OPOR: Notes from the Front Lines

Frontline health care workers at the IWK Health Centre share their experiences with the implementation of "One Person One Record"

April 29th, 2026

On December 6th, 2025, management at IWK Health Centre began the rollout of the long-awaited clinical transformation initiative known as One Person One Record (OPOR). This new Clinical Information System (CIS) is a computer program designed to collect, store, manipulate, and share information in the healthcare delivery process throughout the province, regardless of where a patient accesses care.

The new system was purchased through Oracle Health (it should be noted that Oracle acquired Cerner Corporation in 2022, which is why the name Cerner is occasionally referenced within this report). Oracle's clinical suite of products is advertised as helping "care teams across the continuum seamlessly document and access critical patient data, create efficient workflows, and support patient safety initiatives." The suite can include communication and coordination, electronic health records, device connectivity, document management, public health reporting, referrals, and virtual care and observation[1]. It is unclear which components government purchased when it entered into a ten-year $365 million agreement with Cerner Oracle in February 2023.

At that time, officials promised the new system should increase capacity to see patients, cut down on surgery wait times and improve efficiencies in using acute care beds, allow providers in any part of the province to see what's happening with a patient in real time when they enter the acute care system, upload lab tests and other diagnostic results to the system immediately, and allow for communication between the acute care system and paramedics, continuing care staff and mental health services, including the SchoolsPlus program[2].

The Nova Scotia Government and General Employees Union (NSGEU) currently represents more than 1,700 workers at the IWK Health Centre, who are members of the Nursing (Local 101A), Health Care (Local 122), Administrative Professional (Local 423), and Support Services (Local 124). These members are working on the frontlines of the acute health care system, delivering a wide range of important services both within the hospital and in outpatient services to the babies, children, women and gender diverse patients from Nova Scotia and other Atlantic provinces.

To be clear, the union and members are supportive of a transition to a modern, province-wide digital record management system. But since implementation of OPOR began in December, the union has been hearing concerns from members, which include reports of inadequate and inconsistent user training and peer mentor preparation, deficiencies in workflows and design of the program itself, and increased workload concerns.

Pain points are to be expected with any transformational project of this scale, but the employer is more than four months into this process now, and frontline workers are still reporting significant concerns.

Moreover, Nova Scotia Health (NSH) is moving forward with their plans to implement OPOR in the Central Zone on May 9th, 2026. The union wants to ensure its members' concerns are documented, shared, and addressed prior to the rollout at a much larger scale to prevent potential harm to patients and unnecessary stress to people working in those facilities.

1 "Healthcare clinical applications," Oracle website, April 2026, https://www.oracle.com/ca-en/health/clinical-applications/#rc30p1

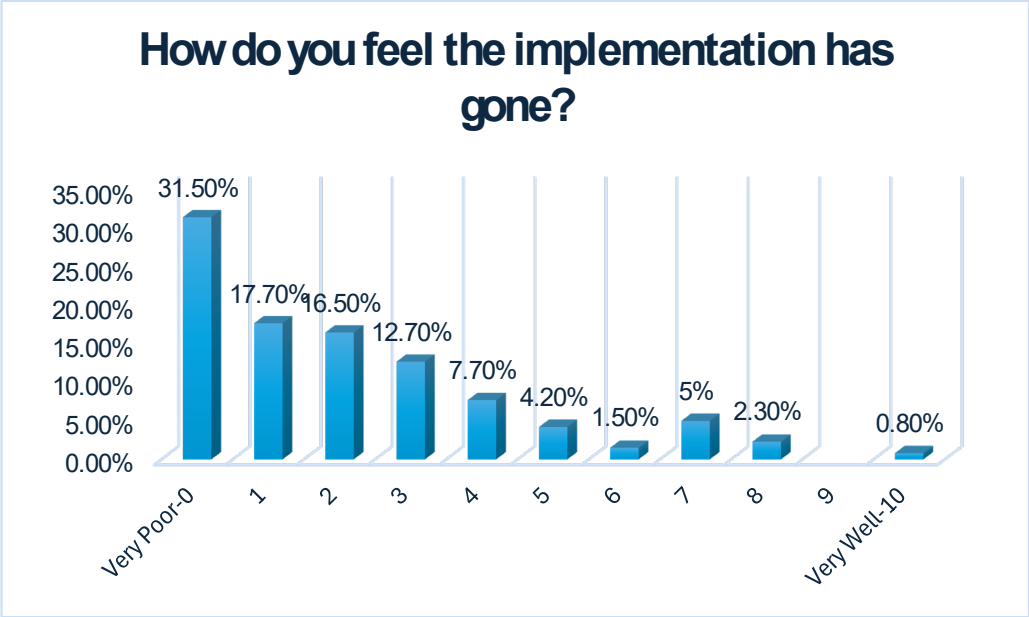
2 Gorman, Michael, "Province signs deal to bring electronic health records to Nova Scotia," CBC Nova Scotia, February 1, 2023, https://www.cbc.ca/news/canada/nova-scotia/health-care-one-patient-one-record-hospitals-michelle-thompson-1.6733736

Based on this, in early April, the union reached out to members to survey them on how the transition to OPOR has gone. Data was collected from 260 members over an eight-day period, with a focus on what this experience has been like at the IWK.

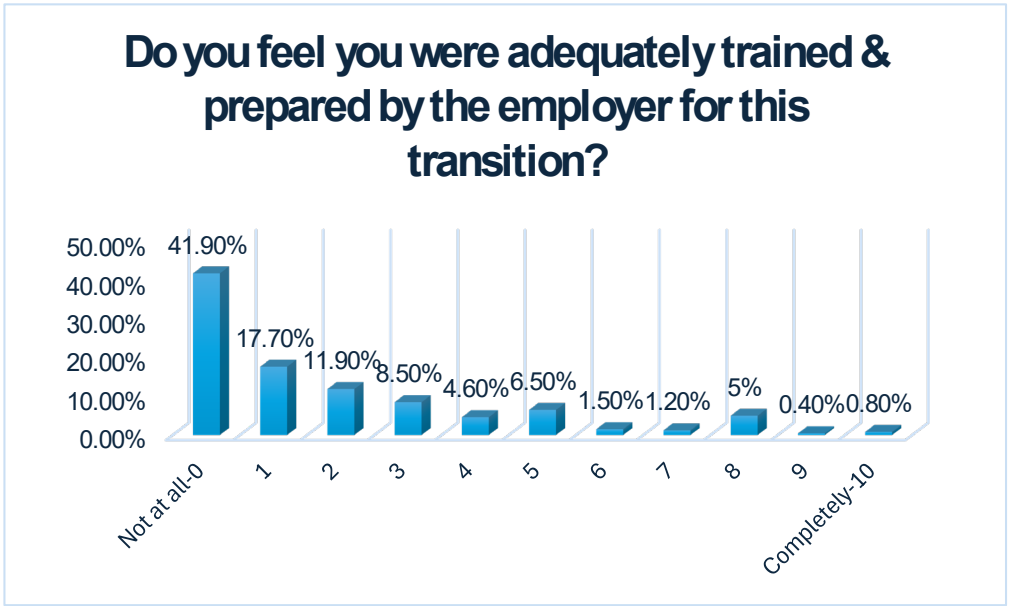
The results were alarming.

SURVEY FINDINGS:

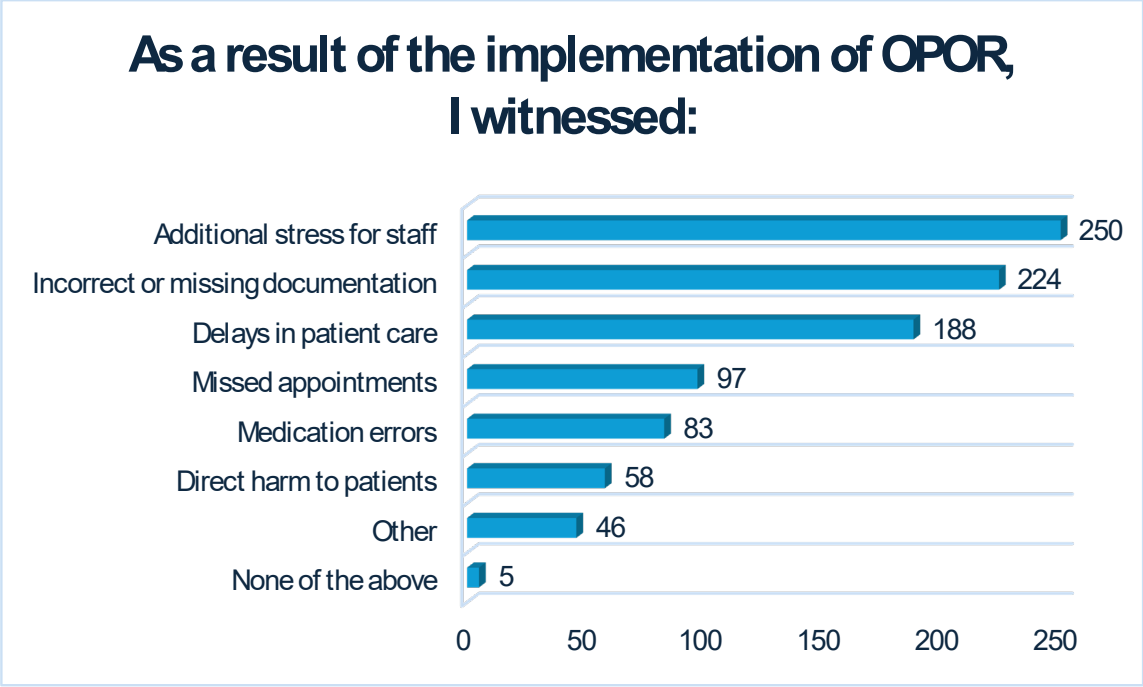
Members were asked to rate how they feel the implementation has gone on a scale of zero to ten, with zero being "very poorly" and ten being "very well." More than 90 per cent of respondents assigned a score of five or lower, with 31.5 per cent saying it was "very poor" (zero), and just two people reporting it had gone very well.



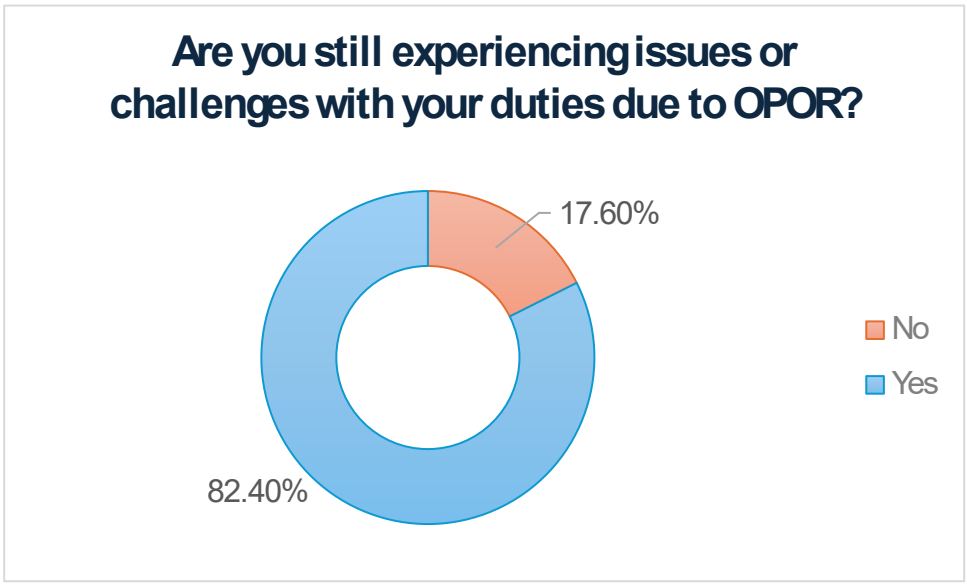
Members were also asked to assess on a scale of zero to ten if they feel they were adequately prepared for the transition, with zero being "not at all" and ten being "yes, fully." Approximately 91 per cent of respondents assigned a score of five or lower, with 41.9 per cent saying it was "very poor" (zero), and just two people reporting it had gone very well.



Members were asked then to identify which (if any) of the following issues they had experienced or witnessed in the workplace as a result of the OPOR implementation: additional stress for staff, incorrect or missing documentation, medication errors, direct harm to patients, delays in patient care, missed appointments, other, or none of the above. Only five respondents witnessed none of the above. Almost all (250 of 260 respondents) reported additional stress for staff, 224 reported incorrect or missing documentation, 188 said patient care was delayed, and 97 reported missed appointments. Of greatest concern were 83 reports of medication errors and 58 reports of direct harm to patients.



Finally, members were asked if they were still experiencing issues or challenges with their duties because of OPOR. Four months after implementation began, 82.4 per cent of respondents reported they were still experiencing impacts of OPOR on their duties.



Members were also invited to provide qualitative, anecdotal feedback to two questions: "*In what ways do you feel implementation could have been improved?*" and "*Do you have any OPOR comments or experiences you'd like to share?*" We have summarized some of those comments within the body of this report, organized under the core concerns of training, mentorship, program design, workload, and safety.

TRAINING

The vast majority of those surveyed said they felt inadequately prepared for the transition to OPOR.

Many reported that the training version of the OPOR that was made available prior to launch was completely different from the version that was rolled out on December 6th.

It appears that the type, length and quality of training offered varied drastically, depending on the individual's role, department, and management team. Across all bargaining units, however, there were consistent complaints that the initial training offered was too generalized or completely irrelevant to their actual role. Both of these factors led to a great deal of confusion and frustration once the system went live.

Training focused on general system navigation, such as logging in, sending messages, and saving work, without addressing the specific functionalities required for day-to-day clinical operations, which left staff unprepared to safely and effectively use the system in practice.

Frontline health care workers were not given the opportunity to see or test the system prior to launch, which meant they were forced to work in a system they were completely unfamiliar with and one that was not aligned with their clinical workflows.

Others questioned whether a more robust version of the training software was available, and whether that could have improved the experience.

Instead, staff have been left to figure out how to work within this new system largely through trial and error.

SUPPORT/MENTORSHIP

Beyond concerns expressed about inadequate training prior to launch, many respondents express frustration that the "At the Elbow" (ATE) staff (also referred to as the "purple vests") hired to support them in the rollout lacked a familiarity with the system itself and the health care environments they were working in, which meant they weren't able to offer much support on the ground.

Many respondents also raised concerns about the trainers sent from Cerner and their lack of familiarity with both the health care system in Nova Scotia, and working within a women's/children's health facility, specifically.

It was left up to departments to figure out how to prepare staff for OPOR. It would be helpful to ensure more consistency between departments that had successful approaches.

PROGRAM DESIGN

There are many complaints about the overall design and functionality of the program, including that some patients are duplicated with different MRN numbers, scheduling appointments takes significantly longer, the colour/layout/size of icons and text is difficult to see and navigate, and the system is cumbersome and not user-friendly. Some report labels are still missing HCN numbers and referring physician information, which means that this information must be manually written on billing documents. Waitlists are

"unusable" to consult when booking, and order sets contained errors or were missing altogether.

For the first few weeks, patient lab results were not being sent to physicians. There was also an entire day when all lab results were being attached to a single patient and there was no one able to help staff fix the problem.

Staff members' full names are now attached to all documentation, which is visible to patients, and raises serious privacy implications for staff.

Some respondents reported that, because of the lack of training and support available pre- and post-launch, they had simply developed their own workarounds within the system.

This is because workflows were not developed for all areas prior to implementation, and not enough testing was done.

Some expressed a concern that the system was optimized for doctors and nurses, but that many allied health professions and the services they delivered were not considered.

Others added that the focus was on in-patient services, but that the system was not designed for outpatient services or mental health.

There were numerous references to a lack of compatibility between the new Cerner system and other hospital software, such as the system the labs use.

WORKLOAD

In some areas, managers ensured there was a "slowdown" in clinical capacity to give staff some breathing space to train properly and make the transition to OPOR. But that certainly was not the case everywhere, and in those areas, staff were left to drown.

The "cutover" to the new system was not smooth, which caused its own host of problems on the frontline, and for patients.

This also means that the paperwork has been shifted onto clinical staff in some areas.

Four months later, some departments report they now have four months' worth of completed diagnostic test results that need to be inputted into patients' permanent records.

Challenges with new physical equipment, such as barcodes and scanners, are also delaying care and adding strain.

All these factors are leading to increased stress and burnout.

And it has led to some workers resigning altogether.

SAFETY

The safety concerns stemming from the launch are many and varied.

There are ongoing challenges with inaccurate documentation, missed referrals and appointments, and incorrect patient information due to issues during the cutover process. These errors create inefficiencies and introduce real risk for patient harm.

Medication orders have been missing from the Cerner library, and coupled with the complicated process of adjusting administration times within the system, this creates potential for delayed treatment or meds being administered at incorrect times. Of course, there's also been user error as other medical professionals learn to navigate the new system.

Many concerns were expressed over complicated pharmacy processes which are more time consuming and increasing the risk of errors, with no safeguards built in.

One member explained that you can input any patient weight into the system, and it will calculate medication doses based on that data. Which is fine, except if you inadvertently input the wrong weight.

Moreover, clinical information that was once visible in paper medical charts is no longer visible in OPOR to applicable staff, presenting a significant safety risk.

The workarounds that staff have developed to navigate the system raise concerns about a lack of uniformity which results in the potential for too many variables and unsafe measures with how things are being delivered and transcribed across systems.

One patient so far has come forward to media reporting that she believes her unborn baby died as a result of the OPOR implementation.[3] Specifically, she says that an urgent referral for an ultrasound was lost in the OPOR system, and her baby died a few weeks later.

CONCLUSION:

Many members stated they were initially supportive and excited about the promise of OPOR and were looking forward to moving to a unified digital record system.
They are disappointed by how the rollout has gone and worried about how the rollout will go within the NSH Central Zone, based on their own experiences.

There was a belief that government had exerted too much pressure to launch OPOR before it was ready.

Some are also worried that if the OPOR launch at NSH goes ahead as planned on May 9th, that the IWK will receive further diminished support, even though it is clearly still needed in their workplace.

There are some areas where the rollout has gone more smoothly, but that appears to be largely due to the initiative and skill of a select few who have gone above and beyond, and strong leadership from individual managers.

It is clear that frontline staff at the IWK have done their best under very difficult circumstances.

It is clear that, thus far, OPOR has not lived up to many of the promises that were made in February 2023: workers at the IWK are not seeing an increased capacity to see patients, waitlists have grown, and lab tests and diagnostic results are not being added into the system automatically or seamlessly. Four months into the transition, frontline health care workers are expressing real safety concerns for their patients, and do not feel they are receiving the support they need to make this system work properly.

The onus is now on the employer and government to ensure the serious concerns raised by these workers are addressed at the IWK prior to the planned implementation within the NSH Central Zone, which serves a much larger patient population with complex needs.

Based on the feedback collected from our members at the IWK, we have a number of suggested actions that should be taken:

RECOMMENDED ACTIONS:

- Delay rollout at NSH until issues are resolved at IWK.
- Pilot the launch in a few settings before

3 *Patil, Anjuli, "Family believes Nova Scotia's new medical records system played part in baby's death," CBC Nova Scotia, March 1, 2026, https://www.cbc.ca/news/canada/nova-scotia/baby-death-one-person-one-record-9.7108507*

launching hospital-wide to identify problems and allow time to resolve. A phased implementation phase with a defined transition period with rolling starts would lessen stress and potentially avoid system-wide chaos.

- Include experienced Electronic Medical Record (EMR) users from other jurisdictions to inform planning and execution.

- Ensure At the Elbow and Peer Support workers (i.e. Super Users) are offered enhanced training which is delivered closer to launch date to minimize knowledge gaps.

- Offer consistent, mandatory, in-person training for frontline staff at all levels prior to launch.

- Offer self-guided modules on generalized system use (i.e. how to exit a chart, how to open patient charts, signing in, etc.)

- Allow staff to access virtual labs remotely after initial training so they can practice when it is convenient for them.

- Establish clearer, role-specific workflows prior to launch.
- Test order sets prior to go-live to ensure accuracy of information and correct errors prior to implementation.

- Allow slowdowns in areas as they launch OPOR.

- Conduct formal readiness assessments to ensure both staff and systems are adequately prepared for transition.

- Provide each division a working manual.

- Ensure IT support is available around-the-clock, not just Monday to Friday, 9 to 5.

- Create post-launch forums to ensure there are structured and transparent opportunities for frontline staff to highlight areas of concern.