



## SHARE Clinical Portal

Nova Scotia's Provincial Secure Health Access Record

# Shar@

SECURE HEALTH ACCESS RECORD

# Agenda

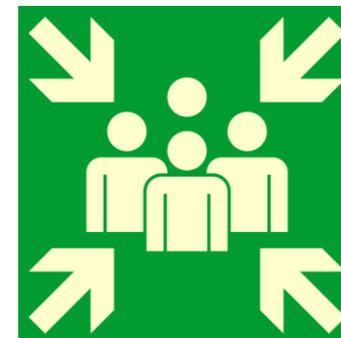
- Brief Overview
  - What is the SHARE Clinical Portal?
  - What is **in** SHARE?
  - Who is using SHARE, and how?
- Demo
- Questions/Discussion



The screenshot shows the login page for the SHARE Clinical Portal. At the top left is the Shar@ logo with the text 'SECURE HEALTH ACCESS RECORD' underneath. Below the logo is a 'Welcome' message. The main heading is 'Welcome to the SHARE Clinical Portal.' followed by a 'Log In' section. This section contains two input fields: 'Username:' and 'Password:'. Below these fields is a 'Log In' button. At the bottom of the page, there are three links: 'SHARE Online Training (LMS) Site', 'SHARE Privacy and Security Policy (v2 July 1, 2015)', and 'SHARE Workstation Requirements'.

## What is the SHARE Clinical Portal?

- Nova Scotia's Electronic Health Record (EHR).
- Stands for Secure Health Access Record.
- SHARE is a secondary supportive system that collects data from multiple points of care, and translates it into one universal view.
- Is part of a national \*initiative aimed at improving access to patient health information, no matter where in Canada they are receiving care (\*Canada Health Infoway).
- Real Time
- Accessible (within NSHEALTH or remotely)
- Role Based



# What is in SHARE?

Currently there are just over one million unique patient records in SHARE (based on HCN not encounter).

SHARE has 3 main data feeds, with 4 data domains in each.

- Three Data Feeds:

- IWK (since 2012)
- Central Zone (formerly CDHA, since 2010)
- Western, Northern & Eastern Zones (formerly NShIS, since 2012)

- The Four Data Feeds include:

1. ADT (Admission, Discharge & Transfer)



2. DI Results (Diagnostic Reports and Images via XERO)



3. Clinical Reports



4. Lab Results (General Lab only, except Central Zone which includes General Lab, Path, Micro and Blood Bank)



## Who is using SHARE?



The SHARE Clinical Portal is used across Nova Scotia by a variety of users in both Clinical and supportive roles. Access is role based, and specific to user needs.

- Users are in both Hospital and Private Health Care settings.
- Currently there are approximately 5,077 clinical users with SHARE access.
- The majority of these users are nurses, doctors, and admin support.

| Users                  | # (& %) of Users (5077) | Usage |
|------------------------|-------------------------|-------|
| Nurses (RNP, RN & LPN) | 2258 (44%)              | 40%   |
| MDs                    | 1256 (25%)              | 21%   |
| Administrative Roles   | 661 (13%)               | 29%   |

- **Other important users:** ward clerks, social workers, registered dietitians, RAD technologists, LAB technologists, cardiac technologists, pharmacists, pharmacy technicians, physiotherapists, occupational therapists, psychologists, infection control practitioners, genetic councilors, and cancer patient navigators.

## How is SHARE used?



SHARE is the only clinical tool currently available in NS that allows \*users to view pertinent clinical data on a patient that has had:

- A visit to **any** of the 34 NS hospitals
  - Lab work done in any of the 28 labs in the province
  - Diagnostic images/reports and clinical reports
  - Ongoing changes or updates to this data (real time)
- SHARE users can:
    - Access WHEN and WHERE it is convenient to them (not waiting for a fax, or calling another care institution) – remote capabilities
    - Compare historical data from multiple hospital visits (trending/graphing available) - especially useful when treating chronic illness
    - View associated data in HPF (Horizon Patient Folder) - Central Zones EMR
    - Access DIS: Drug Information System – pilots underway

\* Based on approved user specific access

...And?

SHARE is continuously evolving. As more data systems become available for integration – the value of SHARE will increase for users, and in turn, improve patient care.

With increased available data comes:

- Decrease in duplication of services
- Streamlined history taking at care provider
- Better coordination of patient care
- Better informed clinical decision making







## Demo

This ends the SHARE introduction. To recap:

- Brief Overview
  - What is the SHARE Clinical Portal?
  - What is **in** SHARE?
  - Who is using SHARE, and how?

Next I will be a demonstration of the portal itself.

Any questions or comments before we proceed?

# DEMO

Test Patient: DEMO,DATAMONITOR

Test Family GP: Dr. MD

Test MD Specialist: Dr. Oncologist

Test Portal User: md1



## Case Study Synopsis:

In Sydney Cape Breton a family GP notes an elevated PSA on a patient. After a follow up U/S, patient is referred to an oncologist in Halifax. Patient is diagnosed and receives treatment for prostate cancer in Halifax, and returns home for follow up care.