

● High

● Medium

● Low

👤 People

⚙️ Process

💻 Technology

😊 Positive

😐 Neutral

😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Registry Submission	In future state, the abstraction / ARMUS will be submitted from within Epic.	• Registry abstractor	●	😐		✓	
	In future state, they will use auto population logic to submit from Epic.	• Registry abstractor	●	😐		✓	
	In the future state, for Epic-supported registries, data will be submitted from Epic. Otherwise, the information will be obtained from snapshot reports for manual submission.	• Registry abstractor	●	😐		✓	
Desktop Integration	Currently use one system to see the images and do resulting for Echo or do Cath resulting in Merge. In future state, desktop integration will be used to launch the images on the PACS system when the study is opened in Epic. For CHC and Eph.	• Physician	●	😐		✓	✓
Web PACS Integration	Currently use one system to see the images and do resulting for echo or do Cath resulting in Merge. In future state, they will use a link in Study Review to launch images in the CPACS.	• Physician	●	😐		✓	✓

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iProc	Today, they scanned form/dictation. In future state, the study review will result in using smart text, free text, or dictation.	• Physician	●	😐		✓	
Structural Heart Dashboard	Currently use a series of spreadsheets to track this. In future state, they will use the Structural Heart Dashboard.	• Structural heart coordinator	●	😊		✓	
Procedure Log	In current state, they have a document in Merge/MacLab. In future state, they will Document in Epic's procedure log (will differ slightly for Peds since they are using Mini Log)	• Cardiology Tech • Invasive documenters	●	😐		✓	
Materials Management	Currently use Merge VueMed/SAP. In future state, they will use Workday, and VueMed will be going away.	• Cardiology Tech • Invasive documenters	●	😐			✓
Order Panels	Today, they have a macro to add the specialty to the procedure. In future state, they will use the "add panel" button to add a procedure performed by a different physician interprocedurally from the log. Order panels will be utilized.	• Cardiology Tech • Invasive documenters	●	😐		✓	

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Invasive Charging	Currently, coders/charging staff manually enter charges, and in some cases, physicians enter their own professional charges in PMD. In future state, invasive technical charges will still be entered by charging staff (with the exception of time-based charges like sedation), and physicians will have the ability to enter their own professional charges. This will all be done in Epic, however.	<ul style="list-style-type: none"> Physician Invasive charging staff 	●	😐		✓	
	In future state, invasive charge posters will have to wait until the report is finalized to post the log.	<ul style="list-style-type: none"> Cardiology Tech Invasive charge posters 	●	😐		✓	
Log-based charging	Currently, charges are manually entered. In future state, log-based charging will be utilized based on supplies/implants documented in the log. They will either scan in these supplies/implants or search for them and select from the supply capture section.	<ul style="list-style-type: none"> Cardiology Tech Invasive documenters 	●	😐		✓	
Order Panels	Currently, they have a macro to add the specialty to the procedure. In future state, order panels will be utilized.	<ul style="list-style-type: none"> Cardiology Tech Any staff who can place orders 	●	😐		✓	
Invasive Charging MLH 	Today, technical/professional charges entered separately. At Le Bonheur, "exploding charges" will be used, which means that one option will be selected from a preference list, which then drops both the professional and technical charge associated with it.	<ul style="list-style-type: none"> Cardiology Tech Anyone who documents/posts charges 	●	😐		✓	

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Post-procedure documentation	Have order sets that they currently use. Nurses have pre and post procedure documentation that they do in Surginet. In future state, they will have access to a post procedure order set to place orders.	• Physician	●	😐		✓	
Structured Reporting	Today, they use dictation/free text. In future state, they will be using structured reporting/dictation/SmartText	• Physician	●	😐		✓	
SmartText	Today, they use dictation/free text. In future state, they will use dictation/SmartText.	• Physician	●	😐		✓	
Structured Reporting/Procedure Log	Currently do not document intraprocedure findings. Will document intraprocedure findings that can be copied to study review.	• Cardiology Tech • Nurses	●	😐		✓	
Procedure Log	Currently document in Merge/MacLab. In future state, they will use procedure log within Epic (may differ for Le Bonheur as they will be using mini log).	• Cardiology Tech • Nurses	●	😐		✓	

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Structured Reporting for Nuclear Stress	Currently use free text/dictation. In future state, they will be using the structured reporting/smarttext/dictation for the nuclear portion, although the stress portion will continue to be resulted in Epiphany.	• Physician	●	😐		✓	
Performable selection	In current state, they have one order. In future state, they will have the ability to the copy order.	• Scheduler • Nurse techs	●	😐		✓	
Billing in Epic/Context-based charging	In current state, charges are manually entered. In future state, it'll be charge through Epic.	• Cardiology Tech • Charging staff	●	😐		✓	
Context-based charging	Today, charges are manually entered. In future state, they will use context-based charging for non-invasive charging, which is driven by performable selection. Also, all charges will be attached to a performable procedure.	• Cardiology Tech	●	😐		✓	
Procedural Order	Currently, no orders placed. In the future, they will place orders using iProc for both in-clinic and remote orders, which will be unsolicited orders. Once results are in Ambucor, a new order will be generated in Epic.	• Cardiology Tech • Device Staff	●	😐		✓	✓


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Procedural Order	Currently, no orders placed. In future state, they will use the same process as remote device checks.	<ul style="list-style-type: none"> • Cardiology Tech • Device Staff 	●			✓	
Reading work list	Currently, they access a work list in Change to result studies. In future state, they will use the reading work list to see study statuses and launch Study Review for resulting.	<ul style="list-style-type: none"> • Physician 	●			✓	
Procedural Order	In future state, they will need to place an order to store images.	<ul style="list-style-type: none"> • Scheduler 	●			✓	
Interesting Study	In future state, they will have the ability to tag studies as an interesting study, and these will go to the Interesting Studies activity for later viewing.	<ul style="list-style-type: none"> • Physician 	●			✓	
Orders for Appointment	In future state, all appointments will need to have an order.	<ul style="list-style-type: none"> • Scheduler • Anyone who can place/schedule an order 	●			✓	


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Scheduling	Orders will be scheduled from the Snapboard.	<ul style="list-style-type: none"> • Cardiology Tech • Any staff who schedule orders 	●			✓	
	Do not schedule to multiple resources currently; just schedule to a room and communicate verbally to staff. In future state, they will schedule to multiple resources.	<ul style="list-style-type: none"> • Cardiology Tech • Any staff who schedule orders 	●			✓	
Thin Log for TEEs	Today, this is done in a separate system; iView. In future state, they will be using thin log for TEE documentation.	<ul style="list-style-type: none"> • Cardiology Tech • Nurses 	●			✓	
Tech work list	In future state, Techs will use the tech work list as their home workspace to see what room the patient is in, orders that have been placed, etc.	<ul style="list-style-type: none"> • Cardiology Tech 	●			✓	
Begin/End exam documentation	In future state, tilt tables will use auto-advance functionality.	<ul style="list-style-type: none"> • Cardiology Tech 	●			✓	

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Performable selection	Currently, charges are manually entered. In future state, strain and bubble will have a performable and will use study details and have sonographer or MD select a 3D charge in the study details forms which when selected will automatically drop the 3D charge	• Cardiology Tech	●	😐		✓	
	In future state, staff will select specific performable (performed procedure) for billing.	• Cardiology Tech	●	😐		✓	

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Order Panel	Today, original order is placed, and then it is replaced with a different order depending on the specialty of the provider (radiology or cardiology). In future state, they will be using a copy order workflow, and it will copy the radiant order.	<ul style="list-style-type: none"> • Cardiology Tech • Any staff that schedules orders 	●	😐		✓	
STEMI button	In future state, there will be a STEMI button in Epic to allow documentation.	<ul style="list-style-type: none"> • Cardiology Tech • Nurses • Invasive schedulers 	●	😐		✓	
Pre-procedure and post-procedure navigators	Today, there are order sets and templates used for documentation. In future state, there are preprocedure navigators to complete necessary preprocedure documentation as well as a post-procedure navigator for documentation before resulting.	<ul style="list-style-type: none"> • Physician 	●	😐		✓	