# PCN CARE TEAM MEMBER TRAINING & ORIENTATION CHECKLIST

## BACKGROUND

As new care team members are deployed into Primary Care Networks (PCNs), there is a need to support their onboarding and orientation into primary care practices. Multiple organizations and/or individuals may be responsible for each part of the orientation process.

## PURPOSE

This checklist is to be completed by PCN planning partners. It has been developed to help identify the administrative, training and technology elements that should be addressed when new care team members **join a practice**, **chart in the practice's EMR, and onboard to the practice's workflows.**

## USING THIS CHECKLIST

- The checklist should be completed for each PCN care team member for each practice they are deployed to. It should be completed in partnership with the health service organization (such as the Health Authority) and a representative from the primary care practice.
- This checklist is not an exhaustive list of orientation requirements. There may be other requirements that emerge and/or are required as part of the orientation of new care team members by the practice, Heath Service Organization (HSO), PCN or Division. The checklist should be modified as needed to meet the needs of the PCN.
- The 'Responsible Person' identified below will vary and may be designated to the PCN, Division of Family Practice, primary care clinic or HSO. Where possible, it is recommended that a specific individual from an organization is named at each step to ensure that the onboarding process is complete.
- It is recommended that one person be responsible for confirming that the checklist is completed in its entirety. In some cases, this may be the PCN Manager.

| Administrative | | |
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| **Action** | **Responsible Person** | **Notes** |
| ☐ Provide overview of Patient Medical Home (PMH) and PCN care models | | PMH & PCN: The Big Picture |
| ☐ Identify who is responsible for welcoming and orienting the care team member to the practice | | |
| ☐ Provide orientation to the practice, including:<br>☐ Office space and parking<br>☐ Operating hours<br>☐ Identification and keys<br>☐ Office equipment (e.g. phones, fax machine)<br>☐ Medication and immunization storage<br>☐ Supplies (e.g. pens, gloves, BP cuffs)<br>☐ Organizational structure<br>☐ Contact list<br>☐ Shared drives<br>☐ Meeting schedule<br>☐ Panel size and special programs or services | | |
| ☐ Identify what agreements the care team member needs to sign and ensure these are completed (examples below)<br>☐ Confidentiality Agreement[1]<br>☐ Team Charting Agreement<br>☐ Other _____________ (practice to specify) | | Information Sharing Implementation Toolkit |

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| ☐ | Identify supports available for navigating the agreements and who care team members can contact with questions – see Page 6 for a list of available supports | | |
| ☐ | Identify process for care team members to receive and submit flowsheets to HSO (if applicable) | | |
| ☐ | Identify key contacts at each organization to help resolve issues as needed and provide list to care team member detailing names and contact information:<br>☐ Workflow/training support<br>☐ IT support (device issues, remote login)<br>☐ EMR support (access to the EMR)<br>☐ Human resources support<br>☐ Billing/encounter codes support | | |
| ☐ | Other: | | |

| **Training** | | | |
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| | **Action** | **Responsible Person** | **Notes** |
| ☐ | Confirm that new care team member will be charting in the practice's EMR[2] | | |
| ☐ | Provide training on the practice's policies and procedures, such as:<br>☐ Privacy and security training<br>☐ Patient and staff incident(s) and safety reporting | | DTO's Online Clinic Security Course<br><br>Divisions of Family Practice: Practice Toolkit<br><br>BC Physicians Privacy Toolkit: A Guide for |

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| | ☐ Emergencies and occupational health and safety<br><br>☐ Administrative processes<br><br>☐ Other ____________ (practice to specify) | | Physicians in Private Practice |
| ☐ | Provide any additional training or orientation required for care team member to deliver care in primary practice, including shadowing, and the process for raising concerns if tasks fall outside of scope of role (e.g. notify practice lead) | | |
| ☐ | Provide training on EMR software and charting workflows[3] | | EMR Small Group Learning Sessions |
| ☐ | Provide training on documentation standards and minimum charting requirements of the practice[4] | | |
| ☐ | Ensure that care team member is registered for Encounter Reporting and provide training on submission process (if applicable) | | Primary Care Networks: Clinic Setup For Encounter Reporting |
| ☐ | Provide training on care team communication processes and notification of required tasks (e.g. lab results review and follow-up) | | |
| ☐ | Provide training on accessing the practice's schedule and assigned caseload | | |
| ☐ | Other: | | |

| Technology | | | |
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| | Action | Responsible Person | Notes |
| ☐ | Determine what hardware care team member will require (e.g. laptop, cell phone) and equip them as necessary | | |
| ☐ | Develop a standard process for provisioning and de-provisioning access to the practice's EMR and arrange for set-up (and potential purchase) of EMR license or user account[5] | | EMR Frequently Asked Questions |
| ☐ | Develop a list of standard permissions in the EMR and ensure that these are set, including encounter codes if applicable, and identify who is responsible for maintaining up-to-date access permissions on an ongoing basis | | |
| ☐ | Install any software on laptop that is required to access the EMR and confirm that native tools are configured for access[6] | | |
| ☐ | Install any additional software on laptop that is required for care team member to perform their duties<br>☐ Scheduling software<br>☐ Phone, fax and/or printer<br>☐ Virtual care tools<br>☐ Other ____________ (practice to specify) | | |
| ☐ | Determine how care team member will connect to the EMR when | | |

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| | physically located in the practice (e.g. clinic computer, laptop connected via Wi-Fi or hardwire connection) and provide instructions/training | | |
| ☐ | Provide wireless connectivity solution to enable access to EMR and HSO systems remotely and provide instructions/training[7] | | |
| ☐ | Arrange for remote access to EMR and provide instructions/training to ensure appropriate security measures and processes are in place[8] | | Physician Office IT Security Guide<br>PPN Technical Support Guide |
| ☐ | Arrange for remote access to all required HSO applications and systems (e.g. Health Authority EHR, CareConnect, etc.) and provide instructions/training | | |
| ☐ | Other: | | |

## SUPPLEMENTAL NOTES

[1]Health Service Organization (HSO) Care Team Members are generally expected to have signed a Confidentiality Agreement prior to joining the primary care practice. If an HSO Care Team Member has not signed an appropriate Confidentiality Agreement, they must sign the Doctors of BC Health Authority Employee Working in a Primary Care Clinic Confidentiality Agreement on an annual basis.

[2]GPSC recommends that care team members chart in the EMR of the primary care practice in which they are working either directly (including via remote access), or indirectly via integrated chart notes. See here for a more detailed description of the team charting principles, assumptions, and implementation considerations.

[3]It is expected that EMR training will be the responsibility of the primary care clinic and delegated as needed. See the supports section below to learn about the various training supports available.

[4]The Team Charting Principles recommend that in order to maintain data standards, charting by care team members should meet minimum charting requirements of the primary care clinic in which they are working. It is expected that each care team will agree upon a core data set, informed by PCN, provincial and international best practices.

[5]Each EMR vendor has a different licensing model and costs. The Doctors Technology Office (DTO) can provide support to engage vendors on licensing discussions.

[6]Intrahealth Profile EMR can be accessed using Rich Client or Citrix. However, as different clinics may use different versions of Rich Client we recommend using Citrix to connect. TELUS Osler EMR also requires Citrix, while TELUS Wolf EMR requires Remote Desktop. If unsure of the requirements, you should speak with the EMR vendor directly or contact DTO for support.

[7]Care team members that are provided a smart phone should be able to connect to networks remotely via a tethering solution or mobile hot spot. If no connectivity solution is provided, alternative networks will need to be used to enable remote access.

[8]Remote access to EMRs that are used on the Private Physician Network (PPN) can be facilitated through soft tokens provided by PHSA. Laptops must also have PHSA pulse secure VPN client installed. Contact ppnadmin@phsa.ca to request a token. If accessing an EMR not hosted on the PPN on an unsecured wireless connection, a VPN should always be used. Remote access to EMRs that use a local server will require internet configuration – contact your EMR vendor for support.

## SUPPORTS AVAILABLE

New care team members joining a practice have a number of onboarding and training needs and it is strongly encouraged that the PCN partners come together to plan for a smooth transition. Each clinical environment is different and so are the learning needs of each new care team member. A collaborative approach is needed to identify gaps and opportunities for success. The groups and resources listed below are available to support the deployment of new care team members to primary care practices.

## Doctors Technology Office (DTO)

DTO aims to provide leadership, guidance, expertise, and alignment of health technology and information needs for private practice physicians across BC. DTO is available to provide support on PPN and network-related queries and issues, clinic privacy and security, and EMR vendor escalation and engagement, including discussions of EMR licenses, training and workflow needs. Contact DTO for technical queries or to get connected with EMR vendors.

## GPSC Information Sharing Task Group

A time-limited group responsible for creating the agreements and best practices required to support information sharing within the PCN. Any questions or comments regarding the team charting principles or information sharing agreements can be sent directly to gpscinfosharing@doctorsofbc.ca

## Practice Support Program (PSP)

PSP is a quality improvement initiative that offers clinical and practice management learning opportunities and data-informed tools and resources—both supported by a team of practice improvement professionals including physician and MOA peer mentors. Clinics may choose to take advantage of the PSP's Team Based Care and EMR small group learning sessions that are open to Allied Health Providers. Contact your regional PSP support team to find out how their services can be customized to meet each practice's needs or click here to learn more.

## EMR Vendor

Training on EMR systems is available through the clinic's EMR vendor, typically at a cost depending on the clinic's contract. You can contact the vendor directly to request a quote or engage DTO to help facilitate.

## Other Contacts

Each PCN will have a unique set of contacts that will be available to support the onboarding and orientation of new staff, such as a PCN Manager, HA Manager, HA IMIT Support, local Division of Family Practice, etc. It is suggested that a comprehensive contact list be provided to new staff with key personnel at each organization.

A copy of this checklist is available on the PCN Toolkit website and within the Care Team Agreement Implementation Guide.