

High
 → Medium
 → People
 → Process
 ○ Positive
 ○ Neutral



1

Low

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	ß	£3	<u>L</u>
Maximum Surgical Blood Order Schedule	Currently, they order blood ad hoc. In future state, tasks will automatically add orders for 2, 4, or 15 units of blood to the Procedure Pass. The orders are based on the procedure groupers, which estimate blood loss and transfusion amounts needed. Lab technicians can view status boards showing blood needs for the current day and the following week, which helps them manage their work better.	• Surgeon • Operation Room Staff		<b>::</b>		✓	
Auto-post logs	Currently, the time-based charges automatically, pick list charges must be posted manually. In future state, surgical logs with complete documentation will post automatically in nightly batch.	• Nurse • Primary Change • OR Change Poster		$\odot$		✓	
Surgical Log Pick List Posting	In current state, the pick list is manually charge. In future state, pick list charges will auto post.	• Nurse • Perioperative • OR Change Poster		$\odot$		✓	





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Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	ß	£7	
E-Consent	to ensure better accuracy of consent forms, reduce scanning	• Nurse • Perioperative • Surgeons		<b>::</b>		✓	
	Today, Patients are identified in clinic by a procedure request. In future state, surgical consent will be collected electronically. E- consents can be utilized to ensure better accuracy of consent forms, reduce scanning needs, and track procedure preparation. If pre-op consent will be electronically documented in Epic, gather the existing documentation.	• Nurse • Perioperative • Surgeons				✓	
Specimen Requisition	Currently, they used the Legacy system for facilities print requisitions to accompany specimens to lab with the exception of CSF, cultures and blood draws/ lab. In future state, each facility will have the option to print or not print requisitions. If a specimen requisition is not required to accompany specimens to the lab, the print requisition button can be removed.	• Nurse • Perioperative				✓	

#### REIMAGINED



HighMediumPeopleProcessPositiveNeutral



Low

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	£	£3-1	
Procedure Pass Grid	Manual checklist. In future state, will use procedure pass tasks on Epic, an extra task for verifying who the patient goes home with.	• Nurse • Perioperative • PAT Nurse • Preop Nurse		÷		~	
Discrete documentation	Surgeon dictates the incision closure in their operative note. In future state, incision closure will be discretely documented in the OpTime procedure section of the navigator by the surgeon.	• Surgeon		$\overline{\mathbf{S}}$		✓	
Preference Cards	Today the process is manual, duplicate cards, outdated cards not deleted. L&D cards on paper. All preference cards will be in Epic, and workbench reports will be utilized to maintain a clean preference card database. In future state, the nurse will need to document information that was not defaulted from the preference card.	• Nurse • Perioperative • Surgeon • Pref Card Builders		$\odot$		√	





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