



MONTHLY UPDATE



LEADERSHIP UPDATE

With the design of the One Person One Record Clinical Information System (OPOR-CIS) complete, and the build nearing completion, we have advanced to the first formal testing phase - the first Integrated Testing (IT) event from February 10–24! Though testing has been underway since June, this phase focuses on validating the seamless integration and communication of the OPOR system in various patient care scenarios, a key milestone in ensuring the system functions effectively.

Testing of the OPOR-CIS and its integrations is a rigorous, iterative, and continuous process that spans through all the way to Go-Live 6 and even extends into the optimization phase. Each progressive phase of testing increases complexity, identifies defects, and drives their resolution. The program team is dedicated to thorough testing and defect resolution to deliver a safe, high-quality system for clinicians and patients.

Work continues with the Novari integration team as well, as we prepare to launch several of their modules with the OPOR-CIS. The impact to care areas will vary across the three Novari modules being implemented:

- Novari eRequest (referrals)
 - Ambulatory care
 - Mental Health & Addictions
 - Pediatric hematology oncology
 - Surgery
- Novari Access to Care (ATC) surgical booking and waitlist management
- Medical Imaging Referral Management

Leveraging integration with Ocean eReferrals and the OPOR-CIS, the addition of Novari solutions will enhance the overall referral and waitlisting management provincially. Details are still being finalized, and communication with the impacted care areas and teams is ongoing.

LEADERSHIP UPDATE CONTINUED

The OPOR Program has begun engaging with leadership and managers at IWK Health and Nova Scotia Health on the OPOR Slow Down Program. A successful CIS implementation relies on operational staff having the time and space to adapt to new workflows while maintaining safe, high-quality patient care. OPOR's Slow Down Program establishes a structured approach to temporarily reducing patient volumes (which is the equivalent of "slow down" in patient care), allowing care teams to build confidence with the new system during the critical Go-Live period.

Of course, **not all areas of our healthcare system can "slow down"**! Reducing patient volumes is only one way to support this important work. **"Slow down" also refers to physicians, clinicians, and employees being able to "slow down" as they work to accommodate for the learning and time it takes to learn a new system and workflows.**

To develop the Slow Down Program, OPOR and IWK Health and Nova Scotia Health leaders, managers, and front-line staff will collaborate to determine the best course of action for their care areas. While operational decisions are made by the organizations, OPOR is here to support with recommendations based on best practices and experiences from other jurisdictions.

Making OPOR and the new CIS a reality has been a tremendous journey – and for many, it's just beginning! While we have had hundreds of front-line Subject Matter Experts involved in the design, build and testing, we are now engaging with even more people through Virtual Town Halls, the Change Champion Network, and leadership and care area meetings. We are very excited to launch Learning Journeys with our IWK Health users this month. Education & Learning activities are aligned with the implementation timeline, with IWK Health users being the first to participate. This is another very exciting step towards go-live!

PROGRAM UPDATE

The OPOR-CIS Change Readiness Survey closed on January 12th and the overall Response Regatta result was approximately 12%. Six core themes were identified, which will guide our planning, and the information shared over the coming months.

Training & Readiness

Looking for more information on when and how training will happen.

General Uncertainty

Unsure of how OPOR and the CIS will impact them, and of the benefits.

Communication & Information

Looking for more OPOR Program content and information from their leadership.

Impact on Workflows

Wanting to know how their specific workflows will change.

Awareness & Engagement

People are aware of OPOR, but are looking for ways to be involved.

Positive Sentiment & Optimism

Looking forward to improved patient care and operational efficiencies.

IWK Health: 24.62% Response Rate



Central Zone: 11.02% Response Rate



Eastern Zone: 6.97% Response Rate



Western Zone: 13.49% Response Rate



Northern Zone: 13.83% Response Rate



SPOTLIGHT: NON-CLINICAL DEVICE STANDARD

Non-clinical devices (NCD) include computers and related equipment used for accessing and updating patient records. They support clinical processes for diagnosing, treating, and managing medical conditions, but are not medical devices.

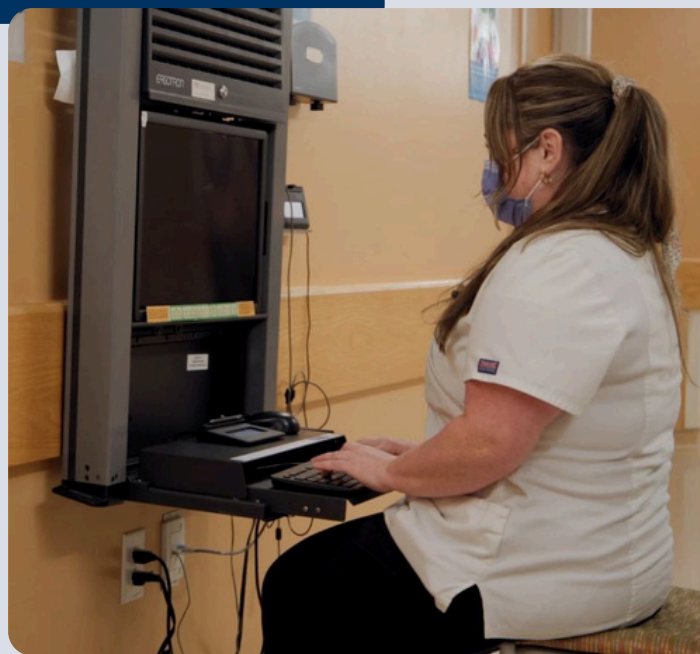
For example, a Workstation on Wheels (a computer on a rolling cart) is an NCD. A fetal heart rate monitor will also add data to the patient record, but it is a biomedical device, not an NCD. [You can read more about how NCDs and biomedical devices are used with the OPOR-CIS in past issues of the OPOR Monthly Update.](#)

To accommodate the transition from paper recording and processes to digital, the OPOR Program has worked with Oracle Health, the Department of Cyber Security and Digital Solutions (CSDS), and healthcare leadership and front-line staff, to develop an NCD standard.

The NCD standard is a set of guidelines that outline how to outfit clinical and non-clinical work areas with the computing devices and equipment required for OPOR-CIS access and future state workflows. The standard specifies the type, make, and model of devices for different spaces, accounting for the number of users and the services and/or care they provide. It also reflects best practices and lessons learned that have been shared by other jurisdictions.

Non-clinical devices and equipment included in the NCD standard include:

- Printers (laser, armband, slide, etc.)
- Scanners (document, barcode)
- Computing devices (desktops, laptops, medical grade PCs)
- Workstations on Wheels (WOWs)
- Tracking board (large data displays)



Patient Journey

Alexander, a 45-year-old man from Cape Breton, is in a car accident on his way to visit family in Digby. He has chronic kidney disease which has been manageable with frequent dialysis appointments and regular appointments with a nephrologist in Sydney at Cape Breton Regional Hospital.

Another motorist witnessed the accident and called 911. EHS arrived on the scene quickly, finding Alexander unconscious in the driver's seat. His pulse was weak, and his breathing was laboured. EHS informed the Emergency Department (ED) at Digby General Hospital that they were en route with an incoming trauma, providing them with relevant details. Using this information, **ED staff created a "pre-arrival" log in the OPOR-CIS. This added Alexander to LaunchPoint, allowing staff to assign a room and document any reported findings.**

When Alexander arrived at the hospital, his Nova Scotia health card number was entered into the OPOR-CIS and the trauma team sprang into action. **The pre-arrival entry in LaunchPoint facilitated quick registration when he arrived.** A registration armband with barcode was printed using an armband label printer and put onto his wrist. This will be scanned, confirming his identity before medication administration, or tests or procedures.

Because Alexander receives care at Cape Breton Regional Hospital, he is already in the provincial OPOR-CIS they are using in Digby. Staff add an "encounter" to his record, and now this visit to the ED will be documented. In the OPOR-CIS, Alexander's care team can see his patient demographics, allergies, weight if documented, etc. All this information helps inform their care plan.

Nurse Mitchell is the assigned nurse in the ED and uses a bedside **Workstation on Wheels (WoW) to triage with the Triage PowerForm**. Alexander was assigned a CTAS score of 1. Nurse Mitchell can document the assessments and vital signs in the Triage PowerForm, and these will automatically flow to other parts of the chart such as the **Trauma mPage**. Trauma cases follow a different process than regular ED visits, so the workflow is distinct. Biomedical devices are used to monitor his vitals, and Nurse Mitchell documents the assessment on the Trauma mPage in the OPOR-CIS.

Dr. Elizabeth Yang, the emergency physician, immediately reads through his medical history. Seeing that Alexander has chronic kidney disease, she knew they would need to be cautious with his fluid balance as his kidneys won't handle the trauma the same way as someone with healthy kidneys. **Using computerized provider order entry on the Quick Orders page of the OPOR-CIS, Dr. Yang orders a CT scan and blood work to check his kidney function.** The scan detected internal bleeding, which was likely affecting his kidneys. Dr. Yang orders a nephrology consult through the OPOR-CIS once receiving the results of his diagnostic tests.

Dr. Yang ordered a consult for Alexander to be transferred to the ICU for closer observation. **Dr. Singh, an ICU doctor, assesses him and places a Patient Admission Order in the OPOR-CIS, which triggers bed management involvement and updates his status to inpatient.** The transfer was arranged using the system, ensuring all impacted teams were aware of the move and his needs.

Dr. Yang provided a report to Dr. Singh using the Handoff mPage in the OPOR-CIS, and Nurse Mitchell provided Nurse Carolyn in the ICU a report along with supporting documents in iView under the nursing handoff/transport communication section of Alexander's record.

Over the following days, Alexander's condition gradually improved. The dialysis treatments helped stabilize his kidneys, and his internal bleeding was managed. His leg was casted but didn't require surgery. His care team arranged for a transfer to Sydney so he could continue his care closer to home. **Alexander and his family are comforted to know the care team will have his information ahead of time. With access to the full patient encounter at the other hospital in the provincial CIS, the patient's nephrologist was able to continue care seamlessly.**

