Beacon

🔴 High	🟡 Medium	🟢 Low	
People	⚙ Process	⬇ Technology	
☺ Positive	😐 Neutral	☹ Negative	

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙	⬇
Oncology Access	Currently, we don't schedule any treatment before the day it's due, because the insurance won't reimburse otherwise. Clinic and lab visits are a bit more flexible but generally try to be within a 48 hr window. In the future, Beacon treatment plans will have orders that are used to schedule the clinic and infusion visits. These orders will have the scheduling window specified in the order to help guide schedulers to schedule at the appropriate times.	• Oncology Staff	🟢	☹		✓	
	In the current state, there is no way of knowing when a planned treatment appt length changes, so it is currently not something they have a workflow for. In the future state, infusion scheduling will be streamlined as schedulers will be notified of changes to patient's treatment. Only time the length changes is when a med is added or removed, and the Providers will have to add / subtract time in the appointment request.	• Oncology Staff	🟡	😐			✓
	Currently, pharmacy gives education during office visit or during the chemo visit. Nothing will change from current state.	• Oncology Staff	🟢	😐		✓	

MLH REIMAGINED

Beacon

🔴 High 🟡 Medium 🟢 Low

👤 People ⚙️ Process ⬇️ Technology

☺ Positive 😐 Neutral ☹ Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	⬇️
Oncology Access	Currently, manual reviews are being conducted by nursing to cancel or change appts as needed. In the future, nurses will be doing more scheduling and be more hands on, especially for situations like this where patients can have a treatment and therapy plan.	• Oncology Staff	🟡	😐		✓	
Inpatient Chemotherapy Treatment	Today, oncology pharmacy is very involved when a patient has their chemotherapy delivered in an inpatient setting. There is an oncology inpatient unit, however, not all nurses on that unit are chemo certified and patients can technically be admitted anywhere in the hospital so oncology pharmacy are the ones to release the medications currently because of this variation in where the patient could be admitted, as well as the nurse assigned to the patient. In the future, nurses on the Oncology inpatient floor will be able to see when a patient has a treatment plan and chemotherapy planned for the admission via a task in the Brain. However, pharmacy does still want to continue to release the chemotherapy due to the prep time required for inpatient chemo and the need to have the chemo ready to go early in the morning. Nurses will still administer the chemotherapy and document it on the patient's admission.	• Oncology Staff	🟡	😐		✓	

MLH REIMAGINED

Beacon

					People	Process	Technology
					Positive	Neutral	Negative

Legend: High (red), Medium (yellow), Low (green)

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙	⬇
Infusion Scheduling	Currently, patients get scheduled based on their power plan infusion timing through scheduling at infusion centers. In the future, if your organization is using the infusion duration table for infusion scheduling, this will allow schedulers to be notified of changes to the patient's treatment that may require infusion chair time.	• Oncology Staff	🟢	😐			✓
Oncology Post-Treatment Follow-up	We are currently using NCCN Distress Monitors. In the future, we have validated that we are okay to move to PROMISE.	• Oncology Staff	🟡	😐		✓	
	Today, we do not have a formal process for giving patients treatment summaries when they complete their chemotherapy regimen. With Epic, APPs and MDs will be able to give patients an end of treatment summary that is tied to their cancer diagnosis right from the problem list in Epic. The frequency with which patients are given a treatment summary within 1-2 weeks of finishing their chemo regimen will be tracked as a key oncology metric within Epic.	• Oncology Staff	🟢	🙂		✓	

Beacon

High · **Medium** · **Low**

People · Process · Technology

☺ Positive · 😐 Neutral · ☹ Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙	⬇
Oncology Consult and Treatment Plan Management	Today, we don't really have this concept of a plan going on / off hold. Epic will have the entire chemotherapy regimen applied to a patient and Providers will sign orders ahead of time, this signing is like activating in the Cerner world. If there is ever a time where the pt shouldn't receive their treatment as planned for an undertime amount of time, the treatment plan shall be put on hold manually by a MD or APP. The system will automatically place plans on hold when a patient is admitted as well.	• Oncology Staff	🟢	☺		✓	
Oncology Access	Today, manually notified of changes to the treatment plan that require re-authorization. Required to get re-auth for anything but a dose change. With Epic, the system will automatically send the authorization referral back to the authorization work queue for auth staff to obtain re-auth for any change to the treatment plan except dose changes. These changes include, adding / removing medications, adding cycles, changing frequency.	• Oncology Staff	🟢	☺		✓	
Oncology Consult and Treatment Plan Management	Currently, we have security to do this available to OP and IP nurses which caused issues in the past when having IP nurses have this security. In the future, we will not give this security to IP nursing.	• Oncology Staff	🟡	😐			✓

Beacon

🔴 High   🟡 Medium   🟢 Low

👤 People   ⚙️ Process   ⤓ Technology

☺ Positive   😐 Neutral   ☹ Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	⤓
Oncology Consult and Treatment Plan Management	Today, only weights from a week ago are to be used in dosing. In a future state, Epic will look to weights taken up to a week ago for dosing when a treatment plan is applied to a patient.	• Oncology Staff	🟢	😐			✓
	Today, there is a manual review of the prescriptions by pharmacy. No automated notification or review process. In the future, once an oral chemo prescription is signed and released from the treatment plan, the oncology pharmacists will get an InBasket message alerting them that an oral chemo prescription has been signed / released. This InBasket message will not stop the prescription from going to the pharmacy it is meant to be filled at.	• Oncology Staff	🟢	☺		✓	
Home Oncology Treatment	Currently, oral chemos are prescribed with the amount of refills the Provider feels is appropriate for the patient. In the future, we will have a default number of refills set for oral chemo prescriptions in our treatment plan. The number of refills will depend on the drug, its side effects, monitoring parameters, etc.	• Oncology Staff	🟢	😐		✓	

MLH REIMAGINED

Beacon

🔴 High   🟡 Medium   🟢 Low

People   Process   Technology

☺ Positive   😐 Neutral   ☹ Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	People	Process	Technology
Home Oncology Treatment	Today, there is a manual review of the prescriptions by pharmacy. No automated notification or review process. In the future, once an oral chemo prescription is signed and released from the treatment plan, the oncology pharmacists will get an InBasket message alerting them that an oral chemo prescription has been signed / released. But this InBasket message will not stop the prescription from going to the pharmacy it is meant to be filled at.	• Oncology Staff	🟢	☺		✔	
Tumor Board Scheduling	Currently Provider sends email w/ details on who to present. In the future, Epic will replace email with a referral order to the tumor board.	• Oncology Staff	🟢	☺			✔

MLH REIMAGINED