**One Person
One Record**

The Big Picture: How the OPOR-CIS will impact care delivery for Acute Care Physicians & Providers

Contents

nova scotia **health**   IWK Health   **NOVA SCOTIA**

The following document is intended to provide information on the OPOR-CIS. It will detail how its implementation will impact the delivery of patient care for providers who deliver inpatient medical care (for example, Internal Medicine, Hospitalists).

The OPOR-Clinical Information System

One Person One Record (OPOR) is a **multi-year program designed to transform the way we use and share health information in Nova Scotia**. A key aspect of the program is the implementation of a **Clinical Information System (OPOR-CIS)** that will see all NSH and IWK Health facilities transitioning to delivering care within a **single electronic platform**— this means full electronic charting and documentation (supported by front-end dictation), computerized order entry for all orders, biomedical device integration, and inter and intra hospital and care provider communication.

With your participation, the implementation of the OPOR-CIS has the potential to be the most transformative initiative you may see in your medical career.

The OPOR-CIS is being developed with engagement from providers, clinicians, and non-clinical healthcare employees who are experts across the province. These experts are participating in Design Sprint Workshops where our vendor, Oracle Health, demonstrates the system and content, obtains feedback and then validates decisions in real-time for their care areas.

Broader or more impactful decisions about the OPOR-CIS are made via provincial governance groups, with voting members from NSH and IWK Health. which have been meeting regularly for over a year. All decisions are tracked, discussed and escalated through these well-defined working groups until a resolution is reached.

For more information on clinical governance for the OPOR-CIS, please see: OPOR-CIS Clinical Governance.

OPOR-CIS: Impact on Daily Delivery of Care

The OPOR-CIS will positively impact your daily delivery of care by improving communication and coordination with seamless sharing of patient information across NSH and IWK Health facilities, enhancing care coordination and reducing the likelihood of medical errors.

When discussing the OPOR-CIS, frequently the application that is being referenced is **PowerChart.** PowerChart is the main or most frequently utilized tool in the software, which supports patient care delivery in the acute and ambulatory settings.

PowerChart is the tool that you will utilize to place orders via **computerized provider order entry (CPOE), document care, view all results, communicate with other care providers and arrange your day**. Your colleagues in emergency medicine will be using other applications such as FirstNet, those in surgical medicine will use SurgiNet, those in radiology use RadNet. You will deliver care largely in PowerChart.

All steps below are navigated within PowerChart, and reflect a reasonable process for providing patient care, starting with the beginning of your shift.

Starting your Day

Message Center & Patient Overview
You are starting your first shift on the unit with the new OPOR-CIS. After logging in to PowerChart, your default screen is a **Provider-centric View.** Other roles, such as nurses and unit clerks have unique landing pages with content that is most pertinent to their care delivery.
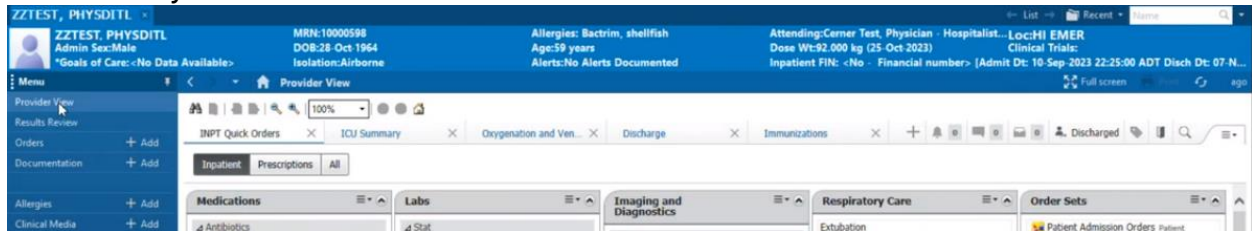

Image 1: Copyright © 2023, Oracle. Used under license and/or permission.

Start by checking your messages and notifications within **Message Center**. Message Center is a tool within the OPOR-CIS that enables secure messaging and communication between healthcare professionals. Message Center is part of the legal medical record and messages should pertain to patient care.
Within Message Center (**1**) you will be able to review notes and orders (**2**) that have been forwarded to you for co-signature, notes/documentation sent for review and other communications from other providers or clinicians. Open by highlighting the patient and click open (**3**) or double-click on the patient's name to open. You will also be able to see notes you may have begun, but not yet signed, which will assist in ensuring completed documentation for your patients.
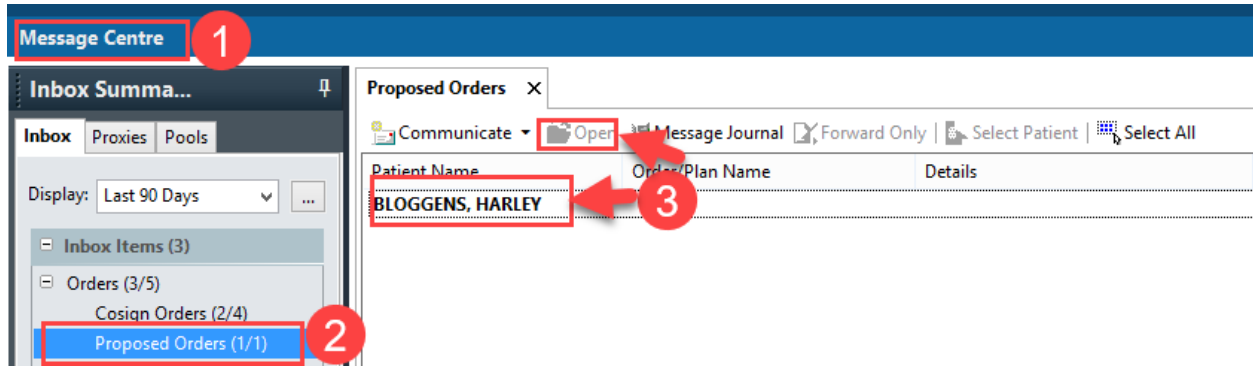Check back regularly during your shift for messages which may require action on your part.

For more information on Message Center within the OPOR-CIS: OPOR-CIS Message Center.

After reviewing your Message Center, you will want to view the patients who require your care. By navigating to the **Patient Overview** section of the OPOR-CIS you can display patient lists and key information to support care delivery.

Within your Patient Overview section, you will have access to several **Patient Lists** generated based on **location**, **medical service,** or **your relationship to the patient**. You can also create and maintain a list **manually**, by adding and removing patients as needed. You also have the option of sharing lists.

Patient Overview lists provide you with a **snapshot of your patients' status and pertinent clinical information to help you manage your work.** The columns within the Patient Overview section can be adjusted based on your preference and display information such as your patients **Illness Severity, Diagnoses, Problems and New Results**. The Patient Overview can also serve as a useful tool for **provider-to-provider handoff.**
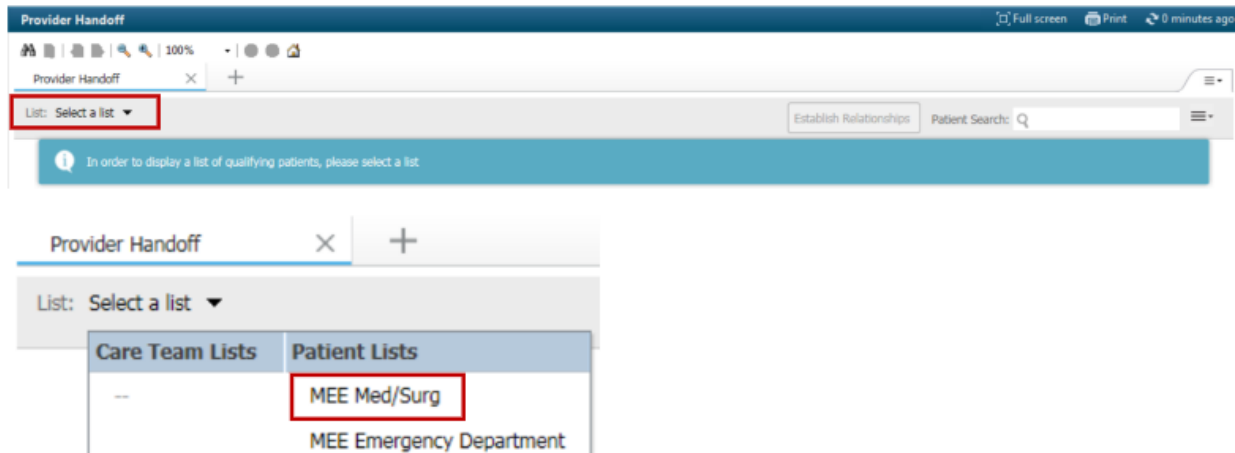
A sample of a potential patient snapshot is presented below.

Image 4: Copyright © 2023, Oracle. Used under license and/or permission.

Accessing your patient's chart through these lists, as opposed to searching ad hoc, minimizes the likelihood of selecting the wrong Encounter. **The importance of choosing the right encounter cannot be overstated**—all things stem from the right encounter choice! For example, placing a medication order on an ambulatory encounter in error could result in your patient not receiving essential therapy during their inpatient stay.

You may also be alerted to patients requiring your care via Consult Orders and through **Hand Over (I-PASS).** In an academic center, you may touch base with the residents to plan for the day and assign patients to residents.

For more information on Care Team & Patient Lists in the OPOR-CIS: [Care Team & Patient Lists](#)

Viewing Clinical Information
Results Review, Clinical Documentation and CPOE
By clicking on your patient's name within Patient Overview, you can navigate directly to the patient's chart (see **1** in image below).

Here you will find an "electronic version" of all information found in a current state paper chart, as well as results you would seek out on other electronic platforms in current state. **You may place orders, view results and read documentation, all from this main landing page**. Specific workflows such as Admission, Rounding and Discharge are captured within unique tabs, allowing you to populate and view information for your patient along their journey in hospital, and Quick Orders pages are also available, enhancing the efficiency and safety of CPOE.
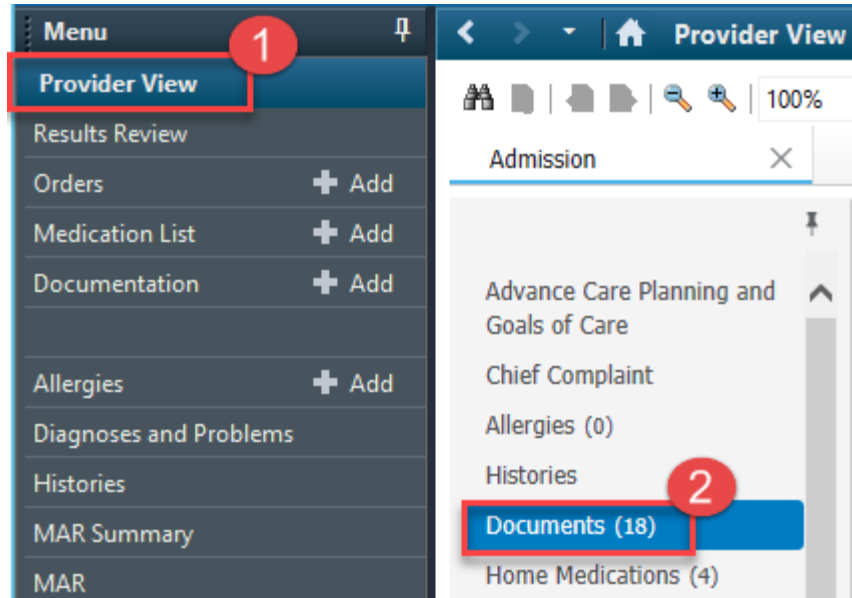
Image 4: Copyright © 2023, Oracle. Used under license and/or permission.

To see lab results, diagnostic, and clinical information, you can access Results Review– here you will find vital signs, measurements, reports from pathology, laboratory, diagnostic imaging, and other specialities, as well as clinician documentation.

Laboratory results are displayed using **color coding** to allow easier identification of results within normal limits and critical values. You can also **trend data**, creating graphs to allow for visualization of trends in data over time.

Image 5: Copyright © 2023, Oracle. Used under license and/or permission.

Diagnostic test results may be viewed as well as the corresponding images (for example a CT scan). You may also review nursing documentation such as **wound assessments** or **patient assessments.**

For more information on Results Review within the OPOR-CIS: OPOR-CIS Results Review.

While Results Review will contain most of the data you need, you may also wish to review iView for more detail. **Interactive View & I/O (iView) displays flowsheet-style documentation f**or vitals, measurements, ins/outs, and assessments, etc. The data entered in iView allows for trending and comparison, and much of it flows into Results Review. It is primarily used by nurses and allied health professionals.
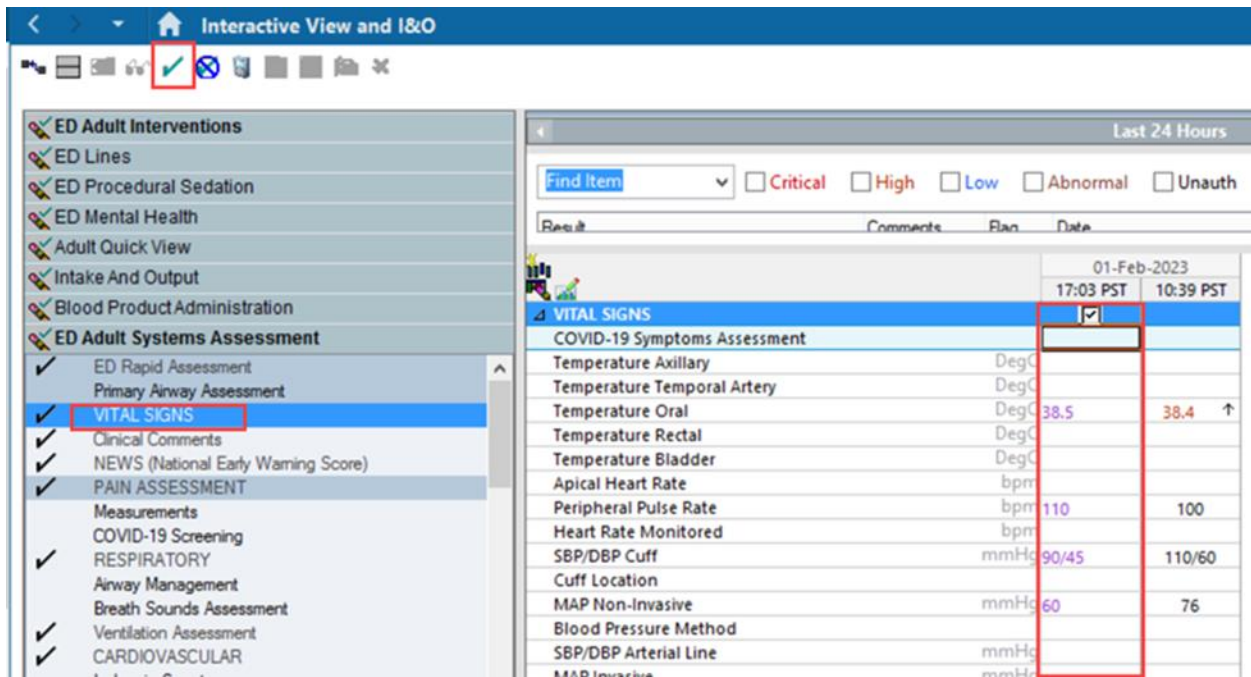
Image 6: Copyright © 2023, Oracle. Used under license and/or permission.

Clinical Documentation

Documenting in the OPOR-CIS can be done via PowerForms or through Dynamic Documentation into Note Templates. **PowerForms** are the **electronic equivalent of a paper form in the OPOS-CIS**. These electronic forms will display based on your role or speciality—for example, a geriatrician may have a PowerForm to capture patient's

MoCA or MMSE Scores, while a neurologist may have a PowerForm to capture a detailed neurological assessment at the onset of stroke symptoms reflective of NIHSS. These forms are not typically narrative in nature but contain discrete data that can be captured and leveraged across the system.

When you open the PowerForm, you will see a Toolbar (**1**); Elements (**2**) which are sections of the form that allow you to enter patient information; a Navigation pane (**3**) on the left to move quickly between sections of the form; and a Notes (**4**) section.

Image 7: Copyright © 2023, Oracle. Used under license and/or permission.

Documentation (including Admission Notes, Progress Notes, Discharge Notes and all other key pieces of documentation) in the OPOR-CIS, will be standardized into legible, logical **templates** that can be leveraged across many care areas. These templates allow our providers to easily pull in information already captured in the patient's chart by using efficiency-boosters such as **Autotext.** For example, **using a shortcut prefaced by special characters such as typing** ".ROSComplete" will automatically populate a complete Review of Systems for your patient, with dropdowns to adjust the content. A shortcut such as ".labslast24hours" could pull in a tidy table of resulted labs for your patient over the last 24 hours. You will also be well supported to create your own Autotext in the OPOR-CIS, as many providers have unique preferences for their specialized documentation.

For more information on Autotext in the OPOR-CIS: Insert link for the Autotext one pager.

The system can also **automatically populate information** such as HPI (History of Present Illness, Active and Chronic Problems, Procedures, Allergies or Medications into the relevant sections of your notes, minimizing the need to type or dictate this information ad hoc. This process saves time and is a more efficient method of documenting notes.

You can also **leverage well-written content found in other clinician's notes**. For example, if a consulting provider laid out a comprehensive A&P (Assessment & Plan), you can copy and paste this into your Progress Note, automatically denoted with a superscript, to preserve the integrity of the documentation.

The OPOR-CIS is also fully supported by **rdeo Medical One** dictation software, which can also be available on your mobile device (Dragon Mic Mobile).

For more information on Dragon Medical One and dictation in the OPOR-CIS: [Dragon Medical One](#)

You can begin a note and save it to return to later—this will also display in your Message Center under your In Progress notes. Once documentation is complete, you click Sign, allowing in to be immediately available within the patient's medical record. It may be forwarded to other members of the care team (primary care physician, specialist, etc.)

For more information on Documentation in the OPOR-CIS: [OPOR-CIS Documentation.](#)

Order Entry

As part of your daily delivery of care, you will place all orders electronically via **Computerized Provider Order Entry (CPOE).** This means orders that are currently written on paper will now be electronically entered by you within the OPOR-CIS, and flow directly to the appropriate services and individuals for actioning. For example, an order for a medication will route immediately and directly to the pharmacy worklist tools, while the order for a social worker consult will simultaneously populate on the social worker's task list. An order for a medication will route immediately and directly to the pharmacy worklist tools, while an order for a Social Work consult will simultaneously populate on the social worker's tasklist. **The transition to CPOE means orders no longer require transcription, faxing and other inefficient and error-prone methods.**

There are several efficient ways to place orders in the OPOR-CIS including **Quick Orders** pages and **Order Sets (also known as PowerPlans in the OPOR-CIS)**. A less efficient method is finding orders in the ad hoc search, which can be used where needed. Regardless of the tool used, most orderable items are accompanied by an **Order Sentence containing key details such as medication dosage, route of administration,**

and frequency. Many orderable items have multiple possible order sentences. For example, when placing an order for acetaminophen in the text box (1) several order sentences will be suggested below (2).
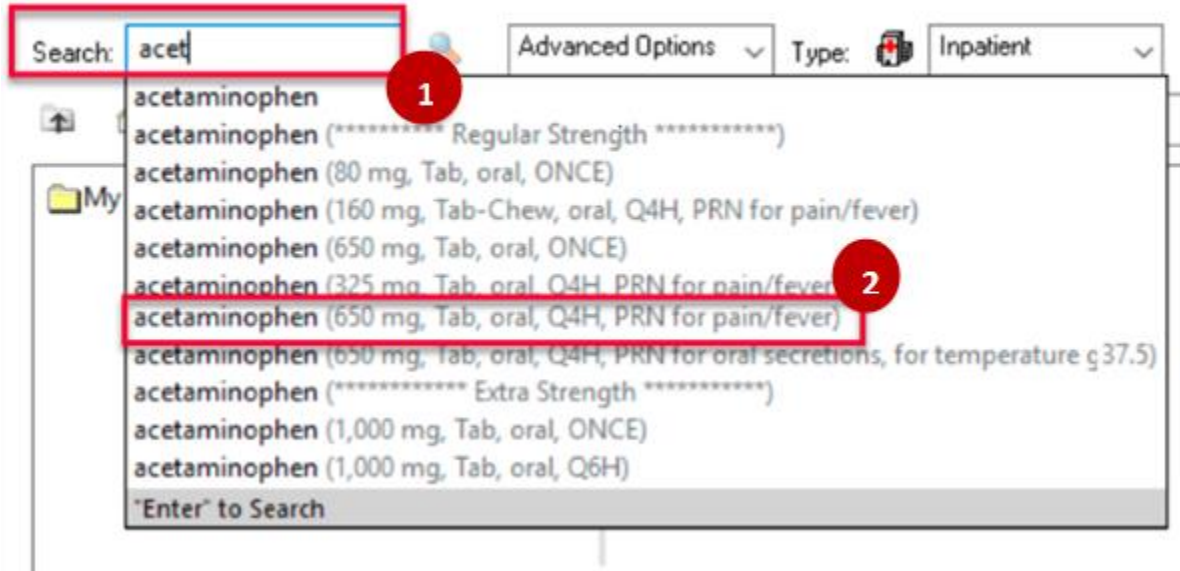
Quick Orders contain the most common orders used within your area of clinical practice. The orders are categorized into folders such as Medication or Diagnostic Imaging, to enhance user navigation. Using these pages will enable a faster order placement workflow and can be customized for your practice. You can add your own Favourite orders to these folders, further customizing it to meet your needs.
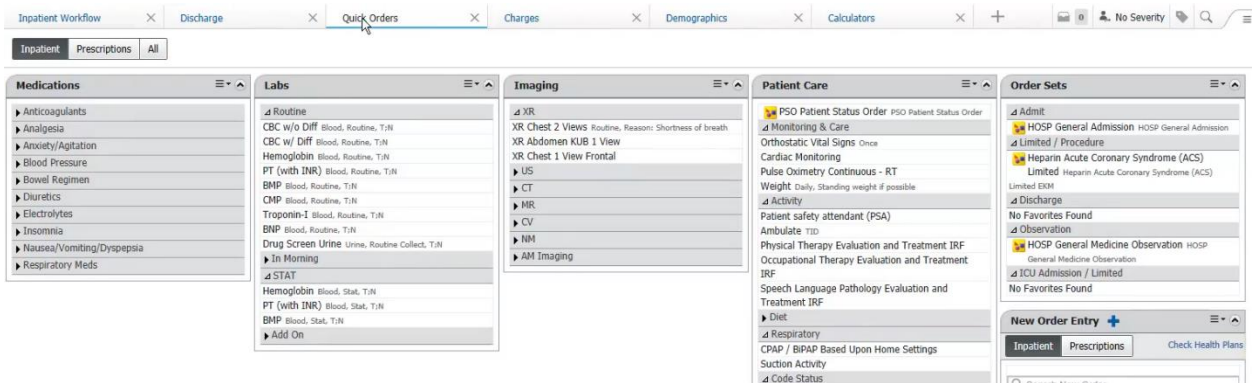

Image 8: Copyright © 2023, Oracle. Used under license and/or permission.

For more information on Quick Orders in the OPOR-CIS: OPOR-CIS Quick Orders.

Image 9: Copyright © 2023, Oracle. Used under license and/or permission.

The OPOR-CIS will come with electronic Order Sets to support care delivery across the province. **Order Sets** contain a predefined group of orders and tasks, commonly used for a specific condition, procedure, or clinical scenario. For example, you may place an Order Set for Subcutaneous Insulin, Heparin or therapies which include evidence-based content such as medications, care instructions, laboratory, diagnostic imaging, diets, etc.

Most of the **Order Sets are named with standardized prefixes** (example: RESP, CARD, PED). Orders within an Order Set are bundled by category, for example Activity, Vital Signs, Patient Care, followed by Medication, Laboratory, etc. Most frequently ordered items are at the top of their order category, and orders that are required or very commonly ordered are often pre-checked, reducing the need for multiple clicks.

Current state paper Order Sets (also known as pre-printed orders or PPOs) in use across the province which are already updated and standardized are being leveraged to develop content in the OPOR-CIS. In collaboration with experts in your field across the province, all Order Sets are being closely reviewed to **ensure the content aligns with recent guidelines and will support evidence-based care deliver across the province**. Order sets from other jurisdictions have also been evaluated for potential benefit and inclusion.

For more information on Order Sets in the OPOR-CIS: **Order Sets in the CIS**

For more information on CPOE in the OPOR-CIS: *CPOE Key Benefits & Features*

Clinical Decision Support Systems

Inherent to the OPOR-CIS is **Clinical Decision Support**. For example, when you order Medication orders, they are automatically screened for allergies, duplicates, contraindications, and interactions. While **Clinical Decision Support** is a useful tool to

reduce medical errors, the goal is also not to create too many alerts that cause alert fatigue.

For more information on Clinical Support for Medications: [OPOR-CIS: Medications Related Clinical Decision Support.](#)

Ordering within the OPOR-CIS with significantly improve efficiencies – reducing chase time for, and a manual completion of forms – as well as allowing for ordering remotely and being able to track and monitor any new information or requests made by other providers.

Patient Transfer & Discharge

During your day, you may need to arrange for a patient to be transferred to another facility or be discharged home. Both are easily accomplished within the OPOR-CIS.

Patient Discharge

When a patient is ready to be discharged home, a **Discharge Reconciliation** and **Discharge Summary** must be completed within the OPOR-CIS. After you complete the Discharge Medication Reconciliation, a medication summary will be included in the Patient Discharge Handout, Patient Discharge Medication List, and Discharge Summary. Many aspects of these steps are multi-contributor, allowing for collaborative, interdisciplinary teams to contribute to the patient's discharge.

Patient Transfer

During your shift, you may need to transfer a patient to the ICU or to another facility. This means you would likely be involved in the Bed Transfer Request and initiate the change in attending physicians. A complete Medication Reconciliation will also be performed at time of patient transfer.

For more information on Medication Reconciliation: [OPOR-CIS BPMH and Medications Reconciliation](#).

Note that the Transitions of Care example above demonstrates the use of the OPOR-CIS from the perspective of an Internist working in an academic institution. Although internal medicine providers or hospitalists may have different roles and responsibilities depending on where you work across the province – this example has reviewed many of the features with the OPOR-CIS that you will use as part of your daily care delivery to patients.

We Are Here to Support You

If you've reached this point in this document, you have likely grasped that the implementation of a CIS is a major transformational initiative. It involves a commitment from leaders and clinicians at all levels to successfully adopt the system and achieve the significant benefits of that adoption. Change is challenging. The OPOR team is committed to supporting you through it. **Education and Learning** and **At the Elbow Support** during go live will ensure that you are prepared and supported. While this guide provided a brief overview, the **OPOR Education and Learning team** will prepare you with detailed content and experience leading up to the CIS implementation.

For more information on the Education and Learning Strategy: Education & Learning Strategy

For Additional Information on Acute Care & the OPOR-CIS:

To view **video demonstrations** of the test OPOR-CIS domain, click on the following link.

The OPOR website also hosts a plethora of guides on the functionalities offered by the future-state OPOR-CIS, linked here.

Please contact **CMIO@nshealth.ca** for any questions about the OPOR-CIS and **how you can be part of this process to ensure it meets your clinical needs.**

(June 2024)

Appendix A: Glossary of Top Terms

Cerner Canadian Reference Model (CCRM)	The CCRM acts as a starting point of recommendations, workflows, and best practices.
Clinical Decision Support	Provides healthcare providers with real-time, evidence-based guidance to enhance patient care. Integrates with the electronic health records, offering suggestions for diagnoses and treatment plans based on the latest clinical guidelines and patient-specific information, thus supporting more informed and effective decision-making.
Computerized Provider Order Entry (CPOE)	The process of providers entering and sending treatment instructions including medication, laboratory, and radiology orders via a computer application rather than paper, fax, or telephone.
Dynamic Documentation	Automates the creation of a clinical note relating to care delivery. The note aggregates chart information from clinical documentation entered using a variety of methods to meet the needs of physicians in varied care settings.
Interactive View & I/O (iView)	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.
OPOR-CIS	Computer program designed to collect, store, manipulate and share information in the healthcare delivery process. Components: electronic documentation, dictation and speech recognition, computerized order entry, clinical decision support, NSH & IWK Health Network clinical information access, and closed loop medication management
PowerChart	PowerChart is highly interactive and designed to address the needs of care providers and medical staff. It streamlines the workflow process into one desktop application, which provides access to the functions that support the EHR. Use PowerChart as a tool to access patient lists, view pertinent patient information such as demographics and results, and perform functions that support clinical practices such as entering clinical documents. There are two main views: Organizer and Patient Chart.
PowerForms	The electronic equivalent of standardized documentation in the OPOS-CIS.
Quick Orders	The Quick Orders tab presents the most common orders and order sets used within your area of clinical practice. This enables a faster order placement workflow and can be customized for your practice.

Appendix B: Helpful Links

- [Care Coordination Centre (C3)](#)
- [OPOR-CIS BPMH and Medications Reconciliation](#)
- [OPOR-CIS Message Center](#)
- [OPOR | One Person One Record (nshealth.ca)](#)
- [OPOR-CIS Clinical Governance](#)
- [OPOR-CIS Documentation](#)
- [OPOR-CIS Results Review](#)
- [OPOR-CIS CPOE Key Features and Benefits](#)
- [OPOR-CIS Quick Orders](#)
- [ReferralsNS - Nova Scotia eReferral Resource Hub](#)
- [YourHealthNS](#)