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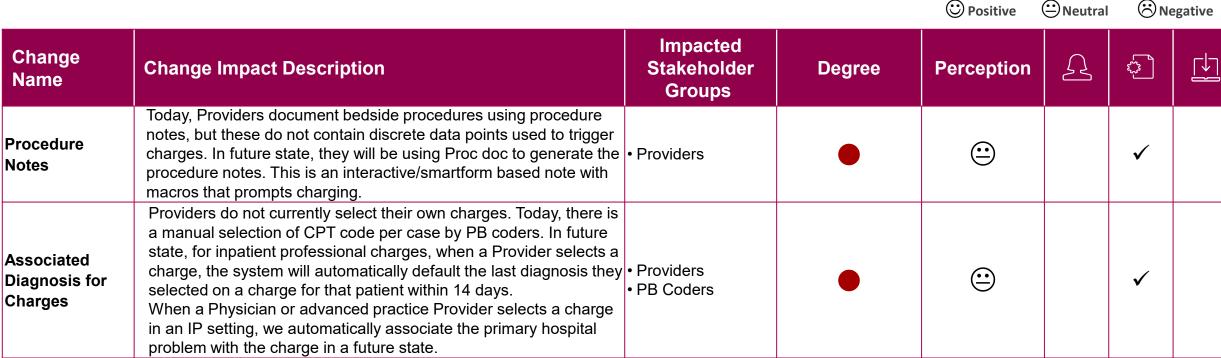
**\_**↓**\_**] Technology

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 High
 Medium

 People
 Process

 Positive
 Neutral







High
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Low

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	£	£	
Inpatient Physician Charge Capture	Providers do not currently select their own charges. This will require a high amount of supplemental training for Providers by the PB coding teams. When Physicians or advanced practice Providers sign the following notes, they will be prompted to drop a charge: H&P, progress, discharge summary, and consults. The L&D Note and OpNotes will drop placeholder charges, which will go to coders for review in the future.	• Providers • Billing		$\overline{\mathbf{S}}$	√		
Consult Order Contents - Provider Care Teams	In the adult world, there are currently 2 separate orders for Physician Consults, "Physician Consult" and "Physician Consult Group." At Olive Branch, he stated they tend to use the former, which requires a name rather than a Group. In the future state, consult orders will be specialty based and require defining a Provider care team within the order. Signing the order will add the Provider care team to the patient's treatment team.	• Providers • Nurses		<b>::</b>		✓	
Responsible party for Labor & Delivery and Postpartum orders	Current state, the OBGYN service line has one of the lowest CPOE (computerized Provider order entry) rates at MLH due to most of the Providers relying on nurses to enter their orders for them. In future state, OBGYNs will enter Labor & Delivery and Postpartum orders, and will complete order reconciliation.	• Providers • Nursing • L&D		$\overline{\mathbf{S}}$	✓		





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Admission and Discharge Medication Reconciliation	Currently there is no way to do a "side by side" admission and discharge med rec making it difficult to know if a home medication was already reordered in the ED when a Provider goes to reconcile medications for an admission. Similar issues arise in current state when Providers want to prepare a medication list for discharge as it is not clear which of the patient's home medications were ordered during the inpatient stay. In future state, the side-by-side views will be a big improvement as it will show the hospital medications next to the equivalent home medications helping Providers make decisions in a more streamlined manner.			٢		✓	
First Contact Provider	No current state. In future state, Providers or other clinical staff can update primary Provider care teams to show which team is primary for caring for a patient. Within that team structure, a hierarchy will be in place to determine who the first contact with the ability for a user to set the first contact as well manually.			:		~	





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Copy Forward Note Education	Current state the Providers are able to copy forward but Providers are not always using the functionality appropriately (i.e. copying notes and not reviewing the content to ensure that all the content is applicable to the day the new note is written). In the future, MLH opted to enable the copy forward in Epic and reeducate users on the policy that requires appropriate use of the feature.	• Providers		Ċ		✓	
Sign in Workflows	No current state. In future state, providers, residents, and med students will sign in to patient treatment teams through provider care teams which drive patient list and secure chat groups.	• Providers		$\odot$		✓	





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