



**One Person
One Record**

OPOR: Nova Scotia's largest health system transformation

Ashley Miller MD MSc FRCPC
Chief Medical Information Officer (CMIO)
Nova Scotia Health/IWK Health
General Internist, Dalhousie University

Jamey Martell
Senior Director, One Person One Record (OPOR)
Nova Scotia Health/IWK Health

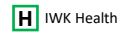




Welcome to Nova Scotia



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What is One Person One Record?

One Person One Record (OPOR) will **transform** the way physicians and clinicians work to more effectively and efficiently deliver care to all Nova Scotians at IWK Health and Nova Scotia Health.

- Enable digitization and automation of all current paper/manual/fax processes
- Provide access to clinical information from across the province in a single electronic platform
- Facilitate digital charting for all hospital-based acute and ambulatory care
- Support standardization of physician and clinician workflows





Mission, Vision, and Values

Our Mission: Transform healthcare across Nova Scotia with a clinician-led program connecting IWK Health and Nova Scotia Health, to provide a patient-centered, integrated, and digitally-enabled system.

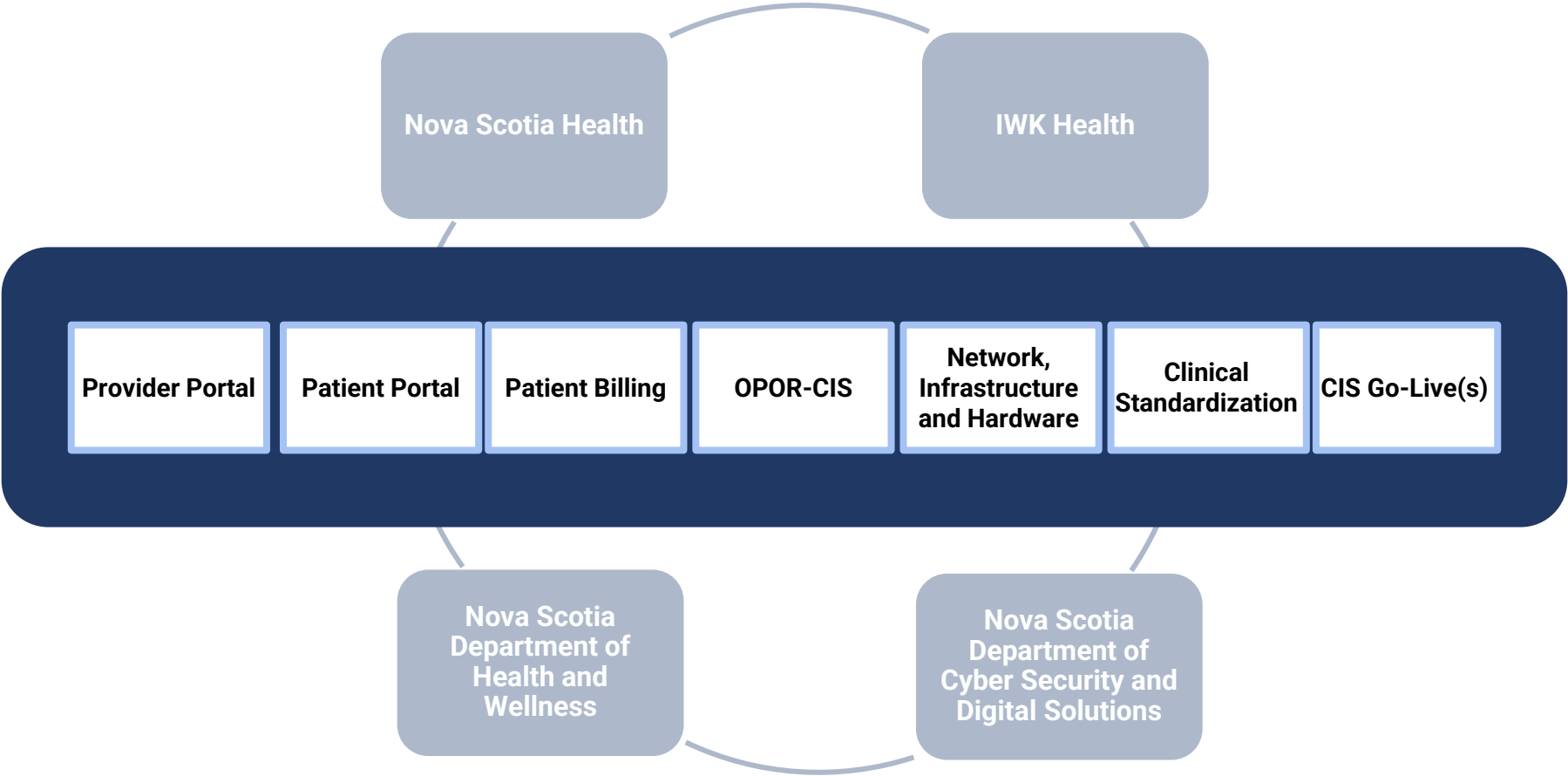
Our Vision: A patient-centred healthcare system that leverages a provincial clinical information system with standardized care and seamless access to information, regardless of where care is given or received. This vision is shared by IWK Health, Nova Scotia Health, and the Province of Nova Scotia, and led by clinicians to address healthcare priorities with the support of technology.

Our Values:

- We prioritize patient and family-centered care
- We value holistic patient care enabled through inter-disciplinary collaboration
- We provide clinicians with solutions that meet their needs
- We commit to patient safety, privacy, confidentiality and cybersecurity
- We promote patient care that is based on best practice and evidence
- We strive for continual improvement and innovation



OPOR Program Sponsorship and Scope





Investment in OPOR

With significant investment in the OPOR Program, commitment is required from all partners involved to realize system benefits.

The **former clinical systems landscape** poses various **risks**:



Lack of access to medical info across the acute care setting, which **slows access to care**



Complex systems architecture that **does not enable clinical process standardization and efficiencies**



Systems aging out of **technical support**



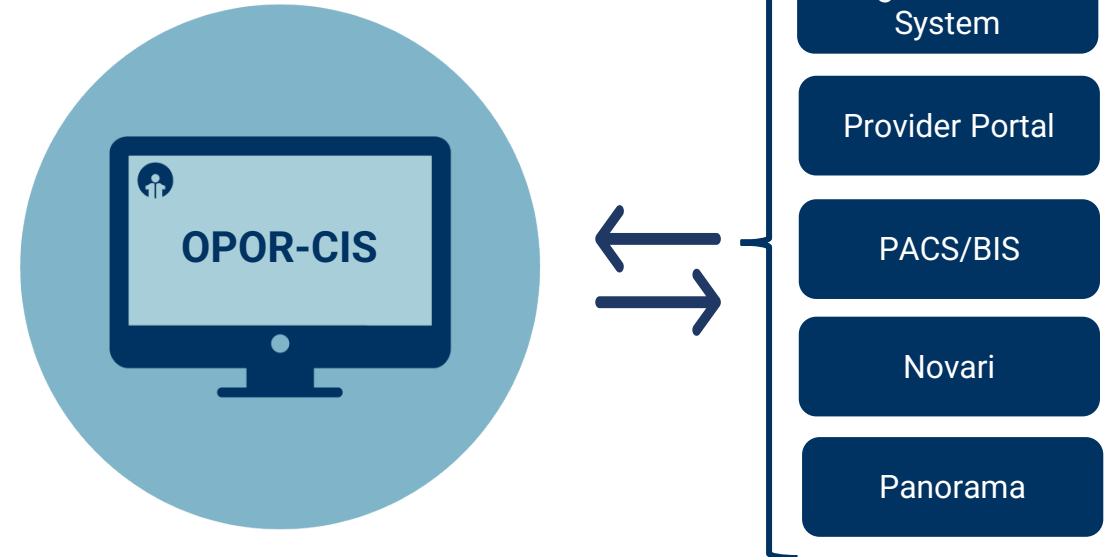
OPOR Clinical Information System

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.

Former State:

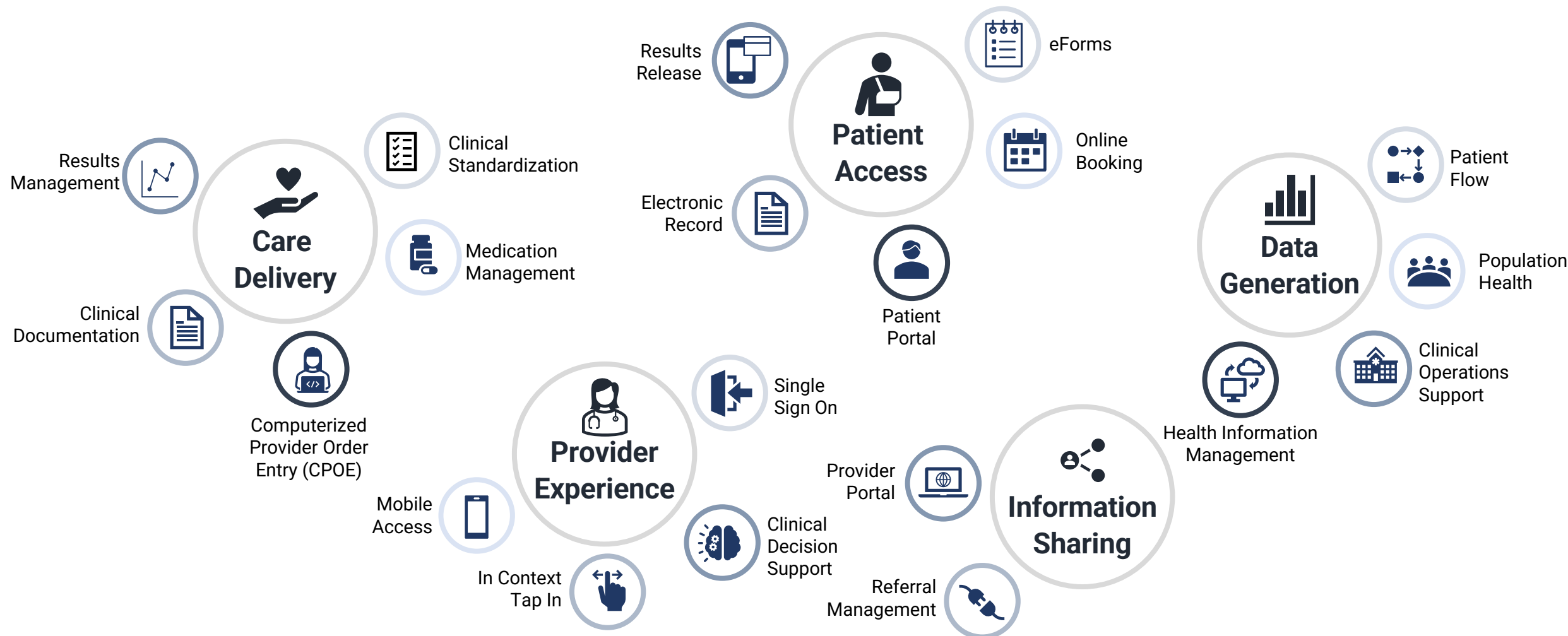


OPOR State:





OPOR Functionality





OPOR Timelines

2023 - 2024	2025	2026
February 2023 Contract signed with Oracle Health for the OPOR-CIS	January - May System integration and validation testing	Waves 2+ Throughout 2026, classroom training and device deployment will occur with each Nova Scotia Health wave
September 2023 - August 2024 System design and localization work with Nova Scotian Subject Matter Experts	March - September Readiness planning, coordination and user engagement activities across IWK Health and Nova Scotia Health	Saturday, May 9 - Wave 2 Nova Scotia Health Central Zone implemented OPOR and began using the CIS and Novari applications when delivering patient care
August - December 2024 System build and testing	September - December Classroom training and device deployment across IWK Health	Saturday, Nov 14 - Wave 3 All remaining Nova Scotia Health sites and zones will begin using the OPOR-CIS and Novari applications when delivering patient care, including adult medical oncology
	Saturday, December 6 - Wave 1 · IWK Health implemented OPOR and began using the CIS and Novari applications for patient care · Nova Scotia Health began using the Novari Medical Imaging Requisition Management solution	



Lessons Learned at the IWK, Applied in Central Zone



Clearly define end-to-end accountability for the success of the overall solution, ensuring everyone understands their role in a successful deployment.



Shift greater responsibility to site-level clinical leadership to own end-to-end implementation, embedding project team support within their team to achieve this.



Implement multiple communication channels during hyper-phase as digital tip sheets were not effective in communicating changes to end users.



Reinforce training by providing structured, hands-on opportunities to practice workflows on real devices, helping users build confidence in the system.



Clearly articulate end user support roles (e.g., Peer Mentors, At-the-Elbow) to operational teams and align their training with operational demands.



Ensure there is adequate operational support available across all shifts and teams to maximize 24/7 coverage and productivity.



Benefits Realized

- CPOE saves lives (50-55% reduction in errors)
- Clinical standardization saves lives
- Improved turnaround times support quality of care
- Access to data supports
- Better QI, research

HEALTH INFORMATION TECHNOLOGY

By Sunny C. Lin, Ashish K. Jha, and Julia Adler-Milstein

Electronic Health Records Associated With Lower Hospital Mortality After Systems Have Time To Mature

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Sunny C. Lin is a doctoral
candidate in the Department
of Health Management and
Policy, University of Michigan,
in Ann Arbor.

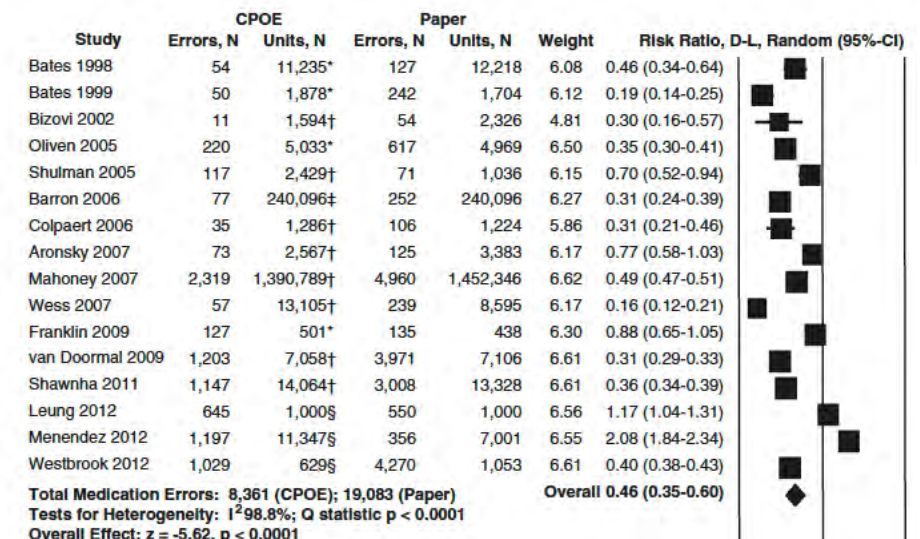
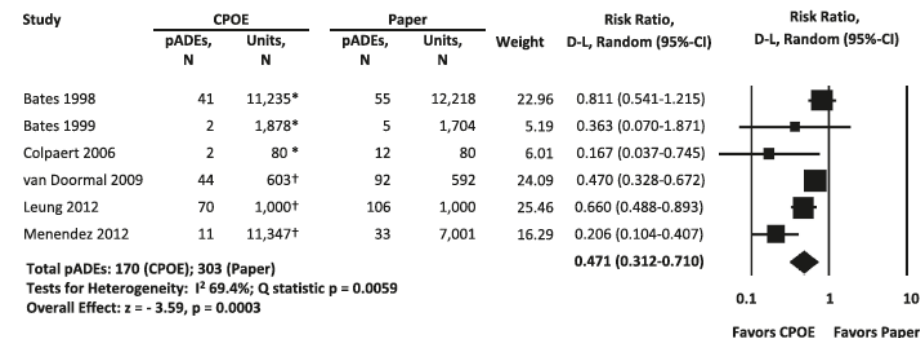
Ashish K. Jha is the K. T. Li
Professor of International
Health at the Harvard T. H.
Chan School of Public Health,
in Boston, and director of
the Harvard Global Health
Institute, in Cambridge, both
in Massachusetts.

Julia Adler-Milstein (julia.
adler-milstein@ucsf.edu)
is an associate professor
of medicine and director of
the Clinical Informatics and
Improvement Research Center,
School of Medicine, University
of California San Francisco.

ABSTRACT Evidence linking electronic health record (EHR) adoption to better care is mixed. More nuanced measures of adoption, particularly those that capture the common incremental approach of adding functions over time in US hospitals, could help elucidate the relationship between adoption and outcomes. We used data for the period 2008–13 to assess the relationship between EHR adoption and thirty-day mortality rates. We found that baseline adoption was associated with a 0.11-percentage-point higher rate per function. Over time, maturation of the baseline functions was associated with a 0.09-percentage-point reduction in mortality rate per year per function. Each new function adopted in the study period was associated with a 0.21-percentage-point reduction in mortality rate per year per function. We observed effect modification based on size and teaching status, with small and nonteaching hospitals realizing greater gains. These findings suggest that national investment in hospital EHRs should yield improvements in mortality rates, but achieving them will take time.

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Questions and Discussion