

Community Information Integration (CII)/Central Patient Attachment Registry (CPAR) eNotifications are automated messages delivered directly into the primary provider's Electronic Medical Record (EMR), with information about key healthcare events for paneled patients such as emergency room visits and hospital admissions or discharges.

Overview

eNotifications contains the following key data:

- Patient Personal Health Number (PHN)/Unique Lifetime Identifier (ULI), patient name, and alternate identifiers (such as an out-of-province PHN)
- Type of event – emergency room discharge, change in patient class from emergency to inpatient, emergency department leave prior to admission, inpatient admission or discharge, day surgery discharge
- Date and time of the event
- Name of the facility where the patient was seen
- Attending provider's name
- Referring provider, if available
- Reason for admission, if available

Frequently Asked Questions

Who will receive eNotifications?

eNotifications will be sent to the provider to whom the patient is paneled in CPAR. If a patient is paneled to more than one provider, an eNotification will be sent to each provider and will list all providers notified, so the receiving provider can coordinate care with the other provider(s) as needed.

How will CII know where to send my eNotifications?

Your panel submission through the CII system contains all the information needed to send eNotifications back to your EMR for your paneled patients. If you have a second panel at a different facility, CII/CPAR will automatically send eNotifications back to the facility where each patient panel is maintained and submitted.

When will eNotifications be available?

Healthquest, Med Access, PS Suite, and Wolf users are now receiving eNotifications. Accuro (QHR) is expected in the future.

Participating CII/CPAR providers with submitted panels in CPAR will receive eNotifications automatically as each EMR begins support of the new service.

Will I be able to get other types of information such as referral status or discharge reports through eNotifications?

Admission/discharge event notifications are the first step towards enabling other clinical information to flow back to community provider EMRs from provincial health systems. Alberta Health is continuing to work in close collaboration with our partner organizations to build out these foundational technology supports for continuity of care in Alberta.

How eNotifications Work

The source of information for eNotifications is patient registration events as recorded in the Alberta Health Services (AHS) facility's Admission, Discharge and Transfer system. These events are submitted to Alberta Netcare Portal (ANP) for viewing, and a copy of the data is sent to CII/CPAR to send eNotifications directly to the primary provider's EMR. CII selects the key events for emergency discharges, inpatient admissions and discharges, and day surgery discharges, where available. The primary provider, clinic, and EMR are identified from the CPAR panel submissions so the eNotifications can be correctly routed. In most EMRs, the eNotifications from CII/CPAR are imported into the clinic's EMR similar to lab results reporting. The eNotification appears in the primary provider's inbox or task list, as well as the patient's chart.

Notices With Blank Fields

Primary providers and teams may receive notices with blank fields. The sources for these fields, at present, are the various systems used across Alberta in AHS facilities (e.g., Connect Care, Sunrise Clinic Manager, Meditech, etc). Each of these systems works a bit

differently and may not always have the same information captured on admission or discharge. As Connect Care rolls out to replace these systems, it will provide a more consistent set of information for eNotifications.

It's important to know that not all information may be captured for a particular event as well. Admission events, for example, may not have the attending provider or other details collected at that time. Some details may also be entered by the facility after the admission or discharge event has occurred, and therefore would not be available in the data that CII/CPAR receives.

Looking for Additional Information in ANP

More information may be available in ANP since it continues to receive any updates that may have occurred after the CII/CPAR eNotifications have been sent and may have additional information such as a discharge report. It is recommended to view the patient's record in Alberta Netcare for additional information.

Contacting Patients

It is the choice of the primary provider and team to contact a patient where they deem appropriate. Each case is unique. When the provider or team member is contacting the patient without a discharge reason or additional information from Alberta Netcare available, it is recommended to follow up with an objective statement.

"Hello, this is [insert name] from [insert clinic], we are following up because we saw that [patient name] was in hospital but we do not have additional information at this time....."

Deceased Patients

The notice will include a deceased notification next to the patient's name if the information is available in the data feed from the AHS facility's Admission, Discharge Transfer (ADT) system. If the data includes both the patient name and the date of death, both will be displayed: Patient Name (Deceased: YYYY-MM-DD).

If the ADT data does not include a date of death, then only the deceased notification will be shown: Patient Name (Deceased). ANP can be checked in the meantime to see if a death has been recorded by the

AHS facility. Once the death has been registered with Vital Statistics, the date of death will be shown on the CPAR demographic mismatch report after the next panel submission.

Admission and Discharge Workflow Variations

There are some scenarios where the hospital workflow does not follow the typical admission-discharge sequence of events that CII/CPAR is expecting and therefore does not always produce a corresponding eNotification. The CII/CPAR team is working with AHS and has implemented a first round of enhancements to improve the information that primary providers receive.