



One Person
One Record

Monthly Update December 2024

Leadership Update

On Monday, December 2nd the One Person One Record Program (OPOR) launched a Change Readiness survey across IWK Health and Nova Scotia Health. This will be the second survey intended to measure awareness and desire for the OPOR Clinical Information System (OPOR-CIS) implementation.

From the Awareness Survey in March 2024, we saw that 95% of respondents said they were aware of OPOR, however 65% stated they do not understand how the implementation will impact their work. Since then, we have been sharing information across the healthcare system about functionalities of the CIS, and how different users will interact with the system.

We look forward to seeing the results of the next survey to measure the levels of understanding people across IWK Health and Nova Scotia Health have about OPOR and the CIS. [Please complete the survey and share this link with your colleagues and teams.](#)

Work has begun with Novari to design configuration with the OPOR-CIS. Novari Health Technology applications will integrate with the new CIS for referral and waitlist management across IWK Health and Nova Scotia Health. This will contribute to providing a coordinated system for providers and patients.

We recognize the incredible amount of work that has been completed over the last few years with solutions like OceanMD eReferrals. The Novari solutions will integrate with OceanMD eReferrals through the CIS for medicine, surgery, endoscopies, medical imaging, and mental health and addictions services. Patient access to care will be improved by centrally receiving, triaging, and routing referrals to the most appropriate clinical setting, with the shortest wait time and as close to the patient's home as possible.

In the future, patient consult and/or referral orders from the OPOR-CIS will be managed and waitlisted within Novari. Referral officers, OR admin staff, and clerks will access the relevant information and manage the referral, routing it to the appropriate provider and location. In addition, the integration with the Ocean MD eReferral system will allow eReferrals from community providers to be submitted through OceanMD eReferrals and then sent to the Novari system. Over the next few weeks, Subject Matter Experts from across IWK Health and Nova Scotia Health will be engaged in designing the configuration to further develop the functionality of Novari within the OPOR-CIS.

As we move closer to our first Go-Live Wave with IWK Health in August 2025, it is important to remember that we are not inching towards a finish line – it's really the start line! Over the last few years, we have been putting in the work to prepare for this tremendous clinical transformation. When sites go-live, it will be the start of their transformation journey on the ground, and one that we are very excited to see coming to life.

Physician Billing

The OPOR-CIS is designed to support clinical workflows and will also impact physician billing. While it is not a complete billing solution the CIS will enable physicians to capture billing codes during patient encounters. These codes will be compiled into a report which can be provided to billing teams, ensuring they have the necessary information to submit claims through to Medavie.

The submission of these codes through to Medavie must continue to be supported by an accredited Electronic Medical Record (EMR)—the OPOR-CIS cannot adjudicate and is therefore not able to be accredited by Medavie. Therefore, physicians must continue to utilize their respective EMR for submitting claims to Medavie, after capturing the codes in the OPOR-CIS.



OPOR Program Update



The design phase of the OPOR-CIS is wrapping up (99.6% data collected!). Given the stage of the project, we are shifting our focus to stabilization.



The CIS is 81.5% built. Validation and testing is underway to ensure that all is functioning as designed.



Once fully deployed OPOR will be a core system of truth for more than 1,000,000 Nova Scotians and approximately 40,000 end users across 42 hospitals in Nova Scotia.



OPOR will replace over 80 existing systems to centralize patient data and create a comprehensive record for improved care delivery.

We are grateful to have Subject Matter Experts (SMEs) involved every step of the way, during the design, build, and testing. Their voices are incredibly valuable. Voices like Tania Burke, a Registered Nurse from St. Martha's Regional Hospital. Recently Tania spoke with OPOR about her experience as a SME. [Read her interview here](#), and another interview with [Ashley Hughes](#), a Registered Nurse with IWK Health on the Family Newborn Care Unit.

Care Plans and Care Directives

The OPOR-CIS will play an integral role in developing **Interprofessional Plans of Care (IPOCs)** and using care directives to support patient care. The CIS will allow healthcare teams and providers to collaborate and deliver patient-centred care by bringing together healthcare professionals from different care areas and disciplines.

IPOCs: Through the OPOR-CIS, patient information will be centralized and readily accessible by a patient's circle of care. **Digital documentation within the CIS allows different care team members to document their assessments, observations, and recommendations in one place.** These notes are accessible to everyone involved in the patient's care and help in the development of a comprehensive, interprofessional care plan. By improving communication among care teams and providers, patient care can be significantly improved, streamlining workflows, optimizing resources, and delivering more efficient care.

IPOCs allow for **better collaboration among care teams** as they know everyone is working with the same directives and practices. These plans can be adapted or customized by the team, ensuring that all relevant professionals can input their specialized knowledge, ensuring the needs of the patient are met while following consistent practices.



Care Directives: With the implementation of the OPOR-CIS, clinicians can access care directives and efficiently meet patient care needs. Care Directives are an order of authorization developed and approved collaboratively by authorized prescriber(s) and the organization for an intervention to be implemented by another care provider for a range of clients with specific conditions, in specific circumstances.

Having a real-time single source of truth with the OPOR-CIS makes it easier for users to locate care directives, select orders, and avoid duplication. The need to search and make choices are limited for the clinician which increases patient and clinician safety, and the safety checks are built in to ensure that the right clinician is with the right patient, at the right time, using the right orders, eliminating the need to rely on memory.

Bringing it all together in the CIS

The OPOR-CIS is a complex system that will bring together the steps in a patient's journey. At the centre of the system is standardized care and documentation. Every functionality within the CIS comes back to improving patient care and outcomes.

The OPOR-CIS **provides the tools needed to develop IPOCs and use care directives**, which in turn support patient care. Digital documentation, a key function of the CIS, is required when developing IPOCs for a patient. IPOCs are suggested based on patient diagnosis and other information available in the CIS.

Regulatory requirements for care directives will not change with the implementation of the OPOR-CIS, however the style will as they transform into a PowerPlan. PowerPlans are a group of orders under a single title that support a procedure or process. The PowerPlan allows for sections that can house pre-populated text fields, orders, and can be customized for limited selection or pre-checked orders. PowerPlans allow for all pertinent information and orders to be housed together to support efficient access to care directives and expedite the enactment of the directive, and to double check the appropriateness of the care directive before implementing. This provides valuable clinical decision support to the clinician right in their workflow, and they will not have to look for information in another space or on another document.

Throughout the design of the CIS, with input from Subject Matter Experts, care plan templates for common conditions were developed. Templates facilitate input from multiple disciplines and guide care team members in adding specific, relevant information about the patient's medical, psychological, and social needs.

The transition of care directives into the digital environment maintains current practice requirements as outlined by regulatory bodies. The benefits to patient and clinician safety are evident and the ability to audit and the ability to link metrics to current key performance indicators is a new benefit. The organizations will continue to be responsible for developing and maintaining CDs and educating clinicians.



Patient Experience



Sarah, a six-year-old patient, goes to the IWK Health Centre for a long-term course of IV antibiotics. She will receive treatments daily, for six weeks, to address a persistent infection.

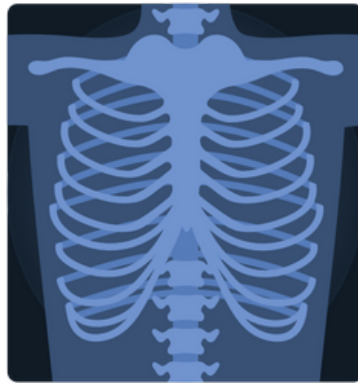


A physician placed an order for the antibiotics using Computerized Provider Order Entry in the OPOR-CIS. This action started the Closed Loop Medication Management process, and the medication was dispensed after checking the “7 rights” – right patient, drug, dose, time, route, documentation, and reason.

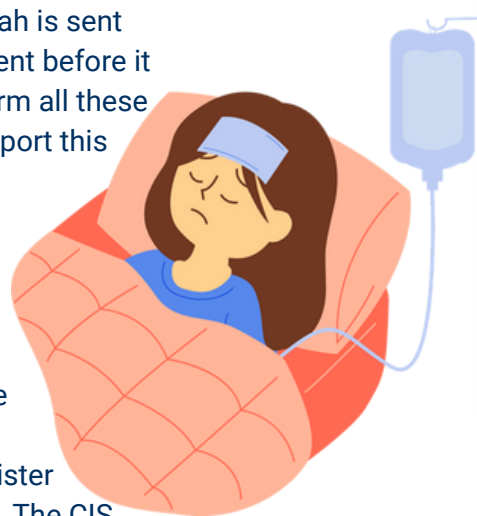


PHARMACY

To receive the medication, Sarah needs a Peripherally Inserted Central Catheter (PICC). The PICC team is consulted and arrives to assess Sarah for placement of the PICC.



Following the insertion of the PICC, Sarah is sent for a chest x-ray to confirm the placement before it can be used. The PICC nurse can perform all these actions as there is care directive to support this practice.



When Sarah returns from x-ray, and the placement of the PICC is confirmed, the bedside nurse scans her wrist band to confirm identify and prepares to administer the medication, which is also barcoded. The CIS records this action once the medication has been scanned, and documents that it has been administered by this RN.

Sarah and her family return to the hospital for the next six weeks until the medication course is complete. She had a positive experience with her healthcare team and the treatment and is soon back on her feet as a healthy, active kid!



When Sarah’s RN reviewed her information in the CIS, she was identified as being at risk of falling while in the hospital. Because Sarah is a little unsteady on her feet since she’s not feeling well and has an IV pole with her while receiving the medication, the CIS suggests that the Fall Prevention and Management Pediatric Interprofessional Plans Of Care be initiated. The nurse can create a plan of care with Sarah and her family to minimize Sarah’s risk of falls while in hospital.