

Nova Scotia: One Person, One Record



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**One Person
One Record**

Collaborating for Innovation

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We acknowledge that we
are gathered today in
Mi'kma'ki,
the traditional ancestral
unceded territory of the
Mi'kmaq people





Agenda

- **Introduction**
 - what is collaboration
- Brief **overview** of OPOR project
- **Experiences** of Collaboration with OPOR
 - Governance
 - The OH community
 - Vendor relationships
 - Interdisciplinary
- **So What?**



**One Person
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Collaboration

What is it?

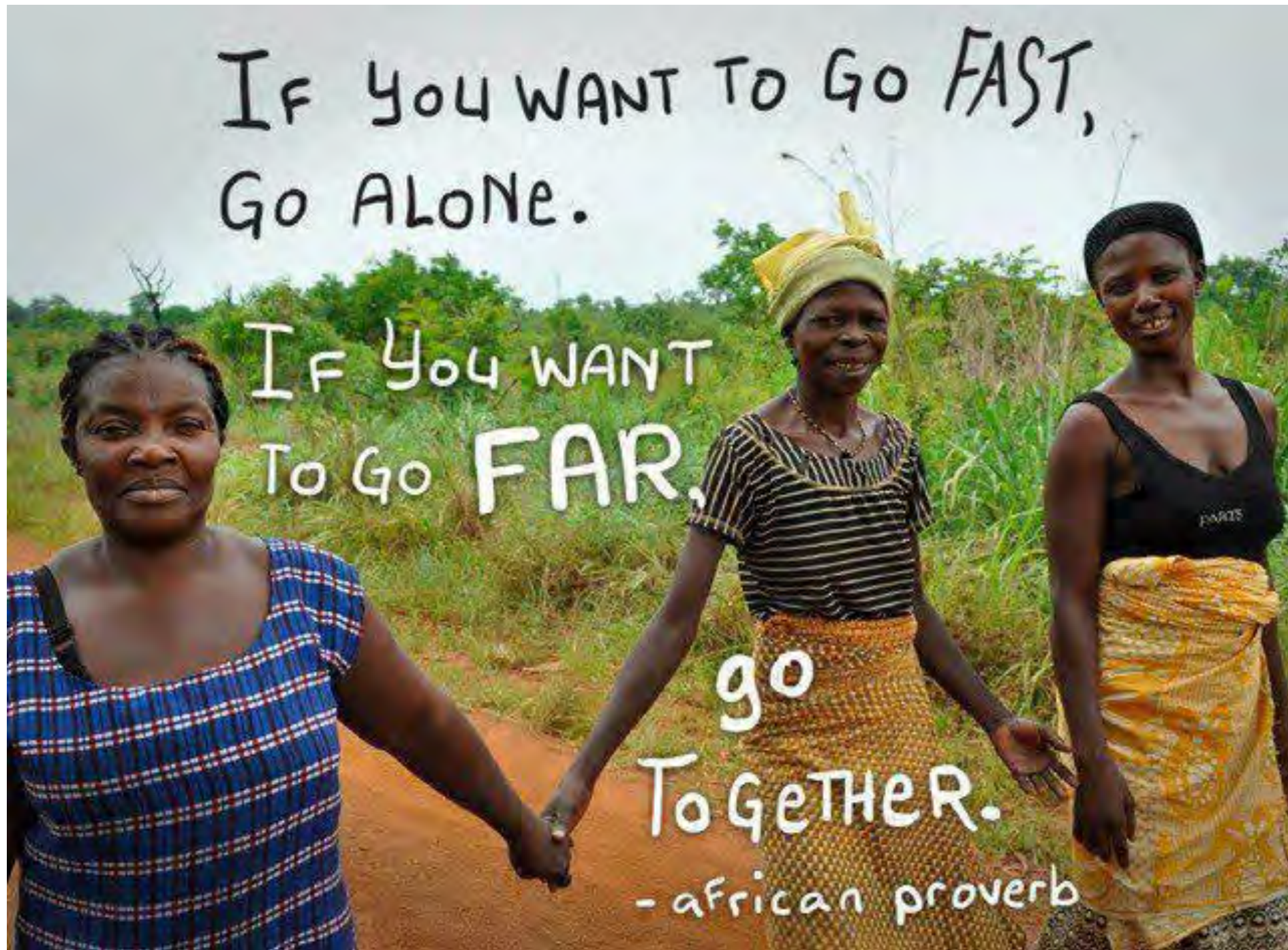


IF YOU WANT TO GO FAST,
GO ALONE.

IF YOU WANT
TO GO FAR,

go
TOGETHER.

- african proverb





Definition: Collaboration

Working practice whereby individuals **work together** for a **common purpose** to achieve a **business benefit**



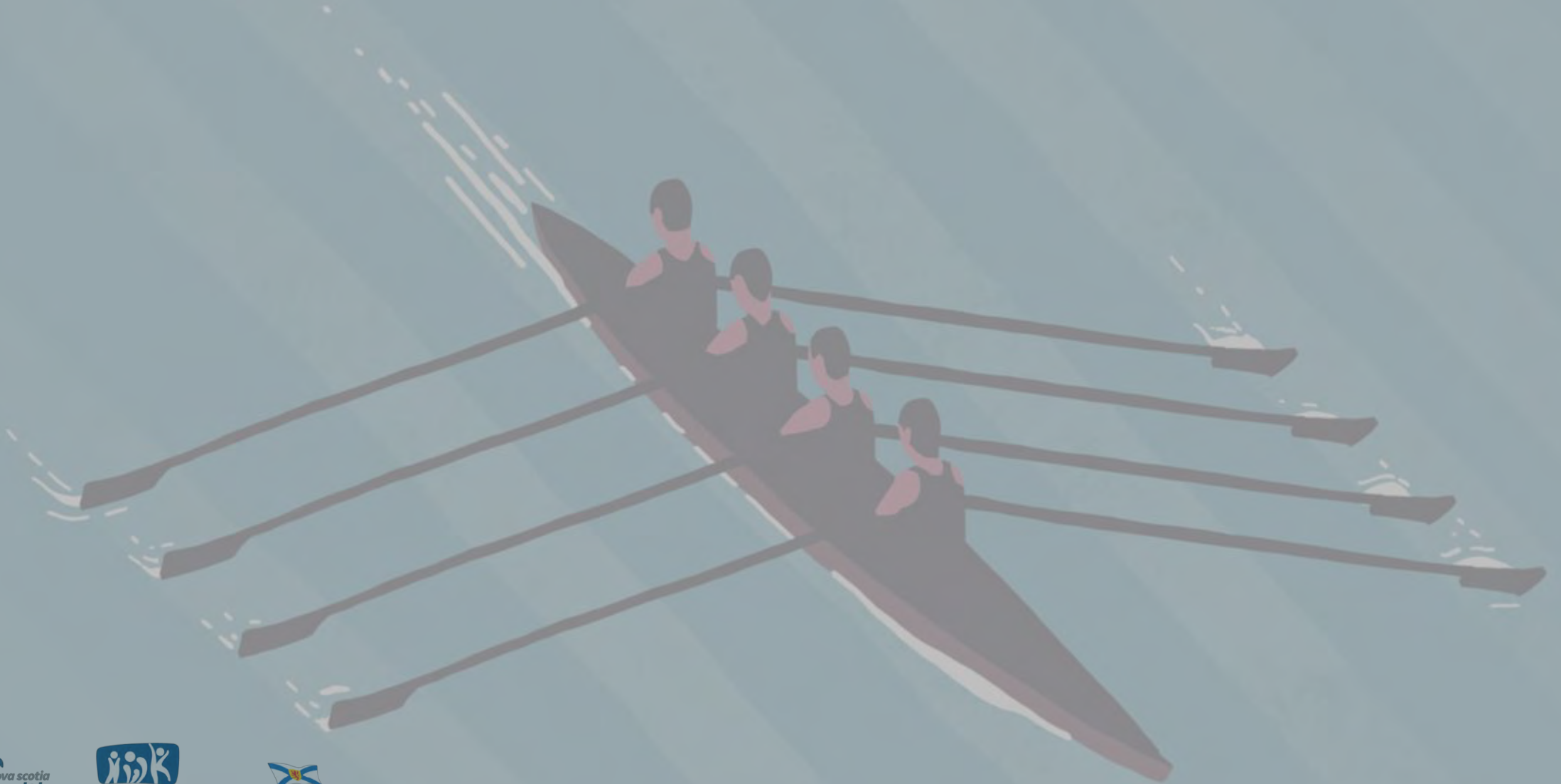
Work Together

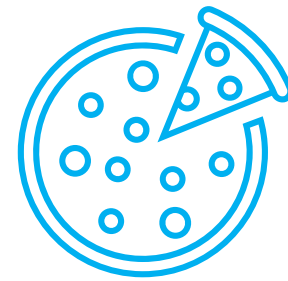




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Common Purpose







**Raise your hand
if you've heard
of the Nova
Scotia OPOR
project**

**1 to 5 fingers:
How confident
are you that you
could explain
what OPOR is
to a family
member?**



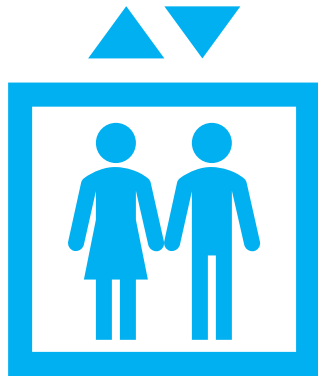
**One Person
One Record**

OPOR

Overview



One Person One Record



One Person One Record (OPOR) is a **clinical** transformation that will improve the delivery of healthcare for **patients** in our province.

Regardless of where a patient accesses care, if they are adults or children, they will benefit from their care teams using consistent, standardized, best care practices, and having **real time access** to their health information.



OPOR Functionality

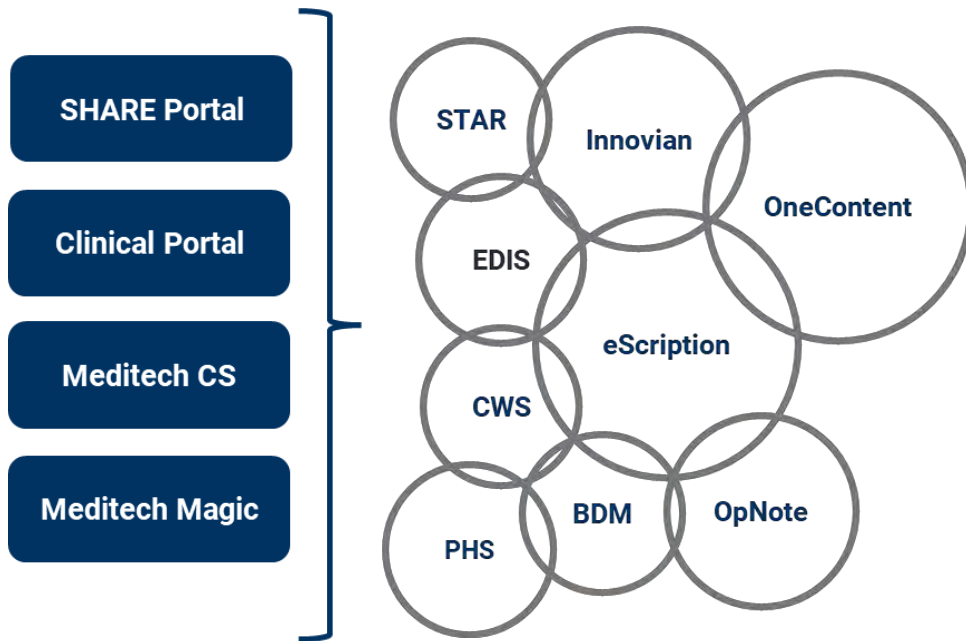




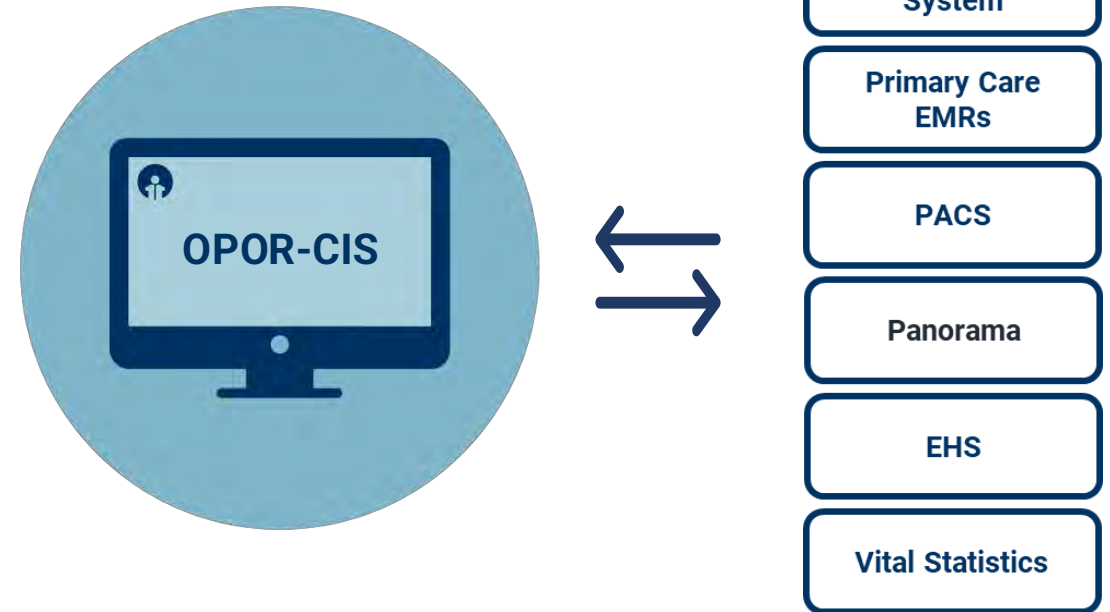
OPOR CIS: Scope

The implementation of a **provincial Clinical Information System (CIS)** will connect patient information and care plans across IWK Health and Nova Scotia Health. The provincial system will **replace or integrate over 80 healthcare applications** currently used.

Current State:



Future State:





Outcomes



- **Improved patient safety**, outcomes, and experience: Reduce errors, adverse events, and redundancies.



- Quality and consistency, every day, everywhere: Support clinical **standardization**.



- Patient information where you need it, when you need it: **Real-time** information healthcare providers need.



- Improved Health management and continuity of care: Supporting proactive care, seamless transitions, and reliable, **transparent communication** with patients and their caregivers.



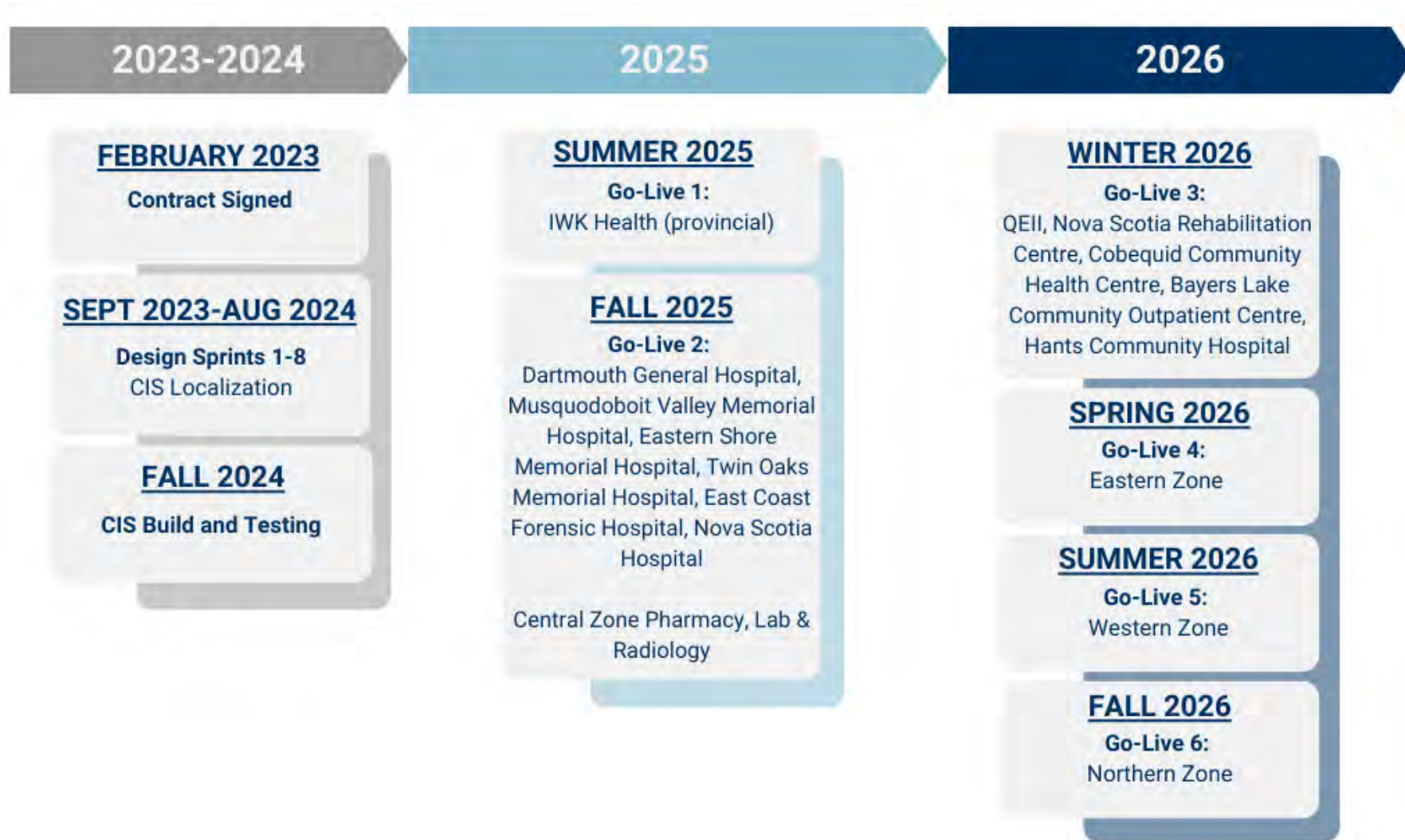
- **Data driven decisions**: Timely and reliable data to make measurable improvements to the healthcare system and patient care.



- Increased system strength and support for clinicians: Improved software and networks for a **safer** and sustainable system, streamlining workflows and reducing administrative burdens and delays while adhering to **confidentiality and security** requirements



CIS Implementation Timeline





**One Person
One Record**

Lived experiences

**Conversations with the Senior Responsible Owners
(SRO)**



CIS Community

- Collaboration across OH clients

Governance

- Sponsorship
- Evolution of memberships
- PMO officer





Key Relationships

- Vendor shared accountability
- Transparency
- Right expertise at the right time, without delay
- Network expansion

Interdisciplinary collaboration

- Living the Interprofessional competency framework
- Clinical standardization
- Order sets (Powerplans)
- SME build and design
- Clinical governance working groups





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One Record**

Common Purpose So What?

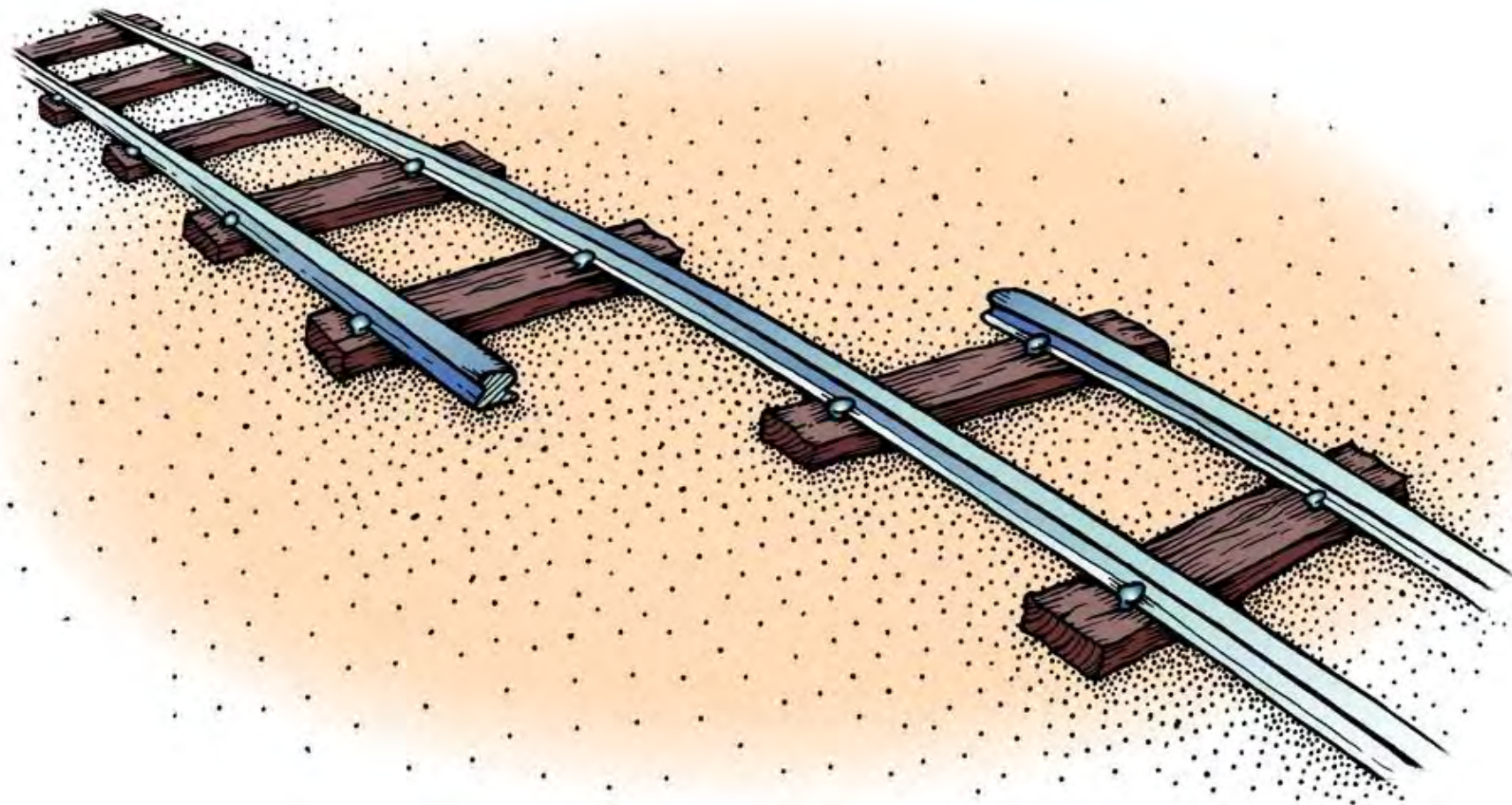


Collaboration

To Collaborate is to
commit to the
possibility of
producing an outcome
greater than one that
would be developed in
a silo



Specs matter





Digital Health Transformation in Nova Scotia

Improved Nova Scotian Experience

- I'm confident that people know about me and my information is secure.
- I can see the services I can access, understand how to access them and manage my upcoming appointments.
- I can access services virtually when appropriate.
- I spend less time waiting.

- Improved patient demographic data quality
- Wait times reduced
- More Patient-Reported Measures routinely captured
- Improvement in Patient-Reported Measures

Improved Clinician Experience

- I have digital tools that allow me to provide better care and keep my focus on the patient.
- I have access to information that helps me make the best decision, thereby improving patient experience and outcomes.
- Care coordination is no longer a separate process; it is enabled through my day-to-day documentation.

- Reduced time on administrative tasks
- Improved staff / clinician satisfaction
- Improved opportunities for research and innovation
- Improved employee retention

Better Health Outcomes




- Managing population health proactively ensures that services are directed early to those that will benefit the most.
- Keeping people out of hospital when they don't need to be there, facilitating the allocation of resources to those who need it the most.
- Clinical decision support tools effectively contribute to the avoidance of harm, facilitating a longitudinal view of the patient record, and earlier detection of chronic conditions.

- Fewer unplanned hospital readmissions
- Fewer adverse drug events
- Faster identification of deteriorating patients
- Improved risk stratification for early interventions



EMR Adoption Model

- Multiple major hospitals in Ontario have achieved stage 7:
 - Ontario Shores Centre for Mental Health Sciences
 - The Children’s Hospital of Eastern Ontario (CHEO)
 - St Joseph’s Healthcare Hamilton
 - SickKids
 - MacKenzie Health
- Humber River, CAMH (Oracle Cerner), and North York (Oracle Cerner) all prior stage 7 recipients now focused on expanded digital capacity and excellence

STAGE	himss Analytics EMRAM EMR Adoption Model Cumulative Capabilities
7	Complete EMR: external HIE, data analytics, governance, disaster recovery, privacy and security 
6	Technology enabled medication, blood products, and human milk administration; risk reporting
5	Physician documentation using structured templates; full CDS; intrusion/device protection 
4	CPOE; CDS (clinical protocols); Nursing and allied health documentation; basic business continuity
3	Nursing and allied health documentation; eMAR; role-based security
2	CDR; Internal interoperability; basic security 
1	Ancillaries - Lab, Rad, Pharmacy, PACS for DICOM & Non-DICOM - All Installed
0	All Three Ancillaries Not Installed



One Person One Record

Challenges:

- Rapid pace
- Competing priorities
- Fiscal constraints
- Technological evolution
- Limited expertise
- Legal/regulatory lags
- ...and more!





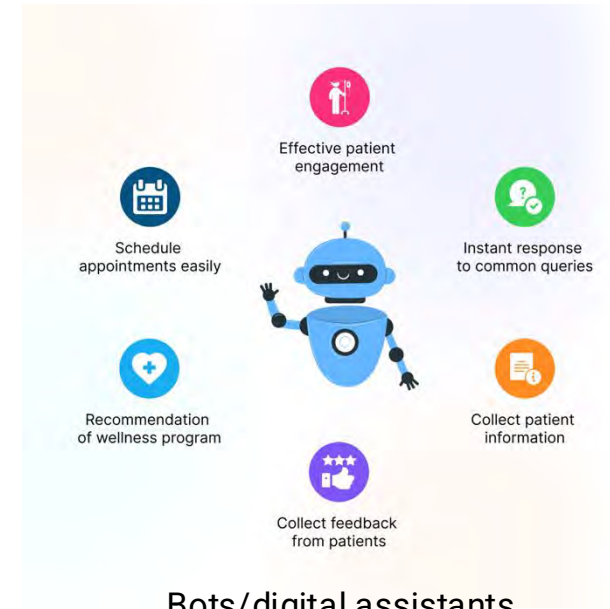
Our Post-OPOR Future



AI-enabled early detection and public health surveillance



Digital Twin




Bots/digital assistants



Ambient listening/AI scribe



Automated illness severity and discharge readiness detection

A faded, grayscale portrait of a man with short hair, wearing a suit and a striped tie, smiling slightly. The portrait is centered in the background of the slide.

“
Not finance, not strategy. Not technology. It
is teamwork that remains the ultimate
competitive advantage, both because it is so
powerful and rare.

-Patrick Lencioni”



OPOR-CIS: Why Now?

One Person
One Record

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Transforming Healthcare Together





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Questions and Discussion