

## January 2024

### Program Update

#### Engagement Activities

OPOR Team members have been continuing site visits around the province. The rotation of visits allows front-line staff at sites in each zone ask questions and learn more about OPOP. As time passes, new information is available, including ways people can participate in the change network.

Virtual Town Hall events have also been scheduled to ensure employees who were not on site during the visits to have opportunities to ask questions and receive updates. **If you are interested in receiving a meeting invite for your calendar, please contact the team at [OPOR@nshealth.ca](mailto:OPOR@nshealth.ca)**

#### Upcoming Engagements

Northern Zone	IWK Health
Site Visit: January 15-17	Site Visit: January 18 (Women’s Health Centre)
Virtual Town Hall: January 24 1:30pm – 2:00pm	Virtual Town Hall: January 12 11:00am – 12:00pm

#### OPOR-CIS Awareness Survey

At the end of January, OPOP will be distributing a survey to gauge the level of awareness and understanding of the future Clinical Information System.

The OPOP-CIS Awareness Survey will be distributed broadly to all employees of IWK and NSH, as well as external partners who will touch the system. The data collected will help to inform future engagement, communications and education and learning activities to best support our end users. This will be the first of a series of awareness surveys completed during the project timeline, and they will build on each other.

#### CIS Design Sprint Update

Design sprints began in the Fall of 2023 and will continue through to the summer of 2024. These workshop series bring together Subject Matter Experts from across the province, and from different disciplines and specialties. This supports the goal of building a Clinical Information System for clinicians by clinicians, in Nova Scotia.

Subject Matter Experts were surveyed after Design Sprint 3 to determine areas of improvement and how they were feeling about participating in the workshops. The feedback was positive, and some changes were made. Design Sprint 4 is currently underway with Subject Matter Experts meeting throughout the month.

#### Upcoming Design Sprints

Design Sprint 5: Feb 12th – Mar 15<sup>th</sup>

Design Sprint 6: Mar 18th – April 19<sup>th</sup>

Design Sprint 7: April 22nd – May 20<sup>th</sup>

## OPOR Clinical Governance Update

To date, **106 bulk decisions have been made at the Embedded Group** level, and **nine decisions at the standalone group** level. These groups are comprised of interprofessional Subject Matter Experts who participate in the Design Sprint workshop sessions. If a decision has broader impact, outside of a single care area, it can be brought to a Standalone Clinical Governance Working Group. These groups meet on a regular cadence outside of workshops and are composed of leaders across IWK Health and NSH.

If there are decisions that cannot be made by the working groups, they are escalated to the OPOP Clinical Operations and Advisory Team (O-COAT) for final decision by consensus. O-COAT is an approval team of senior clinical representatives from across IWK Health and NSH. To date, **four decisions have been made by O-COAT**.

Care area specific clinical governance working groups are embedded within the sessions. Once Design Sprint workshops are complete, embedded working groups will transition to standalone working groups.

## Clinical Informatics

Clinical informatics is the interdisciplinary field that leverages information technology to enhance healthcare delivery, management, and research. It focuses on optimizing the use of data, information, and knowledge to improve patient care, streamline operations, and facilitate informed decision-making in healthcare settings.

Clinical informatics integrates insights from the health system, information technology and clinical care, bringing together professionals from medicine, nursing, data science, and technology.

### OPOR Clinical Informatics Team

The OPOP Clinical Informatics Team is a robust cross-functional group of professionals from across the province. Led by the Director, Clinical Informatics, a manager and 13 leads play a fundamental role in the success of this complex, multi-organizational clinical transformation initiative.

The Clinical Informatics Leads support an interprofessional team and numerous working groups responsible for the system development, adjudication and implementation of governance, evidence informed best practice and standardization within the OPOP Program. This includes the development of healthcare standards to support the implementation of the clinical information system. This role helps to ensure a clinical voice is represented in the creation of OPOP.

Their provision of critical consultative leadership, clinical informatics expertise, planning, and direction at multiple levels and with all work streams, will ensure the scale and fundamental nature of clinical transformation required is understood at appropriate leadership levels.



## Clinical Informatics and the OPOR-CIS

The Clinical Informatics Team will support the design and build of the CIS in several ways.

- Requirements Analysis: Current state review of workflows, gap analysis of current state with desired future state,
- System design: Engagement with Subject Matter Experts, vendors, and provincial leadership to determine optimal design of the clinical information system to improve patient outcomes and clinical workflow.
- Integration with existing systems: understanding systems that require integration/interfacing in the current healthcare landscape.
- User training and support: Creation and delivery of training for specific CIS functionality and providing end user support.
- Privacy and Patient Safety: clinical informatics professionals play a key role in ensuring the security and ethical use of patient data and maintaining trust in healthcare systems.
- Improved Patient Outcomes: contribute to enhanced patient outcomes through better-informed clinical decisions, reduced errors, and personalized care plans available through the use of an electronic system.

## Forms vs Discrete Data Elements

Currently, Nova Scotia Health and IWK Health have multiple systems and paper-based forms used for capturing documentation. For example, vital signs (i.e. blood pressure) are documented on paper forms as free-text, flowsheets, or symbols on a diagram. While some standardization exists with the forms, there are still variations in how vital signs are documented.

### Current State

The image displays three overlapping paper-based forms used for documenting vital signs. The forms are:

- Nova Scotia Health Authority ADDICTION SERVICES VITAL SIGNS:** A simple table with columns for Date, Time, Temp., Pulse, Resp., B.P., and S.
- VITAL SIGNS NATIONAL EARLY WARNING SCORE (NEWS)2:** A form with a grid for recording vital signs and a scale for NEWS2 scores. It includes sections for Respirations (A+B), SpO2 Scale 1, and SpO2 Scale 2.
- IWK Health Centre Vital Signs Record Children's Health:** A form with a grid for recording vital signs and a scale for Sedation Scale and Motor Power. It includes sections for Sedation Scale (1-5) and Motor Power (S, M, W, F).

In future state, this documentation will be standardized so all staff are documenting and reviewing data in the same way, improving communication and the sharing of patient information. There will be options such as numeric fields, text fields and drop-down menus that are consistent across the province. Standardized documentation supports efficiencies for clinicians, but also improves the patient experience because it's real-time and linked across the province, regardless of where the information is generated or accessed.



An example of digital documentation in OPOR is **Interactive View (iView)**, a menu item in the patient chart used by clinical team members which supports flowsheet-style documentation for information such as vital signs. We can trend data, populate other areas of the patient chart, apply rules that could alert users to deteriorating patient condition, as well as allow real time robust reporting.

## Future State

Result	Comments	Flag	Date	Performed By
<b>Vital Signs</b>				
Temperature Oral		Deg C	36.7	
Temperature Axillary		Deg C		
Apical Heart Rate		bpm	68	
Peripheral Pulse Rate		bpm		
Heart Rate Automatic		bpm		
Respiratory Rate		br/min	22	
SpO2		%	98	
SpO2 Location			Right hand	
SBP/DBP Cuff		mmHg	128/88	
Mean Arterial Pressure, Cuff		mmHg	101	

## Reviewing Patient Test Results as a Provider

All patient test results can be accessed in **Results Review** within the OPOR-CIS. Results Review is a repository of all laboratories, diagnostic, and clinical information – such as vital signs and measurements. Results Review interfaces with pathology, laboratory, diagnostic imaging, and other specialties, as well as clinician documentation, so that providers may have quick access to comprehensive patient information. There are flexible display features to optimize how results are displayed, and results are colour coded.

## Example of viewing Nursing Documentation

Showing results from (29-Apr-2018 - 01-May-2018)	01-May-2018 12:56 PDT	01-May-2018 12:09 PDT	01-May-2018 12:08 PDT	01-May-2018 09:32 PDT	30-Apr-2018 21:07 PDT	30-Apr-2018 20:05 PDT	30-Apr-2018 19:53
<b>VITAL SIGNS</b>							
Temperature Oral				36.6			36.4 (L)
Peripheral Pulse Rate				79			88
Heart Rate Monitored							
<b>SBP/DBP Cuff</b>							
Systolic Blood Pressure				143 94			125
Diastolic Blood Pressure				72			77
Cuff Location				Right arm			Right arm
Mean Arterial Pressure, Cuff							93
Blood Pressure Method							
<b>Oxygenation</b>							
Respiratory Rate				18			18
Oxygen Activity							
Oxygen Therapy							
Oxygen Flow Rate							
Skin/Nare Check							
SpO2				89 (L)			92
SpO2 Site							
SpO2 Site Change							
<b>PAIN ASSESSMENT</b>							
Nasal cannula							
Oxygen Flow Rate				4			

