Orders

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

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	⬇️
Procedure Notes	Today, Providers document bedside procedures using procedure notes, but these do not contain discrete data points used to trigger charges. In future state, they will be using Proc doc to generate the procedure notes. This is an interactive/smartform based note with macros that prompts charging.	• Providers	🔴	😐			✓
Associated Diagnosis for Charges	Providers do not currently select their own charges. Today, there is a manual selection of CPT code per case by PB coders. In future state, for inpatient professional charges, when a Provider selects a charge, the system will automatically default the last diagnosis they selected on a charge for that patient within 14 days. When a Physician or advanced practice Provider selects a charge in an IP setting, we automatically associate the primary hospital problem with the charge in a future state.	• Providers • PB Coders	🔴	😐			✓

MLH REIMAGINED

Orders

🔴 High	🟡 Medium	🟢 Low
👤 People	⚙️ Process	⬇️ Technology
🙂 Positive	😐 Neutral	🙁 Negative

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	🔴	🙁	✓		
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	🔴	😐		✓	
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	🔴	🙁	✓		

Orders

		High		Medium		Low
		People		Process		Technology
		Positive		Neutral		Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙	⬇
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.	• Providers	🔴	☺		✔	
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.	• Providers	🔴	☺		✔	

MLH REIMAGINED

Orders

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

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙	⬇
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	🔴	☺		✓	
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	🔴	☺		✓	

MLH REIMAGINED

Orders

	High		Medium		Low
	People		Process		Technology
	Positive		Neutral		Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	⬇️
On-Call Finder Integration with QGenda and Amion System	Current state, various different on-call scheduling processes. For Go-live, call schedules that are built in Qgenda or Amion will be imported into Epic. QGenda call schedule scope will begin with ED On-call schedules and hospitalist call schedules and then role out to other IP. Through importing on-call schedules from Qgenda into Epic on a batch job, on-call information will be available at the time of ordering consults, through the on-call finder, and through designated secure chat groups.	• Providers • Nursing	🔴	☺			✓

MLH REIMAGINED