

## Monday Message, Monday, January 5, 2026

Happy New Year!

For some of us the New Year brings energy and enthusiasm but for some of us- it is just another day.

I am fortunate in having had time off over the holidays so I am in the former group.

We have lots on the agenda for 2026. At QE II and DGH we are facing go live with OPOR in May. This means we must start our training in earnest. Fortunately for us, we will learn from the experience of our colleagues at IWK. Some of the kinks will have been addressed by they time we go live.

OPOR is the single most transformative project in health care in our lifetime in Nova Scotia.

Although it will be challenging and imperfect, it will improve how we work, how we deliver care and will improve patient safety. Importantly it is not static, as we identify issues it can be remedied and further improved. Please be patient!

We know that we will have to slow down elective work- clinics and surgeries-- but our IWK colleagues have told us that the slowdown may be shorter than originally anticipated. Fingers crossed!

On the agenda for DOS is addressing our financial practices and ensuring we are running the department according to up to date financial governance standards and optimizing our practices. This is similar to what we do as individuals. In our 2024-2029 strategic plan, finance was focussed on compensation which was appropriate as we had been negotiating our contract with DHW. We will be revising this part of the strategic plan to address our practices and I will share this with you in the upcoming months.

Also I will be providing members of DOS with a report care on our strategic plan later this month. Some of the items in the strategic plan have been accomplished, many are in progress and some have yet to be started. As I mentioned previously, a strategic plan is like a road map and isn't set in stone. It is subject to changes in direction, detours and in fact never reaches its destination because there are always new goals, new destinations.

An academic Department of Surgery should never be static or complacent. We should always be seeking to improve, and grow. We should be curious and aspirational. If we are static or complacent we fall behind. Of course, we are most comfortable doing what we have always done. But "life begins at the edge of our comfort zone" !! So get on the train — it is leaving the station!!

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## Monday Message, Monday, January 12, 2026

Communication is key. We have all experienced situations wherein clear communication was lacking, sometimes information was not shared, or assumptions (often biased) were made, or the opportunity for frank discourse did not occur. The result of poor communication may be annoyance or bad feelings but sometimes it is the source of major conflict and bad outcomes.

The DOS executive decided that in the interest of better communication and more transparency, we should share our minutes with membership. A brief synopsis will be provided in my Monday message that follows our executive meeting.

Additionally given the importance of our members being fully informed about OPOR, Dr Jim Ellsmere will be providing weekly messaging which will be included with my Monday message starting today.

For some of you, a more "newsy" weekly message will be welcome. I know that others look forward to my reflections which will continue but will need to be more brief! (which is likely a good thing!)

It seems like yesterday we negotiated our current contract but negotiations will start up again this fall. In the current contract, deliverables were articulated and dashboards are currently being created so that DHW can monitor our deliverables. It is understandable and reasonable that they want to know they are getting value for taxpayers money. However, volume is not the only metric. Our colleagues in the US are faced with the "corporatization" of surgery, wherein RVUs are the only metric on which they are measured. We see the same thing happening in Quebec. We know that quantity does not equal quality, and that the development of the Academic Funding Plan was to permit us to receive compensation not just for clinical work but for teaching the next generation of health care providers (something the Quebec government didn't think was important), as well as research into health care questions. We must stand strong and demand that important metrics that measure quality of care are the key indicators by which we are judged not the number of widgets we produce.

### DOS Executive Minutes summary

Our new Education administrators started Jan 5. Emike Ibeagboade is our new Postgraduate Education Administrator and Marina Muberwa is our new Undergraduate Education Administrator. Sheila Reid is going to be training both of them so had delayed her retirement slightly. We have created a new role of DOS Administrator which includes most of the work currently done by Lesli Smith as well as some additional components. Lesli Smith will hold this position. The Administrator will support the Department Head but also looks after overall departmental functions-- except finance. So this is different from the role description in the past. Executive approved the revised job description.

Two new committees and a task force have been developed: An awards committee, an endowed scholars committee and an AI task force. More details will be forthcoming on each of these. A proposal for revision of approach to Grand Rounds was approved. More detail to come. The revised strategic plan for finance was approved by DOS exec. Formal approval from the finance committee is pending but the finance committee has already reviewed the plan. Once the finance committee has formally approved, the revised strategic plan for finance will be shared with DOS members.

MOTP chair selection committee will start meeting soon beginning with review of the TOR, and posting the job ad. Candidates for the chair do not have to be members of DOS and external candidates will be considered.

#### OPOR Updates (Dr Ellsmere)

Wave I at the IWK has been proceeding, albeit with some real challenges. The ORs have experienced limited downtime. The most significant challenges have been in surgery clinics, in part due to the transition from the IWK legacy system (MEDITECH) to the new OPOR Clinical Information System (CIS).

All new IWK ambulatory clinic schedules are being managed in OPOR CIS. This transition has been particularly stressful for our administrative staff. Many patients have been arriving for clinics without being booked, while others who were booked were not notified and therefore did not attend. When patients are not registered correctly for clinic visits, encounters can be challenging for providers. The OPOR IT staff are actively working on solutions.

These are the types of Wave I challenges that the OPOR team hopes to learn from and not reproduce in Wave II. Administrative staff will receive more educational support for Wave II than they did in Wave I to help with this transition.

Another challenge has been clinic waitlist management (sorting and filtering to determine which patients to book next). This functionality was originally intended to be managed through Novari, but is currently being done within CIS, using last-minute customization after Novari was no longer an option. This has presented some challenges. NSH is exploring leveraging the legacy VHS system for Wave II, but these decisions have not yet been finalized.

In the past, there have been mixed messages regarding whether verbal orders are allowed in OPOR CIS. Verbal orders are currently permitted, with a requirement for co-signature within 24 hours. The goal is for 90% of orders to be placed directly by providers. IWK is currently hovering between 78–80%, which is a reasonable outcome given the rocky start.

The OPOR team will be hosting OPOR Roadshows in January. These are drop-in, immersive experiences designed to help prepare future users of OPOR CIS. Attendees will learn about system functionality and gain hands-on experience using Workstations on Wheels (WOWs). The Roadshows are intended to build awareness of the CIS; they are not formal training sessions. Training will occur closer to implementation.

Attendees can expect booths on the following topics:

- Where to find OPOR information
- CIS demonstration stations
- Overview of education and learning opportunities
- At-the-elbow supports available during OPOR go-live
- General cutover and downtime information

WE will send info from OPOR to you in a separate email

Have a good week

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## **Monday Message, Monday, January 19, 2026**

OPOR Road shows start today!

These are drop in events where you can check out the system, ask questions

Don't forget to do your cybersecurity module on the LMS - you won't be allowed to access the CIS if you haven't completed this

Registration for OPOR training is first come first serve

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## **Monday Message, Monday, January 26, 2026**

I hope everyone is safe and warm. Weather is part of our life. We have to respect the power of nature-- it is bigger and more powerful than any of us. One of my favourite sayings is " there is no such thing as bad weather, just bad clothing choices". Not original with me and I apologize I don't know the original source.

Our OPOR message this week is : register to training and complete your Cyber security

My main message this week is about wellness. I don't mean 6 am yoga class although that is fine if it helps you. I mean being aware of what you as an individual need. Not just sleep, exercise or better nutrition. We all work hard, we have a lot of responsibilities- to our patients , to our families, to our teams. What happens when you just need a break?

Wellness means acknowledging to yourself that you need to take a break, take a step back. Other people will step up. Things that seemed so urgent and important turn out not to be. Stuff that really needs to get done, gets done.

Wellness is about self awareness, setting boundaries and listening to yourself.

Have a great week

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