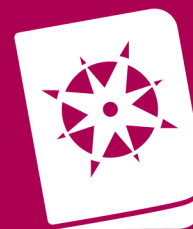


Epic Change Impact Assessment Report



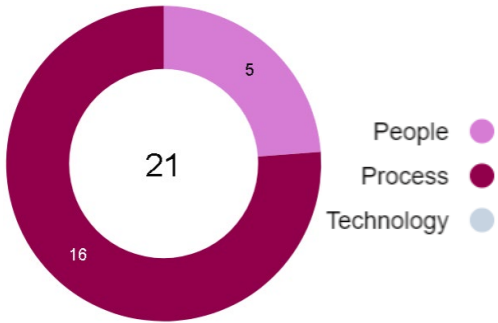
my ^{MLH} **PASSPORT**

Stakeholder Group:

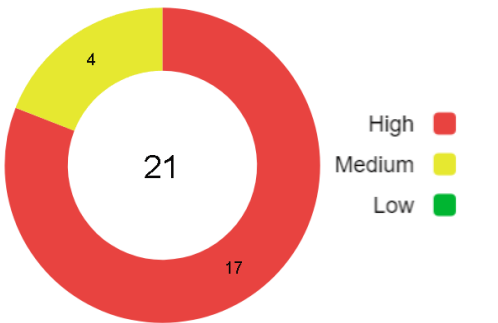
- Case Managers (Acute)
 - Discharge Planning
 - Utilization Management

Case Management Change Impacts Summary

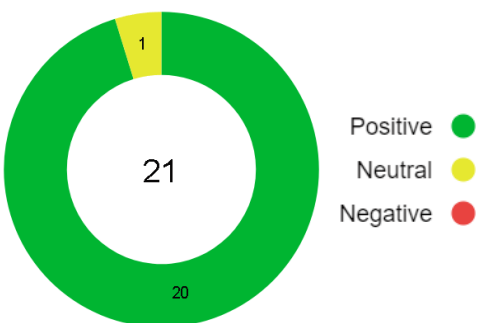
Type of Impacts*



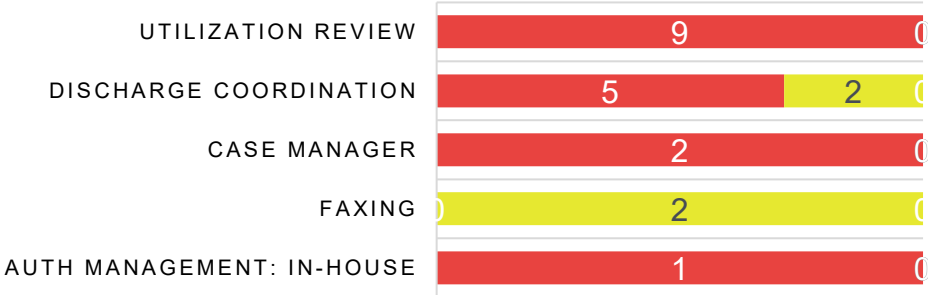
Degree of Impact



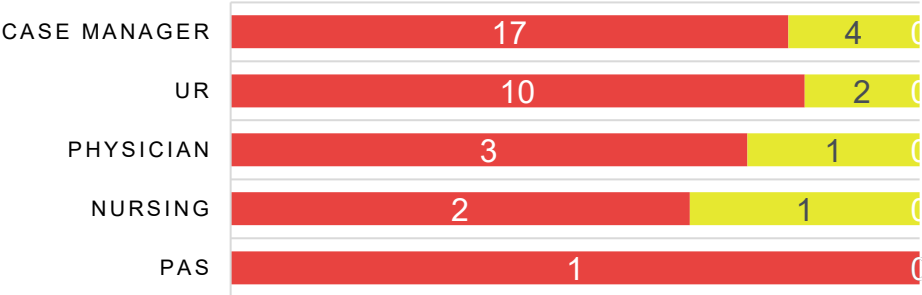
Perception of Impact



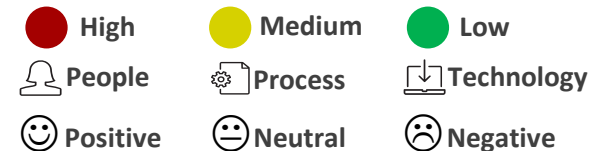
Process Areas w/ Greatest Impact



Stakeholder Groups w/ Greatest Impact



Case Management



Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	📄
Case Managers putting Condition Code 44 on Hospital Accounts	In the current state, they document in Billing Notes/Hold but not completing MD/pt. Notification process. Medicare Condition Code 44 is followed by Utilization Review at Le Bonheur. In the future state, approval from Dr. Washington to follow the foundation process.	<ul style="list-style-type: none"> • Case Manager • UR 	●	😊		✓	
Case Manager	Registration in current state collects MOON forms. Case Management or CM Assistant will obtain the MOON form if the patient is on the floor and changes from IP to OBS and admissions is unavailable. In the future state, registration will be done on admission. If unable to obtain on admission, then Case Manager, Social Worker, and CM assistant collect at University, G-town, South, & Olive Branch, North has Patient Access collect MOON forms, Le Bonheur - Registration and Case Managers are the primary, Standardized Workflow - Initial MOON will be collected by Patient Access. Subsequent forms (if needed) will be collected by Case managers, after hours (need to define this) & weekends will need to be Patient Access, this will be a change in workflow at several hospitals. IF Obs on admission Registration obtains signature. If patient unable to sign or status is changed once patient is on floor CM obtains.	<ul style="list-style-type: none"> • Case Manager • UR • PAS 	●	😊	✓		

Case Management

● High

● Medium

● Low

👤 People

⚙️ Process

💻 Technology

😊 Positive


😐 Neutral


😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Case Manager	Currently, registration obtains signatures and inpatient case managers, and medical social workers take this information upon admission. IMM is followed by the PAS & case managers at Le Bonheur not Utilization Review or Social Work. In the future, Inpatient on admission, registration obtains signature Discharge is CM/MSW except Le Bonheur no MSW, if patient is unable to sign or status is changed once the patient is on the floor, the Case Managers, MSW, or CM Financial Assistant will collect form, initial IMM collection will be Patient Access, discharge IMM will be Case Manager or Case Manager assistant and IF IP on admission Registration obtains signature. If patient unable to sign or status is changed once patient is on floor CM obtains.	• Case Manager	●	😊	✓		
Risk of Unplanned Readmission Predictive model score	This process does not exist now. In the future state Physicians and Nursing will need access to the Risk of Unplanned Readmission Predictive model score. Interventions need to be led by Physician. Will need to have a meeting w MD, Nursing and CM/MSW, after we have recommendations for how others are using interventions.	• Case Manager • Nursing • Physician	●	😊		✓	


Case Management


● High

 People


 Positive


● Medium






 Process

 Neutral

● Low

 Technology

 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Key Performance Indicators to track readmission risk model	This process does not exist today. In the future state, Reporting team will set up report for BPAs/Interventions when they fire.	• Case Manager	● High			✓	
SDOH	In the current state, Case Managers and other clinicians are currently documenting some SDOH documentation but not all CMS. In the future state, they will be able to document this in their navigator.	• Case Manager • Nursing • Physician	● Medium			✓	

Case Management

● High

● Medium

● Low

👤 People

⚙️ Process

💻 Technology

😊 Positive

😐 Neutral

😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
EDD	In the current state, Providers set the EDD upon arrivals and case managers can update this information. The future state's Workflow Summary will be: Patient's Estimated Discharge Date (EDD) set on arrival, Nursing documents discharge planning assessment on admission, integrated care team reviews EDD during rounding throughout the patient stay, Case Management coordinates post-acute placement (as needed), pending discharge is created automatically for patients with EDD of today or active discharge order, Provider uses discharge order set for discharge order, medications, and patient instructions, Nursing completes discharge documentation and prints After Visit Summary, Nursing or Unit Coord. update patient status on Unit Manger to discharge patient and EVS is notified of bed to clean.	<ul style="list-style-type: none"> • Case Manager • Nursing • Physician 	●	😊	✓		
Discharge Coordination	This process does not exist today. In the future state, we will use scores levels to start. Readmission Risk model thresholds: Very high - 33-100, High-22-33, Medium-11-22 and Low-0-11.	<ul style="list-style-type: none"> • Case Manager 	●	😊		✓	

Case Management

● High

● Medium

● Low

👤 People

⚙️ Process

💻 Technology

😊 Positive

😐 Neutral

😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Discharge Coordination	This process does not exist today. In the future state, workgroup aware of where on pt. list will show score and how to hover to get detailed information.	• Case Manager	●	😊		✓	
	This process does not exist today. In the future state, Dr. Washington stated Jennifer Mack & Hope Gault would be Champions.	• Case Manager	●	😊	✓		
Fax snapshots purge timelines	All fax information is currently being collected from Cerner and loaded into Morrisey, to faxed electronically. In the future state, we will keep the faxes as sent for 5 years.	• Case Manager • UR	●	😊		✓	
Faxing	This process does not exist today. In the future state, CM/UR/MSW will use the pt list and In Basket to determine which faxes fail. We will also give access to printout tracking reports.	• Case Manager • UR	●	😊		✓	

Case Management

● High

● Medium

● Low

👤 People

⚙️ Process

💻 Technology

😊 Positive

😐 Neutral

😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Utilization Review	This process does not exist today. In the future state, pediatric hospital, all CMs, UMs, and Social Workers are separate departments with each having their own leaders. In adult hospital facilities, some CMs and social workers have the same workflows in other facilities CM and MSW have separate roles. Utilization managers are separate roles. At Olive Branch the nurse CMs rotate between UR and DCP roles. Associate utilization managers who can run reports but do not actually do case management or social worker work. Case Manager Financial Assistant - assist with obtaining Patient Choice, sending TOC referrals based on Patient Choice, IMMNs Admission & DC, MOONs, Advance Directives. At Ped Facility, assist with sending information to payors.	<ul style="list-style-type: none"> • Case Manager • UR 	●	😊		✓	
Collecting ABN forms	In the current state, nobody is currently collecting these ABN forms. Future state, ideally Patient Access would collect along with all other forms upon Admission.	<ul style="list-style-type: none"> • Patient Access • Case Managers 	●	😊	✓		

Case Management

● High

● Medium

● Low

People

Process

Technology

Positive

Neutral

Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Internal secondary reviews	We currently do not have a Physician advisor. We do have the capability to utilize EHR/Optum to assist in determining appropriate status. In the future state, the workflow outline will be: UM nurse requests secondary review via the secondary review navigator, an In Basket message is routed to the Physician advisor group and Physician advisor documents secondary review findings and determination from the Physician advisor navigator.	<ul style="list-style-type: none"> • Case Manager • UR 	●			✓	
Case Management Reporting Dashboards	This process does not exist today. In the future state, new dashboards will be available for use by case managers. Case Managers and supervisors will use IP Case Manager Reporting Homepage Dashboard. This dashboard will use ADT Census Metrics, ADT Census Snapshot, IP CM Common Reports, IP CM Patient Class Reports, WM RW and Epic-Crystal Reports - Report Listing, CCM Clinical Case Management Trending Overview Dashboard: used to monitor metrics including utilization management, utilization review, bed days, avoidable days, and more using CCM Trending Avoidable Days, CCM Trending Caseload by Provider, CCM Trending CMI by Provider, CCM Trending Denied Days, CCM Trending Facility Metrics, CCM Trending Readmission by DX, CCM Trending Time to First Review, CCM Trending Utilization Review Metrics.	<ul style="list-style-type: none"> • Case Manager • UR 	●			✓	

Case Management

● High

● Medium

● Low

👤 People

⚙️ Process

💻 Technology

😊 Positive


😐 Neutral


😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Utilization Review	In the current state, utilization managers do evaluate patient class changes. In the future state, Reviews will be done for those that the MD does not agree need to be changed based on criteria, those that need a Peer to Peer, those that need CMO involvement, or those that need UR review Medicare A to B rebilling, those to ensure appropriate status is applied upon admission (IP vs. OBS).	<ul style="list-style-type: none"> • Case Manager • UR 	●	😊		✓	
	Today, internal Physicians: G-town uses Optum ~20 times/month for secondary review (trying to bring down the usage), pushing to use attending to perform the Peer-to-Peers, Unniversity uses Optum ~20 times/month, Olive Branch uses Optum 15-20 times/month, LB does not use Optum. Likely will still be a mix of external/internal Secondary Reviews being done. In the future state, Expected Status assigned by MD - Review done to determine if Criteria meets - Communicate w Attending MD to determine adjustments - Disagreement from MD should go to secondary review at PA - PA reviews and if needed discuss w MD. Denial received from payor for IP then UR discusses w Attending - Attending disagrees then Peer to Peer then PA involved.	<ul style="list-style-type: none"> • Case Manager • UR 	●	😊		✓	


Case Management


● High

 People


 Positive


● Medium






 Process

 Neutral

● Low

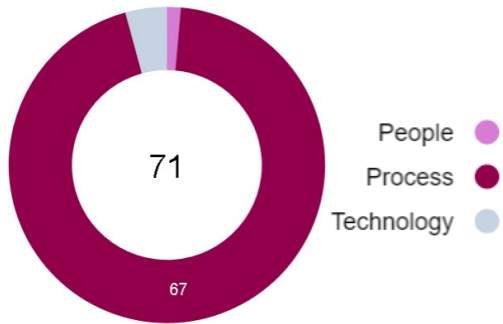
 Technology

 Negative

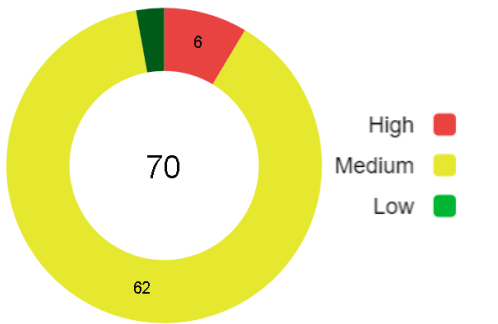
Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Utilization Review	In the current state, ML H does have a list of payer contacts they work with. In the future state, Payer/Plan load comes from Revenue Cycle.	<ul style="list-style-type: none">• Case Manager• UR	●			✓	
	This process does not exist today. In the future state, utilization managers and registration users will use workqueues to track patients' bed day authorization.	<ul style="list-style-type: none">• Case Manager• UR• Physician	●			✓	

Clin Doc Change Impacts Summary

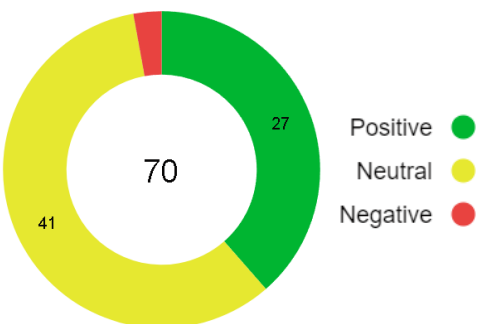
Type of Impacts*



Degree of Impact



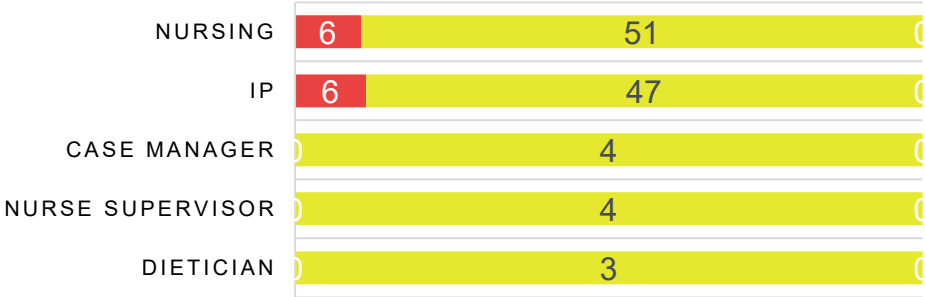
Perception of Impact



Process Areas w/ Greatest Impact



Stakeholder Groups w/ Greatest Impact



Stakeholder Group:

- Acute Nursing, HUCs, PCTs

Medication Administration

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Nurses will use the self-administer MAR action	Currently require an order to have the patient be allowed to self-administer. Upon admission, nurses take the patients medication and place a barcode label on them. In future state, nurses will use the self-administer MAR action when a patient administers a med to themselves. Nurses will still be expected to take the medication upon admission and place a label on it. Expected to barcode scan the medication when administered.	<ul style="list-style-type: none"> • Nurse • IP 	●	😊		✓	
Will use the handoff MAR action	The current state does not require a sign-off when reviewing the MAR for high-risk meds. Will use the handoff MAR action and require dual sign off to handoff of high-risk medications between caregivers in Epic in future state.	<ul style="list-style-type: none"> • Nurse • IP 	●	😊		✓	
Infusions will show documentation	In future state, infusions will show that documentation is required after 2 hours of no documentation.	<ul style="list-style-type: none"> • Nurse • IP 	●	😊		✓	

Medication Administration

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Nurses will link override pulls to orders placed in Epic	In future state, Nurses will link override pulls to orders placed in Epic. Awareness Considerations: If the medication and order do not match, the Provider will need to place a new order to match the medication from your ADS.	• Nurse • IP	●	😐		✓	
Infusion management documentation and workflows	In the future state, infusion management will encompass several key functionalities to enhance efficiency and accuracy. These functionalities include clearing the pump upon documenting a bolus in the system, utilizing a Volume Calculator and Infusion Verify tool, maintaining awareness of I/O activity to accurately track infusion totals, and implementing a protocol where nurses document stopping the maintenance fluid when a new medication is infused through a line and then document restarting it once the infusion is completed.	• Nurse • IP	●	😐		✓	
Intermittent and continuous infusions	Intermittent and continuous infusions will show a banner on the MAR when they need a stopped time documented in a future state.	• Nurse • IP	●	😐		✓	

Medication Administration

● High
● Medium
● Low


👤 People
⚙️ Process
💻 Technology


😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Administration instructions will appear on the MAR	Current process has medication information displaying on the label for the medications given in the inpatient setting. Administration instructions will appear within the MAR activity in Epic and not on the medication label in a future state.	<ul style="list-style-type: none"> • Nurse • IP 	●	😐		✓	
Certain medications will trigger reassessment tasks	In the future state, the administration of specific medications will automatically initiate reassessment tasks to ensure optimal patient care. This protocol will apply to thrombolytics with reassessments scheduled every 15 minutes for two hours, every 30 minutes for six hours, and then hourly for 16 hours; pain medications with reassessments at 30 minutes post-intravenous administration or 60 minutes post-oral administration; as well as for nausea medications and monitoring of adverse reactions to Covid-19 vaccines.	<ul style="list-style-type: none"> • Nurse • IP 	●	😐		✓	


Medication Administration


● High

 People


 Positive


● Medium






 Process

 Neutral

● Low


 Technology


 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Nurses will barcode scan bags when administering a bolus from a running infusion	In future state, nurses will barcode scan bags when administering a bolus from a running infusion. Pharmacy will be consulted to help define list of medications that will be allowed.	<ul style="list-style-type: none">• Nurse• IP	●			✓	
Charging for infusions	Today, they have some departments that charge for infusions. In future state, they'll be able to track those infusion times. Mainly for ED and OBS. HIM will own injection and infusion charges.	<ul style="list-style-type: none">• Nurse• IP	●			✓	


Blood Administration


High

People


Positive


Medium






Process

Neutral

Low


Technology


Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Blood Admin Documentation	Nurses are currently not documenting blood administration on mobile devices. In future state, nurses will have the OPTION to document blood administration on Rover devices. Nurses will still be able to complete blood documentation on desktops, however, the Rover device provides them with an additional method to documenting blood administration.	<ul style="list-style-type: none">Nurse	<div></div>			✓	
Nurse blood transfusion documentation	Current state process does not exist. In the future state, nurses will complete blood administration and its documentation using the Blood Administration Documentation Flowsheet and will also scan the patient's armband and the blood unit as part of the BPAM validation process.	<ul style="list-style-type: none">NurseIP	<div></div>			✓	


Blood Administration


● High

 People


 Positive


● Medium






 Process

 Neutral

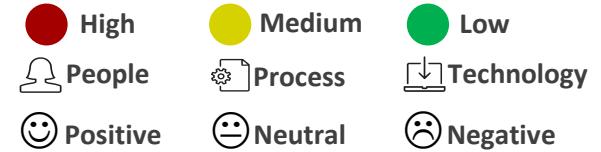
● Low

 Technology

 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Editing blood identifier fields	Clinicians can currently edit blood identifier fields with existing documentation. In future state, clinicians will be able to edit blood identifier fields with existing documentation only after clicking the lock icon. The lock icon prevents clinicians from accidentally making edits to the blood identifier fields, if a change needs to be made then they need to click the lock icon before making the update.	<ul style="list-style-type: none">• Nurse• IP	●			✓	
Documentation for stopping a blood administration	Current state process does not exist. In future state, nurses will use the volume calculator in flowsheet as the preferred method to document stopping a blood administration.	<ul style="list-style-type: none">• Nurse• IP	●			✓	

Care Planning & Education



Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
MLH Policies for care plan creation and maintenance need to be updated	MLH has policies and procedures surrounding care plans. Nursing policies are being reviewed with the legal team, nursing IT lead, and Epic nursing champion.	<ul style="list-style-type: none"> • Nurse • IP 	●	😐			✓
The care plan is multidisciplinary	Currently care plans are only used by RNs and RTs. In the future state, a diverse array of healthcare professionals will individually tailor and document the care plan and education for admitted patients. This collaborative approach will include RNs across all specialties—medical/surgical, ICU, labor and delivery, couplet care, NICU, pediatrics, behavioral health, long-term care, rehabilitation, wound care, dialysis, IV team, palliative care, and child life. Additionally, therapists in specialties like physical, occupational, speech, recreational, cardiac rehab, and pulmonary rehab, along with respiratory care practitioners, nutritionists, case managers, social workers, lactation consultants, spiritual care Providers, psychologists, psychiatrists, and other ancillary clinicians will all contribute to comprehensive patient care documentation.	<ul style="list-style-type: none"> • Case Manager • Dietician • Nurse • Respiratory Therapy • Spiritual Care • Therapist • Social Workers 	●	😊		✓	



Care Planning & Education

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Individualization and document on the care plan and education	Current process is once per day for both education and care plans. In future state, nurses will individualize and document on the care plan and education once per shift or on change in patient condition. All other disciplines will individualize and document on the care plan and education once per visit or on change in patient condition.	<ul style="list-style-type: none"> • Nurse • IP 	●	😐		✓	
Nurses will document patient stated goals at admission and every shift	Nurses are currently not documenting patient stated goals on admission. In future state, nurses will document patient stated goals at admission and every shift. This can be documented from the Patient Story report, within Flowsheets, or from the Care Plan activity. All other clinicians can update these as needed	<ul style="list-style-type: none"> • Nurse • IP 	●	😊		✓	
At admission, the system will suggest an age-appropriate general care plan	This process does not exist now. At admission, the system will suggest an age-appropriate general care plan for the admission nurse to individualize and add to the patient's chart in a future state.	<ul style="list-style-type: none"> • Nurse • IP 	●	😊		✓	

Care Planning & Education

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Clinician will set an expected end date	Current state process does not exist. In future state, Clinician will set an expected end date when they add a new goal to the patient's care plan. The admitting nurse should set these when individualizing the care plan, and subsequent shift nurses should update when expired. Epic's recommendation is to set an end date for every two weeks and then reevaluate.	<ul style="list-style-type: none"> • Nurse • IP • Case Manager • Dietician • Respiratory Therapy • Spiritual Care • Therapist • Social Workers 	●	😊		✓	
Nurses to complete care plan note at the end of their shift	RNs do not currently document an end of shift care plan update. In a future state, the primary nurse will update the care plan, document any last intervention updates, and report progress on each goal before summarizing everything in the care plan note at the end of their shift. No other clinicians need to write a care plan note.	<ul style="list-style-type: none"> • Nurse • IP 	●	😐		✓	
Care Plan Our Practice Advisories (OPAs)	Some documentation in the patient's chart will trigger a OPA to suggest the clinician adds a Care Plan to the patient's chart. The Care Plan will help personalize the patient's care and ensure they are working towards goals related to their diagnosis.	<ul style="list-style-type: none"> • Nurse • IP 	●	😐		✓	

Care Planning & Education

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
The Patient Story report is full plan of care for surveyors or auditors	Current state process does not exist. The Patient Story report is considered the full plan of care when asked by surveyors or auditors, in a future state.	• Nurse • IP	●	😐		✓	
Discharging nurse will not complete Care Plans documented by therapies (PT, OT, SLP)	Discharging nurses will not be responsible for completing Care Plans that are owned by therapies (PTs, OTs, SLPs, etc.). The user group that put the Care Plan on the patient's chart is responsible for completing the Care Plan at discharge. If the therapy group is not available to complete the Care Plan prior to discharge then the Care Plan will be automatically completed.	• Nurse • IP	●	😐		✓	
The primary nurse documents education	Current state process does not exist. In the future state, the primary nurse will document the education provided throughout the shift as part of the required shift documentation, while all other clinicians will have the flexibility to document ad hoc as appropriate.	• Nurse • IP	●	😐		✓	

Nursing Documentation

● High
● Medium
● Low


👤 People
⚙️ Process
💻 Technology


😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Additional documentation availability in Rover	Today, Nurses use mobile devices to communicate with coworkers, however, not for documentation purposes. In future state, nurses will have the OPTION to view and document certain information. The Rover devices will not replace WOWs and desktop applications, they are providing an alternative method of documentation if nurses prefer or if there are not any WOWs available.	• Nurse	●	😊			✓
Will use the Eat, Sleep, Console Assessment	Currently use the NAS scale for Neonatal Abstinence Syndrome. In future state, they will use the Eat, Sleep, Console (ESC) Assessment moving forward.	• Nurse • L&D • IP	●	😐		✓	
NICU Admission/Discharge Required Documentation	In future state, nursery will use required documentation rules to help ensure that nurses complete all the needed assessments for admission of NICU patients. Similarly, there will be required documentation for discharge as well.	• Nurse • IP	●	😐		✓	


Nursing Documentation


● High

 People


 Positive


● Medium






 Process

 Neutral

● Low


 Technology


 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Discharge required documentation rules for PICU departments	MLH's discharge documentation follows the policy for each unit/facility. In future state, MLH will continue to follow admission required documentation per MLH protocol for PICU Patients through the use of Required Documentation rules. The primary nurse will use the required documentation checklist to complete required documentation within defined timeframes for the shift.	<ul style="list-style-type: none">• Nurse• IP	●			✓	
Target Arousal Requirement	Adult ICUs currently use Riker SAS today. Only NICU at Le Bonheur currently uses NPASS while Pediatric uses SBS. In future state, Adult ICUs will complete the RASS assessment. NICU will use NPASS Assessment. Pediatric ICUs will use the SBS Assessment	<ul style="list-style-type: none">• Nurse• IP	●			✓	


Nursing Documentation


● High

 People


 Positive


● Medium






 Process

 Neutral

● Low

 Technology

 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Using Foundation and custom LDA build	Current state process does not exist. In future state, we will use the Lines, Drains, and Airways (LDAs) in Epic.	<ul style="list-style-type: none">• Nurse• IP	●			✓	✓
Copy forward flowsheet documentation	In the future state, nurses will be restricted to copying forward only their own documentation, not that of other RNs, within a rolling 12-hour shift limit.	<ul style="list-style-type: none">• Nurse• IP	●			✓	

Nursing Documentation

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Will use Morse Fall risk assessment	MLH currently uses Johns Hopkins for adults and uses Humpty Dumpty in PEDS. Decision made to go with Morse since that is what is needed for the predictive model in a future state.	<ul style="list-style-type: none"> • Nurse • IP 	●	😊		✓	
Student Nursing Documentation	Today, students are allowed to complete the same document as a nurse. Students are NOT allowed to document restraints; permission is Restricted by facility AND dependent on contract with the school. Nursing students at Le Bonheur cannot document as much as nursing students at an adult facility. RN students cannot do any invasive med admin at Le Bonheur but they can at adult facilities. In future state, will accommodate the restrictions/policies for nursing students	<ul style="list-style-type: none"> • Nurse • IP • Nurse Supervisor • Nurse Educator 	●	😐		✓	

Nursing Documentation

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Early warning screening tool will be PEWS	Current system uses PEWS screening assessment. In future state, will use the Pews scoring tool included in Epic's Foundation System.	• Nurse • IP	●	😊		✓	
Brain Patient management (Review Patient Info)	In the future state, bedside nurses will utilize the Brain tool to enhance patient management by aligning care with treatment team relationships, efficiently manage tasks by addressing commonly overlooked items, and swiftly review essential patient information including required documentation, new orders, and demographics.	• Nurse • IP	●	😐		✓	
Orders will generate tasks to go to the Nurse's Brain activity	In the future state, orders placed on a patient's chart will automatically generate tasks in the brain tasks, which will remind nurses to complete the necessary patient care actions. MLH Nursing leadership has committed to implementing this system to enhance care coordination and efficiency.	• Nurse • IP	●	😐		✓	

Nursing Documentation

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative


Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
LDAs placed on the patient will generate brain tasks for the nurse to complete	In the future state, documenting a line, drain, or airway (LDAs) on a patient will automatically create tasks that populate the brain activity, guiding nurses and care staff to complete the appropriate care measures.	<ul style="list-style-type: none"> • Nurse • IP • PCT • Respiratory Therapy 	●	😐		✓	
Med Surg Shift and Daily Required Documentation	In future state, Med Surg/Core Nursing will use required documentation rules to help ensure that nurses complete all the needed assessments for admission of Med Surg patients.	<ul style="list-style-type: none"> • Nurse • IP 	●	😐		✓	
Nurses will document patient belongings	Nurses currently document where patient belongings have gone (home with family, in safe, etc.) but do not document what the specific belongings, however, will begin doing this in the future upon patient transfer.	<ul style="list-style-type: none"> • Nurse • IP 	●	😊		✓	


Patient Management


● High


● Medium


● Low


 People






 Process

 Technology

 Positive

 Neutral

 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Non-Physician inpatient consult workflows	Inpatient consults are automatically ordered based on nursing documentation in the patient's chart. In future state, inpatient consult workflows will be automated based on chart documentation.	<ul style="list-style-type: none">• Nurse• IP Physicians• Ancillary users	●			✓	
Consult Orders	Today, all consult orders are placed automatically. In future state, ancillary consult orders will be placed automatically but specialty consults will require manual order placement.	<ul style="list-style-type: none">• Nurse• IP	●			✓	

Patient Management

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Patient to nurse assignment will be completed in Epic	Nursing assignments currently documented on paper. In the future state, patient-to-nurse assignments will be efficiently completed within Epic, where charge nurses will utilize the Nurse Assignment Wizard to pre-assign nurses to patients before the shift begins. Charge nurses and PCCs also can sign in someone else to assign patients.	<ul style="list-style-type: none"> • Nurse • IP • Nurse Supervisor 	●	😊	✓	✓	
Staff Schedules will integrate from 3rd party scheduling system via Import	The current process is using a paper process. In future state, Staff Schedules will integrate from UKG via Import. End users must have staff schedules in Epic in order to use the Nursing Assignment Wizard.	<ul style="list-style-type: none"> • Nurse • IP 	●	😊		✓	
Nursing will see workload scores	In future state, all Nursing will have access to see their predicted workload score in Epic. Kathy Barnes and team have worked with Zack Clark on the calculated workload score.	<ul style="list-style-type: none"> • Nurse • Nurse Supervisor • IP 	●	😊		✓	

Patient Management

● High
● Medium
● Low


👤 People
⚙️ Process
💻 Technology


😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Nurses and patient care techs working in inpatient units will use the sign-in and sign out activity for their shifts	Nurses and patient care techs working in inpatient units will now use the sign-in and sign-out activity for their shifts. If they do not sign out, they will automatically be removed from the treatment team 2 hours after their shift end time.	<ul style="list-style-type: none"> • Nurse • IP 	●	😊		✓	
Unit clerks will be able to update patient treatment teams	HUCs currently not updating patient treatment teams but will be able to in the future state	<ul style="list-style-type: none"> • HUC 	●	😐		✓	
Charge Nurses to Update Role for Shift Sign-In	In the future state, charge nurses will update their treatment team relationship status to "Charge Nurse" to sign in as the charge nurse for the unit they are assigned to during their shift.	<ul style="list-style-type: none"> • Nurse • IP 	●	😐		✓	


Patient Management


● High

 People


 Positive


● Medium






 Process

 Neutral

● Low

 Technology

 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Nurses Hand Off	Today, nurses document who they gave hand off to. In future state, nurses will use the System Review, and Patient Story reports to facilitate handoff, interdisciplinary rounds, and discharge planning. The Patient Story report will serve as the plan of care.	<ul style="list-style-type: none">• Nurse• IP	●			✓	
Clinicians will see a notification on discharge	Clinicians will receive a notification on discharge if the patient's medication reconciliation is incomplete. They should contact a Provider to have the unreconciled meds reconciled if this happens.	<ul style="list-style-type: none">• Nurse• IP• Case Manager	●			✓	

Stakeholder Group:

- Wound Care

● High

👤 People

😊 Positive

● Medium

⚙️ Process

😐 Neutral

● Low

💻 Technology

😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Non-Physician inpatient consult workflows	Inpatient consults are automatically ordered based on nursing documentation in the patient's chart. In future state, inpatient consult workflows will be automated based on chart documentation.	<ul style="list-style-type: none">• Nurse• IP Physicians• Ancillary users	●	😞		✓	
Consult Orders	Today, all consult orders are placed automatically. In future state, ancillary consult orders will be placed automatically but specialty consults will require manual order placement.	<ul style="list-style-type: none">• Nurse• IP	●	😐		✓	

Stakeholder Group:

- Nutrition

● High

● Medium

● Low

People

Process

Technology

Positive

Neutral

Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Non-Physician inpatient consult workflows	Inpatient consults are automatically ordered based on nursing documentation in the patient's chart. In future state, inpatient consult workflows will be automated based on chart documentation.	<ul style="list-style-type: none">• Nurse• IP Physicians• Ancillary users	●			✓	
Consult Orders	Today, all consult orders are placed automatically. In future state, ancillary consult orders will be placed automatically but specialty consults will require manual order placement.	<ul style="list-style-type: none">• Nurse• IP	●			✓	
Sign-in Activity	Dieticians will use the sign-in activity to assign themselves to patients.	<ul style="list-style-type: none">• Nurse• Ancillary users	●			✓	

Stakeholder Group:

- Respiratory Therapy

● High

● Medium

● Low

People

Process

Technology

Positive

Neutral

Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Consult Orders	Today, all consult orders are placed automatically. In future state, ancillary consult orders will be placed automatically but specialty consults will require manual order placement.	<ul style="list-style-type: none"> Nurse IP 	●			✓	
Non-Physician inpatient consult workflows	Inpatient consults are automatically ordered based on nursing documentation in the patient's chart. In future state, inpatient consult workflows will be automated based on chart documentation.	<ul style="list-style-type: none"> Respiratory Therapists Nurse 	●			✓	
Sign-in activity	RTs will use the sign-in activity to assign themselves to patients.	<ul style="list-style-type: none"> Respiratory Therapists Nurse 	●			✓	
Charging	RTs will drop their charges from the RT Charges flowsheet template. All PFT charges will be dropped in the charge capture activity	<ul style="list-style-type: none"> Respiratory Therapists 	●			✓	

● High

👤 People

😊 Positive

● Medium

⚙️ Process

😐 Neutral

● Low

💻 Technology

😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Chart correction	Back-charting in the chart (admitted and discharged patients) is currently limited to 48 hours. In the future state, caregivers will be able to document medication administrations up to 72 hours retrospectively. Beyond this timeframe, medication actions will become non-editable directly. For modifications to administrations older than 72 hours, caregivers will need to log into the HIM department to utilize the Chart Correction MAR Tab. Additionally, all other documentation will be restricted to a period of four days post-discharge.	<ul style="list-style-type: none">• Nurse• IP	●	😊		✓	

Stakeholder Group:

- Regulatory & Quality

● High

👤 People

😊 Positive

● Medium

⚙️ Process

😐 Neutral

● Low

💻 Technology

😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Submitting quality metrics	Currently MLH submits out of Cerner and Premier. For the 2024 calendar year, MLH will submit quality metrics the first three quarters out of Cerner and the fourth quarter through Premier.	• Quality users	●	😐		✓	
	In future state, Premier will be used for chart abstracted measures. For eCQMs, you will generate QRDA I files from Epic for direct submission to CMS and Joint Commission.	• Quality users	●	😐	✓		
eCQM submission	Currently, MLH submits their eCQM metrics through Cerner. In future state, MLH will use Premier to submit their chart-abstracted measures. For eCQMs, you will generate QRDA I files from Epic for direct submission to CMS and Joint Commission.	• Quality users	●	😐		✓	

● High

👤 People

😊 Positive

● Medium

⚙️ Process

😐 Neutral

● Low

💻 Technology


😞 Negative


Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Identifying and reviewing patients during admission	In future state, MLH will continue to do concurrent review in Epic. In Quality users have Quality Measures system lists to identify and track patients who fall into certain measure populations during admission.	<ul style="list-style-type: none">Quality Users	●	😊		✓	
2023 quality submission updates	Starting in 2023, MLH was aware of the new submission requirements. In the 2024 year, MLH will submit one quarter out of Cerner and the other 4 quarters out of Epic.	<ul style="list-style-type: none">Quality Users	●	😊		✓	


● High


● Medium


● Low


 People






 Process

 Technology


 Positive


 Neutral

 Negative


Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
IP Quality (chart abstraction workflows)	Premier is the ORYX vendor used to extract information. In future state, MLH and Premier will work together to use reports and other tools to review relevant clinical data for chart-abstracted quality measures. You will then abstract data directly to CMS.	• Quality Users	●			✓	
Quality Measures Checklist	In future state, MLH will use the quality measures checklist to review quality measure compliance.	• Quality Users	●			✓	


● High

 People


 Positive


● Medium






 Process

 Neutral

● Low

 Technology

 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Quality Measures Reporting workbench reports	Quality users will use the Reporting Workbench reports to identify patients who are missing quality measure documentation in a future state.	<ul style="list-style-type: none">Quality Users	●			✓	
Nurses will document collection information	In future state, nurses will document collection information in the system prior to sending specimens to the lab.	<ul style="list-style-type: none">NurseIP	●			✓	

Stakeholder Group:

- Providers

● High

👤 People

😊 Positive

● Medium

⚙️ Process

😐 Neutral

● Low

💻 Technology

😞 Negative

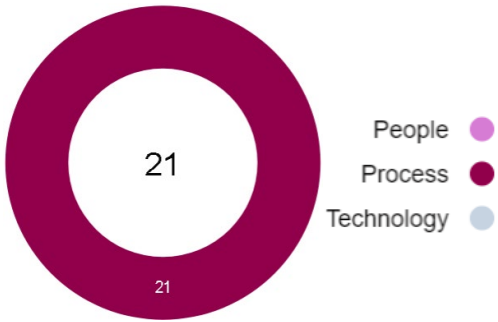
Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
CL Insertion	No process to require MD to document necessity. Hard stop for central line necessity for Provider documentation in a future state.	• Providers	●	😐		✓	
CL Necessity	No process to require PIV and CL insertion date. In future state, hard stop for PIV and central line insertion date.	• Providers	●	😐		✓	

Stakeholder Group:

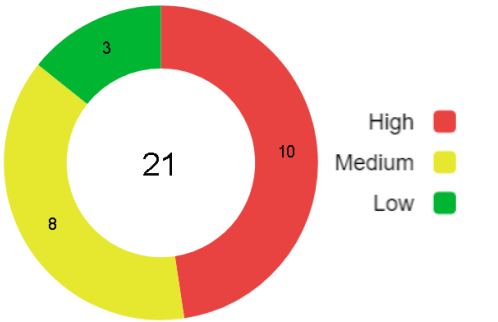
- Labor & Delivery Nursing, HUCs, PCTs
- Postpartum Nurses, HUCs, PCTs

Stork Change Impact Summary

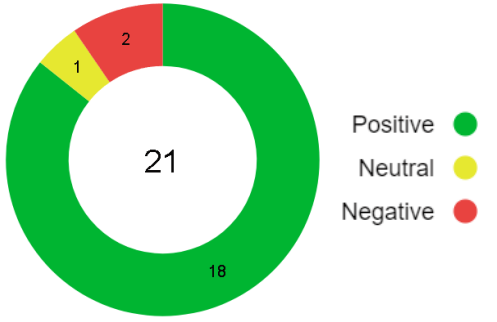
Type of Impacts*



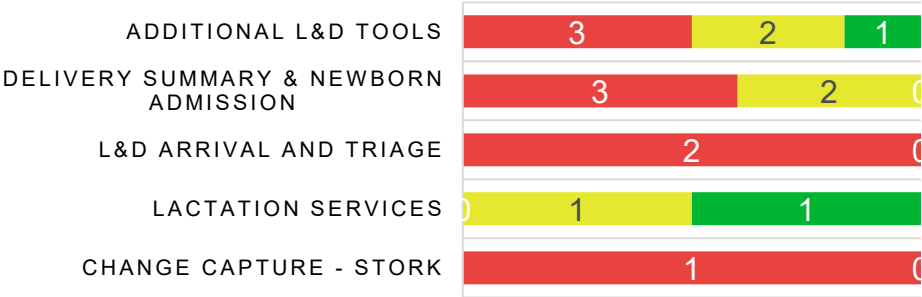
Degree of Impact



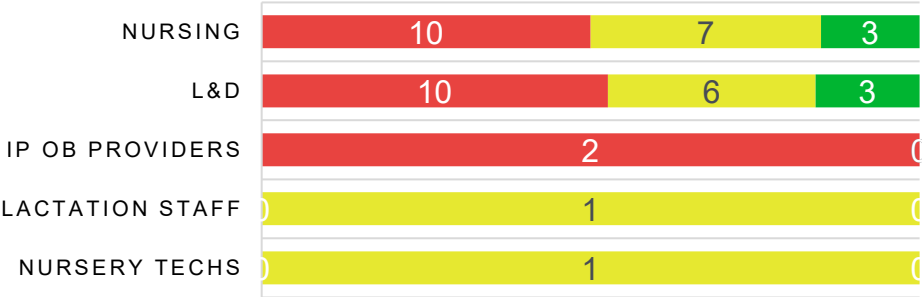
Perception of Impact



Process Areas w/ Greatest Impact



Stakeholder Groups w/ Greatest Impact



*Total impact count may appear inflated in cases where the change was categorized as having multiple impact types (People, Process, Technology)

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Depression and Suicide Screenings and Precautions	Currently, MLH does not document PPD. In future state, Nursing will have access to PPD from both the Navigator and Flowsheets. It will display in the L & D manager and GB. Both screenings will require documentation before discharge.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Maternal Emergency Narrator	Currently, Maternal Emergency Narrator is documented on paper. In future state, nurses will document postpartum hemorrhage or other maternal emergencies in the Maternal Emergency Narrator in real-time.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Age of Viability	In the current state, any demise is documented in the delivery summary in Cerner. In the future state, the operational definition of the age of viability will be clearly established at 20 weeks. This definition aligns with medical guidelines.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😞		✓	

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
PPH	Currently PPH is not used today. In future state, nursing will have access to PPH from both the Navigator and Flowsheets. It will display in the L&D manager and GB.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Electronic Charging	Currently, MLH utilizes paper billing that then goes to billing to be entered. In future state, Nurses will use Charge Capture to select charges for triage, labor, delivery, and Supply Capture for supplies.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Document Delivery	Currently, L&D Nurses document the delivery. Nurses, not midlevels, will electronically document the delivery in the delivery summary. Once all documentation is complete, the delivery summary will be signed. Information can be added in a future state once the delivery summary is signed.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Delivery Summary	In the current state, MLH does not pend a baby inside Cerner. In the future, newborn care procedures will be streamlined: labels for cord blood, Vitamin K, and erythromycin will be auto-generated for charts and labs. Baby medications will also be prepared and linked to the baby's arm band. The Labor & Delivery nurse will be responsible for these tasks as delivery approaches, as recommended by Epic.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Newborn Naming Convention	Currently: JaneGirlDoe naming convention is used. In the future, Newborn baby Wizard has been set up by ADT / Grand Central to perform the correct naming convention agreed upon by the organization. On the L&D Baby Naming form, you can configure an automatic newborn naming scheme for your organization. This scheme gives users an easy way to determine which newborns have not yet received names.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Delivery Summary Documentation	In the current state, the recovery period is generally 2 hours. In a future state, nursing staff will require to mark the baby as delivered in the Delivery Summary within a 3-hour window. The summary must be promptly signed to facilitate the automatic transfer of all relevant information to the baby's pediatric history and the mother's obstetric history.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	

● High

● Medium

● Low

👤 People

⚙️ Process

💻 Technology

😊 Positive

😐 Neutral

😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Pend/Admit from Delivery Summary	They do not currently Pend a baby in Cerner. In future state, all deliveries will be documented electronically using the Delivery Summary. When a delivery is about to happen, the nursing staff can start recording information for the baby by "pending" the baby.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Electronic Fetal Monitoring	There is no current process for electronic fetal monitoring. In future state, MLH will utilize OBIX for EFM, a new system for end users.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😐		✓	
Breastmilk Scanning/Barcoding	In the current state, labels allow for all additives/fortifiers to be present on the barcode. In future state, base order will display on a 2x1 label along with a barcode to scan as a patient identifier. Order details for additives/fortifiers and concentrations will be viewed from Epic and will not appear on the label.	<ul style="list-style-type: none"> • Lactation Staff • Nursery Techs 	●	😞		✓	

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
NST, BPP OB Diagnostics performed in Labor and Delivery	Currently, Nurses do not write a note. The fetal strip is reviewed by 2 clinicians who sign off on the review in the system. In future state, Nursing can enter the results from NSTs directly in the Triage Admit Navigator under OB Diagnostics. There is a place for a second clinician review if the NST results are Reactive. They have the ability to write a procedure note and send to the Provider's Inbasket but that is not our workflow for Nursing. They will not write a procedure note.	<ul style="list-style-type: none"> • Nurse • L&D • IP OB Providers 	●	😊		✓	
MFTI	In current state, MFTI is not used. In future state, nursing will have access to MFTI from both the Navigator and Flowsheets. It will display in the L&D manager, and the navigator section will be visible while the L&D status is Triage.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Lactation Consultants	Current state process does not exist. In the future state, Lactation consultants and postpartum nurses will complete lactation documentation using the flowsheets. The lactation consultants will write a lactation note and manually complete the consult order. Lactation notes can easily be shared between mom and baby to ensure documentation can be viewed in either chart.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	

● High

● Medium

● Low

👤 People

⚙️ Process

💻 Technology

😊 Positive

😐 Neutral

😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Lactation Status BPA	In current state, lactation status BPA is not used. In the future state, MLH will use this BPA. Users responsible for lactation assessments and documentation will see a BestPractice Advisory (BPA) if a patient has a problem list diagnosis or a visit diagnosis that indicates the patient is lactating, but the lactation status has not been correctly set. It provides an activity link to where the lactation status can be set.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😐		✓	
Discharge Screenings	Today, newborn screenings required are CCHD, Metabolic, and car seat. In future state, screenings, including hearing screens, car seat screens, and heart screening, will be performed in Epic.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😊		✓	
Emergent C-Section and Emergent Non C-Section	In the current state, L&D Nurses and Clerks have access to create a quick case, but the workflow is for Nursing to create them. In future state, buttons on the toolbar of the L&D Greasboard and L&D Manager will allow for both emergent CS and Non-CS cases to be created on the fly. Also, inside the delivery summary, they will make a case for an emergent CS.	<ul style="list-style-type: none"> • Nurse • L&D • Unit Clerks/AA • IP OB Providers 	●	😊		✓	
Case Creation	Current state process does not exist. In the future state, cases will be created by Unit Clerks on the Snapboard. Emergency cases can be created using the emergency C-section button in an emergent case.	<ul style="list-style-type: none"> • Nurse • L&D 	●	😐		✓	