One Person
One Record

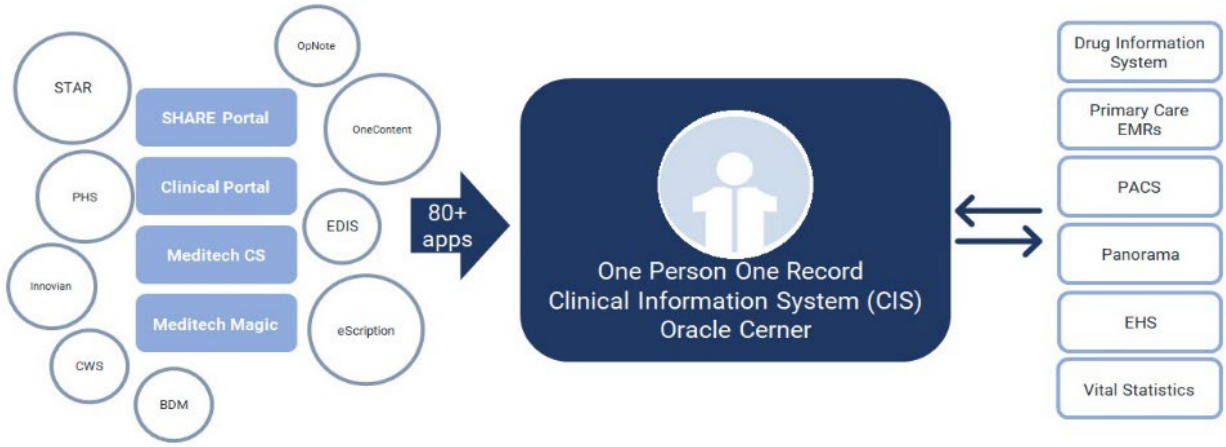
Monthly Update

NOVEMBER 2023

OPOR Program Overview

One Person One Record is a clinically driven program that will transform the way physicians and clinicians work to deliver care more effectively and efficiently to all Nova Scotians.

- Enable digitization and automation of current paper/manual/fax processes
- Support standardization of physician and clinician workflows
- Provide access to clinical information from across the province in a single electronic platform



OPOR Clinical Information System Overview

What is a Clinical Information System?

A Clinical Information System (CIS) is a computerized system that captures, stores, and transfers medical information for clinical decision-makers. CISs provide quick access to current patient data in a secure digital environment. CIS are designed to be interoperable, therefore allowing data to be shared across different systems (providing a more comprehensive view of patient information from a multitude of providers).

Clinical Standardization
- Evidence-based, provincially standardized workflows and clinical content
- CCRM- Starting point for standardization
- Variation in care is intentional and measurable

Computerized Provider Order Entry
- Electronic order entry
- Mobile capabilities

Electronic Documentation
- Discrete data and electronic forms (PowerForms)
- Autopopulation of previously documented clinical information
- Front-end dictation

Medication Management
- Comprehensive list & history
- Drug Information System Integration
- Closed Loop Medication Management

Results Management
- Result & visit history within IWK & NSH
- PACS integration

Clinical Decision Support
- Active Alerts for Contraindicated or Duplicate Orders
- Allergy monitoring

Spotlight: Clinical Standardization

Clinical standardization is the process through which standards and protocols for health care practitioners and learners are identified, adopted, and put into practice.

Clinical standards are benchmarks, measures or quality statements created via evidence-based practice and secure safe and high- quality patient care. These standards are rooted in science, research and/or legislation, and are often driven by regulatory bodies, professional associations, researchers, and health care innovators.

Clinical standardization is NOT to take away from autonomy for our Providers and Clinical team, but to ensure consistent, accurate and timely intervention that are rooted in science, research, and innovation to support clinician workflows and provide the best care to the patient while keeping them safe.

Cerner Canadian Reference Model & OPOR Design Sprints

The Cerner Canadian Reference Model (CCRM) was established as multiple Canadian customers began to design and implement Cerner in their clinical spaces. The CCRM is meant to be an accelerator or starting point for clinicians. The starting point in design sessions, asking, “Can this support the delivery of safe patient care for your area?” and if not, “What would you change, and why?”

OPOR design sprints bring together Subject Matter Experts (SMEs) in Nova Scotia to inform how we can customize the CIS with the CCRM as the springboard. After our first design sprint, the OPOR team focused on some key areas of improvement—namely, ensuring we have the right SMEs at the table and that they are invited and engaged with in a way that supports them.

Clinical Standardization & OPOR CIS

We will be leveraging the Cerner Canadian Reference Model as the base content of CIS design.

Clinical standardization will help solidify clinical workflows and documentation, which will improve patient safety and increase clinician efficiency.

With clinical standardization, clinicians will dictate the design of the system by requesting the data elements clinicians need to go into the system, as well as retrieve out of the system, to benefit from the implementation of the CIS.