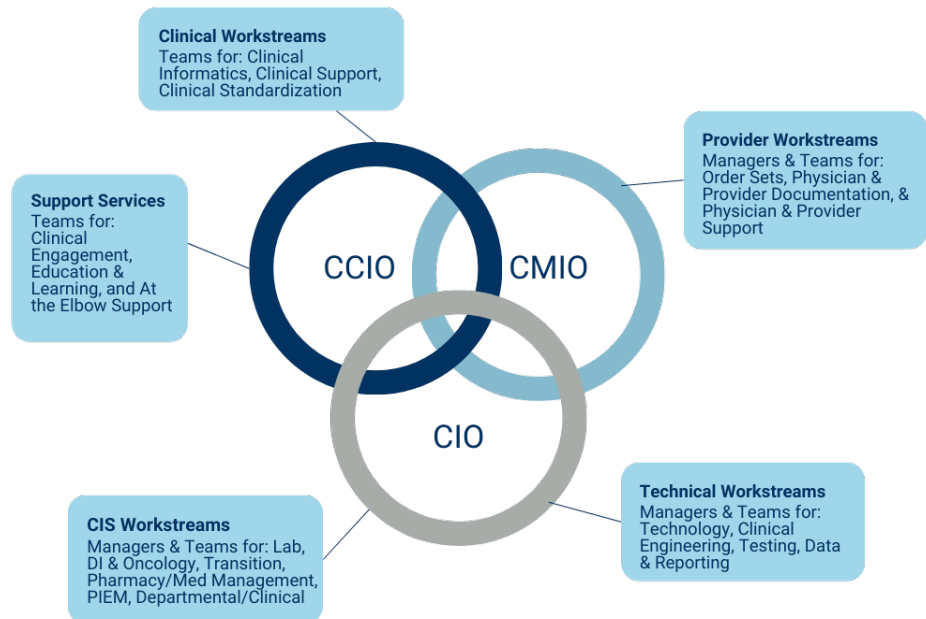


DECEMBER 2023

OPOR Team Structure

The OPOR Program Team boasts a solid base of clinical expertise, with the majority of team members coming from interprofessional backgrounds across NSH and IWK Health. The teams focus attention on the needs of providers (CMIO team), clinicians (CCIO team), and non-clinical healthcare teams (CIO team).

At the leadership level, the Senior Responsible Owners (SROs) are the Chief Clinical Information Officer, Chief Medical Information Officer, and Chief Information Officer. These individuals not only support the OPOR program but also all digital health enablement initiatives across NSH and IWK Health, with a focus on ensuring alignment across all initiatives. There are several directors across the project, focusing on supporting the needs of providers, clinicians, technical aspects, education and learning, and clinical engagement.



Design Sprints for the OPOR Clinical Information System

The OPOR Clinical Information System (CIS) Design Sprints began in the fall of 2023 and will continue through to the summer of 2024. These sets of virtual workshops bring together Subject Matter Experts (SMEs) from across the province to inform how we can customize the OPOR-CIS with the Cerner Canadian Reference Model (CCRM) as the springboard.

We are now in Design Sprint 3, and Design Sprint 4 begins in January 2024. The OPOR team is committed to ensuring these sessions are high yield for our SMEs across the province. Our SMEs are strongly encouraged to complete our structured feedback form, which allows our team and our vendor Oracle Health, to continue to improve the efficiency and effectiveness of the Design Sessions.

What does a Design Sprint look like?

There are a total of eight Design Sprints, scheduled as five-week blocks each. Sessions with subject matter experts do not run for the entirety of the Sprint—these 5-week blocks consist of sessions and time for OPOR and Oracle to work through the content together. For example, a SME may participate in a Design Sprint that focuses on a unique topic such as Emergency Medicine Admission Integration. They would participate in one or more workshop sessions during the five-week sprint, perhaps totaling 4 hours of sessions. There may also be some tasks or input required as takeaways for SMEs to do outside of the sessions.

Topics are often introduced in one Sprint and discussed with SMEs and brought back in another future Sprint to validate the content with the same SMEs. Some sessions are focused on the workflows of individual clinicians or physicians. Other sessions are “integrated”—this means many disciplines will be included in the virtual session.

Design Sprints & Decision Making

Subject Matter Experts attend Design Sprint workshops to inform and make decisions for their care areas, likely as an Embedded Working Group member. All decisions are tracked and logged within the OPOR Programs Decision Tracking Tool. 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.

Decisions are brought to the OPOR Clinical Operations and Advisory Team (O-COAT) for final approval by consensus. O-COAT is an approval team of senior clinical representatives from across IWK Health and NSH.

Spotlight: Cerner Canadian Reference Model

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, asking, “Can this support the delivery of safe patient care for your area?” and if not, “What would you change, and why?”

We recognize that model content will not always meet the needs of our Nova Scotia system and as leaders within our team, the OPOR team will advocate for our clinicians. This is about clinicians being responsible for their professional practice and documenting what they assess and do. Having said that, evaluation and validation **is** required.

Many considerations are given when discussing changes to the CCRM. Rationale for changes to model content can include patient safety, regulations, practical adoption to practice, and financial implications for the system.

Upcoming Engagements

Design Sprint 4: January 8 – 26, 2024

Workshops will take place during this window. Specific working group and workshops details will vary.

OPOR Site Visits: December & January

Western Zone: December 12 – 13, 2023

Northern Zone: January 15 – 17, 2024

Key Provider Engagements

- CZ Surgery Departmental Meeting
- IWK Pediatrics Departmental Meeting
- Western Zone ZMAC (Zonal Medical Advisory Council)