Leadership Update

Happy New Year! This is going to be an exciting year – **we go-live in 2025**! The One Person One Record (OPOR) Team is very excited to share our latest video where we hear from senior leadership across IWK Health and Nova Scotia Health. The video features:

- **IWK Health Leadership:** Dr. Krista Jangaard, CEO; LeeAnn Larocque; and Natalie Borden.
- **Nova Scotia Health Leadership:** Karen Oldfield, Interim CEO; Dr. Nicole Boutilier; Dr. Christy Bussey; and Dr. Annette Elliott-Rose.

▶ **Watch the video now on the OPOR Hub!**

*T*he *OPOR Program and implementation of the new provincial Clinical Information System (CIS) would not be possible without the support of leadership. We are grateful for their involvement, and of so many others across the organizations.* ***Together, we are transforming healthcare in Nova Scotia!***

The ***OPOR-CIS Change Readiness Survey*** closed this month, with IWK Health having the greatest number of respondents, followed by Nova Scotia Health's Northern Zone. We have begun the analysis and look forward to seeing the results measuring the levels of understanding people across IWK Health and Nova Scotia Health have about OPOR and the CIS. Thank you to everyone who participated! We will be contacting the winners of the coffee gift cards shortly.

This month we begin our **Provincial OPOR Virtual Town Hall Series.** These online meetings will be held on the fourth Wednesday of each month, starting on January 22, and will be open to all IWK Health and Nova Scotia Health physicians, clinicians, and employees. **Click HERE to register for the meeting series!** Town Halls provide a platform to discuss the OPOR vision and share insights, creating a collaborative environment that promotes readiness and shared ownership throughout the transformation journey.

As always, if you are looking for more information on OPOR, check out our **OPOR Hub**, which is now live! The OPOR Hub is your one-stop-shop for the latest information and resources. Additional information, links and resources will be added over time - so make sure to bookmark this site for easy access!

As we move closer to our first go-live, readiness activities are ramping up. The OPOR Program is meeting regularly with various levels of leadership, departments, care teams, and employee groups to prepare for the implementation. Your participation in activities such as the Virtual Town Halls is critical to a successful go-live!

Go-Live Wave 1 with IWK Health will be a provincial implementation, launching on **Saturday, August 23, 2025**. **Go-Live 2**, the first of five go-lives with Nova Scotia Health, will be on **Saturday, November 22, 2025**. Launching on a Saturday was a strategic decision based on best practice from other jurisdictions, to help minimize interruptions to care. On weekends there are reduced services, procedures, clinics, and operations, which creates a better environment for launching a new system. More details about the day-of will be shared over the coming months.

The implementation of our new provincial CIS is becoming very "real" as we get closer to the first go-live. We are excited to continue the planning with IWK Health and Nova Scotia Health as we transform healthcare, together.

OPOR Program Update

The Design Phase of the OPOR-CIS is Complete!

Non-essential new changes to the design will be held for optimization after the system has been implemented. We will continue to limit new scope and design requests to those addressing critical patient needs or regulatory requirements, ensuring that our efforts are focused on system quality assurance, safety, and adoption.

The system is 89% built, and **testing and validation is well underway**. This important step will ensure the system is functioning as designed.

In January, the Program will wrap up remaining build tasks and advance system testing, in preparation for the first Integrated Testing event in February. Integrated Testing Event 1 will validate how multiple CIS modules work together and communicate properly in different patient care scenarios.

Learning About the Clinical Information System (CIS)

There is a tremendous amount of information to share across IWK Health and Nova Scotia Health about the CIS. Knowledge transfer will be happening throughout the organizations over the coming months in a variety of ways. **Closer to go-live, physicians, clinicians, and healthcare employees will begin their Learning Journeys and training to use the new system.** Before the formal training begins, watch for materials around your site and units to learn about the changes that will be coming to workflows and processes with the implementation of the CIS.

Learning Journeys and classroom learning schedules will align with the implementation schedule. This means IWK Health users will be the first group to begin their formal training. **Learning Journeys begin 16 weeks before classroom training, and classroom training starts 12 weeks before go-live.** The OPOR Education & Learning Team are working with managers now to confirm staffing lists and begin scheduling these activities. Stay tuned!

The OPOR-CIS: A Refresh

Over the past year, we have been sharing information on the OPOR-CIS, developed through a robust design process with Subject Matter Experts (SMEs), OPOR team members, and our vendor, Oracle Health.

A CIS is a comprehensive, integrated, digital platform designed to improve the quality of healthcare by digitizing and streamlining patient data management. Across IWK Health and Nova Scotia Health the system will replace traditional paper-based records or fragmented electronic health records (EHRs), with a unified, provincial, real-time digital system.

Powered by Oracle Health-Cerner Millennium, the OPOR-CIS enables clinical teams to document, access, and manage patient data securely and efficiently. For the first time, patient information will be shared electronically and seamlessly between IWK Health and Nova Scotia Health.

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.

A few CIS highlights are listed below. We have dug deeper into many of these functionalities in past Monthly Updates (see links below for more information).

- **Clinical Decision Support (CDS):** Providing evidence-based recommendations for clinicians in real time to support better decision-making.
- **Computerized Provider Order Entry (CPOE):** Digital order entry for physicians, nurse practitioners, and other providers.
- **Barcode Medication Administration (BCMA):** Ensuring medication safety by confirming the right medication, patient, and dose.
- **Digital Documentation:** Real-time, standardized patient care records for better collaboration and accuracy.
- **Front End Dictation:** A voice-to-text solution for providers, facilitating efficient and accurate documentation of patient care.
- **Digital Transfers of Care:** Ensuring smooth transitions in patient care from one provider or department to another.
- **Digital Goals of Care:** Ensuring patients' care preferences are captured digitally for seamless integration across healthcare settings.

Who is Impacted?

Everyone! Across IWK Health and Nova Scotia Health, physicians, clinicians, healthcare workers, and employees will be using the new OPOR-CIS in some function. How they use the CIS will depend on their role. Patients and families will also be impacted by the CIS, not only in how their care will change, but also the information they will eventually be able to access.

Healthcare Professionals:

- **Providers:** Ordering medications, treatments, and tests through CPOE and ensuring seamless access to patient records.
- **Nurses and Allied Health Professionals:** Documenting care, validating assessments, and supporting the BCMA system to ensure medication safety.
- **Pharmacists:** Using CIS for medication management and validation, ensuring proper medication orders and reducing errors.
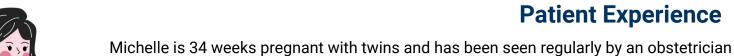
Administrative Staff:

- **Clerks and Schedulers:** Managing patient data entry, appointment scheduling, and workflow coordination digitally.
- **Billing and Registration:** Digital systems will replace manual processes for more efficient, error-free billing.

Patients and Families:

- Patients will benefit from improved transparency and faster decision-making, with more accurate and real-time updates to their care plan.
- Care teams will have access to patient information, regardless of where the patient received care, improving their overall experience with the healthcare system.

Patient Experience

Michelle is 34 weeks pregnant with twins and has been seen regularly by an obstetrician in her community of Bridgewater. This is a high-risk pregnancy. She is also followed by a hematologist in Bridgewater for a bleeding disorder.

Michelle has started having contractions while shopping in Halifax. When she and her partner arrived at the IWK Health Centre, admissions asked for her health card, and she was registered.

Michelle and her partner were comforted to know **the care team at IWK Health had access to her information** as she was taken right away into Labour and Delivery for assessment. There was no need to repeat information or wait for phone calls and faxes to send reports.

Nurse Brad takes Michelle's vitals, which are **entered directly into the CIS and immediately visible to anyone on her care team**.

Dr. Stevens, an obstetrician on the unit that day, looks through her record before entering the room to see her. Having access to both her obstetrics history, and her hematological history, Dr. Stevens is well-informed before seeing the patient. She sees the vital signs Nurse Brad just entered, as well as an initial triage history.

Digital documentation ensures care teams, including allied health professionals, have access to the appropriate patient information to deliver care.

After Dr. Stevens assesses Michelle, she **orders medication to stop the contractions using CPOE** in the CIS. The pharmacy receives the order immediately and dispenses the medication.

Before administering the medication, Nurse Brad uses the **barcode scanner and Michelle's arm band to verify the right patient, medication, dose, and timing**. Luckily, the contractions stop, but Dr. Stevens admits Michelle for further observation. This decision, and the full care plan, is easily accessible by Michelle's obstetrician in Bridgewater.

Her hematologist is also aware of her admission and notes some recommendations for DVT prophylaxis to Dr. Stevens, given her bleeding disorder and blood test results from earlier in the day.

Nurse Brad **messages the porter via the CIS to transfer Michelle** to the inpatient unit. A transfer of accountability verbal report is given to the receiving unit nurse who continues the documentation in the same encounter as Labour and Delivery.

Two days later Michelle is discharged. ***A dynamic interdisciplinary discharge note is created and sent to her family doctor and CC'd to the Bridgewater specialists in her circle of care via Message Centre.*** Her Bridgewater obstetrician is instantly notified and sends her administrative assistant a message to book a follow-up within the next few days.

Michelle and her partner see the follow-up appointment schedule and all her results in the YourHealthNS app on her phone. ***They are comforted to know that they are surrounded by such a great team, all working together!***