

One Person One Record OPOR Clinical Governance

This short guide is intended to provide information on **Clinical Governance** and how it functions to inform the design and use of the One Person One Record Clinical Information System (OPOR-CIS).

What is OPOR Clinical Governance?

Clinical Governance is a **systematic decision-making approach** where decisions are tracked, discussed and escalated through well-defined working groups, including organisational and provincial partners, until a resolution is reached.

The implementation of the OPOR-CIS is a catalyst for clinical transformation, which will influence change across the province. Through efficient governance, teams of experts champion thoughtful and appropriate decisions, and work to support patient-centered care during the design and configuration of the OPOR-CIS.

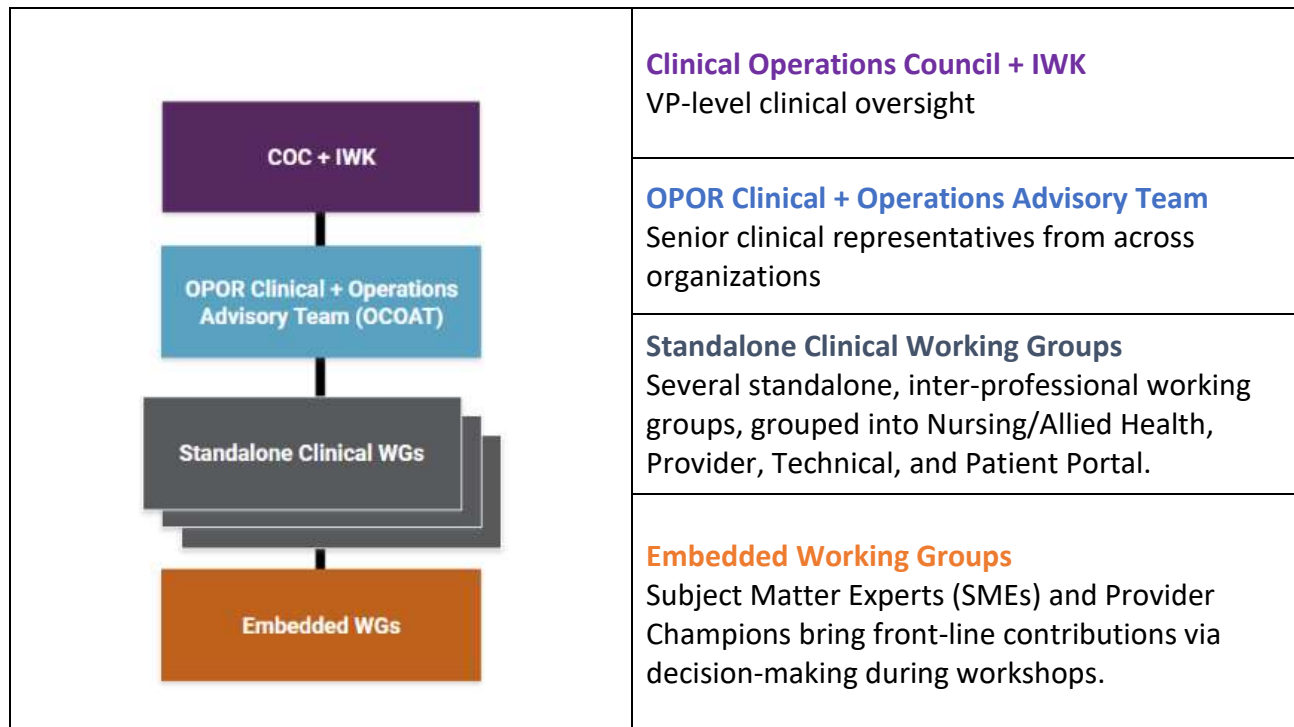
What is the structure of OPOR Clinical Governance?

The OPOR Clinical Governance structure is comprised of several layers, with the purpose of the correct individuals being responsible for making the correct decisions.

The first layer of clinical governance, the **Embedded Working Groups**, are authorized to make decisions which impact only their care area and role, and there is no impact to other care areas. There are approximately numerous Embedded Working groups, and they meet in the context of Design Workshops. For example - Emergency Medicine, Mental Health, HIM/HIS, Oncology, Women Health are all examples of Embedded Working Groups.

The second layer of clinical governance, the **Standalone Working Groups**, of which there are 16, consist of inter-professional experts. These groups ensure decisions made at the Embedded Levels align with evidence-informed best practice, OPOR guiding principles and they support required Organizational Practices and standards. In simple terms, they make broader decisions that could impact multiple care areas. For example – Nursing & Allied Health, Provider Portal, Provider, Order Sets, Pharmacy and Medication Management etc.

In broad terms, it is acknowledged that the Working Group Level should handle a majority, ~80% of decisions and rightly so, since this groups consist of frontline healthcare professionals.



The third layer of clinical governance, **OPOR Clinical Operations and Advisory Team (OCOAT)** are responsible for handling escalated decisions which the prior layers of governance couldn't decide upon either due to lack of consensus or wider scope (decision overlapping more than 2-3 standalones). This group of senior clinical representatives meet biweekly to discuss decisions.

The fourth and final layer of governance rests with **IWK Health and COC (Clinical Operations Council)**. The membership of this group is composed of VP level clinical oversight and are responsible for decisions related to broader provincial impact. It is acknowledged that ~5% of decisions volumes will be made at this level.

All decisions, both made within Workshops and at Standalone Clinical Governance Working Groups, are documented and available for review in the OPOR **Decision Tracking Tool (DTT)** on SharePoint.

Who are the members of these governance groups?

Membership for all OPOR Clinical Governance Working Groups were nominated and endorsed by organizational leadership across the province. These individuals are considered subject matter experts and champions for their care areas.

Should you wish to better understand the representation on a particular group, you are welcome to connect with OPORgovernance@nshealth.ca.

How are decisions made?

Decisions are first attempted to be made via **consensus decision-making**. Working Group members are presented with options, and consensus is tried. If after two attempts, consensus is still not clear, the decision can be put to a vote with 51% of the votes required to move forward.

Looking to find more information on OPOR Clinical Governance?

Please contact OPORgovernance@nshealth.ca for any questions about **Clinical Governance** and its importance within establishing the OPOR-CIS.

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