle**: If we have schools that do have the capacity, if it is an option, because even if we have some, maybe not all, I am wondering if that will help with the bottle necks that we are experiencing?

- **Chad**: Can't really comment on that, as we haven't done it, this is the closest we have come to it is trying to set up the satellite labs at the schools.
I don't have an update on what is happening with NAIT, but that would be the first pilot I see rolling out satellite labs at the schools as a great opportunity. If there are contracted CTs, if people can let their staff go for seven weeks training to get credentialed and do it with multiple staff members, this would be a really good lead into implementing at the schools taking it on.
As far as paying the schools for the CT, not sure what that would look like. There is no budget set up for that.

- **Chris:** No further insight, but we are investigating what the is model would like. There has been discussion into and building off of what has been currently looked at.
If there is anything we can do with the pilot on the satellite labs to look as that as the first step.
- **Chad**: A note about step #1 is the rate limiting step is getting access and having multi factor authentication sorted out, this is supposed to be ready for Launch 5, but this doesn't solve our problem. This may be ready for Launch 6.

	o **Raigne S.:** Would it be possible to provide us with more information, so if we did want to consider taking on a CT at our site, you say it is seven weeks, does this mean all day every day for seven weeks? As well, what kind of funding you are talking about? What would the reciprocal agreement be back and forth? This kind of information would be really helpful as we are thinking about planning ahead.	
Questions/Comments		
	- Re: Fair-warning system email; is there a sample of the email that was sent out that caused the confusion? **Jessica McAlpine.**: Jacqueline is currently working on a document with samples of the emails that are being sent out. - The document will be added to the Connect Care website as a resource so that schools have the ability to know what is being sent to their students. - Unsure if the new email for the fair-warning system is included. - Re: Possibility of training at the end of exams and spring/summer? - June, July, and August there are trainers available and there were classrooms available this summer, didn't have any trouble training the students who were coming in for spring/summer placements. It is just trying to get the ones that are scheduled for the fall in, so if we could train them in April/May at the end of their exams is something to consider taking off pressure for September. **Sandra:** We couldn't push our deadlines beyond 45 days, we really had to push to get that implemented. **Jessica McA:** As an idea is maybe looking at discipline specific rotations cause different courses in schools and different disciplines run on some different academic calendar, so that could be an option to look at. So, it's not so many bottlenecks that there may be discipline specific rotations for booking because I mean we're following the academic calendar to a team like September, January and summer, but some programs depending on the courses and what their curriculum is can run it very times; there might be flexibility. Depending on the discipline, but we'd have to kind of research it but that's something to maybe consider as staggering different courses and providing those services for the specific disciplines that run at different rotations. - Why are there so many roles and why we have so many? - If you look back when Epic first came, they said that the most we would need is 20 and we have well surpassed 1000. **Chris:** This is due to senior trainer requirements and on how our staff need to use the system and the unique workflows for each area. **Jennifer Brown:** Great conversation and great trying to problem solve some of these things. I love the ideas, I've reached out to our Dean about, can we do some training here and could we get some	Jacqueline to send the sample email document with the meeting minutes (if available) Chris to follow up with Jacqueline and Kelly H. re: Satellite labs

starting to train our credential trainers. One of the things that's building a little bit off with Jess said, talking to the RT program last week, one of the issues that they're having is their student's kind of stagger start and so they're getting their scheduling a sign, but it's all at different times of students are missing different classes at different times. And just wondering if anyone in the group has some of those issues or kind of ways to work around some of those issues, if there's any ideas or, you know, to Jessica's, can we look at? You know a program like RT or some of our save programs for sure that start clinical placements maybe at different times, scheduling them a little bit differently.

Sandra: For nursing, we tell our students that Connect Care takes priority over everything, else except for essentially exams, our hours in training for Connect Care account towards the student's clinical hours and that's been arranged and approved by AHS, I believe.

Chad: We do have approval from the regulatory colleges for nursing and midwifery on using that training for clinical time. If you needed us to reach out to CARTA, Jennifer, we could do things like that too. But I believe that when we were meeting with the regulatory colleges regularly at the beginning of implementation and pretty much everybody was on board with that provided that the idea was, we want clinical time to be clinical time and ideally you want to train outside of clinical time, but it's with the situation that we've got today, it's become more of a mainstay versus an exception.

Chad Z.: We have been communicating out to sites that students may need to be trained in their first week and communications through to operations certainly can probably be increased. I know that we have been communicating out, but it needs to be regular. I think they well in the past we've come with the expectation, or we've set the expectation that students will show up trained for Connect Care and everybody wants that. But sometimes that's just not the case. And Danielle, I think you've been getting pushed back because the preceptors see that students don't train and there's frustration around that. And I think there was another comment about yes, the practicum can start without the student being connector trained, certainly that can happen, but they need to be able to document in the system. So other than having several observational days, they're not getting the most out of their clinical time. We can give them read access only, but that is of limited value, they can see what things look like the first couple of days, but the hope that ILT is available right away.

Danielle Vallee: My colleague Shannon has moved this way with PT, they just started requesting that the students be trained in their first week of placement because it removes the whole issue with student availability prior to the placement. If they can be guaranteed to be trained within their first week of placement, I think we could probably work with that and if the sites knew that that was an expectation, then I think that that would solve a lot of the problems. The problem would still remain as to whether training would be available in their first week of placement or not, and I think until we solve the problem of there not being enough training sessions available for the demand, we will continue to have problems regardless of what we do.

Chad: I wish I could say that we weren't anticipating this problem and it's a new problem and we've been talking about it for a long time, we were predicting it's going to happen, and it has happened. It's

been compounded by what's happening in the healthcare system, but we are at a critical mass of students and, you know, drastic things need to take place. So, accelerating the satellites is one option, taking a look at what we can do with CTs. If you can cross train instructors to be CTs and have them be available. For the training periods of time, we did talk about compressing the training and that kind of didn't work either, unless AHS was able to make just an instructor only curriculum, because there are different spots where the individual would have to come in that seven weeks, so you're still having to be available for seven weeks, maybe you're not training all the way through, but you're there for week one all the way through, and then you're away for a week and then you come back again.

Danielle: When we're trying to confirm what the right roles are, especially for new sites and new launches, there's a lot of workload involved for us in making sure that the site does or does not need Connect Care and then on top of that which roles are required and this got brought up by Maggie in the chat, and then Jessica's trying to address it and she said to reach out to the RC to review the roles that we've been assigned. And now in my experience, when I've reached out to my RC about roles that a site might require, I'm redirected to the destination contacts, to confirm the roles, but nobody's using the same terminology when we're talking about the roles and they really don't know most of the time which roles, so there's so many people are being involved in the e-mail threads to try to just confirm which role is required, and it's really eating up a lot of everyone's time. So, I just wonder if anybody has a solution to that. We can only do our best to understand which sites are rolling out, but we don't always know what roles they're using, and in my discipline, there have been other roles popping up here and there, and I can't just make assumptions, otherwise the students aren't going to get trained.

Jessica: My apologies, I meant DC, but we've found managers also refer to Connect Care Epic roles by the classroom or the course they're into. So, there's sometimes confusion on the language, so I don't know if that's something leadership team could address where managers are referencing the Epic courses rather than the role. So that's a disconnect internally as well, sometimes managers are referencing the course is the student needs to be in and not the role.

Danielle: I have learned to adapt and understand what the course ILT titles are as well and how they translate to the different roles. But my experience is that they don't even know that information, especially when they're just new to a launch or a launch is coming up. And so that's very difficult to navigate because I'm not going to know that information. They are the ones who are going to know that information, if they don't know, how are they supposed to find out? Doesn't somebody have that information as to which staff are being trained with which roles and what they're expecting students to have when they come to site.

Danielle: There's been several instances with OTs, it's when there's mental health related placements, they have quite different roles than acute care or other types of placements. We have one standard rule that most of our students need to get trained for, but then if the placement involves mental health, I often reach out to like really double check because I don't want to make that

assumption. And recently it's come up that maybe a student even needs to have two different roles for a particular placement, and it's just created like we're talking about, you know, an e-mail thread of seven different people from the site and myself and the student placement team to try to confirm which roles are actually required for this placement and how come they don't know which roles their staff are trained for? It's I just don't understand that like, I feel like I should be able to send that e-mail and then the DC should be able to tell me our staff are trained for the following role. Please make sure your students are trained for that role as well, so I just don't know why this is happening.

Chris: Yeah, role selection is a challenge within AHS employees and managers, I liked one of those early comments that we see this in the AHS as well is that there's confusion over people thinking that an ILT courses associated with certain functionality and it's not the course that defines that access functionality. It's the role, which is listed in our training catalog, so the understanding that role defines that access and then as a part of that role.

Danielle: It is somewhat confusing for students as well. I'll say to when we're telling them the role that they require and then they're seeing that they're assigned for a different role they're saying that they're signed for Allied health therapies, for example, ILT. And we do our best to try to communicate that, it's a little bit confusing for them, especially because a lot of the times they're just initially using the MyLearningLink system for the first time, so we do end up with a lot of students wanting to make sure that they're doing it properly and just having to e-mail us to confirm. Despite our best efforts to communicate consistently across the board with the template emails that we send out.

Danielle: I just want to bring up as well that in MyLearningLink, can anybody explain why they end up with a tab that's called required courses that they don't actually have to do? Because that's very confusing to them, we always get students emailing us to say, are you sure I don't have to do the one that says required courses and they say yes, you don't have to do that one. That's meant for employees. But I don't even understand why it's showing up on their MyLearningLink.

Andrea Cairns: Hi, it's Andrea from MyLearningLink, I understood that that's a bit of a misnomer and it is actually something that we are currently investigating of separating out those tabs. Originally when the site was designed, these were quote UN quote required courses. And of course, with the evolution of Connect Care and understanding how it's going to work a little bit better, now you know we need to, we need to update that, it is something that we're looking at. And we are hoping to maybe just have a sort of a Connect Care only area, but we're just an initial discussion about what that would look like and just starting that project right just in the next couple of months. So certainly, I can give updates on that as we continue to have these meetings.

Next Steps	Notes	Action

	Date: October 3, 2022 Time: 11:00-12:00 Location: Virtual Meeting via MS Teams	**Jacqueline to reissue meeting invitations**