



February 2024

Year in Review

It has been one-year since the announcement of the One Person One Record Program, and we are reflecting on the work completed to date, and the exciting next steps.

It is a priority for OPOR to produce a Clinical Information System (CIS) designed by clinicians. To make this happen, we work with Subject Matter Experts (SMEs) from different care areas, regions, and systems for their contributions to the design. Thank you to everyone who supports this work.

Many exciting milestones are ahead, including the first go-live wave of the CIS. In the Winter of 2025, Dartmouth General, Cobequid Community Health Centre, and the Bayers Lake Community Outpatient Centre will go-live with the CIS. From there, other sites and zones will begin using the CIS over a two-year period.

OPOR will have tremendous reach across the healthcare system in Nova Scotia, transforming how we work, and supporting patient care. As part of the province's Action for Health Plan, OPOR will provide more care, faster.

"The progress made by the One Person One Record program team over the past year is very exciting. The program brings together IWK Health, Nova Scotia Health, Cyber Security and Data Solutions, and the Department of Health and Wellness to transform the way we record, share, and use health information in Nova Scotia with a new provincial clinical information system. Since announcing the program, a tremendous amount of work has gone into designing a solution by clinicians for clinicians. I would like to thank the hundreds of subject matter experts across the province who have given countless hours of their time to provide valuable insight for the design of the system. It has been a priority for everyone involved to ensure the systems and tools created under One Person One Record meet the needs of healthcare providers and patients in Nova Scotia. There are many more milestones to come between now and implementation of the system, but it is important we take time to celebrate the significant work that has been done to help move the program along."

- Michelle Thompson, Minister for the Department of Health and Wellness.

Program Update

Engagement Activities

On February 12, 2024, an **OPOR Awareness Survey** was launched. This will be the first in a series of change readiness surveys intended to gauge the level of awareness and understanding of OPOR throughout the province. The is open to all employees and physicians of IWK Health and NSH as future users of the CIS. Since the announcement of the program many engagement activities have taken place across IWK Health and NSH.

[SURVEY LINK](#)

Site Visits have been one of the largest engagement activities by the OPOR Team. Visiting IWK and NSH sites across the province has allowed OPOR to socialize the program with on-site employees, and answer questions they may have. These visits are ongoing and will continue to cycle across the province for the next year. Watch for the OPOR Team members in their bright blue shirts when they are visiting your site!

Upcoming Site Visits

Eastern Zone: March 5th – 14th

IWK: March 5th – 7th



Virtual Town Halls have continued to grow and have become an excellent opportunity for employees to learn about the CIS. During some virtual sessions the Oracle Health team share examples of CIS functionality. While they are not demonstrating the OPOR-CIS, they do give people an idea of how these systems work. To receive a meeting invitation to an upcoming Virtual Town Hall, please contact Beth Fellows at beth.fellows@nshealth.ca

Upcoming Town Halls

IWK Health: March 7th 11:00am – 12:00pm
Eastern Zone: March 20th 11:00am – 12:00pm

Design Sprint 4 is complete, which created more opportunities for SMEs to come together and give feedback and make decisions on the design of the CIS.

From **SME feedback**, we continue to make improvements to the Design Sprints and the workshops. As requested, during Design Sprint 4 we started recording workshop sessions to be an additional resource for Subject Matter Experts and workshop facilitators. We have also continued to add additional information to workshop session invitations to ensure attendees have resources available to come to the workshops prepared. Both improvements have been well received and will continue through the entire Design Sprint series.

OPOR Clinical Governance Update

By the completion of Design Sprint 4, **129 bulk decisions have been made at the Embedded Group Level**. Bulk decisions are groupings of approved decisions by consensus for care areas per workshop session. This translates to over 2000 individual decisions! **Eleven individual decisions have been made at the standalone group level**.

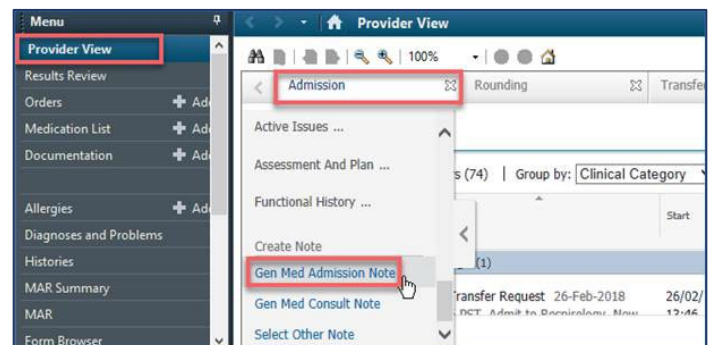
The progression of decisions made is exciting as it demonstrates the work coming together. Subject Matter Experts continue to support the decisions that will ultimately design the new CIS.

OPOR Key System Highlight: Documentation

In the January monthly update, we shared information on iView and Results Review when looking at the difference between forms (current state) and discrete data elements (future state). This month we go further with information on **Dynamic Documentation** and **PowerForms**. It is important to understand how different documentation styles are integrated into the CIS.

The new CIS will give providers access to all documents for their patients, regardless of who the author was, or which care area it was documented in. For example, a physician treating a patient at Yarmouth Regional Hospital will be able to easily see notes from that patient's visit to the IWK Hospital earlier that year.

This integration with other clinicians will improve workflows and patient care. Notes are immediately available within the medical record for all care team members, and discharge notes are easily populated with pertinent information.



Example of Dynamic Documentation screen



PowerForms

PowerForms are the electronic equivalent of standardized documentation. Data entered can flow between iView and other areas of patient charts, such as within Provider Documentation.

PowerForms is organized into categorized folders, and is displayed differently based on roles or specialties when users log in. Data icons can be seen on some parts of PowerForms to show where information has been pulled from other data fields in the electronic medical record or from other PowerForms.

In PowerForms, **iView** is a menu item in the patient chart used by nurses, allied health and other healthcare providers that supports flowsheet-style documentation for vitals, measurements, ins/outs, assessments, etc. The data entered in iView allows for trending and comparison.

Example of Advanced Care Planning in PowerForms

When is PowerForm used vs. iView?

Depending on the situation and the clinician PowerForm or iView could be used for documentation.

PowerForms are used for ad hoc assessments that could be completed by the provider or other health care professionals. For example, a PowerForm could be used to document a patient's MoCA (Montreal Cognitive Assessment) score once upon admission.

iView is better suited for use in daily documentation of assessments as well as for charting certain values at an ordered frequency or period of time. An example of this would be when a nurse is ordered to monitor a patient's blood pressure every two hours for one day.

OPOR Support Topic: Clinical Information System Teams

Under the CIS stream, these two teams bring together hardware, software, and workflows to standardize practice and support patient care.

The **CIS Solutions Team** is made up of five work teams:

- Patient Identity Encounter Management Team
- Hybrid LAB Team
- Diagnostic Imaging & Oncology Team
- Pharmacy Team
- Clinical/Departmental Team



The Solutions Team is led by a director, and each work team has a manager, clinical informatics analysts, and analysts supporting the work. Drilling further down, each work team has a list of responsibilities and areas of



collaboration. For example, the Patient Identity Encounter Management Team is responsible for registration, scheduling, charge services, supply chain, and health information management. Dividing the functions and areas of impact within the CIS allows for focus on specific workflows.

The managers and the analysts are supporting the design of the CIS in various ways. They attend the Design Sprint workshop sessions where Subject Matter Experts come together to explore design and functionality of the CIS and make decisions for our future system. The CIS Solutions Team also works to complete data collection workbooks, engages with Clinical Informatics Leads, Clinical Standardization Leads and Subject Matter Experts. Next steps for this team include testing the build of the CIS. This is very exciting work as everyone comes together to configure and localize the system to meet Nova Scotia's needs.

The **Technology and Integration Team** is organized into three sub-teams, each responsible for different groups of work:

- Medical Device Integration Team
- Core, Integration & Data Team
- Technology, Testing & Reporting Team

Medical Device Integration Team supports the standardization and integration of various types of medical devices with the Clinical Information System. This includes, but is not limited to, anesthesia units, fetal monitoring systems, and infusion management.



The Core, Integration, and Data Team helps to build and maintain the core data tables to power the clinical information system. To support integration, they create and maintain interfaces that move data from one system to another. For example, this team builds the highway to connect data on a physical location, a patient, and their bed, to share information with nutrition services through the CIS. This ensures the right meals are delivered to the right patients.

As we transition from legacy systems to the new integrated CIS, part of their work is to make data from the existing systems available through the CIS.

The Technology team partners with the Cybersecurity Digital Services (CSDS) Digital Health Enablement (DHE) Team, to coordinate the right equipment and devices is selected and deployed for end users. Testing is responsible for coordinating and ensuring high quality and consistent testing as part of the build. This team will work with Education & Learning to provide training environments for users of the CIS. Reporting collaborates with multiple teams to align current state reporting with future requirements. Through review and analysis of the data being captured and reported upon, we can consolidate reports, and leverage pre-built system reports in the CIS. For required reports where there is no existing counterpart, we will develop the programming to generate those reports.

All OPOR Team members work together to inform and support the technical design of the new CIS. Another example of how the system is being designed in Nova Scotia for Nova Scotians.

