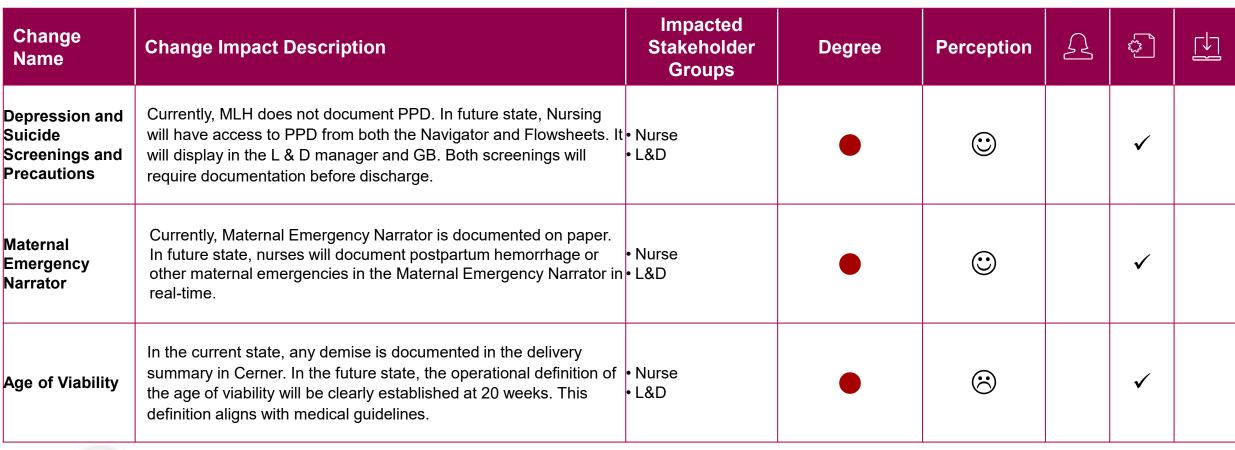


Low

High Medium **A** People **\_**↓**\_**] Technology **ା Process** • Positive •
Neutral **Negative** 







| Change<br>Name         | Change Impact Description   | Impacted<br>Stakeholder<br>Groups | Degree | Perception | £ | £ |  |
|------------------------|---|-----------------------------------|--------|------------|---|---|--|
| РРН                    | Currently PPH is not used today. In future state, nursing will have access to PPH from both the Navigator and Flowsheets. It will display in the L&D manager and GB.  | • Nurse<br>• L&D                  |        | $\odot$    |   | ✓ |  |
| Electronic<br>Charging | Currently, MLH utilizes paper billing that then goes to billing to be<br>entered. In future state, Nurses will use Charge Capture to select<br>charges for triage, labor, delivery, and Supply Capture for supplies.  | • Nurse<br>• L&D                  |        |            |   | ✓ |  |
| Document<br>Delivery   | Currently, L&D Nurses document the delivery. Nurses, not<br>midlevels, will electronically document the delivery in the delivery<br>summary. Once all documentation is complete, the delivery<br>summary will be signed. Information can be added in a future state<br>once the delivery summary is signed. | • Nurse<br>• L&D                  |        |            |   | ✓ |  |





| Change<br>Name                       | Change Impact Description  | Impacted<br>Stakeholder<br>Groups | Degree | Perception | £ | £ |  |
|--------------------------------------|--|-----------------------------------|--------|------------|---|---|--|
| Delivery<br>Summary                  | In the current state, MLH does not pend a baby inside Cerner.In<br>the future, newborn care procedures will be streamlined: labels for<br>cord blood, Vitamin K, and erythromycin will be auto-generated for<br>charts and labs. Baby medications will also be prepared and linked<br>to the baby's arm band. The Labor & Delivery nurse will be<br>responsible for these tasks as delivery approaches, as<br>recommended by Epic. | • Nurse<br>• L&D                  |        | ि          |   | ✓ |  |
| Newborn Naming<br>Convention         | Currently: JaneGirlDoe naming convention is used. In the future,<br>Newborn baby Wizard has been set up by ADT / Grand Central to<br>perform the correct naming convention agreed upon by the<br>organization. On the L&D Baby Naming form, you can configure an<br>automatic newborn naming scheme for your organization. This<br>scheme gives users an easy way to determine which newborns<br>have not yet received names.      | • Nurse<br>• L&D                  |        | ि          |   | ✓ |  |
| Delivery<br>Summary<br>Documentation | In the current state, the recovery period is generally 2 hours. In a future state, nursing staff will require to mark the baby as delivered in the Delivery Summary within a 3-hour window. The summary must be promptly signed to facilitate the automatic transfer of all relevant information to the baby's pediatric history and the mother's obstetric history.   | • Nurse<br>• L&D                  |        | ٢          |   | ✓ |  |

## REIMAGINED



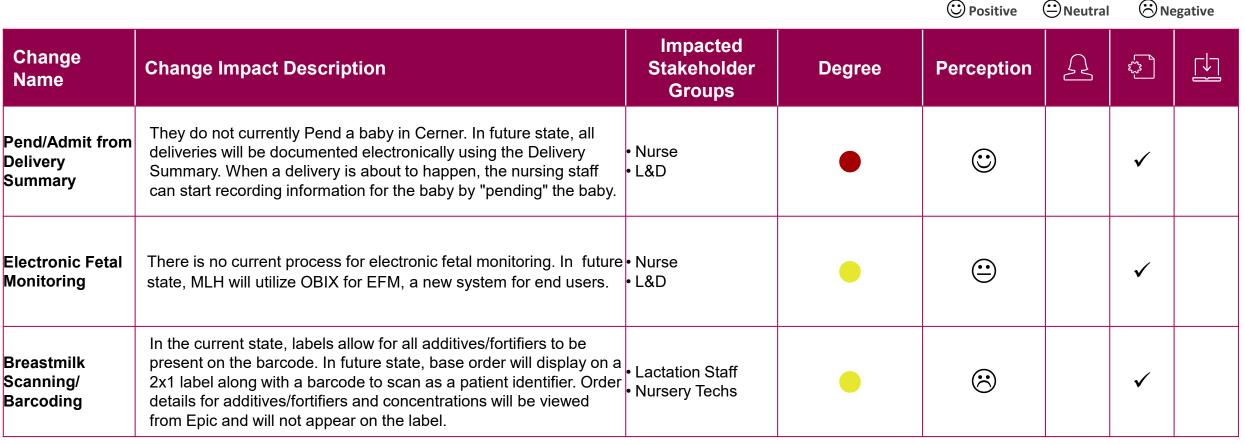
Low

**\_**↓**\_**] Technology

 High
 Medium

 People
 Process

 Positive
 Neutral







High
 → Medium
 → People
 → Process
 ○ Positive
 ○ Neutral



Low

| Change<br>Name  | Change Impact Description  | Impacted<br>Stakeholder<br>Groups     | Degree | Perception | £ | جي<br>ا |  |
|---|--|---------------------------------------|--------|------------|---|---------|--|
| NST, BPP OB<br>Diagnostics<br>performed in<br>Labor and<br>Delivery | Currently, Nurses do not write a note. The fetal strip is reviewed by<br>2 clinicians who sign off on the review in the system. In future<br>state, Nursing can enter the results from NSTs directly in the<br>Triage Admit Navigator under OB Diagnostics. There is a place for<br>a second clinician review if the NST results are Reactive.<br>They have the ability to write a procedure note and send to the<br>Provider's Inbasket but that is not our workflow for Nursing.They<br>will not write a procedure note. | • Nurse<br>• L&D<br>• IP OB Providers |        | ÷          |   | ✓       |  |
| MFTI  | In current state, MFTI is not used. In future state, nursing will have access to MFTI from both the Navigator and Flowsheets. It will display in the L&D manager, and the navigator section will be visible while the L&D status is Triage.  | • Nurse<br>• L&D                      |        | $\odot$    |   | ~       |  |
| Lactation<br>Consultants  | Current state process does not exist. In the future state, Lactation<br>consultants and postpartum nurses will complete lactation<br>documentation using the flowsheets. The lactation consultants will<br>write a lactation note and manually complete the consult order.<br>Lactation notes can easily be shared between mom and baby to<br>ensure documentation can be viewed in either chart.  | • Nurse<br>• L&D                      |        | ÷          |   | ✓       |  |



Change

Lactation Status

Name

**BPA** 

Discharge

Screenings

Emergent C-

Section and

Case Creation

Section

MLH

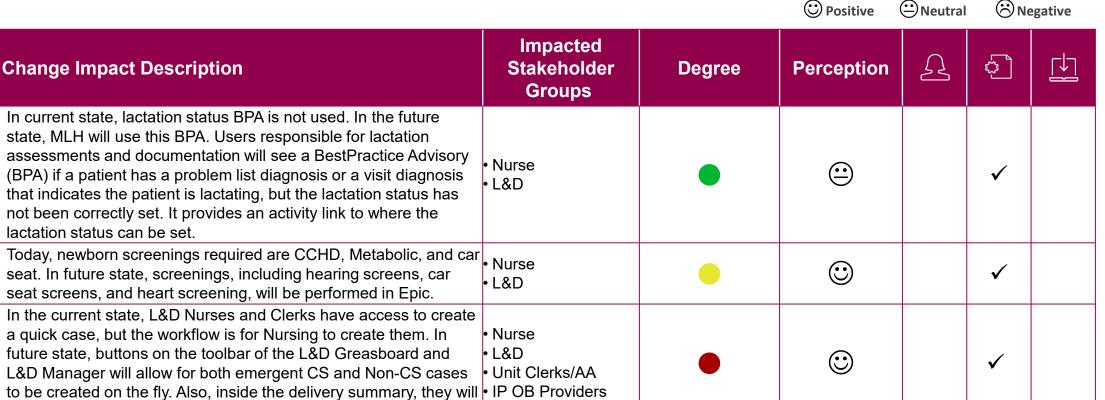
Emergent Non C-



Low

Medium High **S** People **\_\_**Technology Process •
Neutral

 $\bigcirc$ 



Nurse

L&D

emergent case.

make a case for an emergent CS.

Current state process does not exist. In the future state, cases will be created by Unit Clerks on the Snapboard. Emergency cases

can be created using the emergency C-section button in an

 $\checkmark$