

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Abstraction	The abstraction process is specific to Epic. In future state, Episodic care areas such as OB, Wound, and Anticoagulation, are common areas that will be added and will require additional abstraction effort.	<ul style="list-style-type: none"> • Providers • Nurses • Clinic Managers 	●	😐		✓	
Supervising provider at login	Today, NPs and PAs are not required to enter their supervising Provider during login. In future state, NPs and PAs will input their supervising Provider during login for all locations except ED. When APPs login to the system, they are required to select both a general 'Supervision Type' and a specific 'Supervising Provider'.	<ul style="list-style-type: none"> • Providers 	●	😐		✓	
After Visit Summary	Current state utilizes visit summaries. In future state, MLH will use system outpatient AVS.	<ul style="list-style-type: none"> • Providers • Nurses • Front Desk 	●	😐		✓	
	They manually print AVS in current state. In future state, they will auto-print at checkout (with the option to manually print).	<ul style="list-style-type: none"> • Providers • Physician Nurses 	●	😊		✓	

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

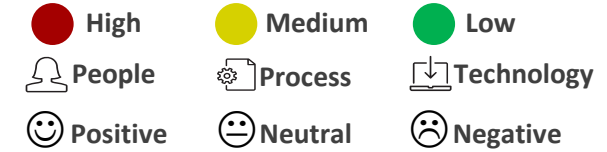
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Workflow review	Currently, Patients are seen for Anticoagulation monitoring. In future state, Anticoagulation Management workflow in the system will highlight applicable Awareness points.	<ul style="list-style-type: none"> • Providers • Nurses 	●	😐		✓	
Charge triggering automated	No SmartForms used in current state. In future state, Charge triggering will be automated for procedures that have SmartForms. For procedures without SmartForms, charge capture pop-up will be used to manually capture charges.	<ul style="list-style-type: none"> • Providers 	●	😐		✓	
Bar code administration	Current state Infusion clinics do not have BCMA. In future state, all the clinics will utilize barcode medication administration strategy. BCMA deployment in all the workstations including laptops is being worked upon.	<ul style="list-style-type: none"> • Providers 	●	😊		✓	
Clinic Manager Dashboard	There are no dashboards in the current state. In future state, Clinic managers will utilize the dashboards with Epic. Dashboards review includes Integrated Clinic Manager Dashboard Home, Outpatient Clinical and RFL Integrated Clinic Manager Dashboard - Referrals	<ul style="list-style-type: none"> • Operations Manager • Clinic Managers 	●	😊	✓		







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InBasket Pools	Today eCW does not utilize multiple staff pools. In future state, each outpatient department will utilize two pools: clinical staff pool and front desk staff pool.	<ul style="list-style-type: none"> Clinical Support Clinic Managers 	●	😊		✓	
InBasket Messaging	Today, Cerner charges are sent when the charge is signed, not when closing out a visit. In future state, if the visit is not closed the same day, an open chart InBasket message will be sent to the encounter Provider after 1 day and to the clinic manager if it is not closed within 3 days.	<ul style="list-style-type: none"> Providers Physician Clinic Managers 	●	😊		✓	
Department pools	In future state, the department pools will be built for all outpatient and HOD departments for clinical and front desk staff.	<ul style="list-style-type: none"> Nurses 	●	😐		✓	
Open Chart In Basket message	Today, charges are sent when the charge is signed, not closing out a visit. In future state, if a face-to-face visit is not closed within 3 days, encounter Providers will receive an Open Chart In Basket message after 1 day.	<ul style="list-style-type: none"> Providers 	●	😐		✓	



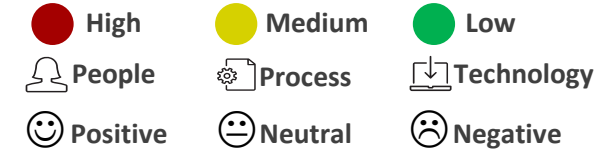
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Clinical Documentation	Today, 3 legacy system mobile apps are not widely adopted, and scope is very small. In the future state, Providers will use Haiku/Canto functionality. Functionality Includes: Patient Interaction, Medical Documentation and Review, Task Management and Communication, Scheduling and Reminders, and Advanced Functions and Integration.	• Providers	●				✓
Cervical cancer screening activity	No cervical cancer screening activity equivalent in Legacy systems, and clinicians currently do manual review with pap results. In future state, clinicians will utilize the cervical cancer screening activity in future state. They will be able to Historical Review and Documentation, Record Test Findings and Follow-up Actions	• Providers • Nurses	●			✓	
Referrals	Currently, incoming referrals are triaged before being routed to authorization teams. In future state, incoming referrals will be triaged before being routed to the authorization team for authorization for evaluation.	• Nurses • Front Desk • Providers	●			✓	








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Consult Orders	Palliative care is currently using Matrix care (3rd party), workflows are very different, and is now under Ambulatory. In future state, Manually complete via Hyperlink. They will document the outcome of that visit in a Progress Note and, if needed, use their Follow-up Flowsheet to indicate the date of next visit.	<ul style="list-style-type: none"> • Providers • Clinic Managers • Nurses in Palliative Care 	●	😊		✓	
Clinical Documentation	Currently problem list is maintained by Providers. In future state, the roles that will modify the problem list are Physicians, NPs, PAs, Residents and Fellows, Occupational Therapists, Physical Therapists, Speech Language Pathologists, Licensed Dietitians. Ownership over the problem list updates will be as follows: PCP or the episode coordinating Physician will be the overall point person involved in maintaining the problem list. Admitting/Attending will oversee updates to the problem list during inpatient encounters. Specialty Providers will take ownership of their Diagnosis.	<ul style="list-style-type: none"> • Providers • Residents • Fellows • Occupational Therapists • Physical Therapists • Speech Language Pathologists • Licensed Dietitians 	●	😊		✓	



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Clinical Documentation using Haiku	MLH does not currently have this functionality. In future state, Providers will use this functionality; they will use the Dictate Later option to complete note documentation through Haiku.	• Providers	●			✓	
Clinical Documentation	Today, Cerner does not allow clinical staff to create/start a note. In future state, clinical staff will have the ability to start a note for Providers which can be owned by Providers later in the workflow using "Make me the Author".	• Providers • Clinical Support Staff	●			✓	
Speech Recognition Software	Currently MLH uses Nuance Dragon. In the future, users who currently use Nuance Dragon will have access to the functionality at go-live. Other Providers who are interested will have the opportunity to sign up for it prior to go-live Medical students will not use Dragon.	• Physicians • Medical Students	●				✓
Clinical staff visit	The current legacy systems do not follow this workflow of scheduling visits with a generic user. In future state, clinical staff visits will be initially scheduled with a generic nurse and later updated to the specific nurse using the "change Provider" option.	• Clinical Support	●			✓	

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Cosign visits	Today, Cerner users do not close visit for charges to be triggered. In future state, residents will complete the entire encounter and designate a cosigning Provider at the time of signing the visit. Attending Providers will attest to the note and cosign the visit from In Basket.	• Providers	●	😐		✓	
Legal sex values accepted by the state	Currently, is not available in all the 3 legacy systems. In future state, Epic released legal sex values that will be utilized and available.	• Providers	●	😐		✓	
Category list update	Currently, the defined gender identity and sexual orientation are documented. No further additions were made to category lists. Epic-released values for gender identity and sexual orientation will be utilized in future state.	• Providers	●	😐		✓	