

Let's Talk Informatics



People, Process and Physical Space: Building the Branches of the OPOR Tree

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Please be advised that we are currently in a controlled vendor environment for the One Person, One Record project.

Please refrain from questions or discussion related to the vendor for the One Person, One Record program.

Informatics...

“utilizes health information and health care technology to enable patients to receive best treatment and best outcome possible.”

Clinical Informatics...

“is the application of informatics and information technology to deliver health care.”

AMIA. (2017, January 13). Retrieved from <https://www.amia.org/applications-infomatics/clinical-informatics>



Objectives

At the conclusion of this activity, participants will be able to:

- Identify what knowledge and skills health care providers will need to use information now and in the future.
- Prepare health care providers by introducing them to concepts and local experiences in Informatics.
- Acquire knowledge to remain current with new trends, terminology , studies, data and breaking news.
- Cooperate with a network of colleagues establishing connections and leaders that will provide assistance and advice for business issues, as well as for best-practice and knowledge sharing.

Session Objectives

- Discuss the Building Branches methodology used across NS Health and IWK Health to inform the clinical requirements and the change readiness of units/teams before the upcoming technical build of the Clinical Information System (CIS) (One Person One Record-CIS).
- Demonstrate the electronic tools the OPOR team is using to achieve optimal and efficient information gathering and presentation
- To discuss the establishment of clinical standards and protocols for the management of patients
- Overview of lessons learned and next steps

Conflict of Interest Declaration

We do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device, commercial health care informatics organization, or other for-profit funder of this program.

One Person, One Record



One Person, One Record- The Vision

Guiding Principles

- 1 Focus on Patient & Family Centred Care: partner with patients and families
- 2 Based on clinical best practice, evidence, and outcomes
- 3 Clinician Driven: integration of interprofessional collaboration
- 4 Documentation is an outcome of care
- 5 Variation in care should be minimized, intentional and be measurable
- 6 Leverage work already done across the organization and by other jurisdictions – not reinventing the wheel
- 7 Learn by doing - a continual improvement process
- 8 Patient safety, privacy, confidentiality and data security are foundational

Readiness

Readiness is the **internal work required** for the successful implementation of OPOR-CIS

Remember:

- OPOR is not an IM/IT project, it is a **clinical project**.
- Without adequate leadership from physicians any technical solution will not meet the needs and wants of the clinical community.
- Clinical subject matter expertise coupled with best evidence will inform OPOR's clinical standards.
- We want clinicians to determine the needs and perspectives of your profession. In turn, we request that you disseminate information to your colleagues, identify issues and participate in developing solutions.
- The CIS is a tool to realize our clinical objectives.

Building Branches

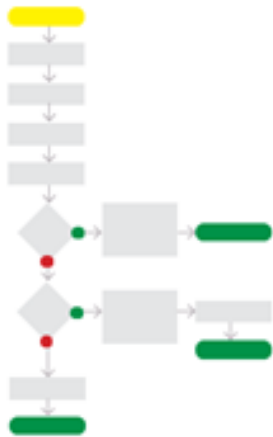


Building One Person, One Record

In order to start the OPOR program and build the Clinical Information System, NSHA and IWK must understand and identify clinical requirements.

There are three variables that affect OPOR: patient flows, clinical standards and the OPOR functionalities. Integrating these variables will help NSHA and IWK understand and identify clinical requirements for the different disciplines, programs, zones, organizations and the health system.

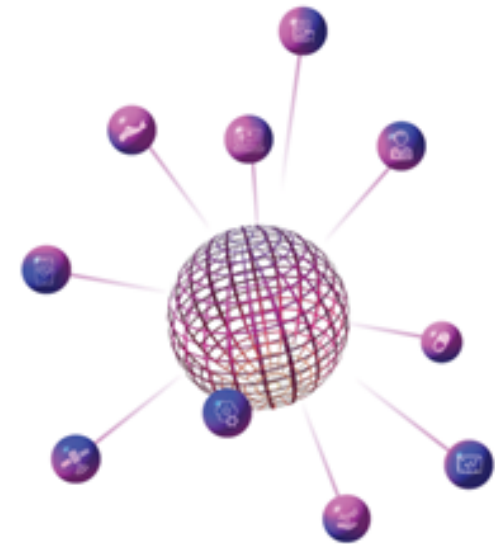
Clinical Requirements Initiative



Patient Flows



Clinical Standards



OPOR Functionalities

Building Branches of the OPOR Tree

- Our Organizational Change Management Lead- Vizarath Ali- developed the framework and process for the Building Branches engagement exercise
- The exercise allows the OPOR program to directly hear front-line experiences regarding patient information flow
- It creates a platform, rooted in active listening, where all participants can identify opportunities for transformation- foundational for readiness

Building Branches of the OPOR Tree

An engagement exercise to gather the necessary Clinical Requirements to build an integrated Clinical Information System

Purpose

The 'Building Branches of the OPOR Tree' engagement session seeks to gather a preliminary list of Clinical Requirements, from several program areas, to facilitate discussions regarding integration and standardization.

Outcomes

The 'Building Branches of the OPOR Tree' engagement session has three outcomes:

1. Engineer stakeholder buy-in
2. Identify clinical requirements for the CIS build
3. Engender system thinking

Types

There are four types 'Building Branches of the OPOR Tree' exercises

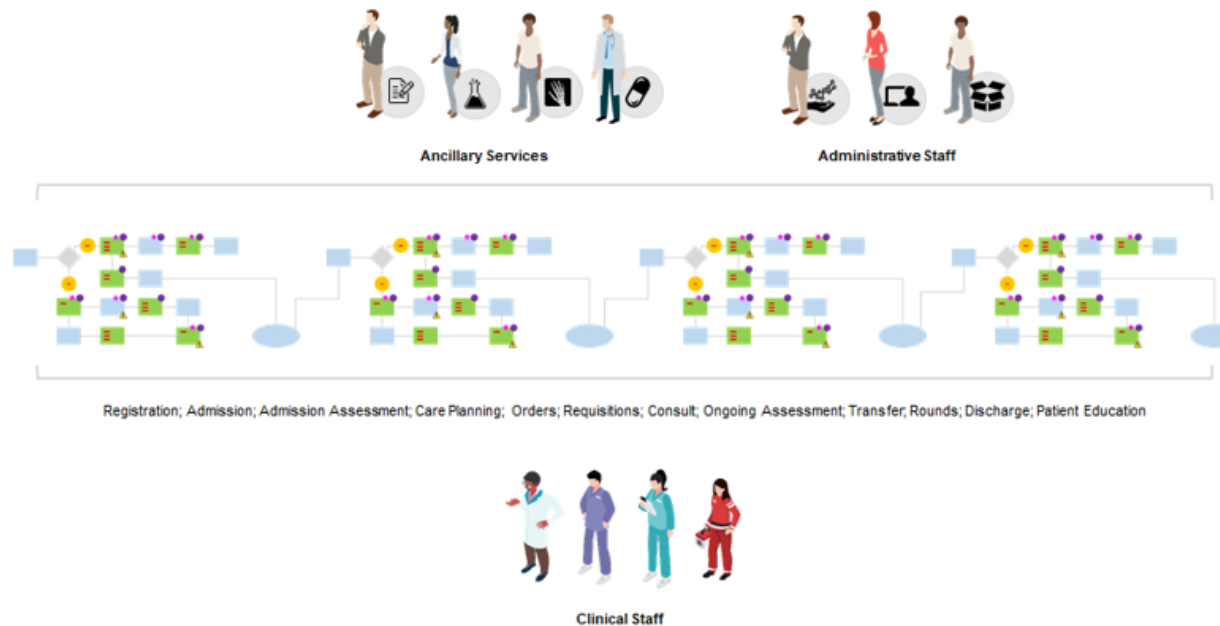
1. Current state single-service area patient flow
2. Current state multi-service area integrated patient flow
3. Future state multi-service area integrated patient flow
4. Future state single-service area patient flow

Building Branches of the OPOR Tree

Methodology

The 'Current State Single-Service Area Patient Flow' engagement session has four steps:

1. Preparing for the engagement
2. Assembling the appropriate participants
3. Executing the engagement
4. Categorizing the feedback



Building Branches Engagement Process

- Interprofessional- promotes collaboration and allows understanding of other's role and their relationship with the patient and information
- Different perspectives generate rich data
- Start with a blank page and end with a diagram of all the complexities clinicians manage each day. Empowering for participants
- Exceptional quality care becomes evident to all providers and facilitators of the exercise

Building Branches Engagement Process



Building Branches Engagement Process

- Focus on “Pain Points”
- Team discusses what obstacles occur in their day-to-day, and where they struggle to access or move information
- Generates Clinical Requirements for Clinical Information System in real time

Engagement to Date

Zone	Complete	In progress	Planned	Grand Total
CZ	39	4	5	48
EZ	29	5	1	34
IWK	25	13	1	39
NZ	21	7	1	29
WZ	24	9	1	33
TBD	0	0	95	
Grand Total	138	38	104	280

Clinical Requirements

A decorative graphic consisting of a solid teal horizontal bar that transitions into a white background. Below the teal bar, there are several thin, parallel white lines that create a layered, stepped effect.

Clinical Requirements Examples

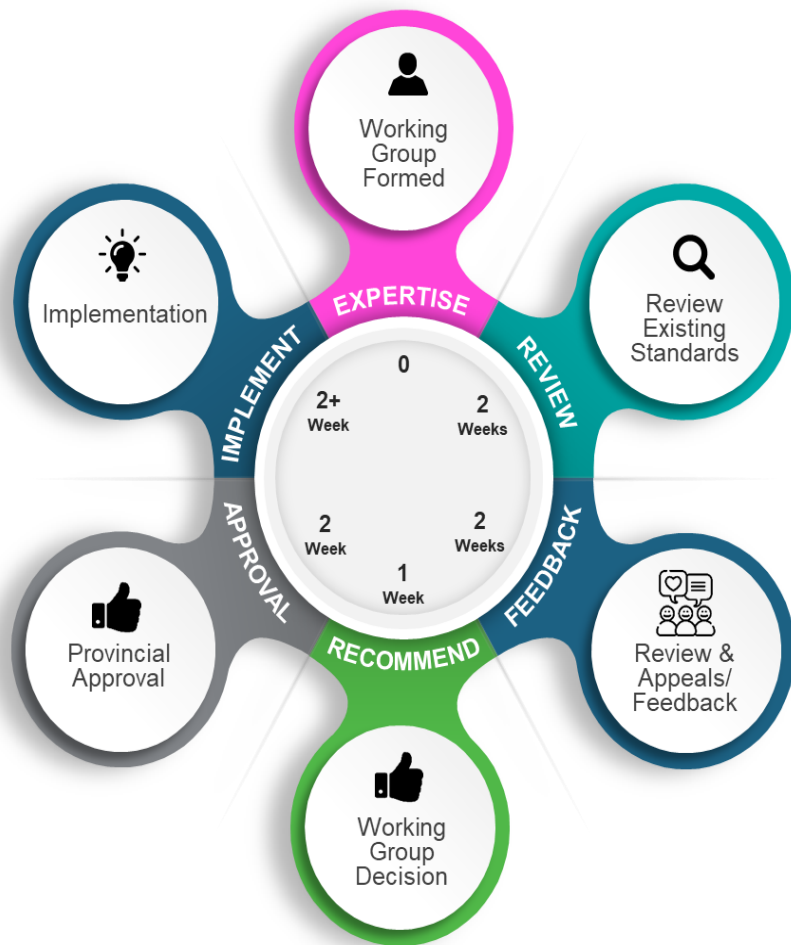
- The CIS must allow multiple users to access the system at the same time
- The CIS must transmit pharmacy orders from smaller sites to the hospital from which restocking occurs. I.e: Annapolis Community Health Center to VRH; ESMH to DGH; Sacred Heart to ICH
- The CIS must allow nurses at Eastern Shore Memorial and Sacred Heart to access both the ED platform as well as the Inpatient unit platform.
- The CIS must populate nursing documentation for CTAS 1, 2 and 3 when the patient has a CTAS level assigned in Triage.
- The CIS must provide a quick access electronic reference for a Broselow Tape in all Emergency Departments when a pediatric patient is registered.

Clinical Standards



Clinical Standards

A **Clinical Standard** is developed by Subject Matter Experts, or clinicians, from specific programs. A Clinical Standard is a set of guiding documents that include quality statements, best practice guidance, order sets, policy, and documentation tools. The standard can include ROPs, KPIs and analytics required for a given program. The development of Clinical Standards is facilitated by the Clinical Lead from the OPOR team for the program or care area/team.



Clinical Standards

- The Clinical Information System (CIS) is a tool to realize our Healthcare objectives
- Practice change cannot wait for OPOR
- Each program area will need to prioritize the standardization work such as nursing documentation or order sets specific to a disease process
- We are working with teams across the province to implement change now.
 - Gyne/Oncology Pilot, Adult Inpatient Essential Data Set

Clinical Standards

- Provincial Clinical Standardization needs to occur before implementation so that education can focus on how to best utilize the CIS to enhance care delivery

Care → Documentation → CIS

- The first two should be standardized prior to implementation leaving the electronic platform as the final and *only* piece of adjustment required for clinicians

Clinical Standards

- Diagnostic Imaging is just one area that has already begun the work of standardization
- Standardized procedures for image storage and retrieval are just one of many examples
- Working groups and provincial committees are an integral piece to creating standardization within a clinical area
- The newest working group to Diagnostic Imaging is the "Power Scribe Auto text" group.
- It is provincial in scope and discusses ways in which the radiologist's reporting templates can become standardized

How Do we Incorporate Informatics?




SharePoint

- The OPOR team uses SharePoint mainly as a document repository
- Clinical decision logs and change logs as well as presentations and documents of all varieties are stored on this SharePoint
- The team has recently transitioned to Office 365 and Windows 10 so that we can ensure we are standardized within our own tools and devices

SharePoint

SharePoint Search this site

OPOR Home Documents Working Groups Governance Groups Engagement LearningLounge Virtual Care Working Group CPHIMS Study Group




















 **One Person, One Record Program**

+ New Send by email Page details

Right Information, Right Person, Right Time and Place

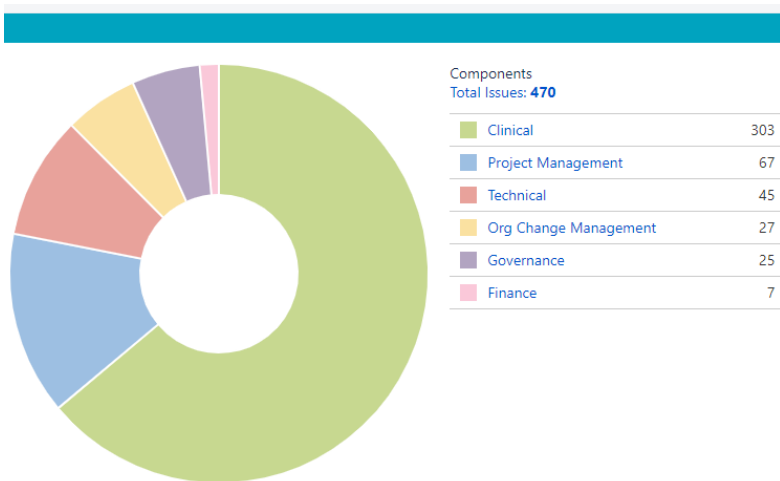
My Recent Documents

See all Featured Links

 OPOR Question Log	 Domain Directory	 Team Updates	 Leadership Forum Updates
 Content Structure	 OPOR Overview Presentation	 OPOR Interactive PDF	 Service Map
 OPOR Clinical Requirements	 Decision Log	 Change Log	 Project Risk Log and Heat Map
 OPOR Workplan	 EA Guide	 Team Charter	 Team Discussions
 Video Vault	 OPOR Office Supplies	 OPOR Team	

JIRA

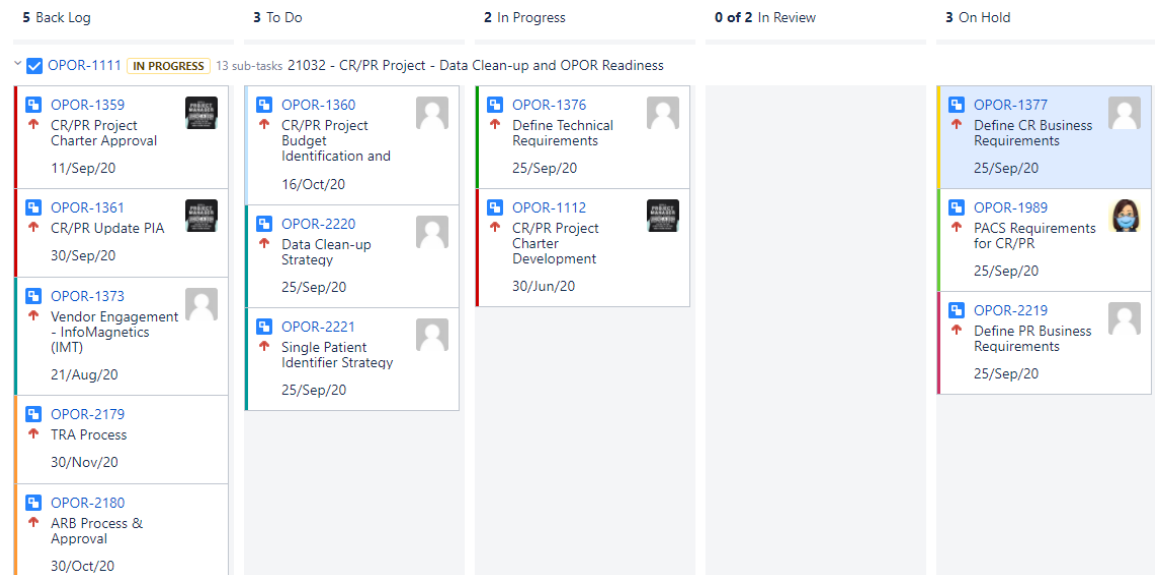
- Here is a high-level Pie Chart view sorted by JIRA components



- Here is a Kanban view showing the progression of tasks throughout a project

Kanban board

QUICK FILTERS: [Only My Issues](#) [Recently Updated](#)



OneNote and OneDrive

- Being able to collaborate easily and efficiently is essential among the OPOR team
- Documents can be shared and accessed by the entire team rather than saving to individual desktops or personal drives
- Real time collaboration is possible when editing documents

Enterprise Architect (EA Sparx)

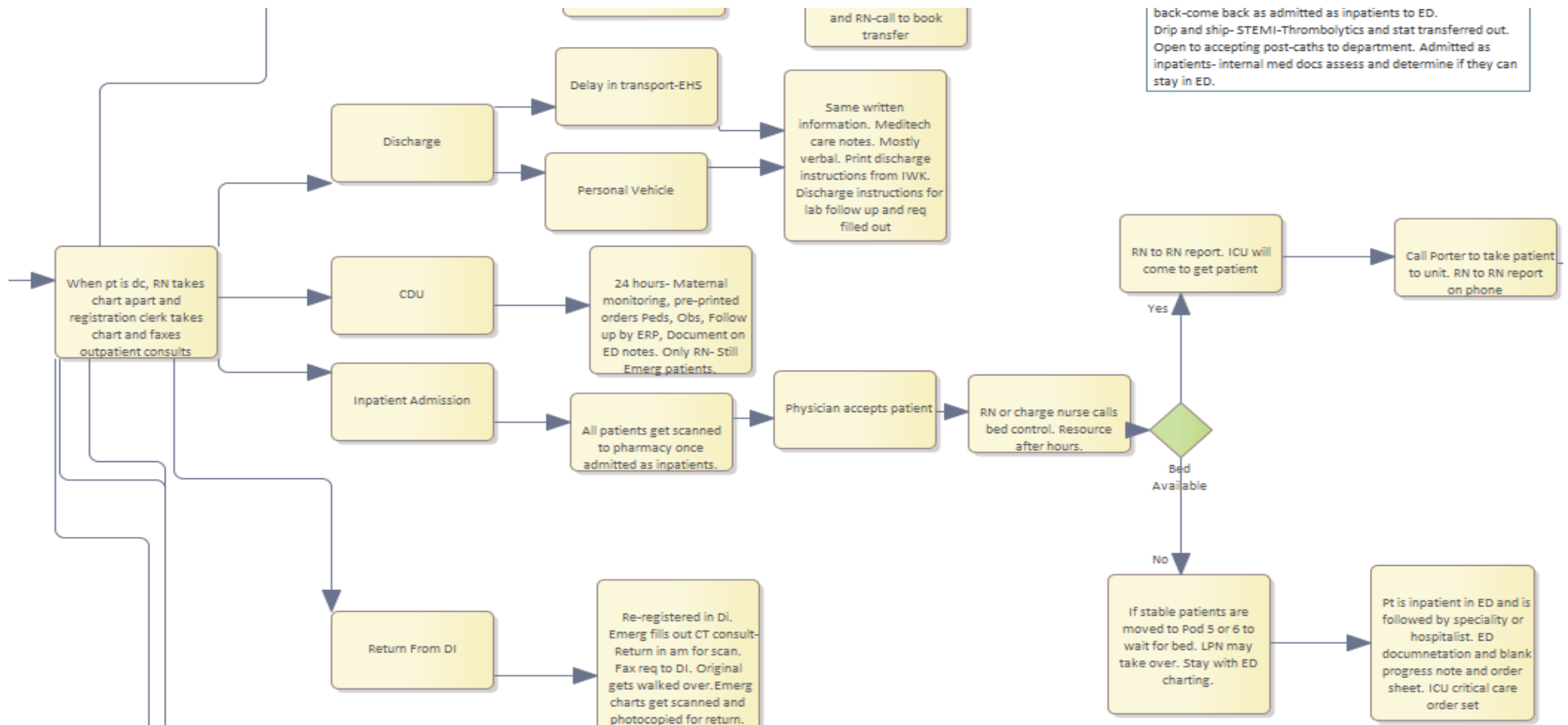
Manage Complex Information

- Create diagrams for modeling strategic and business level concepts
- Create organized and interactive requirements models
- Trace the implementation of system requirements through a model
- Search and report on requirements

Building Branches Engagement Process



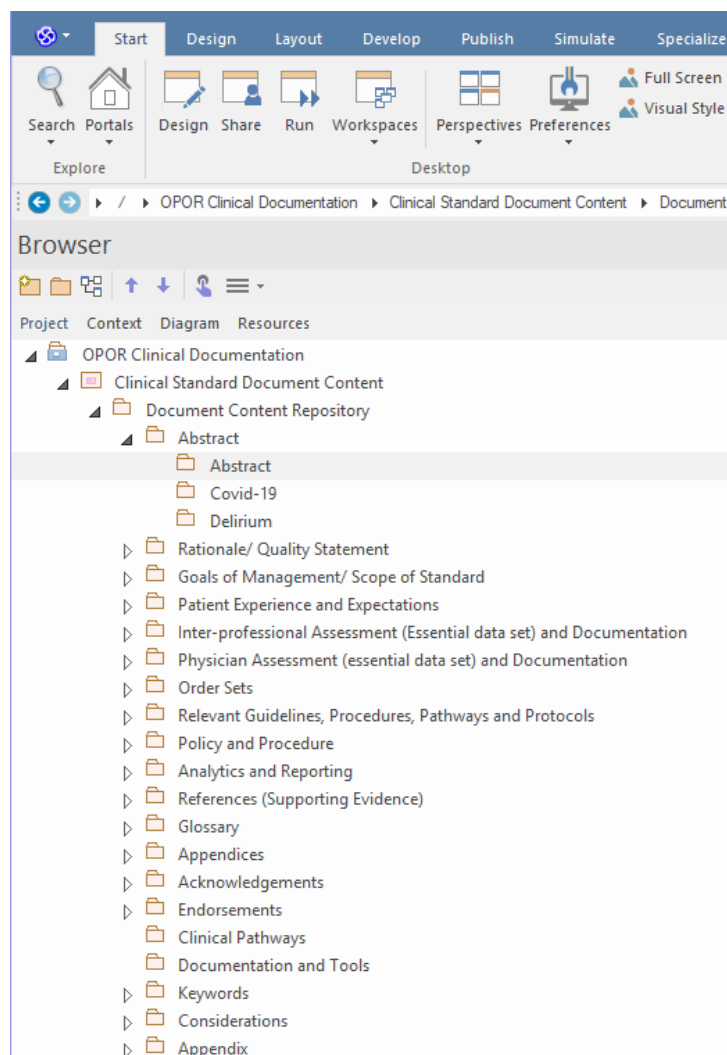
Enterprise Architect (EA Sparx)



Future State- Bringing it all Together

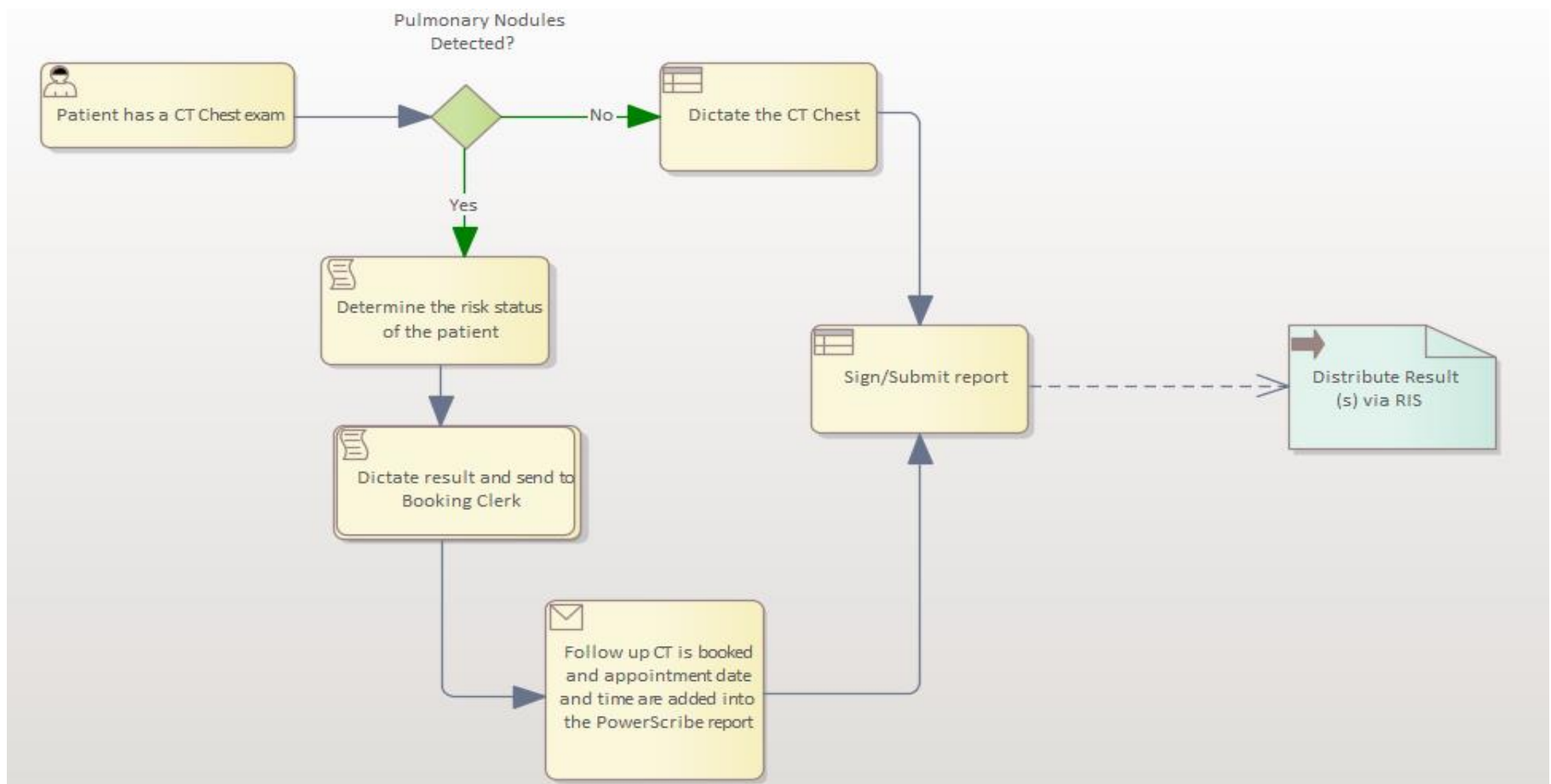
- The OPOR team may be using EA Sparx for modeling workflows
- This tool is still being used as a proof of concept but is showing great promise
- EA Sparx was also used to develop a standardized template for creating a Clinical Standards document

Future State- Bringing it all Together



- EA Sparx allows you to program step by step how you want the document to flow
- Elements can be reused in different documents
- This allows us to stay standardized within our own documentation

Future State with EA Sparx





Prolaborate

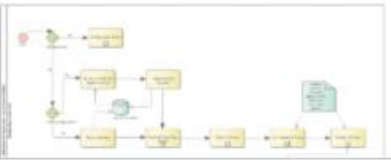
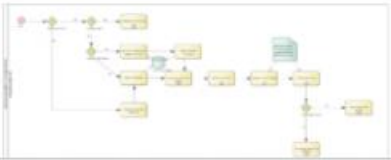
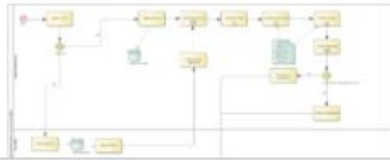
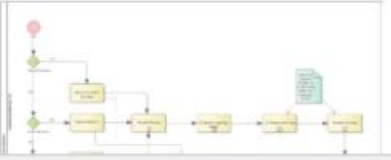
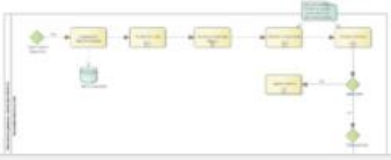
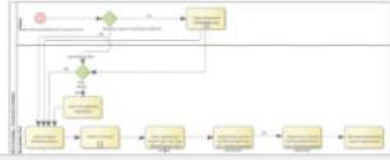



- Prolaborate allows users to view EA Sparx models from any device without the need to install software
- The OPOR team is currently using Prolaborate on a 3-month proof of concept
- This application will allow easy access to clinical documents, standards, workflows, etc
- The goal of Prolaborate is to provide an electronic visual of the information gathered during a Building Branches engagement session
- Clinical staff can interact with the EA Sparks dashboards and leave comments and feedback on workflows and areas in the patient's care journey that need to be improved upon

Prolaborate

Dashboard

 OPOR Scheduling and Registration [\[Set as Default\]](#)

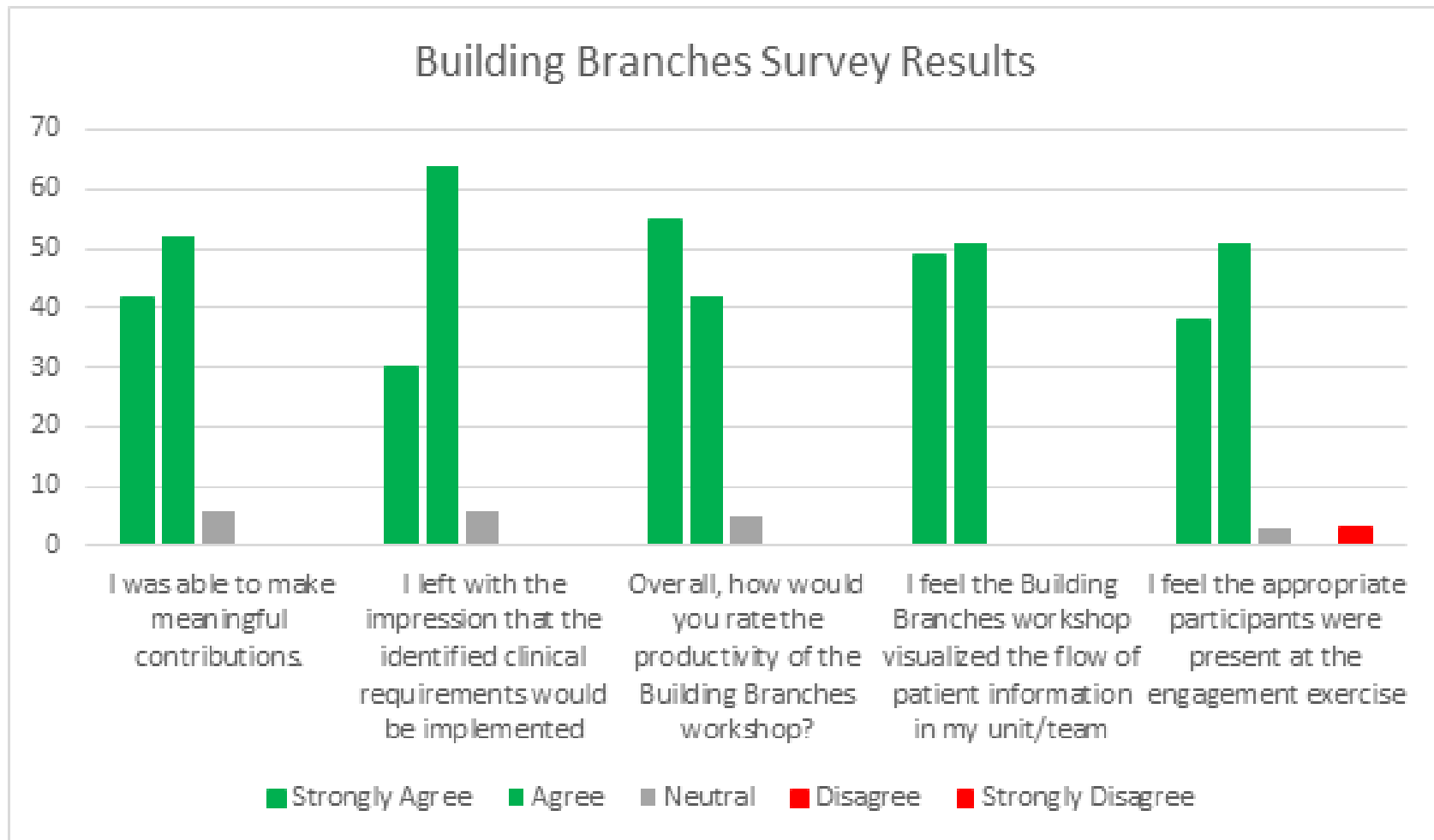
 Dashboard for validating Scheduling and Registration Information.

Ambulatory Care Registration 	Day Surg Registration 	Emerg Registration 
Inpatient Registration 	Observation Registration 	Patient Scheduling 
Pre-Registration 	Self Registration 	Self Scheduling 

Lessons Learned



Survey Results



2020 Building Branches Statistics

Site Visits



Building Branches Workshops

attendees stated workshops were productive



615
people

Attended workshops to date



91
unit visits complete

22
unit visits in progress



**Goal-
250**
Workflows



Provincial Standards in progress:

- DI Catalogues
- Lab Catalogues
- Medication List
- Essential Data sets

The best part of the workshop was....

“The organization is listening to the needs of the employees”

“Having current state organized on paper is very valuable. Facilitators were skilled at identifying anomalies”

Survey Results

2. We were a very small group. More voices may have been able to contribute more to the picture.
3. I left with a clearer understanding of the inner workings of the unit
4. It was very well run. I'm impressed with the process
5. Even though I work in what we discussed about almost every day, it was so interesting to share it all with you and I am eager to see what your workshop comes up with!
6. no
7. Work shop was excellent, leaders were excellent. Please add spiritual care with the rest of the professional team and not as other.
8. A short explanation of how our presence was going to be utilized prior to the start of the day, it felt like we jumped right in and figured out what we were meant to do as we went.
9. Great visual using the long white paper sheet.
10. I would like to have more specifics re actions and timelines for next steps
11. I feel if had a better understanding of purpose of workshop prior to session would have been more prepared with explaining patient treatments and processes
12. It likely would be helpful to review the pathway with different team members again at a later date. Although four hours was adequate, new ways a patient interacts within the [redacted] could've been explored with greater depth with benefit to the Workshop.
13. Facilitators were very easy to work with.
14. HAVE A MORE ORGANIZED FLOW FOR THE DAY. THERE WAS MISCOMMUNICATION REGARDING LOCATION AND LUNCH, AND START TIME. WRITING MATERIALS WERE MISSING. JUST HAVING THESE BASIC TASKS ORGANIZED WOULD HAVE MADE FOR A MORE PRODUCTIVE DAY.

Next Steps



Next Steps

- Engage with patients and families
- Engage physicians
- Complete workflows in a sampling of care areas
- Embed standardized documentation and processes within workflows EA Sparx
- Continue Engagement Strategies

THANK YOU!

Questions?

Reach out to us at OPOR@nshealth.ca if you have any questions, are engaged in standardization work in your area or would like to inquire about a Building Branches session for your care area.

The ***Let's Talk Informatics*** series meet the criteria outlined in the Manipro+ Certification guide for non-certified credits by providing content aimed at improving computer skills as applied to learning and access to information.

To receive a certificate of attendance for today's session, there is a place for you to provide your email address in the evaluation survey.

Thank you for attending today's event.