

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Breast imaging tracking	This is currently tracked in a 3rd party system that will be retired once live on Epic. In the future state, breast imaging tracking will now be in Epic with letters, tracking and regulatory handled in epic.	<ul style="list-style-type: none"> • Physician • Radiologist • BI Technologist • BI Coordinator 	●	😊			✓
BI conversion	Currently, BI conversion is maintained in MRS and techs will do a conversion as patients appear for next exam. This means the tech will access the patient's personal history in MRS and manually enter it in Epic. This is a one-time effort for each patient and will be handled patient by patient at their first appointment after the Epic implementation.	<ul style="list-style-type: none"> • Radiology Technician • Radiologist 	●	😐			✓
Desktop Integration	Currently, there is no integration between 3rd parties and Cerner. In the future state, there will now be an integration between Change Radiology/Epic and Hologic/Epic. This integration will keep patients in context and have records open in both systems to allow for more information when reading.	<ul style="list-style-type: none"> • Physician 	●	😐			✓

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Peer Review tracking	Currently, peer review tracking is done either manually or by a 3rd party. In the future state, all hospitals will use Epic to maintain peer review.	• Physician	●	😊			✓
Scheduling build	This process does not exist today. In the future state, lead tech/supervisors will manage modality schedules. This will include templates, blocks, PM, etc.	• Lead Scheduler • Radiology Technologists	●	😐		✓	

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Tech workflow	GT currently uses a pager to communicate to patient. In future state, they will have Epic to create a button on the technologist work list that will automatically send a message to the patient to notify them that they are ready for their appointment.	• Radiology Technician	●	😐			✓
Lung Screening	This is currently a manual process, and ACR submission is currently paused waiting for Epic implementation. In the future state lung screening exams and all associated tracking/reporting will all be handled within Epic	• Radiology Technician • Radiologist • Lung Screening Coordinator	●	😊			✓
Actionable Findings	In the current state, MLH is only doing Mammo, Lung tracking findings, and incidental lung findings. In the future state, MLH will only be using the incidental lung findings module in Epic, all other AFM is done via phone calls today and will continue with go-live. Documentation of the findings for lung nodules is in PowerScribe and interfaced over, then follow ups will be completed in Epic.	• Physician	●	😐			✓

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Patient/Provider Letters	Today, MLH prints Adhoc batches and uses a sorter, that occasionally double packs letters in one envelope. In the future, Epic will make batch the primary method.	• Radiology Technician	●	😐		✓	
Change order workflow	Currently, the IR nurse and/or Rad Tech charge out of Cerner Radnet for Technical, Med's/Contrast, Supplies, and Implants. In the future, MLH will automatically drop technical charges and manually add any additional charges at the end exam.	• Nurse • Primary Change	●	😊		✓	
Log Posting	In the current state, each location has an IR POC responsible for reviewing and posting log. In Epic all logs that do not return any errors will auto post and those that return errors will flow to a worklist for review. In the future state, patient financial services will take the second pass (Piper/Whitnie) at all IR logs posted.	• Nurse • Case Manager	●	😐		✓	