

June 2024

OPOR Engagement Activities

Site Visits & Virtual Town Halls

During the summer months, the OPOR Clinical Engagement Team will be pausing engagement site visits to focus on building the OPOR Change Network. Members of the Cyber Security and Digital Solutions (CSDS) Team will be visiting Wave One sites to validate their non-clinical devices plans.

The Clinical Engagement Team will continue engagement site visits in September with a focus on the Wave One sites as we get closer to our first go-live. Virtual Town Halls will continue throughout the summer, and we have been very pleased by the attendance and feedback we are getting from these online events.

There will be a hybrid **Town Hall with IWK Health on June 18th from 10:30am – 11:30am**, featuring both in person and virtual attendance. The town hall will take place in the Cineplex O.E. Smith Theatre at IWK Health’s University Ave. campus, and online through Microsoft Teams. The Teams meeting can be added to your calendar using this link: [OPOR IWK Town Hall Sign-Up \(office.com\)](https://office.com)

OPOR will be holding a **Central Zone Virtual Town Hall on June 27th, from 1:30pm – 2:30pm** where updates to the program will be shared. This is also an opportunity for employees to ask questions. This meeting is held via Teams, and can be added to your calendar using this link: <https://forms.office.com/r/XnvxJHgXQi>

Thank you to everyone for your support on these site visits and with the Virtual Town Halls. If you have any questions, please email us at OPOR@nshealth.ca

OPOR Clinical Governance Update & Program Timeline

Design Workshops continue to deliver significant progress towards the completion of the Clinical Information System (CIS) design. As of May 27th, Subject Matter Experts have made 3229 **individual decisions** to design the OPOR-CIS.

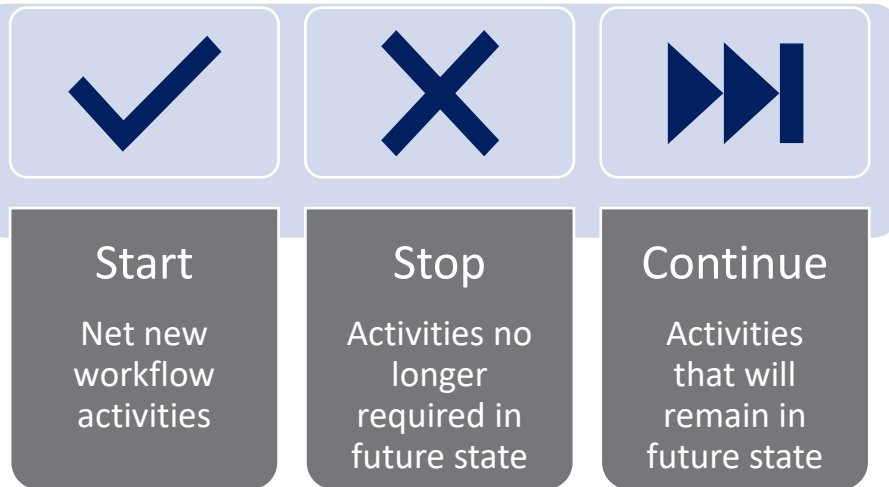
The OPOR Program is nearing the end of the design and build phase for the new CIS. Soon, we will be moving into the testing phase to validate the design and build, ensuring the system serves the needs of healthcare workers and physicians in Nova Scotia.



OPOR Design Decisions

A main pillar of the OPOR Program has been the level of involvement from healthcare workers and providers from across Nova Scotia. Subject Matter Experts (SMEs) have been participating in design workshops to inform the specifications and functionalities of the CIS. OPOR Clinical Leads then work with this information to carry the design decision process through.

To do this work, information is collected to introduce, validate, and approve workflows. This is when SMEs would weigh in on current practices to do their work. Once the workflows are approved, the Start-Stop-Continue (SSC) review begins.



The SSC identifies changes that need to be made, or not made, to a workflow in relation to the OPOR-Clinical Information System (OPOR-CIS). They also identify job impacts, policy impacts, and training needs.

Decisions made are then logged in the Decision Tracking Tool, a spreadsheet used to collect all decisions related to every aspect of the OPOR Program, including design decisions. This document tracks the stages decisions move through before being implemented.

The workflow, SSC, and decision tracking tool are all vital components in ensuring the OPOR-CIS is tailored to the needs of Nova Scotia.

Decision Process: Aligning with Upcoming Pan-Canadian Guidelines

In Canada, most health information systems are not set up to capture gender, sex and sexual orientation data beyond a single sex or gender field. Across the country, there are no commonly agreed upon data standards for gender, sex, and sexual orientation concepts, resulting in fragmented and incomplete data. This directly affects the quality-of-care gender diverse individuals receive and the accuracy of their representation in healthcare analytics. The new OPOR-CIS will address this.

CIHI is utilizing the emerging guidelines from the British Columbia Ministry of Health Gender, Sex, Sexual Orientations (GSSO) Health Information Standard. OPOR is working to align with GSSO and CIHI Guidelines by ensuring that the OPOR-CIS uses the recommended terminology and considerations for collecting patient data. At a local level, OPOR consulted with Canada Health Infoway and Laboratory Services - NS, and prideHealth. OPOR also remains aligned with current IWK Health and Nova Scotia Health equity principles.

Important design decisions like the one described involve robust consultation with partners and ensuring the right level of governance makes the decision. The **OPOR Clinical Operations and Advisory Team (O-COAT)** Governance Group recently endorsed the values to be captured for two important data fields in the CIS-- “birth sex” and “administrative sex”. This ensures that clinical needs and respectful quality care are both upheld for our patients in Nova Scotia. O-COAT is an approval body of senior clinical representatives from across IWK Health and Nova Scotia Health.

This important design decision promotes affirming, culturally safe, and culturally competent person-centered healthcare for all people. “Birth sex” is a data element intended to represent a patient’s sex assigned at birth based on biological characteristics including chromosomes, anatomy, and hormones. It is frequently used to support clinical care, reference ranges for labs etc. “Administrative sex”, or “legal sex”, is how the patient identifies and may present. This data informs bed placement, record keeping, and other similar functions as expressed by the patient.

Stay tuned for further updates on how OPOR is meeting the needs of all patient populations in Nova Scotia, and how our governance supports those efforts. Happy Pride!



Support Topic: Non-Clinical Devices to Support Future-State Workflow

In May, we introduced the work that is underway to prepare for the deployment of integrated medical devices. This month, we're highlighting the non-clinical devices (NCD) that will be added to your environment to support the future-state CIS workflows.

The NCD project team is focused on preparing your workspaces for the shift to online charting and record keeping. Their objective is to have the right devices, configured and tested, and in the right places, three months before go-live. They are confirming compatibility of existing devices (or replacing them) and adding enough additional computers so that no care provider, administrator, or clinician should have to wait in line to use one.

In the months leading up to go-live, you will begin to see the following devices deployed:

- **Additional desktops, laptops, medical grade wall-mounted PCs, workstations on wheels (WOWs), and mobile computing devices** to allow timely access to patient records and key systems throughout care units, admin areas, and patient rooms.
- **More laser, label, and armband printers** to support new ways of working, such as closed loop medication administration and specimen collection.
- **Document scanners** to allow a patient record to be fully digitized and **hand-held barcode scanners** to allow medications and specimens to be linked to a patient via their armband.
- **Dual monitors and large tracking boards** to display key records and CIS data for easy access by individuals and teams.
- Peripherals such as **dictation microphones and e-signature devices** will be more broadly available to support the collection of digital data.
- **Downtime systems** (PC's and printers) to allow access to patient records if the CIS is unavailable for any reason (e.g., a power or network outage).

The approach used to determine the type and number of non-clinical devices to deploy is aligned with Oracle Health's best practice and experience delivering similar programs. It is also informed by discussions with other jurisdictions who are ahead of us in the transformation journey, requirements provided by OPOR teams who are involved in the CIS design, and considerations raised by representatives of clinical, medical, and administrative teams at IWK Health and Nova Scotia Health.

Of course, every facility and space have unique challenges and constraints. An important aspect of deploying these new devices and equipment is working with the teams that use the spaces every day to adjust plans if required. For example, the standard might suggest wall-mounted PCs, but the location might warrant a switch to workstations on wheels (WOWs). With the increased volume of devices, there will also be a need for additional power outlets, network drops, shelves, and mounting brackets. In advance of deployment, teams will be on site to address those needs and prepare the locations for device installation.

Through each go-live, as we learn more about how to best support the new CIS-enabled workflows, there will be an opportunity to adjust the standard for non-clinical devices. The NCD project team will collaborate with the OPOR clinical solution teams through the duration of the program to understand the experience of CIS users and refine the mix of devices and equipment as required.

