

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Advanced Practice Providers	Currently, all APP notes are cosigned for adult facilities. 10% of APP notes are reviewed for LeBonheur. In the future, APP notes will have a Cosign Required checkbox. APP should check this box and enter the appropriate Physician to cosign the note which will send an InBasket message to the Physician.	<ul style="list-style-type: none"> • ED MD • ED NP • ED PA 	●	😐			✓
Code Narrator	In the current state, codes and rapid response workflows/ documentations are written on paper. In the future state, the Code and Rapid Response Workflows and Documentation will be done using Code Narrator.	<ul style="list-style-type: none"> • Nurse • ED 	●	😐		✓	
	In the current state, codes are documented on paper. In the future state, core documentation should be entered into Epic for reporting purposes for any codes which are documented on paper.	<ul style="list-style-type: none"> • Nurse • ED 	●	😐		✓	
	In the future state, medications in the crash cart can be documented as One Step Medications in the Code Narrator. This will place the order and document the administration simultaneously.	<ul style="list-style-type: none"> • Nurse • ED • ED Provider • ED NP • ED MD 	●	😊		✓	

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Code Narrator	In the current state, codes are documented on paper. In the future state, codes/rapid response will be documented in real time using the Code Narrator. Cardioversion/Defibrillation can be documented. Compressions and Pulse Check flowsheets will be available on the Quick Bar in the Code Narrator. There is also a Pulse Check timer to remind RNs to document Pulse Checks every 2 minutes. Staff arriving to the Code Event should be documented using the Staff toolbox. Once the code has ended all staff will be marked as Departed.	<ul style="list-style-type: none"> • Nurse • ED 	●			✓	
Pediflight	Currently, we use Kno2 to get CCD from Pediflight to Cerner. In the future state, we will use Kno2 through Care Everywhere to receive CCD from Pediflight to Epic.	<ul style="list-style-type: none"> • ED MD • ED RN • HIM PA 	●				✓
Anonymous Naming Convention	Currently, it is a manual process to use anonymous naming convention when Quick Registering a patient. In the future, clicking the anonymous patient button will automatically create the patient's name using the following naming convention: Last Name, First Name and Middle Name.	<ul style="list-style-type: none"> • ED Clinical Staff • ED HUC • ED MD • ED Registration 	●			✓	✓

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Temporary Patients	This process does not exist today. In the future, Temporary patient functionality creates a shell record for an incoming patient, whose identity you reasonably expect to know on arrival, but for whom you do not have enough demographic information to find/create in the system prior to arrival. The patient would need to be identified once arrived at the Emergency Department.	<ul style="list-style-type: none"> • ED HUC • ED Clinical Staff • ED Provider • ED Registration • Nurse • ED • ED Triage 	●	😊		✓	✓
Pre-hospital treatment	This process does not exist today. In the future, flowsheet documentation will be available in Triage to document any vitals, medications, IVs placed during EMS transport.	<ul style="list-style-type: none"> • Nurse • ED Triage 	●	😐		✓	
Medical Clearance	Today, the Provider documents medical clearance in a note and verbally tells the Unit Coordinator, who will call Mobile Crisis. In the future, if a patient has a suicide precautions order placed, a section will appear on the ED Provider Workup tab to document that Medical Clearance is complete. Once the Provider documents that Medical Clearance is complete by marking Yes, an icon will appear on the ED Track Board for the ED Clerk and ED RN. This indicates that a Mobile Crisis can be called.	<ul style="list-style-type: none"> • ED Clinical Staff • ED HUC • Nurse • ED • ED Provider 	●	😊		✓	

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BH patient discharge	In future state, workflow will be like all other ED discharges except for Mobile Crisis involvement.	<ul style="list-style-type: none"> • ED Clinical Staff • ED Provider • Nurse • ED 	●	😐		✓	
Stanley Brown Safety Plan	In the future state, ED Providers and Nurses will have access to document the Stanley Brown Safety Plan. It will print with the After Visit Summary for the patient.	<ul style="list-style-type: none"> • ED MD • ED NP • ED Provider • Nurse • ED 	●	😐	✓	✓	
Shared Waiting Room	In today's state, the shared waiting room is used because patients are checked in at the same desk. In the future state, the shared waiting room will be used for Le Bonheur ED and Le Bonheur Fast Track. Patients can be pulled from the waiting room into either department.	<ul style="list-style-type: none"> • ED Registrar • ED Registration • Nurse • ED Triage 	●	😊		✓	

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Supply Charging	Today, Charge Reviewers drop all charges in ED Charge Assist based on documentation. In the future, RNs and Techs will be able to select supply charges from a preference list.	<ul style="list-style-type: none"> • Nurse • ED • Charge Reviewer • ED Tech 	●	😐		✓	
Facility Charge Calculator	Today, Charge Reviewers drop all charges. In the future state, Facility Charge Calculators will determine the appropriate charge based on documentation in the chart. A batch job will file the Facility Charge over night. Charge Reviewers can update the charge after reviewing documentation.	<ul style="list-style-type: none"> • Nurse • ED • ED Charge Reviewer 	●	😐		✓	
Suggested documentation	Currently, there are no suggested or required documentation based on patient's Chief Complaint. In the future state, suggested or required documentation will show up in the Narrator based on Chief Complaint. (Example: Asthma complaint will suggest a Respiratory Assessment).	<ul style="list-style-type: none"> • Nurse • ED • ED Triage 	●	😊		✓	✓

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Alerts	Today, icons on Tracking Shell are used to remind RNs to reassess vitals and pain. In the future, impending or overdue reminders will appear in the ED Narrators for vital reassessment (based on acuity and MLH policy), pain reassessment, reassessment after thrombolytic administration, and sitter checks.	<ul style="list-style-type: none"> • Nurse • ED 	●	😊		✓	✓
ED Professional Charging - Third Party	In the current state, Adult Providers are handled by ApolloMD; Pediatric Providers are handled by PES and PRMC. Patients over 2 years old are billed from LB Fast Track; LB Fast Track and Hacks Cross are currently billed by Charge Reviewers. In the future state, Adult Providers will be handled by ApolloMD via ADT interface, extracts and files; Pediatric Providers will be handled by PES and PRMC via extracts and report (potentially including patients under 2 years old at LB Fast Track and LB Hacks Cross Urgent Care); all third-party billing staff will have access via EpicCare Link.	<ul style="list-style-type: none"> • ED MD • ED NP • ED PA • Charge Reviewers • Third Party Billing Staff 	●	😐			✓


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Automated patient messaging	In the current state, the patient is informed of status verbally by ED Staff. In the future state, patients will be able to "opt in" to receive messages throughout their ED visit. Most messages will be triggered based on events filed in the ED and will not require manual intervention. However, an option to send a custom message is available.	<ul style="list-style-type: none"> • ED Clinical Staff • ED HUC 	●	😊			✓
Haiku and Canto	Currently no mobile track boards are available or utilized by Providers. ED Providers will be able to see the following Track Boards via Haiku and Canto: My Patients, Next to See, Waiting Room and All Patients.	<ul style="list-style-type: none"> • ED MD • ED NP • ED PA 	●	😊			✓
Ordering	Currently, the ED uses order sets and power plans. In the future state, Quick Lists will be used by RNs for Protocol Standing Orders; Providers will use Order Sets to mirror current power plans. Quick Lists will be used by Providers for panels and one-off orders. Preference lists should be used for other orders that are not found on the Quick List or Order Sets.	<ul style="list-style-type: none"> • ED MD • ED PA • ED NP • ED RN 	●	😊			✓


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Preferred Pharmacy	Today, the Pharmacy Tech or Pharmacist documents preferred pharmacy. In the future state, both RNs and Providers will have the ability to document the patient's preferred pharmacy.	<ul style="list-style-type: none">• ED MD• ED PA• ED NP• ED RN	●				✓
AMA Form	In the current state, the patient discharge and transitions of care form is done on paper. In the future, AMA form will be printed from Epic for the patient to sign.	<ul style="list-style-type: none">• ED MD• ED PA• ED NP• ED RN	●				✓

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Intrafacility transfer	In the current state, patients from North, South, University, and Germantown EDs are transferred using the same encounter (FIN) to EDs at North, South, University, and Germantown. In the future state, patients from North, South, University, and Germantown EDs are transferred using the same encounter to EDs. Providers will place both the Admission order (or Observation order) and the Transfer to Other Facility order. RNs will use the Transfer button on the toolbar to push transfer the patient to other other ED in the Transfer in care area when the patient leaves the Department. LeBonheur Germantown will always be a discharge and re-arrival. This matches current state but Epic workflow will be different.	<ul style="list-style-type: none"> • ED MD • ED NP • ED PA • ED RN • ED Clerk • Registration 	●	😐			✓
Boarders	Today, there is no concept of signed and held orders. In the future, the patient will become a boarder as soon as the Admit to Inpatient or Initiate Observation order is placed. If any orders are signed and held, an icon will appear on the Track Board. The Signed and Held column on the track board will have a yellow background 2 hours after the admit order is signed and a red background 4 hours after the admit order is signed.	<ul style="list-style-type: none"> • Nurse • ED • ED MD • ED NP • ED PA 	●	😐			✓

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Provider Notes	Providers currently use complaint specific note templates. In the future state, ED Providers will use ED Provider note, ED Procedure Note for bedside procedures. There will be one ED Provider note template used with dynamic complaint specific documentation.	<ul style="list-style-type: none"> • ED MD • ED NP • ED PA 	●	😊			✓
ED Provider Note	Today, Providers use multiple notes. In the future state, each ED Provider will be able to write one ED Provider note.	<ul style="list-style-type: none"> • ED Provider • ED NP • ED MD 	●	😐		✓	
Provider in Triage	Currently when a Provider is working in a triage situation, the Provider will document in their ED Provider Note not a specific Triage type note. In the future state, the Provider in Triage navigator is available for any MD or APP working in Triage with the ability to document a Triage Note, allergies, home meds, and history.	<ul style="list-style-type: none"> • ED MD • ED NP • ED Provider 	●	😐		✓	
ProcDoc	Currently, we have procedure notes but those do not drop charges or place orders. In the future state, using the Procedure Notes and documenting via the buttons in the SmartForm will drop the appropriate charges and order.	<ul style="list-style-type: none"> • ED MD • ED NP • ED Provider 	●	😐		✓	

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ED Dashboards	Currently, Melodi is used for dashboards and throughput. External from EMR. In the future state, ED Yesterday's Dashboard will be available to show information about the department and throughput for the previous day.	<ul style="list-style-type: none"> • ED MD • ED Director 	●	😊			✓
Medical Students	In the current state, Med Students in the ED do not document in the EMR. In the future, Medical Students will be able to pend orders for supervisor review; Medical Students can write either a Med Student Note or ED Provider note which can be taken over by the ED Attending.	<ul style="list-style-type: none"> • Medical Students • ED MD • ED NP • ED PA 	●	😐			✓
Results Routing	Currently, we use phone calls to route results. In the future, abnormal lab results will still result in a phone call to the department as well as an InBasket message to Nurse Result pool; abnormal radiology results will also still be a phone call; Culture results will be sent to pharmacy pool and all other lab results will go to an RN pool. ED RNs will write a result note from the Results in basket pool.	<ul style="list-style-type: none"> • Nurse • ED 	●	😐		✓	✓

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Sedation Narrator	Today, Sedation is documented in real time and there is no concept of One Step Medications. In the future state, One Step Medications will be available in the Sedation narrator for efficient administration of certain medications. One Step Meds do not require an order to be placed in advance, however, medications pulled from Omnicell will require linking.	<ul style="list-style-type: none"> • Nurse • ED • ED MD • ED NP • ED PA 	●	😊			✓
Slicer Dicer	This process does not exist today. In the future state, self service reports will be created and run using Slicer Dicer.	<ul style="list-style-type: none"> • ED Clinical Staff • ED Provider • ED NP • ED MD • ED Director 	●	😐			✓
STEMI Narrator	Today, the staff is not documented and does not utilize STEMI Workflows and Documentation. In the future state, STEMI's will be documented using the STEMI Narrator. Cardiologists will be notified that they have been added as an event. Staff tracking will be available in Epic Specialty Narrators	<ul style="list-style-type: none"> • Nurse • ED 	●	😊			✓

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Stroke Narrator	Today, there are no specific Stroke documentation tools but instead a focused Neuro assessment and NIH stroke scale. In the future state, RNs will document Stroke information using the Stroke Narrator. This workflow includes alerts for Post-Thrombolytic Reassessments after Tenecteplase is given for Stroke.	<ul style="list-style-type: none"> • Nurse • ED 	●	😊			✓
Trauma Narrator One Step Meds	Currently, traumas are documented on paper. In the future, Emergent Medications can be documented as One Step Medications in the Trauma Narrator. This will place the order and document the administration simultaneously.	<ul style="list-style-type: none"> • ED MD • ED NP • ED Provider • Nurse • ED 	●	😊		✓	
Trauma Narrator	Currently, traumas are documented on paper. In the future state, all trauma documentation will be done real time using the Trauma Narrator. The Trauma Narrator will be similar to the Nursing Narrator with the addition of One Step Meds and trauma specific content.	<ul style="list-style-type: none"> • Nurse • ED • ED Provider 	●	😊		✓	✓